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Abstract book

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My Experience as the first General Practitioner in Malta specializing in Dementia, and employed with the Dementia Care Directorate

Dr Nicole Marie Scicluna Calleja

Dementia Care Directorate, Active Ageing and Community Care, Qormi, Malta

Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

During my General Practice / Family Medicine Training 4 years ago, I was introduced to the community service in Malta that was the Dementia Intervention Team. They were a dedicated group of practice nurses, all committed to aiding persons living with Dementia in the community to remain as independent and functional as possible. They were also dedicated to helping family members and carers in navigating the condition. I fell in love with their passion and dedication and noticed one thing: there was no doctor on the team, no-one to assist in medical issues, no-one to turn to for medical opinion, especially when considering some cases can be complex. I did not hesitate and offered my service, at the time part-time only, as I was still training. Once my training had been completed, I was offered a role full-time with the team and accepted without hesitation.

Since then I have developed with the team and grown into my role dedicating my time and passion to persons living with Dementia. I provide a medical service, adapted to persons living with Dementia, a role as a dedicated ear to assist with difficulties families have, and an assistant with challenges at home and in changes over time. Within the Directorate I have also taken an active role in developing new services, enhancing our local awareness, upgrading our local register, and acting as a liaison between our Directorate and other Health Departments. I continue to develop this role further, and direct my passion and dedication into enhancing the lives of persons living with Dementia in Malta.

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How do registered nurses seek support to care for a patient with dementia in an acute hospital

Dr Monika Rybacka-Brooke

University of Stirling, United Kingdom. Coventry University, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Background: People with dementia are admitted to acute hospitals for management of an acute medical illness, and rarely for management of dementia. People with dementia admitted stay 5 to 7 times longer than other patients with the same conditions. The care received by people with dementia can be impacted by nurses – but do they have the knowledge and support people living with dementia?

Aim: To explore the experiences of nurses and dementia specialist nurses seeking support to care for a patient with dementia in an acute hospital.

Design and Methods: A hermeneutic phenomenological qualitative design was used. Participants were eleven nurses working in older adult wards, oncology, emergency department and dementia specialist service (DSS). One-to-one semi-structured interview were used and transcribed verbatim. Braun and Clarke (2023) thematic analysis was used.

Findings: Data from nurses created three themes: 1; need for an appropriate infrastructure to care for a patient with dementia, 2; need for support from others and 3; lack of support. Data from Dementia Specialist Nurses (DSNs) identified four themes: 1; DSS providing support, 2; where dementia specialist services seek support, 3; the infrastructure of DSS and 4; nurses lacked understanding of dementia and willingness to engage with DSS. The findings discussed the support needs and challenges experienced by both nurses and dementia specialist nurses.

Conclusion: Support was sought by nurses, and occasionally this was from DSNs, however the issue was the availability at time of need. DSNs felt unsupported and unable to provide the support needed. Education is not simply the answer, DSNs need recognition for their role and what they do by nurses and the infrastructure of acute hospitals. Nurses and DSNs do not have the support they need, we need to explore how to improve support to be able to improve care for people with dementia.

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Living alone with dementia: the 'next major challenge'

Prof Linda Clare^{1,2,3}, Dr Anthony Martyr^{1,2}, Dr Maria Caulfield^{1,4,5}, Dr Laura Gamble^{1,6}, Dr Catherine Charlwood^{1,2}, Prof Claire Hulme^{1,2}, Prof Matthew Prina^{1,6}, Prof Jan Oyebode^{1,4}

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Topic

Dementia diagnosis, treatment, care and support: Living alone with dementia: research, innovation and support

Abstract

Aims: Living alone with dementia has been termed the 'next major challenge in aging'. The proportion of single-person households is increasing worldwide, especially among older people. It is widely assumed that people with dementia live with others and have a family carer available to support them, but this is incorrect. We found that in England in 2023, 40% of people with dementia residing in the community were living alone. We wanted to better understand the situation of people living alone with dementia and identify solutions that could improve their experience.

Methods: We conducted a scoping review exploring the characteristics, experiences, service use and costs, home care utilisation and support needs of people living alone with dementia, in consultation with people with lived experience and other stakeholders. Following PRISMA-ScR guidelines, we searched for English-language publications in seven databases without date restriction.

Results: We reviewed in detail 200 articles reporting on 161 discrete studies. These showed that people living alone with dementia are more likely to be female and older, with pre-existing social disadvantage, significant unmet needs, and varying but often low levels of informal support. They experience significant inequalities in diagnosis, formal support, and transition to institutional care. Living alone with dementia involves greater financial burden, greater loneliness and isolation, and greater everyday challenges. Family members involved at a distance receive little support. People living alone have more unmet needs and different needs to those living with others, but few studies have explored ways of addressing these needs. However, we can share some examples of good practice.

Conclusions: Living alone with dementia is a neglected source of inequality. Addressing this inequality requires concerted effort to estimate the numbers involved as a basis for service planning, make services more responsive, and strengthen support available in the community and from community organisations.

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Promote Proper Caring Attitude (DemenTitute®) for Education and Training - Dementia Care Competency Framework in Hong Kong

Dr Chi Man Kenny CHUI

Jockey Club Centre for Positive Ageing, The Chinese University of Hong Kong, Hong Kong, Hong Kong

Topic

Support for dementia carers: Education and training for formal carers

Abstract

“Seeing People, Not Patients” is not an easy task. With a study designed to share the self-perceptions of people with dementia and facilitate care staff’s reflective thinking about those self-perceptions, hardly any trainees reported having ever considered the self-perceptions of people with dementia. On the contrary, they had assumed that people with dementia were incapable of giving rational responses and that it was, therefore, unnecessary to listen to their points of view. Twenty training sessions were conducted for ten organisations, with follow-up post-training focus groups. The training focuses on the self-perception of people with dementia from the voice of people with dementia. A month later, to learn how, if at all, the training had impacted the trainees’ perception of people with dementia.

For “knowledge”, the trainees had learned to validate the requests and emotions of people with dementia instead of denying them. For “skills”, the trainees appeared to have realised the importance of positive communication and making appropriate, relevant responses to people with dementia based on their perceptions of the world. For “attitude”, the trainees had started taking another perspective on people with dementia that allowed them to recognise their individualised needs. The traditional stigma of being ‘demented’ had been challenged, and the trainees had made further reflections on accepting the limitations of people with dementia.

With referencing of Hong Kong Qualification Framework and above research findings, the themes are (1) Knowledge, including transdisciplinary integration, bio-psychosocial perspective and person-centred care approach; (2) Skills, including understanding distressed behaviour, non-pharmacological interventions, specific assessments with individual care plans; (3) Attitude, including proper caring attitude (DemenTitute®), values of care and reflection of practice. The paradigm shift begins with recognising the discrepancy between how trainees perceive people living with dementia and how people with dementia perceive themselves, from “Perceiving the Patient to Perceiving the Person”.

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The Financial Toll of Younger Onset Dementia: A Personal Perspective and Call for Policy Reform

Mrs Lauren Waters

Walking the Talk for Dementia Institution, Porto Alegre, Brazil. Paint Clover Purple, Clover, USA

Topic

Dementia as a public health priority: Economics and value of dementia

Abstract

Being diagnosed with Younger Onset Dementia at the age of 52 forced me to leave my career at the peak of my earning potential. The immediate loss of income, combined with the 2.5-year waiting period for Medicare eligibility, devastated my financial stability. Like many others, I had to spend down my 401k and life savings to cover the flood of early medical expenses, tests, and specialist visits that came with diagnosis and treatment.

Although I had paid into Social Security since the age of 14, the system was not designed to support people diagnosed with terminal and progressive diseases in midlife. We are left to navigate disability, healthcare, and financial systems that often fail to recognize the urgency of our needs. The emotional toll is compounded by the stress of financial insecurity, which worsens overall health and well-being.

This abstract highlights not just my personal experience, but a systemic problem affecting countless others diagnosed with dementia under the age of 65. I will also discuss how advocacy and peer-to-peer support bring meaning and purpose to my life, even as financial constraints limit what I can give materially.

This submission calls for urgent reform: eliminating the Medicare waiting period for those diagnosed with neurodegenerative diseases. I urge policymakers to implement protections that prevent individuals from losing their retirement savings just to access basic care.

No one should have to go bankrupt to live with dignity after diagnosis. Through storytelling, advocacy, and public awareness, we can influence change and ensure future generations are better supported

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Enhancing Felt Balance and Reducing Depressive Symptoms Through Smart Clothing-Supported Home Care for Family Caregivers of Persons with Dementia: Results from a Randomized Controlled Trial

Prof Yea-Ing Lotus Shyu¹, Dr Ya-Li Sung²

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Aim: Smart clothing provides an innovative solution for home-based dementia care by embedding sensors into everyday garments, enabling real-time health monitoring by home care nurses. The model includes continuous monitoring, real-time alerts, and customizable sensitivity settings to facilitate timely, person-centered home nursing care. This trial aimed to evaluate the effects of an advanced version of this smart clothing-supported home nursing model.

Method: The enhanced Smart Home Nursing Care Model incorporated an interactive caregiver support component alongside the smart clothing home nursing program to provide responsive, individualized support. A randomized controlled trial was conducted with 60 family caregivers of persons diagnosed with dementia by neurologists, recruited from dementia clinics (30 intervention; 30 control). The trial assessed outcomes over a 6-month period.

Results: Caregivers in the intervention group reported a significantly greater sense of balance in their caregiving role ($B = 0.305$, $p = 0.019$) and fewer depressive symptoms ($B = -4.246$, $p = 0.037$) compared to the control group.

Conclusion: Integrating smart clothing with interactive caregiver support in home nursing care services shows promising potential to enhance felt caregiving balance and reduce depressive symptoms among family caregivers of persons with dementia. This technology-enhanced model not only enables timely clinical responses but also empowers caregivers in their daily responsibilities. Future efforts should focus on optimizing system usability and expanding access to a broader caregiver population.

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Peer Support After a Dementia Diagnosis : “Orange Door Sendai and Tokyo” are activities run by People with dementia at clinics

Mr Tomofumi Tanno

Alzheimer's Association Japan, Kyoto, Japan. Dementia Peer Network Miyagi, Sendai, Japan

Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

With the ageing population in Japan, there is growing interest in dementia. Recently, more people are going to hospitals early to get diagnosed at an early stage. However, immediately after diagnosis, people tend to feel anxious and need support. Therefore, since 2015, I have been providing peer support to people immediately after diagnosis. I will explain the actual peer support activities at clinics in Sendai and Tokyo. In Sendai (since 2019), several people meet in a closed space near the examination room to talk. In Tokyo (since 2023), I meet with people and their families in an open space in the waiting room. Both methods have the benefit of enabling people to meet others with dementia who are positive and looking forward to the future immediately after diagnosis, so that they can return home without feeling too depressed. It is important to meet people like this soon after diagnosis. By talking with each other, they can discuss ways to adjust to the symptoms of dementia, enabling them to live independently. After a diagnosis of dementia, families tend to worry and become overly protective and watchful. However, when people with dementia (PWD) become independent, their families feel relieved and are able to support them in doing what they want to do. Peer support encourages PWD to talk more with their families, and their families learn to listen to them more attentively. As a result, even if the symptoms of dementia progress, the person with dementia can live peacefully. All of these activities require the cooperation and understanding of doctors and staff at medical clinics. From my experience with peer support, I feel that post-diagnosis support is important and that support at the clinic where the diagnosis is made is effective in connecting with people at an early stage.

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New anti-amyloid therapies - where we are wrong and about what do we have to take care of

Dr Osman Kučuk, Miss Emina Kučuk, Dr Alija Kučuk

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Introduction: Current therapies for Alzheimer's disease (AD) have had modest success since their introduction nearly 30 years ago. The introduction of these therapies coincided with a global acceleration in the number of AD patients. Due to high expectations for these therapies and their modest efficacy, prejudices about AD have increased both among the public and among experts.

Objective: Given that side effects resulting from misdiagnosis or genetic factors can significantly affect the success of therapy and the patient's health, manufacturers have published a wide range of recommendations related to: diagnostic procedures, treatment placement and monitoring of the patient's condition throughout the duration of therapy. These recommendations have pay attention and stimulated expert discussions to address the entire topic comprehensively with an interprofessional approach.

Methodology: We analyzed information and data related to the results and achievements of current therapies not from a medical perspective but from the perspectives of: people with dementia (PWD), families, caregivers, psychologists, social workers, therapists and the public. We put this information in the context of expectations for the next generation of AD therapies and compare it with information gathered during iCoDem/25.

Results: The manufacturer's published data on the: accessibility, effectiveness, side effects and cost of the therapies are not a motivating factor for accepting AAT as a solution for people who have mild cognitive impairment that will develop into AD or are in the mild stage of AD.

Conclusion: We believe that we should be very careful in marketing AAT and all future therapies for AD so that these activities do not further discourage PwD and make it more difficult for therapists who are struggling to help, ease and slow down AD in their patients using their knowledge, skills and tools.

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Living well with dementia: the role of art museums in supporting meaningful engagement and enhancing psychosocial wellbeing.

Mrs Debbie Brittain

Queensland Art Gallery | Gallery of Modern Art, Brisbane, Australia

Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Art museums are increasingly recognised as vital community assets that support human flourishing. A growing body of research in arts, health, and creative engagement is informing museum-based art and dementia programs globally. These programs provide opportunities to unlock collections in ways that promote emotional, cognitive, physical, and social aspects of wellbeing for people with dementia. Importantly, psychosocial benefits also extend to participating care partners, many of whom face health-related challenges associated with caregiving responsibilities. Nevertheless, community members living with dementia and their care partners frequently represent an underserved audience segment in cultural sector programming in many countries.

In 2024, international research was undertaken to examine a selection of art and dementia program models and methodologies, focusing on key similarities, differences, barriers, and opportunities for shared learning and exchange. The Churchill Fellowship research project encompassed site visits and interviews with expert practitioners at more than 16 museums and cultural organisations across 14 cities in the USA, Canada, Ireland, the UK, and Denmark. The research aimed to improve cultural sector and community knowledge on the positive wellbeing benefits that best-practice, dementia-inclusive museum programs offer through participatory creative engagement.

Findings affirm the vital role of museums in fostering psychosocial wellbeing of people living with dementia and their care partners. There is a strong foundation for advocating the role of museums in dementia care. Museums and museum collections are existing community assets that have capacity to serve as powerful agents of social connection, supporting people with dementia of all ages to live well. The findings highlight how art museum programs can become catalysts for change by adopting sustainable, person-centred approaches grounded in meaningful engagement and consultation with people with lived experience. These practices not only improve quality of life for individuals and their families but also strengthen community cohesion and understanding of dementia.

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Unveiling Dementia's Realities: A Replicable Home-Based Counselling Model for LMICs

Mrs Renu Vohra

Alzheimer's and Related Disorders Society of India, New Delhi, India

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

This abstract outlines the profound effect of home counselling and the versatile role of counsellors in managing dementia, highlighting a model highly adaptable for Low and Middle-Income Countries (LMICs) with low resource settings. Drawing from extensive experience with ARDSI, this presentation showcases the nuanced approach of home-based support through five distinct case studies. These cases feature patients with varied symptoms including hallucinations, wandering, behavioural issues, and suspicion, offering unique insights into daily life with dementia.

The presentation will underscore the unbiased, attentive, and solution-oriented approach of counsellors. Counsellors provide tailored solutions by interpreting non-verbal cues (e.g., the "Daka" case), addressing environmental triggers (e.g., advising on bathroom signage and locking doors to prevent wandering and confusion), and validating perceived realities (e.g., the "Gudda" doll and calming delusions about police by redirection). This meticulous process, including documentation and follow-up, provides relief to patients and their families.

Home visits offer crucial advantages over remote support by allowing direct observation of environmental cues, family dynamics, and behavioural context. This model fosters mutual learning for families, who gain practical strategies and emotional support, and for counsellors, who refine their real-world application of knowledge and observational skills. The cost-effectiveness and proven efficacy of this model, coupled with an efficient allocation of helpline calls based on geographical location, make it a compelling and replicable blueprint for improving dementia care across LMICs.

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Understanding the Needs of Children and Young People with a Parental Young-Onset Dementia: A Presentation to Inform Nursing Practice and Role of Consultant Admiral Nurse for Children and Young People at Dementia UK.

Mrs Hannah Jane Gardner^{1,2}, Mrs Karen Harrison Denning^{1,3}

¹Dementia UK, London, United Kingdom. ²University of Bangor, Bangor, United Kingdom. ³De Montfort University, Leicester, United Kingdom

Topic

Support for dementia carers: Young carers

Abstract

Aims: This presentation will explore the unique physical and psychological needs of children and young people who have a parent diagnosed with young-onset dementia (YOD), and to demonstrate how insights to these needs are informing the development of a specialist nursing model. It also aims to highlight the role of the Consultant Admiral Nurse for Children and Young People, developed by Dementia UK, in addressing these needs through an evidence-based approach.

Methods: The presentation draws on a synthesis of current literature, qualitative insights from families and professionals, and first-year service data collected through service evaluation by Dementia UK. It includes reflections from the Consultant Admiral Nurse and incorporates findings from collaborative research and clinical engagement.

Results: Children and young people affected by YOD often experience a range of negative impacts, such as emotional distress, social isolation, role reversal, and disruption to education and peer relationships. Their needs are frequently overlooked in dementia strategies and mainstream services. In its first year, the Consultant Admiral Nurse for Children and Young People has also contributed to resource development, education programmes, and policy influence, helping to raise awareness and improve service responsiveness in this underserved population.

Conclusions: Children and young people living with the impact of parental YOD require targeted, compassionate, and coordinated support. The Consultant Admiral Nurse role, underpinned by evidence and first-year service evaluation data, represents a significant step forward in addressing these needs. This session will share how the role is shaping practice and influencing service development and will call for wider recognition of this group in policy and care planning.

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Uncovering the Impact of Specific Competing Caregiving Needs on Caregiving Rewards: Comparing Machine Learning and Traditional Statistics Using Secondary Data

Miss Yun Chen Kuo, Prof Yea-Ing, Lotus Shyu

Chang Gung University, Taoyuan, Chinese Taipei

Topic

Dementia research and innovation: AI and innovation

Abstract

Aims: This study aims to identify specific competing caregiving needs that influence caregiving rewards among family caregivers of people living with dementia, and to compare findings derived from traditional statistics and machine learning approaches.

Methods: A secondary analysis was conducted using a merged dataset (N=400) from two previous studies. Competing needs were measured by the Finding a Balance Scale and caregiving rewards were measured by the Rewards of Caregiving Scale. Stepwise linear regression and machine learning (linear regression algorithm) were applied to identify key predictive competing needs.

Results: Both traditional statistics and machine learning identified “being able to deal with caregiver’s own health needs” and “being able to deal with other errands” while providing care to people with dementia was associated with higher caregiving rewards. These factors were positively associated with caregiving rewards, highlighting the importance of caregivers’ self-management and time organization abilities.

Conclusions: This study’s finding suggests developing targeted interventions to strengthen caregivers’ self-care and time management skills to enhance caregiving rewards. The reciprocal results of traditional statistics and machine learning also implies the potential of integrating both methods in future research to provide more robust insights.

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demenzworld: Living Community – Connecting, Empowering, and Giving Visibility to People with Dementia and their Families

Dr Dominik Isler, **Mr Martin Mühlegg**

demenzworld, Bern, Switzerland

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Background: People with dementia and their families often face isolation, lack of information and social stigma. demenzworld addresses these challenges with a holistic approach that combines information, interaction, and empowerment –online and in-person. At the heart of this initiative is a supportive community and services.

Personal Encounters – Demenz Meets: Demenz Meets – Lighthearted Hours on a Serious Topic (www.demenzmeets.org): The Meets are low-threshold events held in various cities. A (free) social franchising model enables local organizations to host a Meet efficiently. Demenz Meets offer:

Real spaces for encounters between people with dementia and their families,

Uplifting stories told on stage by those affected themselves, role models that reshape the image of dementia,

Genuine participation and sustainable peer-to-peer networking.

Digital Platforms: demenzworld connects affected individuals, caregivers, and professionals through a unique and free online offering:

www.demenzworld.com: central hub.

www.demenzwiki.com: easily understandable information.

www.demenzjournal.com: personal stories, interviews, and expert articles.

E-learning and the »demenznavi« as practical aids: A vibrant community on Facebook (with forum), Instagram, LinkedIn and YouTube provides space for exchange, understanding and emotional support.

Core Messages of the Presentation: Community is more than exchange; it is identity, support, engagement – and it becomes a movement.

The combination of digital and analog formats enables new forms of self-advocacy.

Visibility and real-life encounters actively reduce stigma.

The Demenz Meets are a model for inclusive, future-ready event formats.

Conclusion: demenzworld is an innovative network that not only informs but connects. It demonstrates: Community empowers – and people with dementia belong at the heart of our society.

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“Bande à part” (“The Outsiders”): a monthly show hosted by people living with dementia

Mrs Lorène Gilly, **Mr Laurent Dupuis**

France Alzheimer et maladies apparentées, Paris, France

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Bande à part is a monthly show broadcast on Radio Alzheimer, hosted by people living with dementia. Since 2018, this one-of-a-kind program has given a voice to those we hear from all too rarely: the individuals living with the disease themselves. Participants take turns at the microphone to share their experiences, memories, doubts, but also their joys, passions and perspectives on society.

For 45 minutes, they speak candidly about their daily lives, addressing personal topics such as loneliness, memory, diagnosis, family relationships, and their place in society. The show also touches on lighter subjects, like radio memories. Each recording is a moment of open expression, connection and kindness.

This program allows participants to remain active, heard and acknowledged. It fosters self-esteem and builds bonds among peers. The conversations—sometimes funny, often moving—challenge common stereotypes. The show also serves as a powerful tool for raising awareness. It invites listeners to see Alzheimer's disease differently and to truly hear those who live with it.

As the show's participants emphasize: “Life is stronger than the disease. There are still so many beautiful moments to live.”

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Trainings for informal caregivers: a free of charge program to support caregivers's daily life

Mrs Lorène Gilly, Mrs Hélène Clari

France Alzheimer et maladies apparentées, Paris, France

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Our association offers training programs specifically designed for caregivers supporting a loved one living with dementia. These free of charge sessions are led by a duo: a psychologist and a trained volunteer.

This initiative is part of a national partnership agreement signed in 2009 with the Caisse Nationale de Solidarité pour l'Autonomie (CNSA) and aligns with Measure 2 of the 2008–2012 Alzheimer's Plan, aimed at meeting caregivers' real needs. CNSA, as a public operator, provides 80% of the fundings for this training and the association is covering the rest.

In 2024, 92% of caregivers reported being satisfied with the training. The benefits are clear: 98% said they better understand the disease and 83% feel less exhausted in their daily lives.

Each session welcomes 8 to 15 participants and aims to provide knowledge about the disease, offer practical tools for caregiving and encourage peer support.

Training includes seven themed modules:

- Understanding the disease
- Improving communication
- Supporting daily life
- Knowing available resources
- Defining your role as a caregiver
- Preparing for residential care
- Living in a care facility

Each module includes theoretical input, practical advice and time for sharing experiences. Before the course, caregivers meet individually with the psychologist to assess their needs. A follow-up session helps reinforce learning and measure outcomes. This program helps prevent isolation, promotes respite practices and recognizes the vital — and often overlooked — role of caregivers. Special attention is given to the quality of the training: facilitator teams receive tailored pedagogical preparation and ongoing training.

In 2023, two new courses were added in response to local feedback:

- For caregivers whose loved one lives in a nursing home (4 modules)
- For those supporting someone with Lewy body dementia (4 modules)

Additional psychosocial support is also offered, such as support groups, memory cafés, burnout prevention workshops and psychological counseling.

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Exploring the Village Life in two Care Communities in Canada

Dr Habib Chaudhury

Simon Fraser University, Vancouver, Canada

Topic

Dementia awareness: Environment and architecture for dementia

Abstract

“Dementia Villages” have gained much attention as an innovative care approach based on a community living model. The planned community is based on development of small households and residents’ easy access to amenities and destinations reflective of their lifestyles. This presentation is based on an empirical study conducted in two care communities, inspired by the dementia village model, located in British Columbia, Canada. We examined the physical and social environments of these villages, exploring their innovative approaches to foster independent mobility, social interactions and well-being of older adults living with dementia in a care setting.

The research methods included semi-structured interviews with key informants and ethnographic observations of care and social interactions between the staff and residents. At Village Langley, interviews were conducted with two staff members from Complex Care, the highest level of support offered at this site. At “Providence Living at the Views,” we explored their experiences and perspectives on the impact of the village model with the Director of Site Operations and a Care Aide.

Findings indicate that the residents have independence in mobility to go outside, walk in the outdoor areas and to visit community centre destinations, e.g., bistro, art/music area, grocery, raised planters. The communal areas provide a wider range of activity engagement options compared to traditional long-term homes. The open kitchen in the houses engaged a few residents to take part in activities, such as baking, helping staff in meal preparation and cleaning. Challenges were recognized in supporting residents to move from houses to communal areas due to the distance and weather conditions. Care providers recognized there are operational challenges in staff not being fully on board with the new model of social-relational care model, which calls for increased support and improved communication between upper management and household staff.

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Reframing 'wandering' in care homes: how do staff balance safety and independence to support well-being of residents with dementia?

Dr Mary Gemma Cherry¹, Dr Emily Fisher², Dr Bryony Waters-Harvey², Dr Alys Wyn Griffiths², Dr Tamara Backhouse³, Dr Sion Scott⁴, Ms Iria Cunha⁵, Dr Liz Jones⁵, Dr Clarissa Giebel¹, Dr Rosie Bamber², Dr Jignasa Mehta¹, Dr Reena Devi⁵

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Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Wandering' is common among people living with dementia in care homes and is often viewed as risky, or to be without purpose. In response, staff frequently implement preventative strategies to limit residents' movement and ensure safety. However, such approaches may unintentionally reduce residents' autonomy and restrict the physical and psychological benefits of walking. We aimed to explore how wandering is understood and managed in daily practice in care homes, considering how person-centred approaches might support safe wandering. This focused ethnographic study was conducted in six care homes in England. Over 30 residents who frequently wander were observed for 12-16 hours each, across days, nights, and weekends. Observations were complemented by reviews of care plans, semi-structured interviews with staff and management, and in-situ conversations with residents and relatives about their experiences. We used ethnographically-informed framework analysis, mapped to the Theoretical Domains Framework to analyse data. We found that approaches to 'wandering' varied both across and within care homes. While restrictive practices, such as redirecting residents to a seat, were observed, enabling and person-centred strategies also emerged. Nutrition and hydration were integrated into residents' walking routines, and staff used touch to support residents to move safely around the home. Assistive equipment, including glasses and walking frames, were proactively provided. Relatives often spent visits walking with residents rather than encouraging them to sit. In conclusion, while independence is often valued, a fear of falls can lead to restrictive measures being in place. The current practices in care homes may result from staff anxiety, poor knowledge, training, and guidance. We sought to provide evidence-based strategies to balance safety with independence and identified a wealth of simple, low-cost strategies for implementation in care homes.

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Research supports the effectiveness of the Meeting Centres Model.

Ms Natalie Ive¹, Mr Graham Galloway²

¹The University of Tasmania, Hobart, Australia. ²Meeting Centers Scotland, Dundee, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Primary Progressive Aphasia is a rare dementia syndrome that targets the language networks of the brain. Affecting approximately 3-4/100,000 people, it results in the gradual and pervasive decline of language function, with profound implications for personal relationships, social participation, and quality of life.

My team's research has demonstrated significant gaps in service access for people with PPA across Australia, representing an underserved and under-resourced condition in comparison to Alzheimer's disease and post-stroke aphasia and greater difficulty accessing information and support from healthcare professionals, peers, particularly difficult for those living in rural and remote regions.

The need for tailored education and peer support for individuals with PPA and their care partners, which fosters positive coping strategies and resilience. Without such support, they face a higher risk of social isolation and distress. Despite the growing demand for information and connections, there are currently no dedicated support services globally.

My research team is developing a support network for individuals with primary progressive aphasia. Our group comprises three individuals with dementia and three caregivers, who meet monthly to co-design a "community of care" in Tasmania. It's inspiring to see how they value these meetings, sharing strategies and fostering a safe space free from stigma and isolation. They've expressed a strong desire for a permanent space in Tasmania to continue these connections.

Based on best practice principles, connectedness is critical. Meeting Centres are an evidence-based psychosocial model of community dementia support. Initially developed in the Netherlands over 30 years ago, they are now growing worldwide. Meeting Centres in Scotland have created such uplifting spaces for individuals living with dementia, empowering them to engage more fully in daily activities, foster connections with others, and, in turn, create a non-judgmental, person-centred environment that reduces feelings of isolation and loneliness and sustains their confidence and quality of life.

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One Reality, Mental Scaffolding, & Neuro-Informed Space-Time Mind-Maps--lessons from the Alzheimer's Village Henri Emmanuelli in Dax, France

Dr John Zeisel

I'm Still Here Foundation, Lexington, USA

Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Architecture, environmental design, and care organization at the Alzheimer's Village in Dax, France are unique among such villages. The five hectare outdoor environment surrounds sixteen "maisonnées" in four residential neighborhoods for 120 resident "villagers", 140 staff who cover 24-hours 7-days a week, 70 volunteers who attend 10 per day, administrators and medical staff, family members, students, researchers, and visitors – a total of 350 "inhabitants". The central "bastide" plaza includes library, shop, salon, and restaurant.

Employing environmental design analysis, qualitative observation, focused interviewing, environmental trace assessment, and non-obtrusive environment-user interaction cataloguing (described in the author's: Inquiry by Design) critical findings emerge.

ONE REALITY: In traditional Long-Term Care there is an accepted difference between those who care for and those who live with dementia—described as "two realities". Staff see "the real world"; residents make up their own reality. This "Us vs Them" attitude influences how care is provided.

In the Village Dax there is no such distinction – all users understand there is only one reality each person living, working, or learning there adapts to.

NEURAL SCAFFOLDING: The 350 users, including villagers, cognitively establish a Neural Scaffold of that environment that they use to negotiate it. "Developing a mental scaffold of ones environment" gives users the ability to know how to move around to meet daily needs, to know how to get "home"—to be free in that setting.

NEURO-INFORMED SPACE-TIME MIND-MAP: In every environment users create a mental picture called a "cognitive map." At Village Dax the designed environment includes not only physical space, but also time-based routines. The mental map created by the Village design includes both time and space – leading to a neuro-informed space-time mind-map.

Users' sense of independence and freedom to move around is based on a mix of community support together with each person's own environmental scaffold.

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Two-Year Evaluation of an Innovative Dementia Care Model: The Henri Emmanuelli Alzheimer Village – Outcomes for the General Public, Village residents, and Family caregivers

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Background: The Henri Emmanuelli Alzheimer Village (HEAV) in France, is an innovative residential model for people living with dementia. Grounded in person-centred care and psychosocial interventions, it promotes social inclusion and well-being. The Village also serves as a living lab, supported by a dedicated research centre evaluating its impact on residents, caregivers, professionals, and the public.

Objectives: The research program (1) evaluates the impact of HEAV on public perceptions of Alzheimer's disease (AD); (2) compares various health and well-being indicators among villagers, caregivers, and staff to those in conventional nursing homes.

Methods: A longitudinal, mixed-methods evaluation was conducted. Data were collected at baseline, 6, 12, 18, and 24 months from villagers, caregivers, staff, and volunteers. Specifically, this study reports (1) the results from a population-based survey assessing changes in public perceptions of AD following the Village's opening (n=850), and (2) the evolution of mental health, burden, and quality of life among villagers (n=191) and family caregivers (n=177).

Results: Public survey showed a positive shift in social representations of AD in municipalities with high media exposure to the Village, while no such change was observed in control areas. Cognitive decline among residents followed a smooth trajectory, with no accelerated decline in the period following admission. Quality of life, behavioural symptoms, and mental health showed no deterioration over the 24 months. Informal caregivers reported a marked reduction in perceived burden after admission, with sustained improvements.

Discussion: The Dementia Village model mitigates many negative outcomes associated with institutionalisation. Stabilisation of cognitive and emotional health among residents, combined with sustained relief for family caregivers, underscores the protective potential of this socially inclusive, person-centred care environment. Its broader impact on public perceptions highlights its societal value. These findings support a paradigm shift in long-term dementia care, advocating models that prioritize dignity, autonomy, and community engagement.

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Design and Planning impact on care approaches and management at Village Landais Alzheimer Henri-Emmanuelli (VHL-HE) in Dax, France

Dr Gaëlle Marie-Bailleul

Village Landais Alzheimer Henri-Emmanuelli, Dax, France

Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Design and Planning Impact on Care Approaches & Management at Village Landais Alzheimer Henri Emmanuelli (VLA-HE) in Dax, France

Sixteen years' experience as psycho-geriatrician, five as Medical Director at the Village Landais, make evident how environmental design directly impacts care management, in turn influencing the experience of those living with dementia.

Dax Village design requires medical team members to:

- Invent approaches to engage and supervise a large diverse medical team.
- Establish new relationships with persons living with Alzheimer's including family members.
- Identify shared values among medical team members.

Dax Village design:

- Destigmatizes the condition, placing nature, beauty, and life as the source for personal and group engagement.
- Encourages social connections via community places where public, volunteers, and families meet, requiring medical and psychological staff to explain dementia and unusual behaviors to all members of the community with kindness and mutual tolerance.
- Makes wearing formal medical attire incongruous, requiring staff to carry whatever they need to make "maisonnées" home visits, diagnose walking around, and deliver treatments while respecting each Villager's unique tempo.

Village environment contributes to a unique concept of care – bio-eco-psycho-social care, with impact on:

- Assessing risk for each Villager, including falls, injury, and leaving the village, requiring including the person, loved ones, and staff to define approaches that best fit the person and their context.
- Developing shared values balancing drug and non- pharmaceutical, avoiding hospitalization as much as possible.
- Developing staff schedules that mirror as closely as possible natural rhythms of Village life, leading to improved continuity of care.
- Developing ways to support autonomy, mutual aid, and personal initiative by increasing knowledge and know-how for all medical and non-medical staff.
- Attending multidisciplinary meetings to manage social links that increase individuals' ability to act autonomously.

These non-drug interventions reduce anxiety, apathy, and aberrant motor behaviors, while improving self-esteem and mood.

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“At Home, freely: Les Maisons de Crolles, an Open Living Space for Dignified Life with Illness” A place where people live freely, at peace, respected and surrounded by loved ones

Mrs Nathalie Hervé

FONDATION OVE, LYON, France

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Les Maisons de Crolles, supported by the Fondation OVE, offer a unique model in France for accompanying young people living with Alzheimer's disease or related conditions. Designed as true family homes, they provide a warm, open environment that deeply respects fundamental rights and personal dignity.

Here, individuals are not “residents” but “inhabitants.” They live in their own home, surrounded by loved ones who are welcome at any time. Guest rooms are available for family members, reinforcing the sense of togetherness. The setting is designed to preserve familiar cues, support autonomy, and maintain self-esteem. Medical and institutional markers are intentionally discreet—no uniforms, no medication carts, no locked doors.

The domiciliary approach is central to the project: moving in is gradual, respecting each person's pace and choices. Professionals trained in the Carpe Diem philosophy offer compassionate support, focusing on strengths rather than deficits. Inhabitants participate in daily tasks, reinforcing their sense of usefulness and social belonging.

Les Maisons de Crolles embody a culture of care rooted in freedom, dignity, and human connection. They challenge traditional practices to offer an ethical and personalized response to the specific needs of younger individuals with neurodegenerative diseases.

This inspiring model proves that care can be reimaged—by respecting people, seeing them as individuals, and offering them a true home.

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A Successful Home-Based Care Model in the Medico-Social Sector: Respecting the fundamental rights, freedom, self-determination, and empowerment of young people living with neurocognitive diseases

Mrs Nathalie Hervé

FONDATION OVE, LYON, France

Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Objective: To assess the impact of the care provided by the EAM (Medicalized Residential Facility) at the Maisons de Crolles, in response to Measure 18 of the French National Alzheimer Plan (2008–2012), which called for the development of innovative care models tailored to younger individuals diagnosed with Alzheimer's disease or related neurocognitive disorders.

Methods: External evaluation conducted in March 2025, implemented by the Haute Autorité de Santé (French National Health Authority), based on a national framework revised in 2022. The evaluation is person-centered, quality-driven, and ethically grounded, using three investigative methods: the “accompagné traceur” (person-focused tracer), the “traceur ciblé” (targeted tracer), and the system audit.

Results: The EAM of Fondation OVE provides regional care for young people with Alzheimer's or related conditions. It offers tailored solutions: day care, temporary stays, or full-time residency. This is known as the “Maisons de Crolles pathway,” a progressive model with flexible options for sequential or permanent stays, adapted to individual needs and personalized care plans.

The evaluation revealed a slowing of cognitive and functional decline, improved quality of life, and reduced anxiety among caregivers. Covering 157 criteria across 9 thematic areas, the evaluation showed an overall highly satisfactory level of care (average rating: 3.45/4). Key strengths included respectful care, protection of rights, co-construction of personalized plans, and active involvement of families in shared living dynamics. The open and calming architectural environment promotes well-being and autonomy. The non-pharmacological approach, effective medication management, and engagement with local partners further enhance the model's relevance.

Conclusions: This project stands as a regional benchmark in social innovation and ethical care, demonstrating the value of alternative living environments for young people with dementia—centered on dignity, abilities, and social connection.

Given its innovative and inspiring nature, the model deserves to be replicated nationally and beyond.

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IMAAJ: A Mobile Team Transforming Care for People under 65 year old with Dementia **An innovative model that reaches out to individuals, supports families, and empowers professionals through an early human-centered, and tailored approach.**

Mrs Sandrine Pont

Fondation Ove, Crolles, France

Topic

Support for dementia carers: Education and training for formal carers

Abstract

In response to early-onset dementia—often misunderstood and poorly addressed—the IMAAJ project (Interactions for Young-Onset Alzheimer's and Related Diseases), led by Fondation OVE, offers an innovative and deeply human solution. This mobile team provides in-home support to individuals affected by neurodegenerative diseases, as well as to their families and professionals in the medico-social sector.

Inspired by Les Maisons de Crolles and the Carpe Diem philosophy, the intervention focuses on preserving abilities, autonomy, and dignity. The team acts proactively to inform, support, train families and professionals so that to anticipate complex situations and foster collaboration among care providers. In just six months, over 450 actions were carried out—far exceeding initial goals—with a 100% satisfaction rate among families.

The project currently spans six departments in the Auvergne-Rhône-Alpes region and has built a network of 50 partners, including 37 directly involved in care. Testimonials from families, professionals, and physicians highlight the tangible impact of this “outreach” approach, which fills a critical gap in the care pathways for younger patients.

IMAAJ goes beyond support—it advocates for recognition of the specific needs related to early-onset dementia. Future developments include an impact study led by CROMA (Regional Alzheimer's Observation Cell) under Dr. Isabelle Rouch, in collaboration with the Institute of Public Health, Epidemiology and Development (ISPED) and INSERM's Psychology Faculty, under Professor Hélène Amieva. Plans also include territorial expansion, team reinforcement, and the creation of new support tools.

This inspiring model proves that tailored, empathetic, and coordinated care is not only possible—but essential.

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Living with younger onset dementia: Personal stories and emerging research on the experiences of children, spouses, and siblings.

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¹University of New South Wales, Sydney, Australia. ²HammondCare, Sydney, Australia

Topic

Support for dementia carers: Young carers

Abstract

This presentation begins with William ("Bill") Yeates, an advocate living with younger onset dementia, sharing his journey through diagnosis, stigma, resilience, and hope. Bill's story illustrates the emotional and practical realities faced by people living with younger onset dementia and sets the stage for broader exploration of their families' experiences with an emphasis on the experience of younger carers.

Building on this foundation, emerging research explores the experiences of children, spouses, and siblings under the age of 50 caring for someone living with younger onset dementia. Data from a national, co-designed survey currently underway in Australia, alongside qualitative data from peer-led focus groups, captures the complex, multidimensional impact of caring for a loved one living with dementia as a young adult.

Focus group discussions reveal five core themes: (1) **Understanding What's Going On**, reflecting initial shock and confusion after diagnosis; (2) **The Weight of the Lonely Burden**, capturing emotional isolation carers often feel; (3) **Contextual Stressors**, including disruptions to education, career, and personal life; (4) **The Systems Problem**, highlighting challenges navigating adult-focused healthcare services; and (5) **Cultural Challenges**, emphasising needs for culturally sensitive resources. These themes illustrate unique barriers young carers face, which are compounded by elevated mental health risks and social isolation during critical identity formation years.

Preliminary findings from approximately 200 survey responses reveal substantial gaps in age-appropriate support services, with respondents reporting feeling invisible within health systems designed for older adult carers. Geographic disparities in service availability are evident, alongside minimal targeted interventions for siblings and children of people living with younger onset dementia.

This research employs a human-centered, co-design approach ensuring study design reflects lived realities of younger carers. Together, Bill's narrative, focus group insights and findings from our co-designed national survey reveal post-diagnostic pain points unique to younger carers that require systemic policy reforms.

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Digital Interventions in Neuro-Rehabilitation: Gotcha! a clinical trial of an app-based therapy for proper name anomia in people with dementia

Dr Aygun Badalova

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Topic

Dementia diagnosis, treatment, care and support: Rehabilitation

Abstract

Background: Proper name anomia is a common experience that can become unpleasantly amplified in people with dementia (PWD). The Gotcha! app aims to provide practice-based therapy for PWD enabling them to spontaneously retrieve the names of key people in their lives.

Methods: Gotcha! is a digital confrontation naming therapy app. PWD supply images and names of the people they want to be able to name and train on one face per day for six weeks. We employed a single-case experimental design with weekly testing of free-naming in both six-week blocks (pre therapy and during therapy). PWD also had an MEG scan before and after the therapy block where they attempt to name pictures of familiar (trained) and famous (untrained) faces. We measured source localised gamma-band (30-80 Hz) power 0-3400 ms after the onset of a face.

Results: Results from the first 38 PWD demonstrate: 1) Within-subjects, non-parametric results 89% (34/38) showed a positive trend with better naming during the training phase with 20/38 reaching statistical significance at the individual subject level (Tau-U) 2) ANOVA showed a significant effect at the group level of training $F(1,32) = 44.79$, $p = 0.01$

Results from the MEG analysis of 26 PWD: We identified a large cluster of 2876 voxels situated in the left anterior temporal lobe (MNI: -54 10 -6, $F=8.37$, $p=0.001$) where gamma reduction was associated with training (pre-post) of familiar faces, but not (untrained) famous faces.

Conclusion: Gotcha! app-based therapy for proper name anomia works for the majority of PWD in our trial thus far. This is the first study to demonstrate that the left ventral temporal lobe region supports practice-based retrieval of familiar face-name associations in PWD. Being able to freely produce the name of a relative or loved one has a big impact on people's lives.

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Estate and Later Life Planning for Individuals with Dementia: Best Legal Practices to Safeguard Against Estate Litigation and Empower Loved Ones with Dementia

Ms Anna Kamateros TEP

KRB LAWYERS INC., Montreal, Canada. STEP Mental Capacity Global Special Interest Group (SIG)

Topic

Dementia as a public health priority: Ethics, finances and laws of dementia

Abstract

Ageist beliefs about older adults, especially those with cognitive decline, can lead to significant misunderstandings regarding their legal capacities. This presentation will explore the legal trends surrounding the capacity of individuals diagnosed with Alzheimer's and/or dementia to prepare wills, powers of attorney, and consent to treatment. It will emphasize the importance of an interdisciplinary approach that respects and empowers individuals with dementia, fostering family harmony.

Key topics will include:

- **Preparing a Will:** Understanding the nuances of legal capacity and how individuals with dementia can participate in estate planning.
- **Incapacity Planning:** Discussing the importance of designating a trusted individual to make decisions on behalf of someone with dementia, and how to navigate this process effectively.
- **Family Involvement:** Strategies for involving family members in discussions about care and planning, ensuring that their voices are heard while respecting the wishes of the individual with dementia.
- **Succession Planning for Business Owners:** Addressing the unique challenges faced by business owners diagnosed with dementia, including how to ensure a smooth transition of leadership and management.
- **Working with Financial Institutions:** Tips on how to engage with banks and financial institutions when managing the finances of someone with dementia, ensuring that their assets are protected and properly managed.

As a former social worker specializing in elder law and incapacity issues, I will share case examples to clarify the material and facilitate dynamic discussions and a Q&A session afterward. By the end of this presentation, participants will have a clearer understanding of how to empower individuals with dementia while safeguarding their legal rights and interests.

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Familial Resistance to Early-Onset Alzheimer's Linked to an Intronic PSEN1 Variant

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Topic

Dementia research and innovation: Dementia beyond the amyloid hypothesis (including new genes, oral hygiene, gut microbiome, autoimmune diseases, neuroinflammation)

Abstract

Objective. The investigation of rare genetic variants in Alzheimer's disease (AD) and naturally occurring protective factors may reveal novel therapeutic targets. The aim of this study was to investigate the clinical and molecular characteristics of a rare intronic PSEN1 splice variant in a multigenerational family with early-onset Alzheimer's disease, with a particular focus on identifying protective factors in carriers who demonstrate resilience and delayed disease onset.

Materials and Methods: In a three-generational family, AD manifested on average at age 45, with death occurring by 55. Whole-exome sequencing (3billion, Korea) identified a rare PSEN1 splice-disrupting intronic variant in intron 4 (14-73637762-A-G, GRCh37), previously reported but without established clinical significance. Verification was performed by Sanger sequencing (UCL, UK; TreeGene, Kazakhstan) in 20 family members.

Results: Most carriers exhibited classical early-onset AD. However, two unique cases of resilience were observed: a 66-year-old woman whose disease onset occurred at 60, 15 years later than expected, and a 52-year-old man who remains cognitively intact more than 10 years beyond the predicted onset age. For functional evaluation, fibroblasts were obtained from four family members (RIBSP, Kazakhstan): a patient with early onset, a healthy non-carrier, and two carriers with delayed onset. PSEN1 transcript expression was assessed by qRT-PCR (TreeGene, Kazakhstan), revealing elevated levels in the early-onset patient ($RQ \approx 1.27$) and a threefold reduction in carriers with delayed or absent onset ($RQ \approx 0.27-0.30$).

Conclusion: Resistance to early-onset AD in this family carrying the intronic PSEN1 variant may be associated with reduced gene expression and compensatory molecular mechanisms. Transcriptomic and proteomic studies are planned to further identify potential neuroprotective factors.

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Emotional facial expressions of people with dementia during animal-assisted therapy – an exploratory Swiss study.

Dr Sandra Oppikofer

Healthy Longevity Center University of Zurich, Zurich, Switzerland. Center of Gerontology, Zurich, Switzerland. Central Board of Alzheimer Switzerland, Bern, Switzerland

Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Leims, B., Niederberger, A. & Oppikofer, S.

Objectives: People living with dementia frequently experience limitations in verbal communication, making it difficult to express their emotions through words alone. However, emotions are fundamental physiological responses to internal and external stimuli and provide insight into how those affected feel in specific situations. FaceReader enables detailed visualization of non-verbal emotions, capturing the emotional experience of people with dementia during therapy. This exploratory study compared their emotional facial expressions in animal-assisted versus conventional occupational therapy.

Method: Nine residents of a nursing home in Aargau, Switzerland, participated in both an animal-assisted and a standard occupational therapy session, each of which was video-recorded. The recordings were analyzed with Noldus FaceReader, assessing emotional parameters—joy, anger, sadness, fear, interest—and the dimensions of valence and arousal. Data were analyzed descriptively using non-parametric methods.

Results: The findings reveal distinct emotional expression patterns among participants. Joyful facial expressions appeared more frequently during animal-assisted sessions, particularly towards their conclusion, and valence scores reflected a more positive overall emotional state. Furthermore, arousal levels exhibited greater variability, and notably, expressions of anger diminished during animal-assisted therapy.

Conclusion: In summary, this first Swiss study involving farm animals and people with dementia demonstrates that FaceReader is an objective tool for capturing emotional responses in this population. Both therapeutic approaches proved emotionally meaningful; however, animal-assisted occupational therapy was more frequently linked to positive emotions. These findings highlight the potential of animal-assisted interventions to enhance emotional well-being in individuals with dementia.

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25 years of Alzheimer's Disease and Related Disorder-Thailand: An Atypical pathway to advocate the national dementia policy.

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Topic

Dementia awareness: The work of national dementia associations

Abstract

This year, 2025, The Alzheimer's Disease and Related Disorder- Thailand (ARDA-T) celebrates its 25th anniversary. Looking back to the beginning, when dementia was still a little-known condition in Thailand- even among medical professionals. ARDA-T was established as a self-help group for families of people with dementia at the Faculty of Medicine Ramathibodi Hospital Mahidol University.

Under the guidance of Dr. Henry Brodaty. and the dedication of its founder, Dr. Sirintorn Chansirikarnjana, ARDA-T grew step by step with a clear mission: to improve quality of life for people living with dementia and their families. Eventually, in 2023 the ultimate goal was achieved, when Thailand announced its first national dementia care policy. This policy spans from proactive screening to community-based post-diagnosis support.

However, the path to this milestone was far from straightforward. Thailand's political situation has been unstable for decades, and high-level positions in the Ministry of Public Health often change with shifting governments. Rather than relying on a top-down approach, ARDA-T built its foundation from the ground up. It began by working with frontline healthcare staff, seeking out potential partners who were already facing challenges in dementia care, and offering them practical solutions through community-based research. The proven outcomes of these pilot projects inspired other provinces to follow suit. Gradually, a nationwide dementia care network emerged. At that point, Ministry leaders were eager to support a movement that not only improved care but also strengthened their own public reputation.

Nevertheless, the growing of dementia awareness has created a high demand in dementia diagnosis service. As many countries, Thailand encounters a shortage care staffs, particularly in dementia care, and this will be the next great challenge of ARDA-T.

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Connecting through Culture: Co-Creating VR Indigenous Stories for Patients in Hospital Settings

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Background/Objectives: Indigenous patients in acute care experience distress due to separation from the community and limited culturally relevant support. Virtual reality (VR) has been demonstrated to improve well-being, yet Indigenous-specific content is scarce. This study aims to (1) co-create immersive Indigenous VR stories and (2) evaluate how these stories affect engagement, cultural connection, and perceived well-being in Indigenous and non-Indigenous older adult patients in acute care.

Methods: Using a Participatory Action Research approach, the team co-created VR videos with Indigenous partners in British Columbia, Canada. Filming took place at the Museum of Anthropology of the University of British Columbia and in Indigenous communities. Videos were shown to ten older adults in acute care, five Indigenous and five non-Indigenous, and 10 staff members using either a VR headset or a projector. Staff members were given the videos to use during their normal care routine. After viewing, interviews were conducted with patients and staff to explore their experiences and perceived impact on well-being.

Results: Preliminary findings suggest strong cultural resonance among Indigenous patients, who reported feeling recognized and connected to community values. Non-Indigenous patients expressed increased curiosity and interest in learning about Indigenous cultures. Clinical staff described VR as a meaningful engagement tool, with some noting an improvement in rapport with patients. Team members involved in the co-creation process described it as emotionally impactful and deeply meaningful.

Conclusions: Indigenous VR storytelling is a feasible, culturally responsive method to strengthen social connections for older adults in acute care. Insights from ongoing analysis will inform the refinement of content and guide the implementation of VR in both acute care and community settings.

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MinderCare- a digital safety net for people living with dementia at home.

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Topic

Dementia research and innovation: AI and innovation

Abstract

People living with dementia experience fragmented care and high rates of unplanned health encounters, including emergency department visits and hospital admissions. The current care provision for people in the UK tends to be reactive rather than aimed at avoiding crisis and managing issues proactively. MinderCare was developed to address this by providing a service which offers clinical oversight, monitoring, alerts and access to specialist advice. MinderCare is two year feasibility study which has been operational since January 2025.

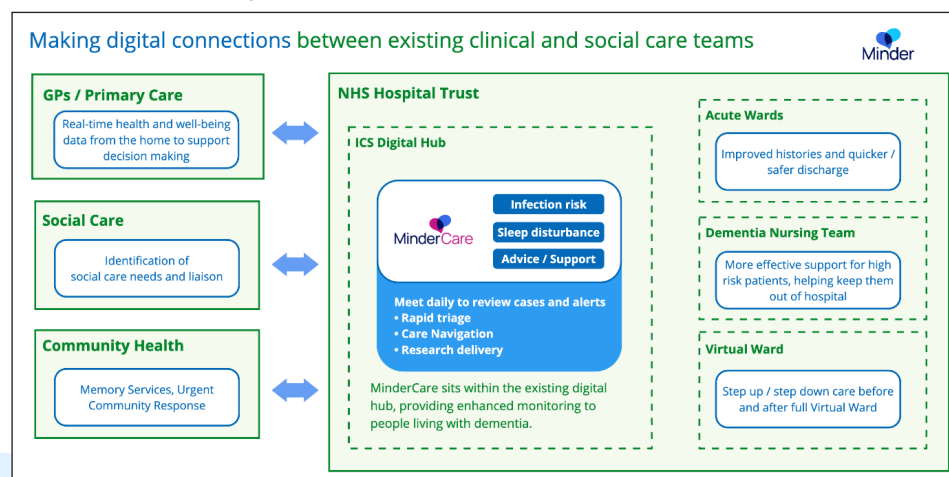
It is an integrated research and clinical programme which aims to test the scalability and efficacy of digitally enabled specialist care for 100+ people living with dementia in the community. It incorporates monitoring technology (sleep mats, movement sensors and door sensors) alongside AI algorithms to predict the risk of infection and monitor the quality of the person's sleep as well as alerts for external door use during the night. The service also provides clinical oversight from specialist dementia nurses, who assess and monitor the patient and care givers' overall health and well-being monthly.

Patients or care-givers who are higher risk of deterioration, depression or simply require more support are contacted more frequently. The combination of routine oversight and alerts which are assessed and triaged to the appropriate service provides a digitally enabled safety net what is also person-centred and accessible for the person living with dementia and the care-givers.

The service supports 105 patients in west London, 45% of whom live alone. Since June, the team have responded to 77 alerts and undertaken 567 interventions ranging from care navigation to emotional support. This service offers a unique model which combines technology, research and specialist care in a humane and person-centred way.

‘Thank you is not enough to say to you for your kind assistance and consideration’

(MinderCare care-giver)



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Effectiveness of an intervention program to improve the detection of cognitive impairment in a low- and middle-income country.

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Introduction: Two-thirds of the 57 million people living with dementia worldwide reside in LMIC, yet research to guide dementia-related policies in these settings remains limited. Strengthening primary care capacity is essential for early detection and management. This study aimed to improve early dementia diagnosis and the use of standardized cognitive assessments by primary care physicians (PCPs) in Cuba.

Methods: Sixteen primary care clinics (160–200 providers) were randomized into intervention and usual care groups. The intervention included a dementia-focused training program and standardized cognitive assessment tools. PCPs completed questionnaires on attitudes and practices regarding technology-based screening, diagnosis, and management of cognitive impairment at baseline, 6 months, and 12 months. The primary outcome was change in dementia diagnosis rates after 12 months.

Results: At baseline, 75% of PCPs indicated they would not refer suspected dementia cases if diagnostic tools were available within primary care. Compared with the usual care group, intervention PCPs showed significant improvements in confidence to perform neurocognitive evaluations, conduct memory screening during annual visits, and interpret diagnostic tests ($\chi^2=8.022$; $p=0.004$). They also improved in selecting appropriate tests ($\chi^2=10.756$; $p=0.001$) and applying diagnostic criteria. The intervention group demonstrated a 141% increase in dementia diagnoses and specialist referrals, and an 83% increase in the use of standardized cognitive assessments for annual evaluations. The overall prevalence of dementia in participating clinics was 10.6% (95% CI, 9.3–12.8%). Distribution by CDR severity was: questionable 11%, mild 49%, moderate 25%, severe 15%.

Discussion: This study demonstrates the feasibility and effectiveness of training PCPs in dementia detection and management in low-resource settings. Improved knowledge, confidence, and diagnostic practices highlight the potential of targeted interventions to strengthen primary care capacity. Early detection at the community level may enable timely treatment, referral, and support for individuals with dementia and their families.

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Blood-based biomarkers as predictors of dementia: A 12-year follow-up in the Whitehall II study

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Topic

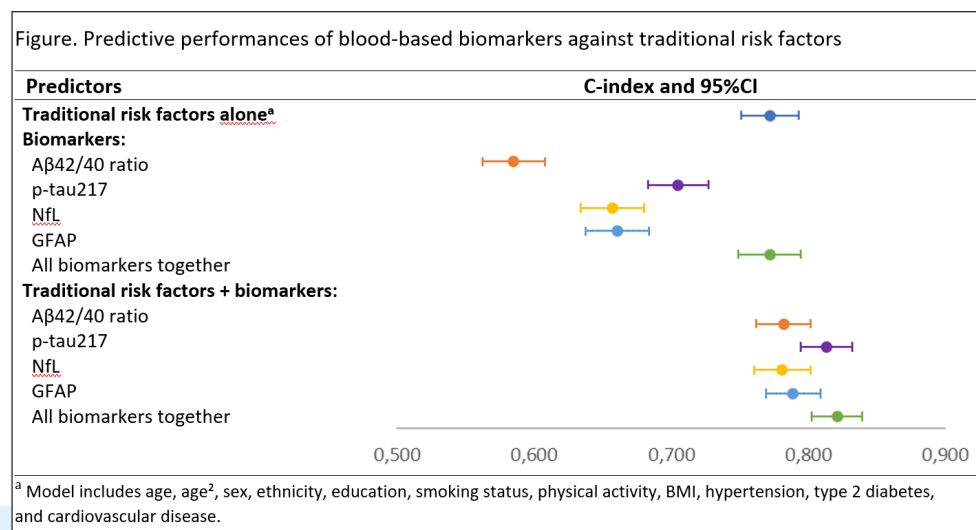
Dementia diagnosis, treatment, care and support: Biomarkers

Background: Blood-based biomarkers accurately detect amyloid positivity but their long-term performance in heterogeneous populations remains unclear. Our objective was to determine their prediction accuracy for all-cause dementia in a longitudinal cohort study.

Methods: Blood-based amyloid-beta (A β)₄₂ and ₄₀, glial fibrillary acidic protein (GFAP), neurofilament light (NfL), and phosphorylated tau protein 217 (p-tau₂₁₇) were measured in 2012/13 among 5225 (27.2% women) Whitehall II participants, mean age 69.4 $\pm$ 5.8 years. Cox regression was used to examine associations between worst quartiles of blood biomarkers and incident all-cause dementia between 2012/13 and 2024.

Findings: A total of 448 participants had a dementia diagnosis over a 11.3-year median follow-up. The C-index was highest for p-tau₂₁₇ (0.705; 95% CI 0.683, 0.727), lowest for A β ₄₂/40 ratio (0.585; 95% CI 0.562, 0.607) and was 0.772 (0.749, 0.794) for all biomarkers together. Our results show C-index to be driven by specificity (range from 76.5% to 78.4%) rather than sensitivity (41.3% to 61.6%). A second approach to prediction modelling showed a model containing sociodemographic, behavioural, and health-related factors to have a C-index of 0.772 (95% CI 0.751, 0.793); adding p-tau₂₁₇ alone as well as along with other biomarkers to this model increased the C-index to 0.813 (95%CI 0.794, 0.832) and 0.821 (95% CI 0.802,0.840) respectively, with difference in C-index being 0.041 (0.029, 0.054) and 0.049 (0.036, 0.065). Participants with values in the worst quartile of A β ₄₂/40 ratio (HR 1.82; 95% CI 1.50, 2.20), p-tau₂₁₇ (HR 3.81; 95% CI 3.12, 4.64), NfL (HR 1.99; 95% CI 1.63, 2.44), and GFAP (HR 2.23; 95% CI 1.82, 2.73) had higher risk of dementia.

Interpretation: Taken together our results suggest that blood-based biomarkers can be effective first-line screening tools in community-dwelling older adults. There remain concerns due to poor sensitivity of these biomarkers, implying the need for further investigation in biomarker positive cases.



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Effect of a 6-week Integrated Attention Training Program for older adults with anxiety symptoms: A single-blind randomized controlled trial

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Objective: Anxiety in older adults is closely linked to impaired attention and executive function, contributing to cognitive decline. Emerging evidence suggests chronic inflammation may mediate both anxiety and cognitive impairment. Cognitive training in attention may influence inflammatory pathways, potentially reducing anxiety-related cognitive impairment. This study investigated whether a 6-week Integrated Attention Training Program (IATP) could improve anxiety, cognition, and inflammation in older adults with anxiety, compared to health education.

Methods: 120 individuals aged 60 years or above with anxiety symptoms were randomly assigned to the IATP or health education (control group). Both groups participated in two 45-minute sessions per week for 6 weeks. Outcomes measures included anxiety symptoms, cognitive function, and pro-inflammatory biomarker levels at baseline (T0), immediate after intervention (T1), and 4 months after intervention (T2). Changes were analyzed using linear mixed effects models under the intention-to-treat principle.

Results: Both groups experienced reduced anxiety at T1, but only the IATP group showed further reduction in anxiety at T2 (IATP: -3.9 vs control: 0.5; $p = .002$; group-by-time effect $p = .005$). Executive function was also significantly higher in IATP at T2 (IATP: 0.3 vs control: -0.3; $p = .019$, group-by-time effect $p = .006$), despite no group difference at T1. Pro-inflammatory biomarker NLRP3 increased at T2 in IATP ($p = .005$). Baseline GAI score was associated with higher NLRP3 level ($p = .021$) and higher executive function ($p = .035$) at T1.

Conclusion: The IATP led to sustained improvements in anxiety and executive function among older adults with anxiety symptoms, suggesting IATP as an effective and sustainable intervention for mental and cognitive health in this high-risk group. The increase in NLRP3 suggests that the IATP may influence inflammatory pathways, but the relationship between anxiety-related inflammation and cognitive function may involve additional inflammasomes or other pathways that warrant further investigation.

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Strengthening dementia awareness in the Francophone world: Collaborative actions of ADI member associations

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Topic

Dementia awareness: The work of national dementia associations

Abstract

In 2020, Alzheimer's Disease International (ADI), France Alzheimer & Maladies Apparentées and Association Comprendre la Maladie d'Alzheimer (ACMA) Cameroun launched two complementary initiatives to connect Francophone ADI member associations: regular internal coordination meetings for Alzheimer and dementia associations, and open Francophone roundtables also welcoming neurologists, geriatricians, psychiatrists, and other health professionals. These gatherings - bringing together participants from over 15 countries - have explored topics such as national advocacy, digital communication, adapted diagnostic pathways, migrant care, professional training, and post-diagnostic support.

Key milestones of the initiative and collaboration include:

- First in-person ADI Francophone Day (Nairobi, November 2023), titled 'A Pioneering Conference: Challenges and Solutions for Alzheimer's and Related Diseases in Francophone Africa', bringing together 11 participants from 9 countries.
- Specialised online training delivered by France Alzheimer (October 2024) on facilitating therapeutic workshops, designed for Francophone associations.

In 2024/25, the network conducted a major survey on the use of the term "démence" in Francophone societies, supported by member associations, gathering 317 responses from 23 countries in total. This initiative aims to propose a less stigmatising and more respectful alternative, suitable for both professional and everyday contexts. The survey gathered perspectives from health professionals, people living with dementia, carers, and the wider community across multiple countries. The findings, presented in a position paper, mark a crucial step toward changing perceptions and language around these conditions in the Francophone world.

Through sustained collaboration, targeted training, and culturally sensitive awareness initiatives, Francophone associations are building a stronger, more connected community to promote understanding, respect, and support for people living with dementia and their carers. This model of coordinated regional action demonstrates the impact of linguistic and cultural alignment in advancing dementia awareness globally.

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A complex intervention including MAKS®-mk+: Scientific results from a prospective, cluster-randomized, controlled trial on the effectiveness of a complex psychosocial intervention on reducing hospital admissions and BPSD in people with mild cognitive impairment or mild to moderate dementia living in shared-housing arrangements in Germany

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: Shared-housing arrangements are environments for people living with cognitive impairments who can no longer live alone in their own home, but also do not want to opt for inpatient care in a nursing home. It is a fact, that people living with dementia have an increased risk of inpatient hospitalization, which mostly results in undesirable consequences for this group's physical and mental health and significantly impairs its' quality of life. The randomized-controlled study "DemWG" investigated whether a complex intervention in the setting of shared-housing arrangements significantly reduces the number of hospital admissions of people living with cognitive impairments and has further consequences on other outcomes such as BPSD.

Method: A prospective, cluster-randomized, controlled trial was carried out throughout Germany. The complex intervention included (I) motor ("m") and cognitive ("k") training based on the psychosocial, multimodal MAKS intervention, supplemented by fall-prevention exercises ("+"), named MAKS-mk+. Additionally, (II) training of caregivers being active in the housing environment and (III) accredited digital training of the general practitioners of the inhabitants was implemented. Data was collected at baseline (t0) and at six months follow-up (t1).

Results: A total of 97 shared-housing arrangements were included at t0 across Germany with 341 participants. We found a statistically significant effect on the hospital admission (primary outcome) in the intervention group at time t1; furthermore, a significant effect on BPSD (a secondary outcome). Both effects meant a reduction in the analyzed outcome variable.

Conclusion: Recommendations for optimized care of people living with cognitive impairments can be derived from the results. In the light of the urgent need for interventions that are easy to implement, the psychosocial MAKS-mk+ intervention for the inhabitants of shared-housing arrangements seems to be an accepted and easy-to-transfer option.

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Carer Support in the Age of AI

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Family carers of persons living with Alzheimer's Disease and Related Dementias (ADRD) face persistent challenges navigating and utilizing support programs, despite the proven benefits of these services in reducing carer burden. Share the Care, Inc. is one of the largest nonprofit providers of carer support in the United States, servicing more than 2100 families each year. To help overcome the challenges in communicating efficiently with carers and matching their evolving needs to available services, Share the Care has partnered with CareVirtue, an evidence-based technology platform, to integrate specialized technology with existing services in order to deliver more comprehensive care. For the past two years, this technology has streamlined Share the Care's communication with carers, reduced the need for paper-based workflows, and made administrative tasks more efficient.

With the advancements and accessibility of artificial intelligence (AI) technology, we are given new tools to address persistent critical barriers to carer support. Share the Care is excited to participate in the development of CareVirtue Nexus, an AI-enabled communication and workflow platform that is designed to strengthen carer engagement and improve our team's efficiency. Supported by a National Institutes of Health (NIH) research award, Nexus will integrate AI voice agents and agentic workflows to automate routine tasks, identify carer needs in real time, and facilitate individualized service matching with Share the Care programs.

Share the Care professional Case Managers and licensed Behavioral Health clinicians will provide personalized service in response to AI-driven inquiries. This project will follow the NIH Stage Model for Behavioral Intervention Development from Stage 0 (basic science) to Stage 1B (preliminary feasibility testing). The ultimate goal is to create a highly usable and effective intervention to improve the well-being of carers we are serving.

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The Role of Technology in Enhancing Cognitive Engagement Among Older Adults with a Cognitive Impairment

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Topic

Dementia research and innovation: AI and innovation

Abstract

Aims: The increasing number of aging adults with a cognitive impairment due to mild cognitive impairment (MCI), Stroke, or other conditions such as a traumatic brain injury (TBI) underscores a critical need to understand the types of challenges these individuals confront in daily activities. One activity of particular importance is social engagement as loneliness is linked to deleterious health outcomes. This study investigated the relationship between cognition and loneliness and the role of technology in fostering social engagement among older adults with a cognitive impairment.

Methods: Data were drawn from the Everyday Needs Assessment for Cognitive Tasks (ENACT) study, a longitudinal needs assessment designed to understand the challenges that persons with cognitive impairment face in everyday activities and how technology might be used to address these challenges across various life domains including social engagement. Participants included 201 individuals aged 60 to 93 years of age who had a cognitive impairment due to a Stroke ($n=50$), TBI ($n=59$) or MCI ($n=92$). The measures included a demographic questionnaire, cognitive measures (e.g., executive functioning, memory), technology use, social activity, and loneliness assessments.

Results: Structural Equation Model (SEM) was used to examine the associations among cognition, technology use for social engagement, social activity engagement, and loneliness. Overall, higher cognition was related to greater technology use for social engagement ($p=.004$). Greater technology use for social engagement was related to a higher frequency of engagement in social activities ($p<.001$), which in turn was related to less loneliness ($p<.001$).

Conclusions: The results demonstrate the potential benefits of technology for older adults with a cognitive impairment. Interventions that promote the use of technology for social engagement could buffer the negative impact of cognitive impairment on loneliness.

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Targeted Delivery of a novel Anti-pE3–42 Amyloid- β Antibody via Transferrin Receptor Shuttle for Alzheimer's Disease

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Targeting pyroglutamate-modified amyloid- β (pE3–42 A β) species offers a promising strategy for disease-modifying treatment in Alzheimer's disease (AD). We have developed a monoclonal antibody (clone 12840) with high specificity for pE3–42 A β oligomers and fibrils, exhibiting minimal off-target binding in immunohistochemistry (IHC) compared to benchmark antibodies lecanemab, donanemab, and remternetug. To mitigate Fc-mediated inflammatory responses, the antibody includes a K322A mutation to abrogate C1q binding.

In the FAD4t transgenic mouse model, our antibody significantly reduced A β levels as measured by immunohistochemistry and ELISA, outperforming clinical-stage anti-A β antibodies. To enhance brain delivery, we engineered a brain shuttle version (clone 13157) by fusing a monovalent anti-human transferrin receptor (TfR) VH domain to the Fc region. This format achieved approximately 20-fold higher brain exposure compared to the non-shuttled antibody, as confirmed by ELISA and immunohistochemistry.

We are now advancing this antibody into efficacy testing in mice humanized for both TfR and A β expression (FAD4t), followed by GLP toxicology studies in cynomolgus monkeys. These results support further development of this next-generation, brain-penetrant anti-A β therapeutic with an improved safety profile.

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Living with young onset dementia: Personal stories and emerging research on the experiences of children, spouses, and siblings

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Topic

Support for dementia carers: Young carers

Abstract

This presentation begins with William ("Bill") Yeates, an advocate living with younger onset dementia, sharing his journey through diagnosis, stigma, resilience, and hope. Bill's story illustrates the emotional and practical realities faced by people living with younger onset dementia and sets the stage for broader exploration of their families' experiences with an emphasis on the experience of younger carers.

Building on this foundation, emerging research explores the experiences of children, spouses, and siblings under the age of 50 caring for someone living with young onset dementia. Data from a national, co-designed survey currently underway in Australia, alongside qualitative data from peer-led focus groups, captures the complex, multidimensional impact of caring for a loved one living with dementia as a young adult.

Focus group discussions reveal five core themes: (1) **Understanding What's Going On**, reflecting initial shock and confusion after diagnosis; (2) **The Weight of the Lonely Burden**, capturing emotional isolation carers often feel; (3) **Contextual Stressors**, including disruptions to education, career, and personal life; (4) **The Systems Problem**, highlighting challenges navigating adult-focused healthcare services; and (5) **Cultural Challenges**, emphasising needs for culturally sensitive resources. These themes illustrate unique barriers young carers face, which are compounded by elevated mental health risks and social isolation during critical identity formation years.

Preliminary findings from approximately 200 survey responses reveal substantial gaps in age-appropriate support services, with respondents reporting feeling invisible within health systems designed for older adult carers. Geographic disparities in service availability are evident, alongside minimal targeted interventions for siblings and children of people living with younger onset dementia.

This research employs a human-centered, co-design approach ensuring study design reflects lived realities of younger carers. Together, Bill's narrative, focus group insights and findings from our co-designed national survey reveal post-diagnostic pain points unique to younger carers that require systemic policy reforms.

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Effectiveness of Community-Based Virtual Reality Interactive Mat Training on Physical Fitness in People Living with Dementia: A Preliminary Study

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Topic

Dementia diagnosis, treatment, care and support: Rehabilitation

Abstract

Background: With population aging, the prevalence of dementia and related cognitive decline continues to rise, underscoring the urgent need for effective and cost-efficient non-pharmacological interventions. Recent evidence suggests that interactive virtual reality (VR)-based exergames can improve engagement, motivation, and both physical and cognitive outcomes in older adults (Maillot et al., 2012; Chen et al., 2023).

Methods: This preliminary study utilized the WhizToys interactive sensing mat, which enables participants to engage in VR-based activities through simple stepping and walking motions. Program tasks included cognitive training, physical activity games, competitive challenges, and cooperative interactions. Ten community-dwelling people living with dementia (PLWD) participated in a 12-week intervention program, attending one 100-minute group session per week. Standardized physical fitness assessments were conducted before and after the intervention, including the 30-second biceps curl, 30-second chair stand, chair sit-and-reach, back scratch, functional reach, handgrip strength, timed up-and-go (TUG), and six-minute walk test (6MWT).

Results: Significant improvements ($p < 0.05$) were observed in the 30-second biceps curl, 30-second chair stand, chair sit-and-reach, back scratch, and functional reach tests, indicating enhanced upper- and lower-limb strength, flexibility, and balance. In contrast, no significant differences were found in handgrip strength, TUG, or 6MWT, suggesting limited effects on endurance and mobility within the short intervention period.

Conclusion: The WhizToys VR interactive mat demonstrates potential as a feasible and innovative non-pharmacological intervention for PLWD. By combining exercise with game-based elements, this approach fosters engagement, enjoyment, and adherence while reducing manpower requirements for activity facilitation. The observed gains in strength, flexibility, and balance highlight its potential for integration into community and long-term care settings to promote healthy aging and delay functional decline. Nevertheless, the small sample size limits generalizability, and further large-scale studies with extended follow-up are needed to confirm and expand upon these preliminary findings.

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The Spanish Alzheimer's and Dementia Observatory: a collaborative platform driving national policy innovation

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Although the World Health Organization (WHO) recognizes dementia as a public health priority and encourages member countries to develop national strategies, policies or plans to address it, Spain has faced persistent shortcomings in implementing a national Alzheimer's framework.

In response to this situation, the Pasqual Maragall Foundation launched the Alzheimer's and Dementia Observatory (ADO) in 2023 a platform to generate knowledge, foster collaboration and exchange among experts, contribute to decision-making processes and strengthen the cohesion of the Alzheimer's and dementia ecosystem.

With the aim of elevating Alzheimer's as a strategic national priority in Spain, the ADO has established a new collaborative framework that catalyses and translates expert knowledge into tangible outcomes through a participatory, cross-disciplinary approach. More than 40 experts from 30 organisations have participated —including scientific institutions, healthcare providers, patient associations and government representatives—, bringing together multidisciplinary knowledge and expertise to develop policy recommendations and proposals.

Using a methodology based on guided discussion sessions, two reports have been published. The first, "Proposals for a New Prioritisation of Alzheimer's in Spain", provides a comprehensive range of proposals in research, healthcare and social care and was formally presented to the Ministry of Health in November 2024. The second document, "A new scenario in the prevention, diagnosis and treatment of Alzheimer's disease: how to prepare the system", analyses the implications of recent scientific advances, such as new disease-modifying treatments or blood-based biomarkers, for the national health system and will be published by the end of 2025.

The ADO also conducts two series of studies focused specifically on Alzheimer's and dementia: (1) bibliometric reports, to assess Spain's position in global scientific production and (2) public perception surveys, to analyse the knowledge, attitudes and opinions of the Spanish population towards Alzheimer's disease.

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Family Interventions In Dementia Mental Health Environments (FIND ME) Study

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Carers are essential partners in the care of people living with dementia, yet their involvement and support needs are often overlooked when individuals are admitted to mental health wards. The FIND ME (Family Interventions in Dementia Mental Health Environments) study, led by the Geller Institute of Ageing and Memory and funded by the UK's National Institute for Health and Care Research (NIHR), addresses this gap by exploring carer experiences and developing strategies to improve their involvement and support.

Mental health wards care for people with dementia experiencing severe distress and behavioural symptoms. These settings can be isolating and emotionally challenging for carers, who frequently report exclusion from care decisions, poor communication, and limited emotional support. Despite international evidence that carer involvement improves outcomes, systemic barriers persist.

FIND ME uses a mixed-methods approach, including a national survey of UK mental health wards, interviews with carers and staff, and ethnographic observation across three wards. The study aims to understand how carers' needs evolve throughout admission, treatment, and discharge, and how staff perceive and respond to these needs.

In this presentation, we will share details of the FIND ME study, including how carers and professionals—both in the UK and internationally—can get involved. We will present emerging findings from our national survey and interviews with carers following discharge, offering insights into their experiences and priorities. These findings are informing the co-production of a best practice model and practical tools to embed carer involvement in mental health care.

By centering carers as partners in care, FIND ME aims to transform ward culture, ensuring care is person-centered and carers are recognised, supported, and empowered throughout the care journey.

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Mental health symptoms as preclinical signs of dementia: a Whitehall II cohort study

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aim: This study assessed whether and which mental health symptoms are preclinical signs of dementia.

Methods: Data are from the Whitehall II study, a cohort of British civil servants followed from 1985. Participants completed in 2012/13 and 2015/16 the Clinical Interview Schedule – Revised (CIS-R), a tool assessing overall mental health with 14 mental health symptom subscales. Participants were followed until dementia diagnosis from electronic healthcare or mortality records, death, or March 2024. Linear mixed effects regression were used to estimate the changes in CIS-R total or subscale scores in the years preceding dementia diagnosis. Cox regression estimated the association of mental health symptoms in 2012/13 with dementia incidence, with follow-up split into <7 and 7-12 years.

Results: Of 5,495 participants followed for a maximum of 12 years, 455 (8.3%) developed dementia. In models adjusted for age, sex, and ethnicity, total CIS-R score increased in the years preceding dementia diagnosis (2.13 points per 10 years [95% CI: 0.71, 3.56]). Six symptom sub-scores increased: concentration, fatigue, depression, irritability, depressive ideas, and worry over physical health.

In Cox regression models adjusted for demographic, health, and lifestyle factors, there was an association between any mental health condition and dementia in the short term (<7 years of follow-up; HR: 2.28, [1.59, 3.27]) but not the long term (7-12 years of follow-up; HR: 1.07, [0.67, 1.72]). Severe mental health conditions, concentration, irritability, depression, fatigue, depressive ideas, anxiety, compulsions, and worry showed similar findings.

Conclusions: These results suggest that mental health conditions and the specific symptoms of concentration problems, irritability, depression, fatigue, depressive ideas, anxiety, compulsions, and worry are part of preclinical dementia symptoms, particularly in the short term. Awareness of early symptoms of dementia will aid timely diagnosis and better care outcomes for people with dementia.

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Visit-to-Visit Fasting Blood Glucose Variability as a Blood-Based Biomarker for Alzheimer's Disease Risk: Evidence from a Large Population-Based Cohort

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Topic

Dementia risk reduction: Risk factors

Abstract

Background: Alzheimer's disease (AD) is the most common cause of dementia, yet scalable and accessible biomarkers for early risk prediction remain limited. Neuroimaging and cerebrospinal fluid markers are informative but costly and invasive. Fasting blood glucose (FBG) is widely available, but whether long-term variability in FBG predicts AD risk in older adults at ethnically diverse population is unclear.

Methods: We analysed 448,426 adults aged ≥ 60 years from the Northwest China Real-world and Population-based Cohort (2019–2023), with a median follow-up of 5 years during which 520 incident AD cases were identified. This cohort covers a large multi-ethnic population in China. FBG variability was assessed using standard deviation (SD), coefficient of variation (CV), and average successive variability (ASV). Associations with AD were examined using Cox proportional hazards models adjusted for demographic, lifestyle, and clinical factors. Robustness was assessed with repeated down-sampling, and dose-response patterns were modeled with restricted cubic splines. Predictive performance was evaluated with 10-fold cross-validation.

Results: Higher baseline FBG and greater visit-to-visit variability were independently associated with increased AD risk. Non-linear analyses revealed J-shaped (CV) and U-shaped (SD) relationships, indicating that both low and high variability were linked to elevated risk. The baseline plus CV model achieved the best discrimination (mean C-index 0.717). A point-based risk score and interactive web-based calculator were developed for personalised 5-year risk estimation.

Conclusion: In this large-scale, community-based cohort, FBG variability emerged as a robust predictor of AD risk beyond baseline levels. Given its low cost, ubiquity, and ease of integration into routine health systems, FBG monitoring may support dementia risk stratification in population settings. Future studies should further investigate whether reducing glucose fluctuations can lower long-term neurodegenerative risk.

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Adverse childhood experiences, attachment, and relational expression in dementia: a call for attachment-informed psychosocial interventions

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: This study synthesised evidence linking adverse childhood experiences (ACEs), attachment, and relational/emotional expression in dementia. The objective was to explore how early-life adversity shapes later-life relational dynamics and to identify opportunities to enhance psychosocial interventions and person-centred care.

Method: An integrative literature review was conducted, drawing on peer-reviewed studies across psychology, gerontology, neuroscience, and dementia care. Sources were thematically analysed to examine pathways connecting ACEs, attachment styles, and relational expression in people with dementia, with a focus on implications for care relationships and psychosocial well-being.

Results: Findings indicate that early adversity influences attachment patterns that persist into older age and may shape emotional and relational expression during dementia. These patterns can affect trust, communication, and the quality of interactions with carers, with consequences for well-being and care outcomes. Evidence suggests indirect pathways, including stress reactivity and emotional regulation difficulties, which may amplify relational challenges in dementia. However, research applying attachment or trauma-informed frameworks to dementia care remains limited, representing a critical gap in both knowledge and practice.

Conclusions: Recognising the role of ACEs and attachment offers an innovative lens for designing psychosocial interventions. Attachment-informed, trauma-aware approaches have potential to improve relational quality, reduce carer stress, and enhance quality of life for people with dementia. Addressing these “hidden histories” is particularly urgent as global dementia prevalence rises, increasing the complexity of care relationships. This work calls for greater research attention, cross-disciplinary collaboration, and the integration of attachment frameworks into dementia care policy and training. By shining a light on these overlooked psychosocial determinants, this study contributes to advancing holistic, evidence-based, person-centred dementia care and positions attachment-informed care as a frontier for innovation in dementia practice.

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The impact of social cognition impairment on functioning in Alzheimer's dementia: a UK longitudinal cohort study

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Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Aims: Impairments in social functioning represent a core feature of dementia, but we do not currently understand the specific components that contribute to this decline, and have no effective social functioning treatments. Social cognitive impairment is a potential target for treatment but less well studied in Alzheimer's disease dementia than frontotemporal dementia. We aimed to determine whether specific deficits in emotion recognition or theory of mind were associated with subsequent social functioning in people with Alzheimer's disease dementia.

Methods: We recruited 208 people aged 65+ with a clinical diagnosis of probable Alzheimer's disease dementia of mild severity, and a family/friend informant, from ten UK National Health Service memory services. At baseline, we assessed social cognition using The Awareness of Social Inference Test-short (TASIT-S), a task-based assessment of emotion recognition and theory of mind using video vignettes. We also collected demographic information and assessed general cognitive functioning. At baseline, 4, 8 and 12 months, family informants rated participants' social functioning using the Social Functioning in Dementia (SF-DEM) scale. We used mixed linear models to evaluate the association of TASIT-S subdomain scores with subsequent SF-DEM trajectory, adjusted for age, sex, and level of general cognition.

Results: In fully adjusted models, participants within the highest tertile of emotion recognition task performance had 2.16 points (95% confidence interval 0.05, 4.28, $p=0.04$, figure a) higher informant rated SF-DEM score than those within the lowest tertile. Better performance on the theory of mind task was not associated with an elevated SF-DEM score (0.30 (-2.15, 2.72, $p=0.81$), figure b).

Conclusions: Impaired ability of people with Alzheimer's dementia to recognise emotions in other people is associated with an adverse trajectory of social functioning over the subsequent year. Emotion recognition is therefore a promising target for interventions to improve the social functioning of people with Alzheimer's disease dementia.

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Beyond Listening: A Music-Based Intervention for People with Dementia and Their Caregivers

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Background: Caring for individuals with dementia is demanding; 66% rely on caregivers, 30% of whom are over 65. This project developed a 6-week, music-based psychoeducational workshop, providing caregivers with individualized musical interventions for daily use.

Methods: The study refined a music-based protocol and facilitated 6-week workshops for caregivers. Weekly 1-hour sessions, in-person/Zoom, led by a certified music therapist, included caregiver and care recipient, incorporating hands-on music strategies and emotional support. Participants were family caregivers of home-based individuals with ADRD. Measures included the Neuropsychiatric Inventory Questionnaire (NPI-Q), Cornell-Brown Scale of Quality of Life, and Zarit Burden Interview (ZBI), analyzed using paired sample t-tests and bootstrap analysis in SPSS (v23).

Results: The sample comprised 30 dyads (64% White, 25% Black, 7% Hispanic; 84% female caregivers). Statistically significant improvements were observed across all measures: decreased neuropsychiatric symptoms, increased quality of life for care recipients, and reduced caregiver burden (26%) and distress (64%). Bootstrap analysis indicated substantial effect sizes (NPI-Q: 0.94; ZBI: 0.91) with minimal bias.

Conclusions: This study demonstrates that music-based interventions offer a valuable, accessible, and home-based approach to supporting individuals with dementia and their caregivers. Results highlight music's ability to significantly enhance well-being. While larger, more diverse studies are needed, these initial results suggest integrating music into routine dementia care could offer a meaningful, cost-effective strategy. Therefore, continued dissemination through caregiver support programs and further exploration of individualized music protocols are essential.

Bootstrap Analysis Results

Bootstrap analysis with 30 replications and 5,000 resamples revealed significant improvements across all measures.

Measure	Mean Coefficient	95% CI	Effect Size	Standard Error
NPI-Q Symptoms	5.39	[3.56, 7.71]	0.94	1.05
Caregiver Distress	7.21	[3.71, 11.76]	0.66	2.04
Cornell-Brown QOL	7.93	[4.04, 11.28]	0.79	1.86
Zarit Burden	5.33	[3.53, 7.70]	0.91	1.05

All measures showed substantial effect sizes with minimal bias in the bootstrap analysis.

All measures showed statistically significant improvements. The strongest effects were seen in *neuropsychiatric symptoms* (NPI-Q) and *caregiver burden reduction*, with effect sizes of 0.94 and 0.91, respectively.

Quality of life improvements and caregiver distress reduction also demonstrated strong effects, with minimal bias in all analyses.

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How to advocate for both people living with dementia and their carers: Japan's experience and current initiatives

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Japan has been developing dementia and elderly care for over 40 years, with collaboration among central/local governments, academia, medical/nursing care professionals, industrial sectors, and stakeholders.

These approaches have come to fruition in the enactment of the Basic Act on Dementia to Promote an Inclusive Society (the Dementia Basic Law) in 2023. The law enshrines an inclusive society and the human rights of people living with dementia. The central/local governments have been implementing concrete plans based on the law since 2024. It might be said that Japan is practicing "Plan to Impact" literally.

However, there are critical issues to be solved arising from a super-aged society with fewer children and a declining population.

Some of the examples are an increase in medical/nursing care needs, a shortage of workforce, social protection budget escalation, and an imbalance of social resources between urban and rural areas.

Under these circumstances, the carers' issue is increasingly critical to realize an inclusive society, where people living with dementia and their carers can fulfil their lives.

This presentation raises the issue of the simultaneous pursuit of advocacy for both people living with dementia and their carers in a super-aged society.

Japan is one of the most aged countries in the world, and its experience will serve as a reference for countries facing aging populations in the future.

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Empathy changes in non-semantic primary progressive aphasia and Alzheimer's disease: Self-awareness and care partner impact

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Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Aims: This study aimed to: (1) assess empathy changes in the non-fluent (nfvPPA) and logopenic (lvPPA) variants of primary progressive aphasia and Alzheimer's disease (AD), (2) examine the impact of these changes on care partners, and (3) evaluate self-awareness of empathy changes.

Method: Thirty-four individuals with nfvPPA, 38 with lvPPA, 53 with AD, and 45 healthy controls (HC) were included (Table 1). HC participants and care partners completed the Interpersonal Reactivity Index to examine cognitive (IRI–Perspective Taking) and affective (IRI–Empathic Concern) empathy, the Zarit Burden Interview (ZBI), and the Depression Anxiety Stress Scales (DASS). A subgroup of individuals with nfvPPA (n=6), lvPPA (n=8), or AD (n=14) also completed the self-rated IRI to calculate discrepancy scores (care partner minus self-ratings) reflecting awareness.

Empathy scores (HC and care partner versions) were compared across groups using Kruskal–Wallis and Dunn's post-hoc tests. Linear regression was used to assess the predictive value of empathy for care partner outcomes. Empathy discrepancy scores were compared between subgroups using non-parametric tests, and each individual was classified as over-estimator (> mean) or under-estimator (< mean).

Results: All groups with dementia (nfvPPA, lvPPA, AD) showed preserved affective empathy but reduced cognitive empathy compared to HC, with no differences between them (Figure 1). Affective, but not cognitive, empathy predicted care partner well-being only in PPA groups. Discrepancy scores did not differ between subgroups, with similar proportions of over- and under-estimators (Figure 2).

Conclusions: This study confirms cognitive empathy changes in nfvPPA, lvPPA, and AD (Giacomucci et al., 2023; Hazelton et al., 2017), while showing for the first time that individuals with PPA retain awareness of their current empathy level, similar to AD (Hutchings et al., 2015). It also highlights the impact on care partners, emphasising the need for early psychoeducation to support families (Hsieh et al., 2013).

Table 1. Demographic and clinical data for individuals with nfvPPA, lvPPA, AD and healthy controls (HC)

	nfvPPA	lvPPA	AD	HC	χ^2	p-value	Post hoc tests
Sex (M/F)	19/15	19/19	31/22	22/23	0.416	.758	-
Age (years)	68 (10.7)	67.3 (7.0)	64.8 (7.1)	67.2 (6.6)	0.177	.888	-
Education (years)	11.8 (2.7)	12.9 (3.2)	12.9 (3.1)	14.2 (2.6)	6.904	.005	nfvPPA < HC
Condition duration (years)	3.78 (2.1)	3.97 (2.5)	3.23 (1.67)	-	644.5	.304	-
CDR-FTLD SoB ^a	5.09 (3.8)	4.1 (2.9)	4.84 (3.52)	-	415.5	.494	-

Note. Bold font = significant results; AD = Alzheimer's Disease; CDR-FTLD SoB = Clinical Dementia Rating Frontotemporal Lobar Degeneration Sum of Boxes score; lvPPA = logopenic variant of primary progressive aphasia; nfvPPA = non-fluent variant of primary progressive aphasia

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Implementing Cognitive Stimulation Therapy for People Living with MCI or ADRD in the USA through a Community-Based Organization

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Community-based organizations (CBOs) in the United States (US) meet a plethora of older adult needs including programs for individuals living with Mild Cognitive Impairment, Alzheimer's and other dementias. With an established presence, trust and growing number of caregiving, health promotion and chronic disease management programs in place, CBOs are well positioned to implement evidence-based interventions (EBI) in the real world. With funding by the US Administration for Community Living, Alzheimer's Disease Program Initiative, CaringKind, a dementia focused CBO, based in New York City, implemented evidence-based Cognitive Stimulation Therapy (CST) and evaluated program and participant outcomes. CST is a globally practiced small group multi-session EBI with demonstrated impact on cognition, depression and quality of life. Fourteen themed sessions delivered virtually or in-person by trained facilitators actively stimulate cognitive processes through dialogue and multi-sensory based activities. CaringKind data showed 72% of 227 participants were 'completers' (attending 75% of program sessions); there was a significant decrease in mean Geriatric Depression Scale-Short Form scores from 4.32 to 3.57 ($t(128) = 2.59$, $p < .05$), indicating reduced depressive symptoms; 59% maintained a score in the not depressed range and 21% moved out of the depressed range; and a significant Increase in mean Positive Psychology Outcomes Measure scores from 45.21 to 46.81 ($t(125) = -2.03$, $p < .05$), indicating an increase in hope and resilience. Participant ($n=40$) and proxy report ($n=42$) qualitative surveys reveal positive impact on meeting current needs, connecting to peers, and perceived benefit for participant's future. Lessons learned include: collect data via interview or live during a session, ensure CST facilitators have skills in group facilitation and cognition (CST is not just engagement), and virtual CST was well received. We conclude that CST can be implemented by CBOs as an effective 'onboarding'/soft entry program for PLWD with social and mental health benefits.

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Towards a Gold-standard Pathway of Care for Young-onset Dementia: From Early Recognition to Ongoing Support

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Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Young-onset dementia (symptom onset before age 65) accounts for 5-10% of all dementias. Its heterogenous presentation—often behavioural, psychiatric, or neurological rather than memory-led—contributes to frequent misdiagnosis and delayed access to care. For younger people still working, raising families, and managing financial responsibilities, these delays have profound psychosocial consequences. Yet, current care systems in Australia remain fragmented and largely oriented towards older adults, leaving those with young-onset dementia and their families navigating complex and age-inappropriate pathways.

This presentation brings together findings from the Joint Solutions Project—the largest national survey and focus group study of young-onset dementia stakeholders (including lived experience) in Australia (n=313 surveys, n=47 focus groups)—with clinical and research insights into the typical steps in the care journey. Together, these perspectives highlight persistent barriers to timely diagnosis, inequities in access to specialist services, and significant gaps in post-diagnostic and long-term supports.

Drawing on both empirical data and lived experience, we outline a gold-standard pathway of care spanning pre-diagnosis to palliative care. Key recommendations include: raising public and professional awareness of atypical presentations; implementing streamlined diagnostic services using hub-and-spoke models; ensuring sensitive communication at diagnosis; providing centralised, age-appropriate resources and peer support; strengthening collaboration between health and disability services; reinstating or reimagining a dedicated young-onset dementia care coordinator role; and ensuring equitable access to respite, accommodation, and psychosocial supports for families, including children.

By integrating system-level recommendations with practical considerations for clinical care, this work proposes a roadmap for earlier recognition, better service navigation, and more equitable, person- and family-centred care for people with young-onset dementia in Australia.

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MedFriend Routing Service: A Nonprofit Initiative Supporting People with Dementia and Fostering Community Development in Russia

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Topic

Dementia awareness: The work of national dementia associations

Abstract

Introduction: The Nodementia.net Charitable Organization has identified critical gaps in public awareness and access to dementia-related healthcare in Russia. It revealed that 96% of respondents believe medical consultation is necessary when dementia symptoms appear. However, 29% of Russians were unaware of which specialists treat dementia, and only 18% were familiar with diagnostic methods. Further qualitative research, including a focus group involving 40 caregivers, underscored a widespread demand for assistance in navigating the healthcare system across Russia's 89 regions. Nodementia.net launched MedFriend, a free-of-charge routing and advisory service. To date, more than 100 individuals have received assistance.

Objective: To evaluate the organizational model and impact of the MedFriend service, which facilitates access to dementia-related medical care and contributes to the formation of a support-oriented community.

Methods: A nationwide sociological survey assessing public knowledge of dementia;

- Two focus groups and in-depth interviews with 40 informal caregivers;
- Development of an online service platform in collaboration with healthcare professionals;
- Pilot testing and evaluation;
- Full-scale implementation and feedback collection.

Results: MedFriend has supported over 100 people who faced dementia across Russia. 55% received necessary therapy and found a formal caregiver; 28% are undergoing medical examination 12% social assistance; 3% legal assistance; 2% psychological assistance. The platform effectively reduces delays in treatment initiation by offering immediate access to specialized care. The service has catalyzed the emergence of an "active aging" community—a network of individuals and caregivers who exchange experiences related to dementia care.

Conclusion: The implementation of MedFriend Service has demonstrated a scalable and effective model for improving early access to dementia care in Russia. By offering a streamlined "one-click" referral pathway to expert assistance, the service addresses one of the primary barriers to early intervention—loss of time. Moreover, the initiative has fostered the development of a resilient and supportive community, promoting active aging.

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Rehabilitation for people living with dementia within real-world community aged care in Australia: development of a practical implementation guide

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Topic

Dementia diagnosis, treatment, care and support: Rehabilitation

Abstract

Aim: Rehabilitation is recommended for people living with dementia, but lack of understanding around how to implement these programs means that many Australians living with dementia are missing out. This program of work aimed to develop a nationally relevant implementation guide to support community aged care teams to prepare for and deliver dementia rehabilitation.

Methods: Four Australian community allied health teams (across NSW, SA, WA) participated in clinical audit and feedback to understand current dementia rehabilitation practice. Findings informed a national two round Delphi survey that consulted a broad range of community aged care 'experts' including: people living with dementia, family/friend carers, allied health practitioners, program managers, academics, experts and thought leaders. Round one (n=50 experts) explored barriers and enablers to implementing community-based dementia rehabilitation. The Consolidated Framework for Implementation Science (CFIR) was used to contextualise findings, and the Expert Recommendations for Implementing Change (ERIC) was used to develop a list of potential strategies to address the identified barriers and enablers. Round two (n=35 experts) sought to gain consensus around targeted implementation strategies that were agreed as being both important and feasible.

Results: Implementation strategies that reached consensus covered four domains: service provider education, implementation planning, practical considerations for service delivery, and broader sector-level strategies. A practical implementation guide was subsequently developed and is currently being piloted in real-world community aged care settings across Australia.

CONCLUSIONS: Implementing rehabilitation for community dwelling people living with dementia requires a multifaceted approach, but a range of strategies exist and should be leveraged to help make this important intervention available.

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Building pathways of support: Post-diagnostic dementia care experiences from India

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aims: Post-diagnostic support for people living with dementia and their care partners is limited in India, where services are often fragmented and focused on pharmacological management. This abstract presents the structured post-diagnostic support model developed at Tanvi Mallya's ElderCare Services (TMECS), India's first geropsychology-specialised practice, highlighting its impact on wellbeing and care continuity.

Methods: The model integrates neuropsychological counselling, psychoeducation, cognitive stimulation, and emotional support delivered after diagnosis. A cohort of 60 families (2022–2025) in urban India engaged with the programme, which included: (a) counselling sessions with the person living with dementia and their care partner, (b) psychoeducational workshops on dementia awareness, communication, and care planning, (c) bi-weekly cognitive stimulation sessions and parallel emotional support, and (d) ongoing follow-up through teleconsultation and resource navigation. Data on usefulness, emotional wellbeing, and care confidence were collected using semi-structured feedback forms and care partner rating scales.

Results: Eighty-five percent of care partners reported greater confidence in managing dementia-related changes, while 72% of people living with dementia expressed feeling more supported and understood by their families. Care partners highlighted improved communication and reduced stress following psychoeducational and counselling sessions. Bi-weekly cognitive stimulation supported continued engagement in meaningful activities and was associated with perceived stability in daily functioning, while emotional support improved mood and reassurance. Importantly, programme participation facilitated earlier adoption of non-pharmacological interventions and structured routines, tailored to cultural and linguistic contexts.

Conclusions: TMECS's post-diagnostic support model demonstrates that structured, person-centered, and culturally adapted interventions—including cognitive stimulation and emotional support—can enhance the experiences of people living with dementia and their care partners in India. By bridging gaps between diagnosis and ongoing care, such approaches offer sustainable solutions for today and tomorrow, while informing strategies aligned with the WHO Global Action Plan on dementia.

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Donanemab in early symptomatic Alzheimer's disease: Efficacy and safety from the TRAILBLAZER ALZ 2 Long-Term Extension

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Objective: Describe clinical efficacy and safety of donanemab in early start (ES) and delayed start (DS) participants during the TRAILBLAZER-ALZ 2 placebo-controlled (PC) trial and blinded long-term extension (LTE).

Background: TRAILBLAZER-ALZ 2 (NCT04437511), a Phase-3 trial, assessed the efficacy and safety of donanemab in participants with early symptomatic Alzheimer's disease (AD). Donanemab treatment significantly slowed clinical progression in the 76-week PC period. Participants that completed the period were eligible for a 78-week double-blind LTE.

Methods: ES participants were randomized to donanemab in the PC period. DS participants (randomized to placebo in the PC period) started donanemab in the LTE. ES and DS participants switched to placebo based on amyloid level criteria during any study period. Participants from Alzheimer's Disease Neuroimaging Initiative (ADNI) were external control groups and weighted to match key demographics and characteristics for TRAILBLAZER-ALZ 2 at study entry/baseline. All analyses were exploratory.

Results: During the LTE, the ES group continued to separate from their external ADNI control group on the Clinical Dementia Rating Scale Sum of Boxes (CDR-SB) with a difference of -1.2 (95% CI: -1.7, -0.7) at 3 years. The DS group showed a difference of -0.8 (95% CI: -1.3, -0.3) on the CDR-SB compared to their respective ADNI control group 76 weeks after starting donanemab. The ES group showed a significantly lower risk of progression to the next clinical disease stage over 3 years (HR=0.73; p<0.001). In both groups, >75% of participants assessed by PET 76 weeks after starting donanemab achieved amyloid clearance (<24.1 Centiloids) and amyloid plaque reaccumulation was 2.4 Centiloids/year. No new safety signals were observed.

Conclusions: Over 3 years, donanemab sustained clinical benefit and biological effects with a consistent safety profile in participants with early symptomatic AD, reinforcing how intervention in the early symptomatic stages of disease can change its course.

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Bridging the Gap: Key learnings from a community-centric initiative to increase South Asian participation in UK Alzheimer's disease clinical trials

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Aims: The primary aim of the Bridging the Gap initiative is to advance inclusive research by collaborating with the community to understand and overcome specific barriers to trial participation. This project seeks to explore effective strategies for recruiting and retaining individuals from South Asian communities in Alzheimer's disease clinical trials. The secondary aim is to develop recommendations for engaging with people from these communities who may have memory complaints or cognitive issues, which can be shared across healthcare settings in the UK.

Methods: The initiative is a community outreach programme addressing the underrepresentation of South Asian participants in dementia research. This project is a collaboration between cultural inclusivity experts and Roche Products Ltd. The approach involves targeted community engagement events and a participant advisory board to understand the perspectives of the South Asian community and co-develop strategies to better adapt trial design and practice.

Results: The initial engagement session revealed a range of barriers to participation, including mistrust, cultural and personal beliefs, lack of understanding, logistical issues, and physical or health-related concerns. The preliminary findings also revealed several key facilitators to encourage community participation: building trust through direct, face-to-face, and open group discussions that allow for questions and peer support. Addressing logistical and financial barriers, along with providing culturally appropriate information in multiple languages, is crucial. These preliminary findings suggest a strong willingness to engage when appropriate support is provided. A comprehensive analysis of all events will be presented at the conference.

Conclusion: The preliminary results provide crucial insights into the specific needs and concerns of the South Asian community in the UK related to their participation in clinical trials. By actively engaging and collaborating with this community, the initiative aims to create culturally-sensitive strategies that can serve as a model for advancing inclusive dementia research.

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Giving voice to experience: establishing an Advisory Council of people living with Alzheimer's

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Objective: To promote the creation of an Advisory Council composed of people living with Alzheimer's in the early symptomatic stages who retain awareness of their condition, providing a space to share experiences and make needs visible. The initiative adopts an empowerment and active participation approach, aiming to incorporate their voice into the design of informational materials, services and programs.

Description of the initiative: The Advisory Council (Consell Assessor de Persones amb diagnòstic d'Alzheimer; CAPA) was designed around three action pillars: 1) Empower, guaranteeing the right to active participation in decisions affecting their lives and promoting autonomy, self-determination and stigma reduction. 2) Identify challenges and needs in healthcare, social care and daily life, promoting improvement proposals that strengthen support resources and quality of life from their perspective. 3) Foster participation in co-creation and social research, collaborating with professionals and researchers to design, review and/or validate initiatives, community programs and policy recommendations that reflect their priorities and respond to their real needs.

Initial experiences: Two actions in which Advisory Council members have already participated are: 1) identifying needs and perspectives for the development of a guide aimed at people living with Alzheimer's in early stages; 2) providing recommendations on training priorities for care and health professionals, grounded in their own experience.

Conclusions: The Advisory Council constitutes an innovative and necessary model of social participation that promotes the empowerment of people living with Alzheimer's in early stages. This initiative contributes to ensuring their voices are heard, recognised and considered in the design of resources, services and policies, favouring stigma reduction and reinforcing inclusion and the recognition of dignity at all stages of life.

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Football vs. Alzheimer's

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

This project was an initiative of the Asociación Lucha contra el Mal de Alzheimer y Alteraciones Semejantes (A.L.M.A) together with the magazine El Gráfico, based on the original project of the Fundació Salut i Envel·liment of the Universidad Autònoma de Barcelona, the magazine Libero and the advertising agency LOLA MullenLowe.

It is a special edition of the El Gráfico magazine with a selection of 10 articles on historical football events, intervened with cognitive stimulation and reminiscence exercises, aimed at people with Alzheimer's disease.

Under the slogan "Passion overcomes forgetfulness", A.L.M.A., together with El Gráfico magazine, launched this therapeutic tool for people with dementia. The publication was based on a study that showed that talking about football stimulates memory, attention and mood in people with dementia

The project was under the medical direction of, a leading mental health specialist. The aim of the magazine was to provide an evidence-based tool that assists cognitive stimulation through reminiscence, reinforces identity, sense of belonging and increases self-esteem through the passion generated by sport. Football. It can also be used as a resource to maintain active and healthy aging in the case of healthy older adults.

With a print run of 10,000 copies, this unique edition, published with the same aesthetics that characterized El Gráfico magazine in past decades, was distributed free of charge throughout the country in senior citizen centers, the National Secretariat of Children, Adolescents and Family and the Secretariat of Social Integration for the Elderly of the Government of the City of Buenos Aires.

More info:

- www.futbolvsalzheimer.org.ar
- Video presentation: <https://youtu.be/qgjqAwWFH0Y>
- Magazine <https://www.alma-alzheimer.org.ar/images/futbolvsalzheimer/elgrafico-fva-2022.pdf>

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“La Cima de la Vida” five FUNDACION TASE documentaries breaking stigma and supporting families living with dementia

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Fundacion TASE, Quito, Ecuador

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

“La Cima de la Vida”: five FUNDACION TASE documentaries breaking stigma and supporting families living with dementia

Authors: Fundación TASE, with participation of Mónica Ordóñez, Pedro Villamar, Cristina Calderón, Carolina Naranjo

Objective: To evaluate the impact of five documentaries produced by the Fundación TASE, collectively titled La Cima de la Vida, on dementia awareness, societal attitudes, and support for families and carers.

Description / Methods: The documentaries portray real-life experiences of people living with dementia and their families. Content analysis and audience feedback were used to assess changes in knowledge, attitudes, and perceived support. Viewers included caregivers, healthcare professionals, and general community members. Feedback was collected via surveys, interviews, and community discussion sessions, ensuring active participation from people living with dementia and their carers.

Results: The documentaries effectively humanized dementia, challenged stereotypes, and increased understanding of caregiving challenges. Audience feedback indicated reduced fear and misconceptions, improved empathy, and strengthened motivation to support inclusion. Families reported feeling validated, less isolated, and better equipped with practical guidance for daily caregiving.

Conclusions / Impact: La Cima de la Vida demonstrates measurable social impact by increasing dementia awareness, reducing stigma, and promoting community engagement. The work provides an original approach to public education through storytelling, ethically grounded in the voices of people living with dementia. By combining education, authentic narratives, and participatory methods, the documentaries foster solidarity among caregivers and encourage dementia-friendly communities.

Originality / Scientific Value: This initiative offers a novel, replicable model for combining media with public health goals in dementia awareness. Inclusion of people living with dementia and their carers throughout production and evaluation strengthens ethical and practical relevance.

Overall Impression: The Fundación TASE documentaries provide a high-impact, ethically responsible, and innovative approach to addressing stigma, supporting families, and promoting inclusive societies for people living with dementia.

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The Impact of Rural-to-Urban Migration on Grandchild Caregivers' Cognitive Health in China

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Topic

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract

Older adults migrating from rural to urban areas to care for their grandchildren is a significant demographic trend in China, with implications for their cognitive health. Migration may impact cognition in competing ways. Rural-urban migration can create more stimulating environments that help maintain cognitive health, but remaining in rural areas may provide stronger social networks and emotional support, which are also beneficial for cognitive health. However, empirical research on how migration may influence cognitive health among caregivers and whether gender moderates this relationship is scarce. This study investigated migration-related grandchild caregiving and cognitive health among adults aged 45–80 using the 2013–2020 China Health and Retirement Longitudinal Study (CHARLS, N=12,877). Cognitive health was measured by the Mini-Mental State Examination (MMSE). Caregivers were those providing care to grandchildren. Migrants were defined as those holding a rural hukou but living in urban areas. We lagged our independent variables and applied random-effects multilevel models. Random-effects model results showed that migrant caregivers, on average, have higher MMSE scores ($B=1.151$, $p<0.001$) than non-migrant caregivers. Higher household income ($B=0.084$, $p<0.001$), public insurance ($B=1.300$, $p<0.001$), formal retirement ($B=1.430$, $p<0.001$), being married or partnered ($B=0.944$, $p<0.001$), education ($B=4.066$ – 4.700 , $p<0.001$), and social participation ($B=0.523$, $p<0.001$) were also positively associated with cognitive health. Notably, a significant migration $\times$ gender interaction ($B=1.26$, $p<0.001$) indicated that the cognitive advantages of migrants among caregivers were more pronounced among women. This finding suggests that female migrant caregivers may be more likely to establish local social networks and support and cognitively benefit from urban life, as compared to their male counterparts. In our future steps, we plan to incorporate children's characteristics, including adult children's education, migration status, gender, and residential proximity, which may influence caregiving demands and cognitive outcomes among older migrants.

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“I didn’t think it would go as well as it did”: Feasibility testing the Computer Interactive Reminiscing and Conversation Aid (CIRCA) for the 2020s.

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Aims: Computer Interactive Reminiscing and Conversation Aid (CIRCA) is a co-produced digital conversation support developed in the early 2000s, containing photographs, music, and video clips to spark conversation. Impacts include improved cognition, quality of life, meaningful activity, social engagement, caregiver perceptions of people with dementia, and caregiving relationships. This study aimed to assess the feasibility of an updated CIRCA for a new generation of people living with dementia and caregivers in the context of current digital tools.

Methods: People with dementia, staff, and families were recruited from community-based organizations in Ontario and Saskatchewan, Canada. Staff and families were trained to deliver CIRCA as a 4-week program in groups or at home respectively. Group sessions were video recorded to capture participants’ responses to the contents (e.g., conversation duration), while the back-end captured usage data (e.g., session frequency and duration). Post-study focus groups and interviews (group and home participants) captured satisfaction, feedback, suggestions for additional contents, and perceptions of CIRCA’s usefulness.

Results: Nineteen staff across six locations and 4 family caregivers at home delivered 49 CIRCA sessions with 69 people living with dementia. The average session duration was 32.25 minutes, with Canadian CIRCA contents stimulating wide-ranging opportunities for meaningful interaction (e.g., conversation, singing). Staff hesitancy over the ability of people living with dementia to engage with CIRCA were challenged by participants’ abilities to share stories and expand on topics, which allowed staff to get to know them better.

Conclusions: Feedback and video analysis confirmed the usability of CIRCA and suitability for people currently living with dementia in both group and at home settings. The data were comparable with studies conducted over the past 24 years, demonstrating CIRCA’s continued relevance among the current crop of digital tools. This new online version can be adapted for use in other countries using local contents.

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Cognitive exercise guide for caregivers and people with dementia at home

Ms Jacqueline Arabia Buraye

ALZDECOLOMBIA, Cali, Colombia

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Introduction: The growing number of people with dementia worldwide, especially with Alzheimer's disease, poses great challenges for caregivers, both emotionally and practically. This guide is created in collaboration with the member associations of Alzheimer Iberoamérica and arises as an essential tool to integrate cognitive stimulation into the daily routine of the patient, with activities and accessible materials that can be found and performed at home. Constant cognitive stimulation helps slow down mental deterioration and improves quality of life, fostering different brain areas and their functions such as attention, language, memory, socialization, and the emotional bond between patient and caregiver.

Objective: To provide caregivers with a simple and useful tool at home that facilitates the incorporation of cognitive strategies into daily life. It also aims to strengthen the emotional relationship, promote the patient's autonomy, and reduce the emotional burden on the caregiver.

Methodology: In 2022, 13 Ibero-American countries participated. A total of 55 validated exercises were collected, from which 48 were selected and grouped into six cognitive functions: attention, memory, language, praxis and gnosis, executive functions, and reasoning. Each area was complemented with a traditional game. Additionally, 27 practical tips based on caregiver experiences were included. Everything was organized into a "cognitive wheel" to facilitate its use at home.

Results: The guide empowers the caregiver, organizes the routine, reduces stress, and improves emotional well-being. In patients, it promotes participation, preserves mental functions, stimulates autonomy, and reduces symptoms such as anxiety or apathy.

Conclusion: It is a practical, replicable, and useful tool in the family environment. It can be implemented in communities or institutions as a therapeutic complement in the care of people with Alzheimer's.



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iSupport: Communicating Dementia Through Co-Created Animated Narratives – The Free From Fear Project

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Background: This contribution presents one of the main outputs of Free from Fear, an Agora project funded by the Swiss National Science Foundation. The project aims to raise public awareness about dementia by combining the evidence-based content of the WHO's iSupport training program with the lived experiences of family caregivers. The central dissemination tool consists of short co-created animated videos developed with family caregivers through a community-based participatory approach.

Methods: Five focus groups, each based on an iSupport module, were conducted with family caregivers (from five to eight for each group) to explore personal experiences across key challenges: early symptoms and diagnosis, seeking help, self-care, daily assistance, and behavioural changes. Sessions were guided by prompt materials based on iSupport and aimed at eliciting personal anecdotes and emotional responses. Transcripts were thematically analysed. Researchers then developed narrative briefs, ensuring representativeness and emotional depth. These were transformed into animations in collaboration with a professional illustrator through an iterative storyboard-review process.

Results: Five animated videos (2–3 minutes each) were produced and publicly launched during five community events where each topic was discussed by a team of professionals and informal caregivers, recognized as experts in the field. Each video is accompanied by a final key message and is freely available online, serving as educational tools grounded in both scientific evidence and authentic caregiver narratives.

Discussion: The project stems on the potential of visual storytelling in translating health knowledge into emotionally resonant narratives. By merging scientific content with the lived experiences of caregivers, it reflects the complexity of dementia and may contribute to reshape public understanding and attitudes toward the condition. Thanks to their accessible format, the videos can be easily translated and adapted, making them suitable for global use in the general public education and training.

403

How do individuals with and without dementia cue themselves through everyday tasks?

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Topic

Dementia diagnosis, treatment, care and support: Rehabilitation

Abstract

Aims: To identify how individuals with and without dementia keep on-track using “self-cues” during daily activities.

Methods: For this observational mixed-methods study, individuals aged 60-85 with and without dementia were recruited and screened using the Montreal Cognitive Assessment (MoCA). Participants completed three household tasks either in their own homes or in a controlled home environment: (1) making a hot drink, (2) making a bed, and (3) folding laundry. Participants were recorded with video cameras, eye-tracking glasses to monitor eye gaze and fixation, and a sensor watch to monitor heart rate and skin temperature. Some participants were instructed to verbalize their thoughts and actions during task completion. Participants completed a post-test interview regarding their experiences, and two surveys assessing demographic information and task familiarity. Observer XT behavioural analysis software is being used to identify cueing behaviour during task completion.

Results: 28 participants without cognitive impairment (MoCA x- = 27/30) and 16 participants with cognitive impairment (MoCA x- = 22/30) have completed the tasks. 131 of the 132 tasks have been completed successfully across both environments. Indicators of self-cueing include sequential patterns of actions leading to successful completion of tasks apparent in the behavioural coding visualizations. Self-cueing patterns appear more sequential in the no cognitive impairment group. In each task, eye-tracking data indicates participants in the control group look ahead to items involved in the next step of the task while the cognitive impairment group shows a greater amount of gaze shifts to the surrounding environment. Post-test interviews with participants who spoke out-loud during task completion (n=13) self-reported that verbalizing the steps improved focus during tasks.

Conclusions: The data is uncovering how people with and without cognitive impairment successfully cue themselves through everyday tasks. Understanding self-cueing behaviors can inform future digital supports during task completion to help maintain independence in daily activities.

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Impact of Dementia mate wareware and solutions for Equity in Aotearoa (IDEA): successes, challenges, and preliminary insights

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Ageing is the strongest risk factor for dementia, and with New Zealand (NZ)'s ageing population, dementia cases are projected to double in 25 years. Yet, reliable prevalence estimates of dementia are lacking in NZ, particularly for ethnically diverse populations. The Impact of Dementia mate wareware and Equity in Aotearoa (IDEA) programme is the first comprehensive dementia prevalence study in NZ, aiming to establish true prevalence across major ethnic groups, assess accuracy of routinely collected health data, and evaluate the economic and equity impacts of dementia.

This is a cross-sectional screen-interview survey of individuals aged ≥ 65 years. A door-knocking approach is employed in selected urban and rural meshblocks in Auckland and Canterbury. Trained multi-ethnic interviewers, proficient in relevant languages, conduct doorstep cognitive screenings and recruit participants for in-depth interviews using the 10/66 dementia diagnostic protocol. With a 3% margin of error and 5% confidence level, target recruitment includes 485 European, 410 Chinese, and 425 Indian/Fijian-Indian participants.

In the first 17 months, 22,387 doors were approached, with 4,107 participants screened. Of these, 1,003 (76% of the projected sample size) completed full interviews. However, 29% of those selected declined participation, and 33% refused doorstep screening. Recruitment is expected to be completed by early 2026. Engagement strategies, community partnerships, and culturally competent communication by multi-ethnic interviewers were critical to recruitment success. The presentation will outline both successes (e.g., acceptability among communities) and challenges (e.g., high initial refusal rates, logistical demands of door-to-door methods). Preliminary findings offer emerging insights into dementia prevalence patterns across ethnic groups, highlighting potential disparities.

The IDEA programme represents a critical step toward understanding dementia prevalence in NZ's diverse populations. By providing accurate, population-specific data, this study will inform equitable and culturally appropriate health service planning and contribute to improved outcomes for people with dementia in NZ.

406

Exploring the impact of a psycho-educational course for individuals with a diagnosis of Mild Cognitive Impairment and their loved ones.

Miss Laura Hook, Miss Chelsea Richards

Cwm Taf Morgannwg University Health Board, United Kingdom

Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Background: Mild Cognitive Impairment (MCI) is an early stage of cognitive loss. Following diagnosis, individuals and their loved ones may experience practical difficulties, emotional difficulties, and uncertainty. Despite this, and evidence which suggests specific health behaviour changes can prevent an MCI from developing into a dementia, individuals are often discharged following diagnosis without further practical or emotional support.

Aim: This service evaluation aims to explore whether attending a psycho-educational "Life with a Mild Cognitive Impairment" course has an impact on the knowledge and quality of life of individuals with an MCI and their loved ones.

Method: Data was collected for 28 service users and 21 friends or relatives who attended the course. The course consisted of 6 weekly hour-long face-to-face sessions providing risk reduction information and practical wellbeing tips. The Mild Cognitive Impairment Questionnaire (MCQ) was used to assess the practical and emotional concerns of attendees before and after attending the course. Attendees were also asked to complete a post-intervention written feedback form to rate their knowledge of MCI and experience of the sessions.

Results: Average scores on both practical and emotional concerns significantly reduced in individuals with an MCI ($p < .05$) and their loved ones ($p < .05$) following the course. Feedback data suggested that attendees gained knowledge about MCI and found the pacing and delivery of the information suitable. Themes emerging from this data also suggested that attendees valued meeting others with an MCI and had a positive experience of course facilitators.

Conclusions: These results suggest that attending a psycho-educational MCI course positively impacts the quality of life of individuals and their loved ones following a diagnosis of MCI. Psycho-educational MCI courses could be a cost-effective solution for the current gap in memory services.

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The Ferdinand Project at MAH – Museum of Art and History, Geneva - Enhancing well-being, creativity, and social connection for people living with dementia and their care partners through museum-based art therapy.

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

What if supporting people living with dementia was not limited to focusing on what is lost, but instead on valuing their remaining capacities?

This is the ambition of the Ferdinand Association with the Ferdinand Project, in partnership with the MAH /Museum of Art and History of Geneva.

For 7 years, this museum-based therapy program in Switzerland, rooted in art therapy, has been developing in Geneva. Led by health professionals and cultural accessibility specialists, it stands at the intersection of culture, mental health, and social inclusion. By co-creating environments that are empowering and socially engaging, it enables people living with dementia, their care partners, and professional caregivers to meet and connect in meaningful ways.

The museum becomes a third place: neutral, prestigious, and conducive to sharing an experience with one's relative where the focus is on remaining strengths and capacities rather than losses. Relational, emotional, and creative capacities can still be expressed despite cognitive changes.

This project offers:

- **To care partners:** a moment of respite and the opportunity to share a cultural experience with their relative, exchange with peers, and strengthen collaboration with care teams.
- **To people living with dementia:** the possibility of regaining dignity, citizenship, and recognition, being seen for who they are rather than what they have lost.
- **To professional caregivers:** the opportunity to enrich their practice beyond technical tasks, strengthen relationships with families, and prevent professional burnout.

In 2024, more than 80 activities brought together 850 participations, demonstrating the project's positive impact on the well-being and quality of life of all participants.

Recognized by Alzheimer Switzerland and a partner of its Geneva section, the Ferdinand Project aligns fully with the theme Dementia diagnosis, treatment, care and support, combining artistic therapies, psychosocial interventions, post-diagnostic support, and shared experiences.

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iSupport-Portugal: The experience of leveraging a web-based skills training and support program for descriptive and predictive research on people living with dementia and their care partners

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Aims: To examine the feasibility of using iSupport-Portugal's platform as a remote measurement tool (RMT) for collecting data and conducting descriptive and predictive research on dementia care dyads. iSupport-Portugal is a culturally adapted version of the WHO's "iSupport for Dementia" programme for care partners, evaluated for acceptability, usability, and effectiveness.

Method: To leverage iSupport-Portugal as a RMT, a multi-step approach was implemented. The platform was first optimized for secure, high-quality data collection. An add-on "Diagnosis Module" was developed to collect sociodemographic, clinical, and psychosocial data from care partners on the dyads. Care partners registering on iSupport-Portugal self-completed the module and data were analyzed to provide insights into the profiles of care dyads. A proof-of-concept cohort study followed care partners for nine months post-registration to assess their desire to institutionalize the person living with dementia (PLWD), with participation and attrition analyzed.

Results: In 16 months, 253 care partners registered on iSupport-Portugal, alongside a similar number of health and social support professionals. Eighty-two percent of care partners consented to research. Most were women (83%), children of the PLWD (70%), with a mean age of 52. The "Diagnosis Module" was completed by 53% of care partners, providing baseline characterization of the dyads, with 65% completing follow-up assessments. Non-completers were younger ($p < .001$), more often female ($p = .005$), less likely to cohabit with the PLWD ($p = .013$), and had shorter caregiving duration ($p = .008$).

Conclusions: iSupport-Portugal has showed promise for nationwide data collection among informal care partners. However, modest completion rates and high attrition underscore the need for improved retention strategies, potentially through a better platform user experience. Preparatory steps to ensure data security, privacy, and quality were time-intensive, emphasizing the need for multidisciplinary teams with expertise in digital research and data privacy.

Funding: FCT (2022.07587.PTDC and 2023.06494.CEECIND/CP2871/CT0001).

415

What is the Best Interests? The understanding of the best interests of the person without mental capacity among the Geriatricians in Singapore.

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Topic

Dementia as a public health priority: Ethics, finances and laws of dementia

Abstract

"Best interests" is a legal concept outlined in the Mental Capacity Act in both England and Singapore. It is applied in decision-making for individuals who lack mental capacity. In the case of *Aintree v James* [2013] UKSC 67, which involved the withdrawal of life-sustaining treatment for a patient in the minimally conscious state, Lady Hale stated, "Decision-makers must look at his welfare in the widest sense, not just medical but social and psychological." However, in clinical practice, how do doctors comprehend this relatively new concept when formulating medical treatment plans that are both ethical and legal? How do they reconcile traditional concepts such as "futility", "beneficence" and "advance decision" with "best interests"?

In Singapore, where there is no court precedent, many doctors remain uncertain about the scope of their patients' "best interests". The conventional approach of balancing the "benefit/risk ratio" continues to be widely adopted. In the care of persons with moderate and advanced dementia, decisions range from invasive treatment, intensive care, blood transfusion, antibiotics to artificial nutrition and hydration. According to the Mental Capacity Act, the doctor needs to consider the person's prior wish, belief and values, and the family's opinion when the doctor formulates the treatment plan in the patient's best interests. It is very complex.

This qualitative research, involving a survey and semi-structured interviews, seeks to explore how geriatricians in Singapore understand and implement the concept of "best interests" in their patients' clinical management. Mapping the interpretations of "best interests" among doctors will contribute to the education of ethics and law in the care of individuals without mental capacity and offer diverse perspectives for doctors to foster more empathetic and effective communication with patients' families.

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Adherence to an anti-inflammatory diet is associated with lower Alzheimer's disease mortality: A modifiable risk factor in a national cohort

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Got it — here's a tighter version (just under 300 words, about 285):

Abstract

Background: Alzheimer's disease (AD) is a progressive neurodegenerative disorder in which chronic neuroinflammation plays a central role. Diet is a modifiable factor influencing inflammatory processes, but its relationship with AD-specific mortality is not well established.

Objective: To investigate whether adherence to an anti-inflammatory diet is associated with AD-specific and all-cause mortality in a large, nationally representative cohort, and to explore differences by sex and race/ethnicity.

Methods: Data were drawn from 18,795 adults (≥ 18 years) in the 2007–2014 National Health and Nutrition Examination Survey (NHANES), with mortality outcomes identified through the National Death Index. Anti-inflammatory diet adherence was defined as the proportion of total energy from anti-inflammatory foods (0%, <5%, 5–9.9%, $\geq 10\%$). Cox proportional hazards models estimated adjusted hazard ratios (HRs) for mortality outcomes, stratified by sex, race/ethnicity, and age (≥ 45 years for AD mortality).

Results: Participants with 0% anti-inflammatory intake showed higher all-cause mortality risk (HR 3.82, 95% CI 1.18–12.33) versus those with $\geq 10\%$. In the overall analysis, AD mortality risk was elevated in the 0% group but not statistically significant (HR 3.04, 95% CI 0.74–12.46). Subgroup analyses revealed stronger effects: men with 0% intake had markedly higher AD mortality (HR 12.83), and non-Hispanic Whites also showed increased risk (HR 3.77). Even modest adherence ($\geq 10\%$ of calories) was associated with reduced mortality. No significant associations were observed in women or non-White subgroups.

Conclusions: Greater intake of anti-inflammatory foods was linked to lower all-cause and AD-specific mortality in certain groups, particularly men and non-Hispanic Whites. These findings support dietary modification as a practical, low-cost strategy to mitigate neuroinflammation and potentially reduce AD-related deaths.

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The Social: Building dementia-friendly communities through social connection and caregiver support

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Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

People living with dementia (PLWD) and their care partners often experience social isolation, limited opportunities for meaningful engagement, and reduced quality of life. Addressing these challenges requires innovative, community-based approaches that foster inclusion connection. The Social was developed by the Alzheimer Society Southwest Partners (ALZSWP), based in London, Ontario, Canada, as an initiative to provide safe, welcoming spaces where PLWD can come together for meaningful activities and social support, and care partners are provided with respite.

The program was co-created using evidence-informed practices in dementia care, consultations with people with lived experience, and partnerships with community organizations. Weekly sessions are facilitated by trained staff and volunteers and combine recreational therapy, health promotion, peer connection, and dementia-friendly education. By embedding the program within local communities, The Social strengthens awareness and inclusion while reducing barriers to participation.

Evaluation includes participant surveys, facilitator reflections, and community partner feedback. Outcome measures focus on levels of social engagement, caregiver well-being, incorporation of culturally responsive practices, quality design, and delivery.

Since its implementation, The Social has reached diverse communities across Ontario, adapting delivery models to both urban and rural settings. Preliminary results indicate increased engagement and joy among PLWD, reduced caregiver stress, and the development of new social networks that extend beyond program sessions. Community partners have reported greater confidence in supporting dementia-inclusive practices, contributing to sustainability and broader community impact.

The Social demonstrates how intentional, collaborative programming can reduce isolation and promote dignity and belonging for people affected by dementia. Its flexible, scalable design offers a promising model for replication and adaptation across regions, contributing to the global movement toward dementia-friendly communities.

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Identification of sleep-wake cycle features that predict dementia risk in older adults: Development of a machine learning model in the UK Biobank and external validation in the Whitehall II accelerometer sub-study

Dr Clémence Cavallès¹, Dr Ian Meneghel Danilevicz¹, Ms Sam Vidil¹, Dr Archana Singh-Manoux^{1,2}, Dr Séverine Sabia^{1,2}

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Introduction: Given emerging therapies targeting dementia initial stages, enhancing early detection of at-risk individuals is primordial for effective interventions. This study aimed to develop and validate a sleep-wake cycle (SWC) tool to predict dementia risk in older adults.

Methods: We analyzed 36 accelerometer-derived SWC features in 53,448 participants aged ≥ 60 years from the UK Biobank (54.2% women; mean age=67.5 $\pm$ 4.2 years; 758 (1.4%) dementia cases; mean follow-up=7.8 $\pm$ 1.1 years). Using a machine-learning approach, we identified features that predict dementia risk, and derived a composite score, whose added predictive value was tested against traditional dementia risk factors. We performed external validation in the Whitehall II accelerometer sub-study (N=3,977; 25.8% women; mean age=69.4 $\pm$ 5.7 years; 349 (8.8%) dementia cases; mean follow-up=10.6 $\pm$ 2.4 years) where cognitive and plasma p-tau217 data were available

Results: We identified nine key features of daytime activity, sleep, and chronotype, combined in two components, that predicted dementia. Higher values in Component 1 represented shorter durations and less frequent bouts of moderate to vigorous physical activity, more time in low intensity activity, lower diversity of activity intensities, and higher probabilities to transition from activity to rest during daytime. Higher Component 2 corresponded to more extreme sleep durations, longer wake bouts during sleep, lower probabilities to transition from wake to sleep, and earlier waking time. Both components were associated with higher dementia risk (Component 1: hazard ratio (HR)=1.43, 95% CI=1.33-1.54; Component 2: HR=1.10, 95% CI=1.04-1.17) and improved predictive performance beyond sociodemographic, behavioral, and health-related dementia risk factors (C-index increase=0.018, 95% CI=0.011-0.025). Results were confirmed in Whitehall, where the components further improved predictive performance beyond global cognition and plasma p-tau217 level.

Conclusions: Our findings support the use of an accelerometer-based SWC tool for early identification of older adults at increased dementia risk in addition to known dementia risk factors and biomarkers.

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iSupport-Ghana: Co-Designing a Training Manual for Informal Caregivers of People Living With Dementia in Ghana; a Cultural Adaptation of the WHO iSupport manual.

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Alzheimer's and Related Disorders Association of Ghana, Accra, Ghana

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Title: Co-Designing a Training Manual for Informal Caregivers of People Living With Dementia in Ghana; a Cultural Adaptation of the WHO iSupport manual.

Background: In Ghana, family members, who are often untrained, bear the primary responsibility of caring for individuals with dementia. This creates a significant challenge and knowledge gap, as caregivers often lack the skills to cope with the complex challenges of dementia care. While the WHO iSupport manual is a valuable resource, its comprehensive, universal design can feel bulky and overwhelming. Crucially, it lacks the specific cultural context and real-world examples that resonate with Ghanaian caregivers, limiting its effectiveness.

Methods: The process will start with focus group discussions with informal caregivers to identify specific knowledge gaps and training needs. We will then employ a Delphi method, bringing together a team of volunteer experts, including caregivers themselves, along with public health specialists, neurologists, and communication professionals, to co-design a manual tailored to the Ghanaian context. This unique partnership ensures the final training content is both scientifically sound and practically useful. The program will be delivered in a six-week, in-person format to 30 caregivers recruited from neurology clinics in Accra. We will evaluate its effectiveness using the Kirkpatrick model of learning evaluation (which includes both quantitative and qualitative assessment).

Expected Outcomes: We anticipate that the project will yield critical insight into caregiving knowledge gaps and successfully produce a refined, culturally-relevant training manual. By empowering thirty caregivers with improved skills and understanding, this initiative will lay the groundwork for a more supportive care environment.

Conclusion: The successful implementation of this culturally appropriate program will serve as a significant milestone in reducing the impact of supporting someone with dementia, promoting dignified dementia care, and establishing a model for making international health resources more accessible and effective in local communities across Ghana.

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DEMOTIC (Dementia Topics Cartoon) and its impact study data after 1 year

Dr Filippo Bergamo¹, Dr Andrea Fabbo², **Prof Rabih Chattat**³

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Dementia is a specific condition whose symptoms affect a very broad system, affecting not only the person living with dementia but also the entire family, loved ones, and all the caregivers. Dementia disrupts life, altering balances and dynamics with significant repercussions on the quality of life of everyone involved. This is why we want to offer content on the topic accessible to all ages.

We raise awareness and engage as many people as possible about aging and dementia through a cartoon, aided by the people living with dementia themselves, who provide the voices of the characters.

Method: Involvement of people living with mild dementia from Italian meeting centers in writing scripts and recording dialogues. Production of the cartoon by a graphics studio. Distribution of the cartoon through partnerships with scientific societies and the media. Completion of a questionnaire on the cartoon's impact via link or QR code.

Expected Results: Production of two episodes of the cartoon by 2024 and initial distribution nationwide through national scientific societies and the media. Increased awareness of the issue of older people living with dementia and the potential situations related to it. Data on the cartoon's impact will be available by December 2025.

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iSupport-Korea: Co-Designed Adaptation and Pilot Implementation To Enhance Interactive Support for Dementia Care Partners and Professionals in Korea

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Aims: This study aimed to describe the process of co-designed adaptation and pilot implementation of iSupport for Korea. Adapting World Health Organization (WHO)'s iSupport for dementia involved diverse stakeholders who co-created a culturally tailored version. The co-design and pilot process particularly focused on enhancing the program's interactivity, accessibility, and usability.

Method: The co-adaptation and co-design was guided by the ecological validity and cultural sensitivity framework, as well as human centered, iterative approach. Cultural sensitivity considerations reflected Korean family dynamics, lifestyles, social values, and care systems. A participatory approach engaged diverse stakeholders: care partners, who shared lived experiences and feedback on support needs; care professionals, who offered real world insights into care; expert groups, who assessed content and usability; and dementia care center representatives, who ensured alignment with Korea's care systems. The tailored program was implemented with 25 care partners and 25 care professionals.

Results: The final version of iSupport-Korea was developed in multi-modal interactive formats, including a mobile application, an interactive e-book, and printed materials, to enable flexible access and enhance usability for diverse care groups. The design optimized engagement of care partners through an intuitive interface and nudging feedback, such as goal-framed message clarifying common challenges about care relationship. The system also provided practical guidance for care planning, and simulated learning experiences reflecting real-world contexts. Both care partners and professionals demonstrated increased caring self-efficacy, with the program evaluated as highly usable and culturally appropriate.

Conclusion: This study highlights the importance of integrating multiple perspectives in developing a culturally adapted evidence-based program. iSupport-Korea enhanced interactivity, accessibility and caring self-efficacy. With its cultural relevance and technological flexibility, the program shows strong potential for broad implementation within Korea's dementia care system.

Acknowledgement: This work was supported by the National Evidence-based Healthcare Collaborating Agency in South Korea (grant no. NECA-A-25-008).

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iSupport: Carers perceptions of the New Zealand online adaptation of iSupport (e-DiVA)

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Background: This study is part of the Empowering Dementia Carers with an iSupport Virtual Assistant (e-DiVA), a 4-year project conducted in Australia, Aotearoa New Zealand (NZ), Vietnam and Indonesia. The project aimed to adapt the WHO's iSupport for Dementia programme to develop a website for family carers of people with dementia in each of the four countries (ediva.org). The final stage was to evaluate e-DiVA's acceptability and its potential to reduce carer stress using a pilot RCT design.

The NZ pilot RCT was conducted with NZ family carers of people with dementia between March 2024 and February 2025 and the findings of the exit interviews are described here.

Methods: Semi-structured exit interviews were conducted at the 6-month pilot RCT end-point to understand NZ participants' perception of e-DiVA's acceptability, usability, and value, and to gather feedback on potential improvements and future directions. Interviews were recorded and transcripts analysed using a thematic analysis approach.

Results: Exit interviews were conducted with 29 NZ participants (25 non-Māori and 4 Māori). Both Māori and non-Māori carers valued e-DiVA's content, describing the information and delivery as both reassuring and empowering. Some carers described challenges with the website layout and navigation, and their caring responsibilities limited the time needed to learn how to access the content. Changes were recommended but many believed that the website should be introduced as an educational resource for the family of the person with dementia at the time of diagnosis. They felt that e-DiVA would give families access to reliable information about the dementia journey, allowing them to plan for the future and to strengthen family support systems.

Conclusion: Family carers of people with dementia in NZ viewed e-DiVA as a trustworthy and user-friendly resource that fits well alongside existing services and could be considered as part of post-diagnostic support.

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A feasible cost-saving model for a national dementia prevention program

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background: For every year delay in dementia onset, its incidence reduces by ten percent. Multiple multimodal interventions to improve cognition and delay age-associated cognitive decline have been published or are in progress. I will analyse key elements of successful studies including our digital Maintain Your Brain (MYB) randomised controlled trial, and propose a model for population-scale implementation.

Methods: Multimodal interventions with cognitive primary outcomes were examined. Those showing statistically significant benefits were compared with those which did not. Elements considered were demographics, sampling, intervention modalities, intensity and duration, outcome measures, compliance, attrition, scalability, control or comparison characteristics and cost-benefit analysis.

Results: Of ten trials examined, half demonstrated statistically significant cognitive benefit and half did not. Common elements in trials were promoting physical activity, cognitive training, nutrition, cardiovascular health including blood pressure control and social connectedness. Participants were more likely to be well-educated and minority groups were under-represented. Control groups, who received information, often showed improvement, although less than those in intervention condition. Only one study, Maintain Your Brain, was entirely online. Effect sizes for successful interventions were up to 0.28 and up to 0.213 for controls. Compliance was greater and attrition less with in person group based interventions. Two cost-benefit analyses were favourable.

Conclusion: Multimodal interventions can improve cognition and potentially delay dementia onset but changing behaviour at a population level is challenging. A successful model will need to reach minoritised populations, be scalable and demonstrate cost-effectiveness. A tiered national healthy brain promotion approach comprising public education, encouragement for people and their health professionals to determine their dementia risk score and for those at high risk to engage in more intensive online programs facilitated by advances in information technology and artificial intelligence is feasible technically and financially.

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Valuing mAbs: Perceptions of anti-amyloid medications for Alzheimer's disease among clinicians, persons diagnosed with dementia and persons providing support in the U.S.

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Aims: Following recent U.S. Food and Drug Administration approvals of lecanemab and donanemab for Alzheimer's disease in 2023 and 2024, respectively, we examined how clinicians, people living with dementia (PLWD), and care partners perceive their value and navigate real-world adoption. Whereas these monoclonal antibody medications (mAbs) are the first to clear brain amyloid, they carry substantial burdens and risks. Our objective was to understand the factors shaping decision-making and risk-benefit evaluations for these treatments.

Methods: We are conducting qualitative interviews with U.S. clinicians to explore how they select candidates for mAb treatment, navigate practice-, insurance-, and system-level barriers, and communicate risks and benefits to PLWD and their care partners. We plan to also interview PLWD and care partners about their diagnostic experiences, financial considerations, and decision-making around mAb treatment.

Results: We have interviewed 14 physicians and eight nurse practitioners and physician assistants, and identified five themes: (1) a spectrum from wariness to strong advocacy for mAbs; (2) specialty-based differences in prescribing, with neurologists more supportive and geriatricians more cautious; (3) varied communication styles in discussing risks and benefits with PLWD and families; (4) wide variation in practice and system-level implementation of mAb clinics, from highly planned to ad hoc; and (5) evolving roles balancing hope with limited evidence, navigating ethical complexities, and carrying the emotional weight of guiding patients through uncertainty.

Conclusions: We found substantial variation in how clinicians communicated mAb risks and benefits to PLWD and their care partners, emphasizing different clinical trial outcomes. Referral processes and eligibility assessments also differed, suggesting potential disparities in mAb access across the U.S.

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Supporting care partners through cultural inclusivity: Bathing care experiences in a group home for people with dementia in Taiwan

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Topic

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract

Behavioral and psychological symptoms of dementia (BPSD) are often expressions of unmet needs or stress rather than problems in themselves. In multicultural care settings, these experiences may be intensified when people living with dementia and their care partners navigate differences in language, cultural background, or life experience. In Taiwan, such differences are shaped by layered histories of Japanese colonization, martial law, democratization, and rapid modernization. These complex histories influence expectations of daily routines such as bathing, sleeping, and eating, and may contribute to misunderstanding or stress within care relationships.

In our group home for people with dementia, a person-centered and culturally inclusive approach was implemented to support both residents and care partners. Each person's "life history record" documented language preferences, cultural identity, and personal experiences, helping care partners better understand and adapt to residents' needs. One resident felt more comfortable communicating in Hakka; therefore, Hakka-speaking care partners were matched to provide support. Team members used the life history records to adjust communication styles, daily routines, and bathing practices while families were engaged as trusted collaborators.

Initially piloted with one resident, the approach was later applied across the group home. Over one year, 14 residents were followed using the NPI-Q tool. Both severity and distress scores related to bathing care steadily declined, with most residents showing improvement after three months. Beyond measurable outcomes, the process fostered reflection, empathy, and cultural awareness among care partners.

This work highlights how integrating cultural understanding with person-centered practice can foster meaningful engagement, reduce BPSD-related challenges, and provide a replicable model for dementia care in diverse societies.

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Learnings from Co-Designing 'Find Your Way' – a Dementia-Friendly Wayfinding in Singapore's Public Transport System

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

The progression of dementia significantly impairs cognitive functions crucial for navigation, such as memory and visuospatial awareness, restricting mobility and leading to social isolation for people living with dementia. This loss of ability and independence can profoundly affect one's quality of life and autonomy. In response, the "Find Your Way" project was initiated as a collaborative effort between SBS Transit – a public transport operator in Singapore, Dementia Singapore, and persons living with dementia to create a more dementia-inclusive public transport system nationally to empower people to travel independently by strengthening environmental support systems. Project involved working within the constraints of existing infrastructure of public transport nodes to introduce cognitive-enabling features that function as "environmental prostheses". Through a co-development process, key interventions include large, floor-based directional arrows, designed to accommodate a downward gaze, and prominent identification signages. A central innovation was the use of distinct, colour-coded pictograms depicting familiar heritage items to leverage reminiscence, aid memory recall, and differentiate routes. Key learnings from the implementation of Phase 1 of the project across four bus interchanges and five rail network stations include the importance of achieving accurate angles for floor directional arrows as slight inaccuracies could cause confusion and anxiety. Pictogram design also required careful calibration of detail, colour, and abstraction to ensure legibility without overwhelming users. The project demonstrates that thoughtfully designed environmental modifications, co-developed with end-users, can effectively support autonomy. "Find Your Way" provides a practical model and valuable lessons for creating accessible public spaces that preserve dignity for people living with dementia.

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A decade of Time for Dementia: evaluating a longitudinal dementia education programme for healthcare students.

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aims: The future healthcare workforce must develop the skills, attitudes, and empathy needed to support people with dementia. Time for Dementia (TFD) is an educational programme in which healthcare students from a range of disciplines visit a person with dementia and their family carer over two years. This research evaluated the impact of TFD on student knowledge, attitudes, and empathy, as well as student and family satisfaction. Findings from studies conducted between 2014 and 2024 at ten UK universities will be presented.

Methods: The first stage (2014–2021) of the mixed-methods longitudinal study was conducted across five universities in Southern England. Quantitative measures of dementia knowledge, attitudes, and empathy were collected before and after the programme, with a control group assessed at matched intervals. Outcomes were analysed using multilevel linear regression. Additionally, host families and students completed satisfaction surveys, and qualitative data from interviews or focus groups with students and families were analysed thematically.

Results: A total of 2,700 intervention and 562 control students participated. Programme students demonstrated significantly greater dementia knowledge and more positive attitudes at follow-up. Qualitative themes included relational learning, increased insight, reduced stigma, and improved practice. Families' (n= 442) satisfaction was high; families valued contributing to education and appreciated the social interaction. Suggested improvements included better visit structure and organisation.

The second stage of data collection (2020–2024) involved 2,323 students across nine UK universities and will also be presented.

Conclusions: TFD is effective in enhancing dementia-related knowledge and attitudes among healthcare students across disciplines and institutions. For families, the programme offers meaningful engagement and suggests reciprocal benefits between students and families. This study highlights the value of Experts by Experience in education and supports TFD as a successful model for dementia training.

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iSupport for Bridging Care Settings: Empowering Staff for Effective Case Management and Family Care partner Support

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Aim: Online psychoeducation intervention enhances dementia caregiving knowledge and competence among family care partners, while there is potential to extend its benefits to social sector staff, facilitating their dementia services. This study explored the professional staff's perspective on implementing the adapted World Health Organization's iSupport for Dementia in daily practice, emphasising its role in empowering case management and family care partner support.

Method: A qualitative descriptive design was employed. Professional staff (nurses, social workers, therapists) providing dementia services in Hong Kong participated in individual interviews or focus groups. Data were analysed using thematic analysis guided by the Ecological Validity Model. This study was funded by the National Foundation for Australia-China Relations, Australian Government.

Results: Sixteen professional staff were interviewed. Eight themes emerged: (1) iSupport enables systematic dementia learning for staff, supporting professional development; (2) The online platform facilitates care partner support, especially when in-person interaction is constrained; (3) iSupport toolkit acts as a primary knowledge hub for care partners, freeing staff time for complex, individualised coaching; (4) Printable resources allow staff to assign homework, fostering accountability and deeper reflection; (5) Trained facilitators are crucial for personalised guidance on reflective exercise, optimising learning outcomes; (6) Comprehensive, accessible local community resource listing empowers staff to guide care partners in help-seeking and self-care prioritisation, overcoming common intervention challenge; (7) Culturally tailored, step-by-step guide on community service access bridges care partners to appropriate support, addressing service barriers such as concerns on eligibility and waiting time; (8) Multimedia elements such as videos for relaxation exercises and case scenarios could improve coaching efficacy and care partner engagement.

Conclusion: The adapted iSupport could be implemented by Hong Kong staff to enhance case management efficiency and care partner outcomes via staff self-education, flexible, structured platform with multimedia aids, and comprehensive resources linking care partners to community support.

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Implementation of a Multidomain Intervention Program for Dementia Prevention in Japan: From J-MINT to Real-World Application

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

We conducted the Japan-Multimodal Intervention Trial for Prevention of Dementia (J-MINT), a multidomain lifestyle-based intervention targeting older adults with mild cognitive impairment. The study demonstrated that participants with high adherence to exercise classes exhibited significant improvements in cognitive function. Building on these findings, we are advancing an implementation study to rapidly translate J-MINT outcomes into community practice.

Adapting the J-MINT program to real-world settings presents numerous challenges, including the absence of standardized, evidence-based dementia prevention programs, a shortage of trained facilitators, difficulties with participant recruitment and retention, and the lack of a sustainable business model. In Japan, community-based preventive care programs typically last three to six months; therefore, we developed a shortened six-month version of the J-MINT program. The newly developed implementation-oriented multidomain program incorporates five core components—physical exercise, nutrition, cognitive training, social participation, and vascular risk management—based on the J-MINT framework. Target participants are high-risk individuals most likely to respond to multidomain interventions. To ensure program fidelity, standardized instructor manuals, PowerPoint teaching materials, and reading scripts were developed to enable trained instructors to deliver the program consistently across all sites. To evaluate the effectiveness and cost-effectiveness of this implementation model, a cluster randomized controlled trial (RCT) will commence in April 2026, led by 20 municipalities and a startup company (J-MAP). The study will continue through 2027 to assess long-term outcomes. To establish a sustainable business model, we are developing additional versions of the multidomain intervention program for day-care centers and fitness clubs, in addition to the program designed for local governments. We anticipate that this implementation-oriented, multidomain program will be widely adopted across communities, contributing to a reduction in dementia risk among older adults in Japan.

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Global Youth SUMMIT: uniting sons, daughters and children of younger-onset dementia

Miss Jessica Eggert

Lorenzo's House, USA

Topic

Support for dementia carers: Young carers

Abstract

"Where are the voices of our sons, daughters, and children in the dementia space?"

Lorenzo's House is a global non-profit organization empowering our sons, daughters, children and families affected by younger-onset dementia by healing in community and advocating for dementia justice.

The Global Youth Summit is a free, virtual, worldwide event uniting children, adolescents, and young adults (ages 4–44+) who have a parent living with or who has lived with younger-onset dementia. Together we share lived experiences, build meaningful connections, and co-create a more empathetic and informed dementia community.

From our first Summit in 2021 which brought together 21 young participants to 2025, where more than 250 young people registered from over 16 countries.

What makes this Summit unique is its co-design and co-leadership model. Each year, youth with lived experience serve as Youth Leads and work alongside "Dementiacators" – a term we have coined, from 'educators' that is defined as trained and experienced in dementia and passionate about educating others. For 2025, over 170 planning meetings were held with 40 Youth Leads. Sessions included Mindfulness, Creative Arts, Brain Health, Dementia Justice and Conversations with a Genetic Counsellor.

Our Summit is the first of its kind, placing young voices at the forefront of change-because they aren't just participants, they are the experts driving the entire experience.

The event is intentionally accessible, flexible and youth-focused, free to attend, fully virtual, and inclusive of participants across time zones and stages of the journey-from symptoms, diagnosis to end-of-life care and healthy approaches to grief and loss.

We invite partners and advocates to learn from our model and join us in amplifying youth voices. Together, we are connecting and empowering every son, daughter and child affected by younger-onset dementia.

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iSupport: Co-designing iSupport for dementia care partners in Georgia – early implementation protocol of a hybrid type 2 pilot

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Background: Georgia, like many low- and middle-income countries, faces a significant shortage of dementia care and support services, particularly for informal care partners. To address this global gap, the World Health Organization (WHO) developed iSupport program, a digital, evidence-based intervention aimed at enhancing carers' knowledge, coping strategies, and well-being. Successful Real-world implementation, however, requires cultural adaptation and effective pre-implementation strategies.

Objectives: The proposed study protocol outlines the Preliminary phase of a Pilot Hybrid Type 2 effectiveness-implementation study in Georgia with three primary objectives: (a) to explore early stakeholder needs and preferences; (b) to culturally adapt the WHO's iSupport program for Georgian informal care partners. (c) To develop a readiness plan for the facilitated delivery of the iSupport program.

Methods: This six-month pre-implementation phase will be guided by a community-based participatory approach to develop a culturally adapted self-directed and facilitated versions of iSupport. A qualitative approach will be employed, incorporating co-design workshops and post-workshop surveys to assess the needs and preferences of informal care partners, healthcare professionals, and physicians, and to inform the readiness planning for implementation. Activities will be anchored in the Exploration and Preparation phases of the EPIS framework which aligns closely with the Reach-Effectiveness-Adoption-Implementation-Maintenance (RE-Aim) framework underpinning the overall pilot.

Cultural adaptation follows WHO-defined stages: translation, experts review, local contextualization, two focus groups (seven informal care partners and seven healthcare professionals), and final adaptation.

Results: Preliminary findings include completion of the translation stage and ongoing review by two independent experts. Full adaptation results are expected within six months.

Conclusions: By integrating participatory methods with structured readiness planning, this study will provide actionable guidance for effective pre-implementation strategies and will inform the subsequent development and evaluation of the iSupport program for dementia care partners in Georgia.

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Our Next Chapter of Younger-Onset Dementia, Health Ways of Expressing Grief and Loss

Ms Tessa Garcia McEwen

Lorenzo's House, USA

Topic

Support for dementia carers: Young carers

Abstract

"Each new symptom my dad developed felt like I was losing him even more even though he was still physically here. Over time, my dad stopped remembering that I was even his daughter, and he was my dad. The grief of losing that connection to him over time was extremely difficult to process internally and also to express to my friends and family." –Young Carer, UK

At Lorenzo's House we empower the sons, daughters, children and their families affected by younger-onset dementia. We offer support for those who are affected by younger-onset dementia at all stages of their journey, from the point of their loved one showing symptoms to after their loved one has passed.

Our ShineOn CLUB is a space for those whose parent has passed after living with younger-onset dementia to find community and learn healthy ways of expressing grief and loss.

Our model is co-led by a son, daughter or child in this space and a professional in the field, a social worker and a certified grief educator, acknowledging that navigating dementia comes with losses of many kinds along the way, and it's so important to find a community that understands so uniquely.

This session offers an insight into the importance of recognizing grief, at all stages – anticipatory grief, ambiguous grief, complicated grief, disenfranchised grief and bereavement.

Participants will:

- Explore what grief looks and feels across all stages of the journey – recognizing and defining the different types of grief, and will share stories and specific examples along the way,
- Empower ourselves with tools for navigating the different types of grief at every stage of this journey and
- Share resources and tips for living with our grief to express emotions in healthy, constructive ways.

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From Neglect to Action: The French National Strategy 2025–2030 for Alzheimer's and Neurodegenerative Diseases

Mrs Lorène Gilly, Mr Benoit Durand

France Alzheimer et maladies apparentées, Paris, France

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Public policies addressing Alzheimer's disease in France began to take shape in the early 2000s, with a decisive milestone reached through the Alzheimer Plan 2008–2012. This initiative established a structured care pathway and introduced tailored services for individuals living with dementia and their caregivers, generating significant positive impact for families.

However, since 2012, momentum has waned. The Neurodegenerative Diseases Plan (MND) 2014–2019 lacked sufficient political backing for effective implementation, and the MND 2021–2022 roadmap, never funded nor executed, deepened the sense of neglect, despite more than 1.4 million people currently living with Alzheimer's or related diseases in France.

After years of advocacy, a positive signal emerged in July 2023, when the French government reaffirmed the priority status of neurodegenerative diseases—the leading cause of loss of autonomy in the country. Collaborative work with associations, experts, and families nurtured the hope of a national strategy. This hope materialized with the discreet launch, on September 4, 2025, of the National MND Strategy 2025–2030.

Despite limited visibility, the strategy represents a significant step forward. It outlines six key priorities, that we would like to detail and discuss, in a complex political context: transforming public perceptions of dementia; improving prevention and early diagnosis; strengthening care and support systems both at home and in institutions; enhancing professional training and non-pharmacological interventions; expanding respite services and caregiver support; and promoting research and innovation to position France as a global leader in the field.

Our association welcomes this renewed commitment from the Ministry of Autonomy and Disability and will work alongside the pilot to ensure its deployment. Vigilance remains essential to guarantee funding, implementation, and continuous evaluation so that ambitions are translated into concrete, sustainable actions that improve the daily lives of people living with dementia and their caregivers across France.

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Expanding Dementia-Friendly Points Network and Creating Inclusive Communities Across Slovenia

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Spominčica - Alzheimer Slovenia, Ljubljana, Slovenia

Topic

Dementia awareness: The work of national dementia associations

Abstract

Spominčica – Alzheimer Slovenia has been establishing Dementia-Friendly Points (DFPs) across Slovenia since 2017. The first DFP was established at the Human Rights Ombudsman of Slovenia Office. Since then, we have established DFPs throughout Slovenia within various organisations (shops, pharmacies, libraries, community health centers, museums, police stations, the Slovenian Chamber of Health, Ministries, etc.). The aim of the DFP network is to raise awareness about dementia, reduce stigma, and create a dementia-friendly environments. Before the opening, we organise education about dementia for employees. DFPs are identified with the Spominčica logo at the entrance, signaling that dementia-friendly services and information about dementia are available at these locations. A media-covered cultural event, welcoming the local community, is held at each DFP opening. An increasing number of organisations are joining the DFP network, which now comprises over 500 DFPs across Slovenia.

Spominčica has been enhancing this program during 2024–2026 by developing Dementia-friendly local communities (DFCs) in partnership with municipal mayors, as an activity of the project funded by the Slovenian Ministry of Health.

In response to the increasing needs of people with dementia, Spominčica initiated collaboration with municipalities to develop DFCs. Mayors are establishing local committees, to serve as platforms for connecting key stakeholders: municipalities, community health centres and the most active organisations and associations within their local communities. With the support and coordination from Spominčica, these committees prepare annual work programmes that include activities for people with dementia, psychosocial support for carers, day centers, educational lectures, public events, and home care services.

Through this extensive and inclusive programme, Spominčica aims to engage the local communities in supporting people with dementia and their carers, enabling people with dementia to remain integrated within society and continue living at home for as long as possible. Together, we're building a truly dementia-inclusive Slovenia.

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Board games as tools for cognitive stimulation and social engagement in older adults with dementia.

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Board games, beyond their recreational value, represent accessible, low-cost, and engaging activities that can provide cognitive, emotional, and social benefits for people living with Alzheimer's disease and other dementias. Although not curative, they can be regarded as effective behavioral interventions supporting health and well-being. In this way, board games can be considered a valuable tool for caregivers.

Pr. Philippe Robert & coll. (2020) explored the adaptation of commercial board games for people with neuro-cognitive disorders. Conducted with 20 outpatients aged 75-97, caregivers, and professional staff from eight day care centers and home care services, this research showed that games helped reduce anxiety and foster social interaction. Adapted rules and ergonomics were essential to maintain motivation and avoid frustration. The study revealed that games function as emotional stimulators, reinforcing the caregiver-patient relationship when play aligns with individual interests.

In parallel, Dr. Rachel Wu & coll. (2025) examined whether learning new, cognitively demanding board games could improve older adults' cognitive abilities and well-being. In a six-week intervention with participants aged 62-85, they observed significant improvements in motivation, cognitive performance, and well-being, along with increased sense of social connectedness and self-efficacy. These findings demonstrate that even complex, modern board games can effectively support cognitive stimulation for older adults.

Together, these studies underline the flexibility of board games: from adapted formats that preserve dignity and stimulate people living with dementia, to complex games that foster social engagement, cognitive stimulation, and motivation in older adults. Both approaches converge on a common message: play can be a powerful lever for health and inclusion.

Through the Game in Lab program, we support scientific research on board games and share evidence widely. Our contribution aims to deepen knowledge on how games can serve as accessible, enjoyable, and effective tools for health and social care.

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Population attributable fractions of modifiable risk factors for dementia: A nationwide study from the Netherlands

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Topic

Dementia risk reduction: Risk factors

Abstract

Aims: An estimated 300,000 individuals in the Netherlands are currently living with dementia, a number that is projected to double by 2050 due to ongoing ageing and population growth. Identifying modifiable risk and protective factors is essential for developing effective strategies to reduce the risk of dementia. This study aimed to estimate the population attributable fractions (PAFs) of several modifiable risk factors for dementia in the Netherlands and to examine their temporal trajectories from 2012 to 2022.

Methods: The study utilized data from four independent waves of the nationwide Dutch Municipal Health Service (GGD) Monitor survey, conducted in 2012 (n = 387,195), 2016 (n = 457,153), 2020 (n = 539,902), and 2022 (n = 367,557), including adults aged 18 years and older. PAFs were calculated for seven modifiable risk factors: low educational attainment, obesity, smoking, high alcohol consumption, low social contact, depression, and physical inactivity. Relative risks for these factors were drawn from previously published meta-analyses. Subgroup analyses were performed by age group, sex, socio-economic position, migration background, and GGD regions across the Netherlands.

Results: The PAFs for dementia showed a slight decline over the years, with low social contact consistently contributing the most to the total PAF. Subgroup analyses revealed higher PAFs among females, individuals in mid-life (45–64 years) and late life (65 years and older), those with a lower socio-economic position, and individuals with a migration background—particularly first-generation migrants. Regional differences in PAFs were also observed. Further analyses are ongoing, and estimates will be presented at the conference.

Conclusion: This study is the first to summarize the potential for dementia risk reduction across the Netherlands over time by eliminating modifiable risk factors. The findings highlight the potential for risk reduction and emphasize the need for targeted, inclusive prevention strategies considering social and demographic diversity.

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Asking the Right Questions for Prompt Intervention of Alzheimer's Disease in Nigeria: Experience from World Alzheimer's Day Rally.

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aim: To explore people's knowledge of Alzheimer's disease and promote community awareness

Methods: To commemorate World Alzheimer's Day (September 21st), an awareness campaign was conducted in two major markets in Ibadan, Nigeria. A community-based outreach approach was employed to assess knowledge of dementia and promote prompt intervention strategies for its prevention and management. Health information was disseminated through multiple channels, including fliers, stickers, banners, and a Public Address System (PAS), to ensure wide reach and visibility. In addition, brief structured interviews were conducted with community members and market women to explore their existing knowledge and perceptions of dementia.

Results: Participants know that age is a risk factor for Alzheimer's disease. A participant stated, "Well, I know it happens amongst old people, whereby they forget things and start talking anyhow." Another participant specifically said, "It happens among older adults...they start behaving like a child. I feel it happens as a result of stress and too much work, also as a result of poverty." "... When I saw that the old person was already babbling and speaking incoherently and also not answering questions well, I knew it was Alzheimer's disease."

Most respondents seem to have some knowledge, but they lack an in-depth knowledge of Alzheimer's. One of the respondents stated that "...if someone knows that he or she is becoming older, they are saying another thing, and that is how I know someone has Alzheimer's, and they are people from 90 to 95 years."

Conclusion: The findings revealed that community members' awareness and knowledge of Alzheimer's disease are shaped by misconceptions and limited knowledge of its causes and management. This highlights the importance of community-based education and engagement initiatives to dispel myths, reduce stigma, and promote early recognition and appropriate care for individuals living with dementia in Nigeria.

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Individual, System, and Policy-Level Strategies to Support U.S. Adults Aging Solo with Dementia

Dr Jane Lowers

Emory University, Atlanta, USA

Topic

Dementia as a public health priority: Engaging people with dementia and carers in policy

Abstract

Many U.S. health and social care policies assume availability of family caregivers, but 1 in 6 older adults has no nearby family. This presentation reviews changes to improve equitable access to care for people aging alone with dementia, and the individual-level strategies employed to bridge gaps otherwise filled by family.



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BRIDGE-ing the Gap to Restore Personhood: A Culturally Grounded Dementia Care Education for United Arab Emirates (UAE) and the Broader Arab Gulf Region

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Objective: This presentation introduces the design and forthcoming launch of BRIDGE, an evidence-based and culturally informed dementia care training program developed as part of a socially responsive community outreach initiative for healthcare professionals in UAE and the broader Arab Gulf region. The program aims to enhance professional competencies in dementia care by integrating neuroscientific, andragogical, and person-centred care principles within culturally relevant contexts.

Methods: The development of BRIDGE followed a two-year, multi-phased, mixed-method research process exploring the lived experiences of persons living with dementia, knowledge and attitudes of healthcare professionals, and systemic challenges within institutional and home-based care settings. These insights informed the design of a training program that combines evidence-based teaching with cultural and contextual adaptations. Two original tools were developed to anchor the program:

BARAKAH+S Profile – a context-specific tool for understanding the personal, social, cultural, traditional, and spiritual dimensions of an individual's identity.

STEPS to CARE – a structured guide enabling care staff to identify, analyse, interpret, and respond appropriately to behavioural changes in dementia.

Results: Preliminary findings from a pilot implementation conducted in January 2025 demonstrated promising improvements in participants' knowledge of dementia, understanding of personhood, attitudes toward persons living with dementia, and practical care competencies. Qualitative feedback from participants highlighted the program's relevance to local sociocultural contexts and its effectiveness in promoting person-centred care practices.

Conclusion: The full-scale launch of BRIDGE, scheduled for completion in the coming months, is designed for regional sustainability and alignment with the United Nations Sustainable Development Goals 3 (Good Health and Well-being) and 4 (Quality Education). The presentation will share methodological and practical insights for embedding cultural competence in dementia care education, offering a replicable and evidence-informed model for non-Western contexts and further highlighting transferable lessons and cautionary insights to advance global discourse on culturally responsive, person-centred dementia care.

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iSupport: Cross-Cultural Feasibility, Acceptability, and Early Insights from the e-DiVA Virtual Assistant Carer Support Programme

Prof Tuan Anh Nguyen^{1,2,3,4}, Dr On behalf of the e-DiVA team^{5,6,7,8,9}

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Informal carers play a critical role in supporting people living with dementia, often compensating for gaps in access, affordability, and quality of formal care. The e-DiVA platform provides self-paced, video-based, and culturally adapted online training for carers. This multi-country study aimed to evaluate e-DiVA's feasibility, acceptability, usability, and preliminary efficacy across Australia, New Zealand, Indonesia, and Vietnam.

Method: Following Nguyen et al. (2021), family carers of people living with dementia in Australia, New Zealand, Indonesia and Vietnam were recruited for a pilot randomised controlled trial. Quantitative and qualitative data were collected on recruitment, retention, usability, and user experience. Participants included 60 carers in the Australian main cohort plus 24 in a low perceived stress subgroup, 36 in New Zealand (plus 16 low stress subgroup), 20 in Indonesia, and 57 recruited to date in Vietnam.

Results: In Australia, of 95 carers screened, 64 met eligibility criteria and 60 were randomised (93.8%), with 54 completing the study (90.0%). Outcome assessments were completed by 100% at baseline, 93.3% at three months, and 90.0% at six months. Similarly, recruitment and retention targets were achieved across other sites. Carers found e-DiVA culturally relevant and beneficial for developing caring skills, with new carers valuing practical modules and experienced carers requesting advanced content. Usability was high, though digital literacy, navigation, and time constraints affected engagement. A trend of reduced caregiving burden was observed.

Conclusions: e-DiVA is a feasible, acceptable, and culturally relevant digital programme for dementia family carers. Findings support further refinement and scale-up to enhance accessibility, digital literacy, and peer support across diverse settings.

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The impact of anticholinergic burden on cognitive function, depressive symptoms and performance on activities of daily living in ageing: A hidden and neglected factor?

Dr Panagiotis Alexopoulos Mr Leonidas Papadopoulos, Dr Maria Skondra, Mrs Violeta Papalexiou, Mr Charalampos Kandilakis, Mrs Ianthe Maroulis, Mrs Loukia-Maria Malagkoniari, Mrs Eleni Konidari, Mrs Theodora Kougoumtzoglou, Dr Panagiotis Felemegkas, Dr Christina Petropoulou, Prof Polychronis Economou

University of Patras, Patras, Greece

Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

People with cognitive complaints seeking care at memory clinics live with multiple comorbidities and are commonly on medication with anticholinergic properties, affecting cognitive function. Nonetheless, anticholinergic burden is rarely considered in the diagnostic workup of cognitive complaints in ageing. Based on real-world data, we studied the relationship between cholinergic burden and cognitive function, depressive symptoms and functional ability in examinees of a university-based old-age psychiatry outpatient clinic.

Methods: Cognitive function and depressive symptoms were tapped with the Cognitive Telephone Screening Instrument plus (COGTEL+), the Serial Seven Test (SST), the Mini-Mental State Examination (MMSE) and the Geriatric Depression scale-15 (GDS), respectively. Performance on activities of daily living (ADL) was assessed with the Bristol ADL questionnaire. The total ACB was calculated using the Anticholinergic burden score for German prescribers. Statistical analyses included between groups-, and regression analyses. Demographic characteristics were considered in the regression models.

Results: The study included 301 individuals without cognitive impairment, 264 people with Mild Cognitive Impairment, 114 individuals with dementia due to Alzheimer's disease (AD) and 63 with non-AD dementia. As expected, the ACB total score, cognitive function, severity of depressive symptoms and performance on ADL significantly varied across the four diagnostic groups. The results of the regression analyses unveiled statistically significant associations between the ACB total score and performance on MMSE, prospective memory, verbal long-term memory, working memory, verbal fluency, attention, as well as depressive symptoms and both basic and complex activities of daily living. In particular, the higher the ACB score, the lower the cognitive and functional performance and the more severe the depressive symptoms.

Conclusions: ACB affects cognitive function, performance on ADL and the severity of depressive symptoms in people with cognitive complaints. Hence, ACB should be considered in the diagnostic workup of cognitive complaints in ageing,

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Therapeutic Seating for Dementia Care

Mrs Kirsty ryan, Mrs Martina Tierney, Mrs Dearbhaile Mulholland

Seating Matters, Derry, Ireland

Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

This presentation examines the sensory needs of people with dementia and challenges faced due to unsuitable seating and highlights therapeutic seating can improve the health and wellbeing of both patients and caregivers. Many individuals with dementia spend extended periods in inappropriate chairs, leading to issues such as pressure sores, contractures, reduced function, behavioural problems, and falls. Poor seating is not only uncomfortable, but for people with cognitive impairments, discomfort can trigger agitation and frustration.

Clinical, therapeutic seating, tailored to the recipient's sensory needs, provides enhanced support, pressure redistribution, and postural alignment, which can significantly minimize discomfort and associated complications. People with dementia often experience sensory motor disintegration, affecting balance and coordination. Purpose-designed seating accredited by DSDC offers proprioceptive feedback, improves posture, and enhances safety, as-well as reducing pressure injuries, sliding, and falls, and also promote independence, engagement in daily activities, and social interaction.

Case studies from occupational therapists in Ireland demonstrated the impact of proper seating: patients with non-cognitive symptoms of dementia and reduced proprioception showed decreased agitation, aggression, and attempts to leave chairs, as well as less sliding and fewer falls. There was also a reduction in the need for postural correction and manual handling, enabling some individuals to continue living at home with family support.

An international study was conducted with over 200 OTs which examined how correct, therapeutic seating can positively impact on the health and wellbeing on both those living with dementia and their caregivers. Results include reductions in muscle tone and contractures, transfer frequencies and pharmacological interventions. 70% of respondents reported a reduction in agitation, 53% noticed a reduction in pressure injuries, and 73% reported improved engagement in social activities, among others.

Overall, clinical therapeutic seating substantially improves quality of life for people with dementia, reduces caregiver burden, and supports greater independence and wellbeing.

584

Co-designing a Digital Intervention to Support Care Home Staff Managing Heart Failure in People Living with Dementia

Dr Steph Craig, Prof Christine Brown Wilson, Dr Gary Mitchell

Queen's University Belfast, Belfast, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Background: Heart failure frequently co-exists with dementia, affecting around one in five care home residents. This combination creates diagnostic and communication challenges, as symptoms of heart failure such as fatigue and confusion can be masked by dementia. Care home staff often have limited training or confidence to identify deterioration or respond appropriately. This study aimed to co-design and test a digital intervention to improve staff knowledge, confidence and person-centered practice when supporting people living with dementia who also have heart failure.

Methods: A mixed-methods study used an Accelerated Experience -Based Co-Design approach underpinned by implementation science principles drawn from the Theoretical Domains Framework and Normalization Process Theory. Phase one included a scoping review, seventeen qualitative interviews and a Delphi study with fifty-four care home nurses to identify key learning needs such as recognising atypical symptoms, improving communication and timely escalation. Phase two involved four co-design workshops with fifteen stakeholders including people living with dementia, carers, heart failure specialists and care home staff to create a digital learning resource tailored for dementia care. Phase three piloted the intervention in twelve care homes with 108 staff, using pre- and post-intervention measures of heart failure knowledge and self-efficacy alongside qualitative interviews to explore experiences of implementation.

Results: Statistically significant improvements were observed in heart failure knowledge ($p < .001$) and self-efficacy ($p < .001$). Staff showed greater ability to recognise early and atypical symptoms in people with dementia, acted more confidently in escalating concerns, and reported positive changes to teamwork, communication, and reflective practice. Acceptability was high, with strong evidence of behavioural change and sustained learning.

Conclusions: This co-designed digital intervention improved knowledge, confidence and practice among care home staff supporting people living with dementia who have heart failure. Grounded in implementation science, the intervention shows promise for scalable, sustainable improvement in complex dementia care.

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Title: Packages of Care for People with Dementia at the Primary Care Level: The Case of Low- and Middle-Income Countries

Dr Daisy Acosta

Universidad Nacional Pedro Henriquez Urena . 10/66 Dementia Research Group, Santo Domingo, Dominican Republic

Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Dementia is underrecognized, under disclosed, undertreated and undermanaged especially in Low- and Middle-Income Countries, (LMIC's), where symptoms of dementia are considered normal part of ageing and in not need of medical care. There is a high tolerance for this symptom due to the low expectations the families have from their elders and the care is still considered a family issue rather than a societal responsibility. Diagnosis is primarily based on clinical information and cognitive testing. Biomarkers and neuroimaging are available in some countries, not in all, and genetic testing is very rare. All this make early diagnosis difficult.

Post diagnostic support is very difficult as well, as it is complex and requires the involvements of various services with the leading role ascribed to primary health care, (PHC), that do not have an structured training on the recognition and management of dementia, feels underrecognized, understaffed and less remunerated through their salaries and benefits. This together with the absence of data on the performance of Primary Health Care is of concern.

Integrated dementia specific care pathway is practically non - existent in LMICs, so people with dementia and their carers struggle to obtain any post diagnostic support.

After extensive literature review, during this presentation, the audience will be guided through the present state of the Primary Health Care Systems in (LMIC's), steps needed to empower this important health sector do the job, the difficulties encountered by families and patients after diagnosis and will suggest evident based solutions to ameliorate the struggle.

593

This is my home - Designing aged care environments with Australia's national design principles to create domestic and friendly residential settings

Mr Andrew Donald Masters¹, Mr Jonathan Chew²

¹Australian Institute of Architects, Brisbane, Australia. ²Australian Institute of Architects, Sydney, Australia

Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Topic: **Dementia awareness:** Environment, architecture and design for dementia

Title (50wd): **This is my home - Designing aged care environments with Australia's national design principles to create domestic and friendly residential settings**

Preferred type: **Oral presentation**

Abstract (300wd):

Australia's recently released National Aged Care Design Principles and Guidelines provide a landmark framework for creating environments that promote dignity, independence, and quality of life for older people, including those living with dementia. However, translating these principles from policy into practice can be complex - particularly when working across the spectrum from new builds to refurbishments of existing homes.

This presentation will share insights from four diverse real-world situations:

- Nationwide audit: assessing aged care homes for a nation-wide aged care provider to identify and prioritise upgrades in alignment with the new guidelines.
- Small-scale refurbishment: internal upgrades to a 10-bed wing for a regional single-site care provider in Northern NSW, delivering meaningful improvements within existing structural constraints.
- Large-scale refurbishment: transformation of a 120-bed home in Melbourne to support the small household model, balancing operational realities with cultural change in a new model of care.
- New build: a 70-bed aged care home in Adelaide, the latest iteration of nearly three decades of a nationwide care provider's experience in delivering small household model and dementia-friendly design.

From these case studies, we'll explore:

- How to balance "ideal" principles with site quirks and budget limits.
- Strategies for embedding dementia-friendly thinking into refurbishments.
- Using the guidelines as a tool for staged, long-term improvement.

Attendees will walk away with practical and adaptable ideas, and a clearer picture of how architects and providers can collaborate to deliver spaces that truly reflect the intent of the guidelines, whether the starting point is a blank site or a building with history.

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What are the current challenges surrounding missing persons with dementia living alone? An exploratory research based on an expert review in Japan

Ms Kumiko Nagata¹, Ms Yumiko Komori¹, Mr Kenji Hanada¹, Mr Atsushi Kawabata¹, Dr Kazunori Kikuchi², Dr Shuichi Awata^{1,2}

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Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

Objective: According to statistics from National Police Agency, the number of missing cases with dementia exceeded 19,000 in 2024, doubling over the past decade. With an anticipated increase in people with dementia living alone, establishing solutions for missing persons is an urgent priority, though efforts are only just beginning. To systematically advance effective countermeasures, this research aimed to explore and organize challenges surrounding the missing persons with dementia living alone .

Methods: We conducted an expert review involving ten specialists on measures for missing persons with dementia(August 2025; 10 hours). We performed a qualitative inductive analysis of their verbatim transcript, extracting, classifying and organizing the challenges. Validity was confirmed by two professionals outside the research team.

Results: 49 sub items were extracted. These were classified and organized into 10 medium items (M) and 2 domains (I, II): I. Challenges in Developing Countermeasure Foundation:M1. Grasping the Actual Situation and Developing Statistics, M2. Sharing the Individual's Experiences, M3. Clarifying and Sharing Human Rights-Based Principles Regarding Missing Persons, M4. Reconsidering existing measures from the perspective of persons living with dementia (e.g., concept of missing, pre-registration, search system), M5. Founding of the Promotion Team. II. Challenges in Implementing Countermeasure: M6. Awareness-Raising and Information to Society, M7. Preparedness and Early Individualized Measures, M8. Initial Response upon Occurrence, M9 Post-Incident Review, M10. Collaboration between Administration and Police, etc. It was also confirmed that regional differences exist and that pioneering practices are present.

Conclusion: The results suggest that existing countermeasures to missing cannot resolve people with dementia living alone. It is necessary to co-create both the foundation and the implementing system for minimizing missing persons with dementia living alone while safeguarding the individual's human rights

This study was supported by the Health Labour Sciences Research Grant by the Japanese Ministry of Health Labour and Welfare (No. 25GB1001)

599

Dementia Care Stakeholder Perspectives on Artificial Intelligence-Enhanced Assistive Technology

Ms Mina Aghaei^{1,2}, Dr Ruth Brookman¹, Prof Paul Breen¹, Dr Jennifer Lynch², Prof Celia B. Harris¹

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

People living with dementia experience changes in executive functioning. As dementia prevalence increases, there is a need for innovative, customisable systems to help maintain independence and quality of life. Assistive technology is a promising way to support people with dementia and their care partners. However, most current technologies are designed for care partners rather than the person with dementia, and many lack the flexibility to meet diverse and changing needs. Artificial Intelligence (AI) offers potential to create more adaptive and personalised assistive technologies. Yet little research has explored the perspectives, preferences, and concerns of people with dementia regarding AI-enhanced systems.

This study aimed to understand the views of people with dementia and how they vary across individual differences, and compare them with those of other stakeholders, by addressing the following questions:

Which domains do dementia stakeholders most want technologies to support?

How do they perceive, value, and experience AI-enhanced technologies compared to non-AI technologies?

What are their concerns about AI and data sharing in real-life scenarios?

We used a mixed-methods design combining qualitative and quantitative data through interviews and surveys. A total of 100 participants were recruited across five groups (20 per group): (1) people with dementia at home (interviews), (2) people with dementia in residential care (interviews), (3) informal caregivers (surveys), (4) formal care staff (surveys), and (5) healthcare professionals (surveys). The same questions were asked across groups, with interviews adapted in a dementia-friendly way to support understanding and ensure the voices of people with dementia were represented.

We observed that people living with dementia each have different and fluctuating needs and views. Their perspectives are valuable in their own right, and sometimes differ from those of other stakeholders. This highlights the importance of including their voices in the design and evaluation of assistive technologies.

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The progress so far and our ambitions of Japan Dementia Working Group (JDWG)~Those of us living with dementia take part in creating an inclusive society based on the Basic Law~

Ms Shinobu Yamanaka¹, Mr Tomofumi Tanno^{1,2}, Ms Kazuko Fujita¹, Ms Kumiko Nagata^{3,1}, Ms Noriyo Washizu^{2,1}

¹Japan Dementia Working Group, Japan. ²Alzheimer's Association Japan, Japan. ³Tokyo Center for Dementia Care Research and Practice, Japan

Topic

Dementia as a public health priority: Engaging people with dementia and carers in policy

Abstract

'Let us create a better society where individuals living with dementia can continue to live with hope and dignity, through our active participation.' Under this mission, the organization JDWG, where persons with dementia take the lead, was established in 2014.

In 2018, JDWG published the "Declaration of Hope for Living with Dementia". Through nationwide relay activities spreading hope, we have generated significant societal impact in dispelling stigma and barriers. Our vibrant lives are fostering reassurance and hope among family members and wider society.

The Ministry of Health, Labour and Welfare took note of this movement, establishing a system in 2019 whereby individuals living positively and vibrantly are appointed as 'Ambassadors of Hope' by the national government and prefectures. Currently, approximately 100 Ambassadors of Hope are active across the country.

JDWG repeatedly made proposals to Diet members during the drafting process of the 'Basic Act on Dementia to Promote an Inclusive Society (2023)', resulting in numerous opinions from JDWG being reflected in the Act's name, principles, and content.

This Basic Act is a groundbreaking piece of legislation, stipulating that all measures must be advanced based on fundamental human rights, and aiming to realize a vibrant society where people support each other and live together, regardless of whether they have dementia. It promotes the participation of individuals with dementia in the planning processes of the government and local authorities, significantly expanding our opportunities to contribute and the possibilities for living better lives.

Living in a leading nation within a super-aged society, JDWG strongly wish to continue challenging ourselves to live authentically to the fullest, even if dementia progresses, for the sake of society, future generations, and people worldwide.

JDWG earnestly desires, in collaboration with people with dementia and stakeholders worldwide, that everyone, wherever they live, can live authentically with a smile.

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Global Lessons for Taiwan's Younger-Onset Dementia Support

Ms Ya-Chun Liao, Ms Pei-Hsuan Lee, **Ms Yun-Ching Chen**

TADA, Chinese Taipei

Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

There are currently about 14,000 people living with younger-onset dementia in Taiwan. The challenges they face are different from those of older people with dementia, including financial stress, lack of appropriate services, and responsibilities in raising children. In view of the difficulties younger-onset families encounter in accessing resources, TADA has, since 2012, provided services tailored for younger-onset dementia, such as exclusive activity programs, the "Young Coffee", family support groups, and family-oriented events, in order to offer multidimensional assistance. In recent years, people with younger-onset dementia have not only been able to access existing welfare services for people with disabilities provided by the government, but have also gradually gained access to long-term care and dementia care services, as well as employment support through the "Employment Service for People with Dementia. However, Taiwan does not yet have government services specifically designed for younger-onset dementia. Internationally, governments and civil society organizations have developed a variety of dedicated service programs for people with younger-onset dementia. For example, Dementia Australia provides The Younger Onset Dementia Guide as well as Family Engagement Counselling services for younger-onset dementia; the Netherlands, through its Knowledge Centre for Younger Persons with Dementia, has established standards and guidelines for services while promoting professional training; and Japan has set up a national telephone consultation and support center, appointed coordinators for younger-onset dementia, and developed various manuals, guidelines, and social participation activities. This paper examines Taiwan's support system for people with younger-onset dementia, draws on international experience, and proposes recommendations for developing dedicated services for younger-onset dementia in Taiwan.

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Reaching the Unreached: A Community-Based Service Delivery Model for Dementia Care in Rural India

Dr Rohith Khanna Deivasigamani^{1,2}, Miss Nivedhitha Srinivasan¹, Dr Anusha Kumaravelu¹, Miss Jeyasree Elangovan¹, Miss Jama Sebastian¹, Dr SasiPriya Srinivasan³, Mr Desuric Scwab¹, Mr Kulandesu A¹, Mr Prabhu B¹, Dr Sridhar Vaitheswaran¹

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Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

India is the world's most populous country, and by 2050, it is projected to have 15.4% of global older adult population. With prevalence of 7.6% in dementia and 30% in any form of mental health conditions among older adults, the risk is expected to double with demographic shift. This crisis is amplified in rural areas due to underdiagnosis, misdiagnosis, and neglect. These gaps are perpetuated by stigma, limited awareness, and inadequate access to care. To address these concerns, a systematic assessment of needs, identification and utilization of community resources, training, and access to care is needed. Hence, a community-based intervention model was designed in rural villages of Southern India to promote awareness, early identification, and management of dementia and other geriatric mental health conditions.

This initiative began with meeting stakeholders from community to establish trust and collaboration. Community health workers (CHWs) were recruited and trained in dementia and common geriatric mental health conditions. Later, they were trained in the administration of validated screening instruments (Vellore Screening Instrument for Dementia, Patient Health Questionnaire-9, Generalized Anxiety Disorder 7-item scale, Psychosis Checklist) under specialist supervision. CHWs then deliver awareness programs across villages. CHWs screened individuals aged ≥ 60 years in those villages and referred those who tested positive to Mobile Rural (MoRu) Clinics. These multidisciplinary clinics provided diagnostic evaluations, pharmacological and psychosocial interventions, home visits, and linkages to welfare programs. CHWs followed up and provided cognitive engagement, behavioral management, and caregiver support. Over two years, 10,889 older adults were screened, with 5,424 screening positive. Of these, 2,630 were evaluated in 123 MoRu Clinics, resulting in diagnosis of dementia ($n=270$), mild cognitive impairment ($n=128$), and other psychiatric conditions ($n=1,836$).

This integrated, community-centric model demonstrates a feasible, scalable, and culturally adaptable approach to strengthen dementia care and geriatric mental health services in underserved populations across LMICs.

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Research Priorities for People with Dementia Living in Long-term Care Facilities in Ireland: A Mixed-Methods Priority-Setting Study

Mr JP Connelly¹, Ms Rachel Fitzpatrick¹, Prof Iracema Leroy¹, Prof Valerie Smith², Prof Nicole Muller³

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Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Aims: The number of people with dementia (PwD) being cared for in long-term care (LTC) facilities is expected to rise significantly. Most will have complex needs and be classed as maximally dependent. To maintain care quality and quality of life (QoL) in the face of these challenges, research into innovative care solutions is needed. However, research priorities for this population have not yet been articulated. This research investigated the top priorities for PwD in LTC in Ireland.

Method: A pragmatic, mixed-method approach with an explanatory-sequential component comprising a structured review, national survey (n=199), one-to-one interviews (n=18) and consensus meetings with LTC facility managers/directors of nursing, care staff, PwD in LTC, family caregivers, academics, clinicians and 3rd sector representatives. Patient and Public Involvement (PPI) was embedded into the research process. As of abstract submission (14 Oct 2025), analyses reported reflect the survey and interview phases. The forthcoming consensus stage will use a modified nominal group technique to finalise rankings in time for the conference. The structured review identified 13 themes using Braun and Clarke's approach, with QoL as a cross-cutting outcome; survey and interview findings were analysed and grouped within these review-derived themes.

Results (to date): Verbatim priorities from the survey and interviews were grouped within the 13 review-derived themes (QoL cross-cutting). The most frequently cited areas were engagement and activities, management of behavioural and psychological symptoms of dementia (BPSD), and staff education/training, followed by medication management, physical health and nutrition, and care quality and safety. These data yield a cross-theme shortlist which, together with any Irish-specific themes emerging, will be taken to multi-stakeholder consensus to produce the final Top 10.

Conclusions: Interim analyses yield a focused, actionable shortlist for Irish LTC facilities. A pre-April multi-stakeholder consensus will finalise rankings with the definitive Top 10 presented at the conference.

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Towards a global definition of person-centered dementia care

Dr Elizabeth Edgerly

Alzheimer's Association, USA

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Person-centeredness is instrumental to quality dementia care, yet there remains inconsistency surrounding its definition and attempts to unify disparate conceptualizations are often based on high-income and Eurocentric perspectives. To address this, we surveyed 39 Alzheimer's Disease International members on their perspectives and experiences with quality of dementia care, definitions of person-centered dementia care, and the challenges and successes of person-centered dementia care in their countries. Overall, respondents describe a lack of global quality dementia care, naming several barriers to its successful implementation. Respondents also agreed the creation of a universal definition of person-centered dementia care is necessary for furthering high quality dementia care globally. Five core tenets representative of the geographically and economically diverse sample were identified to be included in such a definition: individualize care, value the individual, empower the individual, acknowledge the importance of caregivers, and address dimensions of wellness. Discussion will focus on gathering input about the global tenets of person-centered dementia care. Additionally, internationally common barriers to person-centered dementia care are identified for further study and advocacy efforts.

633

How can books on dementia care really include the perspective of those living with dementia?

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

The late Professor Tom Kitwood's seminal text *Dementia Reconsidered – The Person Comes First* was first published by Open University Press in 1997. Arguably, this book laid the foundations for modern dementia care in that it shifted the aspiration towards one that was person-centred rather than task focused. In 2019 Presenter1 and Presenter2 played a key role in preparing the fully updated 2nd Edition *Dementia Reconsidered Revisited- the Person still comes First*.

As a result, the publishers wanted to commission a whole series of books on Dementia Care and Support. Presenter1 and Presenter2 agreed to edit the *Reconsidering Dementia Series*. Working together they play a leading role in commissioning new books, advising and guiding authors and supporting their impact. Presenter1 brings her longstanding experience of evidence based clinical practice and Presenter2 brings his lived experience and expertise in dementia advocacy and activism. Together with the OUP team they have now published eight books since 2022 with a further 3 in the pipeline.

All the books challenge and engage readers to think deeply about contemporary topics. They draw on theoretical understandings, research and experience to critically reflect on their topic in depth. They have a "So what?" focus that unpacks what this means for people living with dementia, their families, people working in dementia care, policy makers, professionals, community activists and so on. Critical to each book and the series as a whole is the engagement of people with lived experience of dementia. In this presentation we reflect on the process of producing books on dementia care across the boundaries of academia, lived experience and publishing. We also share experiences of practical ways we have developed to make this an inclusive process, along with our plans for the future.

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The empowered caregiver: A scalable, evidence-based model for dementia care education

Dr Elizabeth Edgerly

Alzheimer's Association, USA

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Informal caregivers provide the majority of daily care and support for people living with dementia, yet few evidence-based caregiver education programs are designed for scalable, accessible delivery. The Alzheimer's Association's Empowered Caregiver program addresses this gap through a pragmatic, online educational intervention that equips caregivers with skills and confidence to navigate the challenges of dementia care.

The core program consists of two 90-minute sessions delivered via Zoom by trained community educators. Content areas include caregiving fundamentals, communication, responding to dementia-related behaviors, stress management, and person-centered care. In a randomized controlled trial ($n = 247$), participants (mean age = 46.4 years; 63.6% female; 54.3% White) primarily cared for a parent or in-law (47.4%) with Alzheimer's disease (62.3%). Compared with controls, intervention participants showed significant improvements across all hypothesized outcomes, including increased caregiver self-efficacy, mastery, personal gain, behavioral intentions, and actions, alongside decreased emotional strain, role captivity, unmet needs, and symptoms of anxiety and depression. Participants rated the program as highly acceptable, with 91.5% indicating they would recommend it and 92.3% describing it as "very or extremely important" for caregivers.

Building on these results, the program has evolved into a modular series featuring five flexible learning units: (1) Building Foundations of Caregiving; (2) Supporting Independence; (3) Communicating Effectively; (4) Responding to Dementia-Related Behaviors; and (5) Exploring Care and Support Services. This modular approach allows "just-in-time" access to relevant topics and reduces time burden on caregivers while maintaining evidence-based integrity.

The presentation will highlight key findings, implementation lessons, and adaptation strategies, including cultural tailoring and digital delivery in low-resource settings. The Empowered Caregiver model demonstrates a pragmatic, scalable approach to strengthening dementia-care capacity globally.

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Building dementia awareness through multi-sector engagement in St. Vincent and the Grenadines

Dr Glenna S Brewster^{1,2}, Ms Jozan Hoyte², Mrs Huelin Brewster², Mrs Sylvia Gould²

¹Emory University, Atlanta, USA. ²St. Vincent and the Grenadines Alzheimer's Disease and Dementia Association, Kingstown, Saint-Vincent and the Grenadines

Topic

Dementia awareness: The work of national dementia associations

Abstract

Background: The St. Vincent and the Grenadines Alzheimer's Disease and Dementia Association (SVGADDA) was established in 2023 to advance the goals of the WHO Global Action Plan on Dementia through public education, advocacy, and community engagement. With a national population of approximately 100,000 and an estimated dementia prevalence of 8%, increasing awareness and building partnerships are critical to improving early detection, community understanding, and caregiver support.

Objectives: To describe the reach and impact of SVGADDA's World Alzheimer's Month 2025 initiatives aimed at increasing dementia awareness and fostering engagement across multiple community sectors.

Methods: SVGADDA implemented a multi-sector awareness campaign consisting of: (1) the Memory Minute social media video series; (2) a Prayer Breakfast that engaged caregivers, faith leaders, and community members; (3) virtual and in-person school-based education sessions at four secondary schools; (4) a community Health Fair with cognitive, blood pressure, and glucose screening; and (5) Purple Weekend, a three-day visibility campaign with community participation and partner engagement. A bursary from Alzheimer's Disease International supported these activities, including targeted Facebook advertising to expand online reach.

Results: The campaign reached over 55,000 viewers online and generated 80 new social media followers. Educational sessions engaged 95 students across four schools. The Prayer Breakfast was attended by 90 community members, and more than 100 individuals attended the Health Fair, with 25 completing cognitive screening and over 30 participating in health checks. A credit union partner purchased awareness materials, participated in Purple Weekend, and displayed educational resources in its lobby.

Conclusions: SVGADDA's experience demonstrates how multi-sector engagement—involving health, faith, education, and private partners—can effectively build dementia awareness in small island developing states. These early efforts lay the groundwork for sustained community engagement, strengthened partnerships, and a more coordinated national dementia response.

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Enablers and barriers to the use of online support tools for care partners of people living with dementia

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Background: Online support tools for family members or friends who support someone with dementia are increasingly available. It is therefore essential to understand the factors that enable or hinder their use to ensure equitable access to support for all care partners.

Aims: The research aimed to identify the enablers and barriers to using online support tools among care partners of people living with dementia, and specifically the sub-group of those supporting people living with younger onset dementia. The DemCon website (a newly developed online resource providing advice on continence issues and dementia) was used as an exemplar to explore both general care partner-related factors and specific website design elements that affect engagement.

Method: Thirty care partners took part in semi-structured interviews, which also incorporated a 'Think Aloud' navigation of the DemCon website. Interview transcripts were analysed using inductive thematic analysis. Themes were reviewed and refined in collaboration with people who took part in the research and public contributors.

Results: Seven overarching themes were identified. Care partner-related factors included: emotional preparedness; time constraints; support networks and signposting; awareness and personal preferences; digital access and skills; the relevance and sensitivity of information. Website-specific factors included design and usability; trust and credibility. Together, these factors influenced both the ability and motivation of care partners to engage with online tools. Whilst the same themes were identified for care partners of people living with younger onset dementia, differences were identified within the themes, including in the areas of signposting; personal preferences; and digital access and skills.

Conclusions: Identifying the enablers and barriers to the use of internet-based support tools helps create more accessible, acceptable, and user-friendly digital resources. Applying these insights can help ensure care partners receive the information and support they need through better design and dissemination of online tools.

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Dementia Relationships: Promoting a rights-based approach towards sexual and intimate relationships with people living with dementia.

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Sexuality and relationships are vital at all stages of life, enhancing quality of life through identity, affirmation and enjoyment. For individuals living with dementia acknowledging the person as a sexual being is central to compassionate person centred care. Dementia presents unique challenges in expressing sexuality and maintaining intimate relationships but contrary to stereotypes many older adults including those with dementia remain sexually active and value their autonomy in maintaining sexual relationships. However, sexuality is often seen as a concern or a medical problem to be controlled.

A rapid audit of care homes in Northern Ireland, aligned with a similar audit in England examined practices, policies and staff development regarding sexuality and intimacy in residential and community settings. Findings revealed an ad hoc and limited approach with a focus on managing behaviour rather than enabling and supporting individuals in expressing their sexual needs and maintaining intimate relationships.

Co-designed workshops were conducted with key stakeholders including people living with dementia and health care practitioners involved in dementia care to address the key findings from the audit. This collaboration developed an **online educational resource** using universal design for learning principles. The educational package has three modules that explore understanding of the terms the importance and the impact of intimacy and sexuality on those living with dementia and their partners; creating an inclusive environment and guidance on initiating conversations; issues of capacity and ensuring a rights based approach. Initial evaluation suggests that participants find the website easy to navigate and the use of real scenarios helpful. Participants agreed that the resource guided their practice in relation to sexuality, intimacy and dementia. All participants stated they would continue to use the resource and felt it enabled them to develop more inclusive practice both personally and within their organisation.

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iSupport: Education of Caregivers of People with Dementia: Implementation of iSupport in Tunisia

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Aims: Dementia represents a major and growing public health challenge, particularly in low- and middle-income countries like Tunisia. Its impact extends beyond patients to informal caregivers, mostly untrained family members, who experience significant physical and psychological distress. To address this need, we translated and culturally adapted the World Health Organization's (WHO) iSupport for Dementia program into Arabic for the Tunisian context. This study aimed to implement and evaluate this version.

Methods: We conducted a six-month (January–June 2023) longitudinal interventional study at two sites: the Alzheimer's Center of Razi Hospital in Tunis and the Neurology Department of Sadok Mokaddem Hospital in Djerba. Two groups were recruited: healthcare professionals (HCPs) and informal caregivers. Both completed six structured training sessions, delivered in-person or online. Outcomes were assessed at baseline (T0) and post-intervention (T1) using validated tools: Dementia Knowledge Assessment Scale (DKAS), Dementia Attitudes Scale (DAS), Marwit-Meuser Caregiver Grief Inventory (MMCGI), Zarit Caregiver Burden Scale (ZCB), and Patient Health Questionnaire-9 (PHQ-9).

Results: A total of 63 sessions were conducted, involving 221 HCPs and 420 caregivers; 52 HCPs (23.5%) and 248 caregivers (58.9%) completed all sessions. Among HCPs, knowledge (DKAS: 32.6 at T0; 39.2 at T1, $p<0.001$) and attitudes (DAS: 87.9 at T0; 95.4 at T1, $p=0.022$) improved significantly. Among caregivers, improvements were seen in knowledge (DKAS: 25.6 at T0; 31.6 at T1, $p<0.001$), burden (ZCB: 19.5 at T0; 17.3 at T1, $p=0.003$), and depressive symptoms (PHQ-9: 9.1 at T0; 6.8 at T1, $p=0.002$).

Conclusion: Tunisia has successfully implemented and tested a culturally adapted version of the WHO's iSupport program. This study demonstrates that the intervention is both acceptable and effective, showing promising early results in improving caregiver's and HCPs mental well-being and knowledge.

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Opportunities and Challenges in Using ADRD Blood Biomarkers: A Population-based Study

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Blood-based biomarkers of Alzheimer's and related dementia (ADRD) pathology are gaining rapidly in popularity, given that they are non-invasive and inexpensive compared to measuring the same proteins in brain and cerebrospinal fluid. However, we should recognize their ambiguities and exercise caution when using them outside the specialty clinical setting.

In a population-based study of 787 older Americans, we used frozen plasma specimens to measure β amyloid (A β 40, A β 42), phosphorylated tau (p-tau181, p-tau217), neurofilament light (NfL), and glial fibrillary acidic protein (GFAP). All showed higher levels with increasing age. Cross-sectionally we found that p-tau 181 was most strongly associated with memory, while NfL had the strongest associations with attention, executive, and visuospatial functions. Longitudinally, all biomarkers but particularly the A β 42/40 ratio, dichotomized at the upper tertile, were associated with memory decline, while the A β 42/40 ratio and GFAP were the best discriminators of decline in language and visuospatial functions.

P-tau levels were higher among men than women, while NfL and GFAP levels were higher among women than men. Elevated Cystatin-C, representing impaired kidney function and slower renal clearance, was associated with higher levels of all biomarkers. Based on levels of glycosylated hemoglobin, NfL levels were higher in both pre-diabetic and diabetic groups compared to non-diabetic individuals. Among women (although not among men), A β 42 levels were higher among those with prediabetes and diabetes than among non-diabetics.

Plasma biomarker levels also increase with age and kidney function, vary by sex, and are increased by comorbid conditions such as diabetes. These associations are relevant when considering the promotion of these measures as "blood tests for Alzheimer's disease." Further, the absolute values of these blood biomarkers depend on the platform being used (e.g. single molecule array vs mass spectrometry). While these tests are now easy to order, many factors influence the interpretation of results.

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Dementia lived experience panels: The work of the Global Brain Health Institute (Trinity College Dublin)

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Topic

Dementia as a public health priority: Engaging people with dementia and carers in policy

Abstract

Dementia organizations worldwide are advancing approaches that involve people with lived experience of dementia as collaborators in research and advocacy. Dementia advocates position involvement as a right and a moral obligation for dementia organizations. These collaborations enable meaningful engagement and address barriers for people living with dementia and their care partners. This is one of three proposals illustrating approaches to involving people with lived experience in dementia research and advocacy in national and international contexts.

The Global Brain Health Institute – Trinity, based in Ireland, is a leader in protecting the world's population from threats to brain health. Its mission includes building the next generation of brain health leaders through the Atlantic Fellows for Equity in Brain Health program, a year-long immersive experience offering innovative training, networking and support to emerging leaders worldwide.

Involvement of people with lived experience of dementia in GBHI has evolved over years; today GBHI works regularly with a Lived Experience Advisory Group (LEAG) and is building a global Lived Experience Network (LEN). The LEAG is an international panel of 6-8 people with lived experience of dementia committed to sharing insights and knowledge to advance dementia-related research. The LEN ensures Fellows can match with local experts with lived experience so that approaches are adapted for local cultural and socioeconomic factors.

The LEAG has contributed to GBHI by providing advice on curriculum content; leading sessions on lived experience for the Fellows; matching Fellows with LEN members; and participating in presentations and dissemination. These panels ensure voices of people with lived experience of dementia are central to GBHI's work.

A collaborative presentation by these three panels will inform attendees about models for involving people with lived experience of dementia in research and advocacy efforts. Engaging people with lived experience ensures a commitment to "nothing about us without us".

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ALZ MTY (Mexico) : An Integrated Education and Wellbeing Model for Dementia Care Partners for Local Communities

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ALZ MTY, Monterrey, Mexico

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

Background: In Mexico, most dementia support occurs within families and communities, where formal care systems are still emerging. Alzheimer Monterrey developed a **community-based and dignity-centered model** that strengthens both sides of the care relationship between the person living with dementia and their care partner: as an interdependent binomial. The model promotes wellbeing, knowledge, and social inclusion from a dual vision of dignity, empowerment, and human rights.

Methods: The program integrates **educational workshops, peer-learning spaces, legal and psychological counselling, and self-care strategies**, grounded in **gender equity, human rights, and participatory methodologies**. Activities are delivered through partnerships with local governments, universities, and civil society, ensuring **cultural relevance, community ownership, and long-term sustainability**.

Results: Care partners report significant improvements in **understanding dementia, emotional regulation, and confidence in daily care practices**. The initiative generates a clear **multiplier effect**: each trained care partner benefits an estimated **three to ten additional individuals** through shared learning and strengthened community networks. The program has also increased the **social recognition of care** and fostered advocacy for dementia-friendly environments at the local level in policy and legal frameworks.

Conclusion: ALZ MTY demonstrates that **education, dignity, and wellbeing are inseparable dimensions of quality care**. By empowering both members of the care relationship and leveraging community-based structures, the model achieves **scalable, sustainable impact** adaptable to diverse cultural and resource settings worldwide.

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The Cost of Caregiving for College Students: Investigating Cardiometabolic Health Among Emerging Adult Caregivers

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Topic

Support for dementia carers: Young carers

Abstract

Family caregiving is a growing phenomenon in the United States, with one in five adults providing long-term care to a family member, friend, or other recipient (AARP & National Alliance for Caregiving, 2020). While most research focuses on middle-aged and older adult caregivers, a substantial yet invisible population of emerging adults (EA; ages 18–29) fills care gaps left by strained healthcare and social service systems. Over 2 million EAs in the United States serve as primary caregivers (Miller & Wolfe, 2024), yet this group remains underrepresented in developmental and public health research. EA caregivers face heightened risks for mental health struggles, academic guilt, and poor academic outcomes (Armstrong-Carter et al., 2022; Marshall & Naumann, 2024). However, less is known about the physical health of EA caregivers, particularly cardiometabolic outcomes such as blood pressure and body mass index (BMI), and the health behaviors that may influence outcomes.

Guided by the stress process model (Pearlin, 1990), this study examines associations between caregiving involvement and cardiometabolic health among EA college students enrolled in the 3E Study: Economic and Educational Contributions to Emerging Adult Cardiometabolic Health, a longitudinal study of EA students at two public universities in California. Analyzing current Wave 1 descriptives (N = 1094; ~25% caregivers), caregivers report a wide range of weekly care hours (<5 to >30). Blood pressure and BMI were measured during in-person health visits; sleep, diet, and physical activity were collected from a daily diary subsample (n = 369). This study aims to (1) compare cardiometabolic health outcomes between caregivers and non-caregivers and (2) test whether health behaviors mediate these associations. By integrating developmental and public health perspectives, this OSF pre-registered study will be among the first to characterize cardiometabolic health risks in EA caregivers and inform early interventions for a population often excluded from caregiving research and support systems.

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Mind Your Nose: Olfactory memory training for older adults with subjective cognitive decline

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background Exploration of olfactory-based cognitive training could provide benefits to individuals at risk of dementia due to the association between olfactory impairment and cognitive decline (Devanand, 2016). The Mind Your Nose (MYN) trial extends an olfactory training protocol (Olofsson et al., 2020) to older adults with subjective cognitive decline comparing olfactory memory training (OMT) to visual memory training (VMT).

Methods Participants (N= 53; 17 male; Mage =72.77, SD=6.12) were randomly assigned to a daily OMT (n= 36) or VMT (n=17) intervention for 20 days. Outcomes included a standardised measure of global olfaction, performance on the olfactory memory (OM) and visual memory (VM) tasks, among others not reported here.

Results For global olfaction, no interaction between intervention allocation and time was observed at post-intervention (T1; $\beta = 0.27$, $p = .871$) or follow-up assessment (T2; $\beta = -1.27$, $p = .296$). A significant interaction was found between intervention allocation, time and modality of memory task at T1 ($\beta = -37.50$, $p = .008$) and T2 ($\beta = -28.75$, $p = .041$). Post-hoc comparisons revealed improvement in trained tasks, as the OMT condition improved on the OM task (T1; $g = 0.71$, $p = .036$) and (T2; $g = 0.72$, $p = .035$). Similarly, the VMT condition improved on the VM task (T1; $g = 1.22$, $p = .011$) and (T2; $g = 1.29$, $p = .006$). Improvement on untrained tasks only occurred for the OMT condition (VM task, T2; $g = 0.74$, $p = .033$).

Discussion Consistent with previous research, transfer gains from the OMT condition to an untrained VM task suggest that olfaction may contribute to a-modal representations of memory. We argue that memory-based olfactory training is a new frontier for cognitive training that may offer further benefit among those at risk of dementia compared to traditional modalities.

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Using Virtual Reality and Artificial Intelligence to Promote Multi-Sensory Reminiscence Experiences for People with Dementia and Caregivers

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Topic

Dementia research and innovation: AI and innovation

Abstract

Background: Our exploratory study seeks the input of People Living with Dementia (PLWD) and caregivers in enhancing VR reminiscence intervention using Cognitive Stimulation Exergaming and Conversational Artificial Intelligence (AI) Avatar.

Methods: This research focuses on the use of co-designing approaches with PLWD and caregivers in the community. It aimed to explore and understand the participants' perspectives on applying VR, exergaming and AI features as immersive approaches to facilitate reminiscence therapy for PLWD. VR reminiscence experiences are conducted through usability testing for 30 to 45 minutes once a week for six weeks, including assessing the user interface, system functionality and user responses (cognitive function, depressive symptoms and social connection).

Results: Our study employs Meta Quest 3 VR headsets, and the pilot usability stimulated cognitive engagement and physical interaction within the VR environment and promoted reminiscence therapy through memory recall and exergaming activities. After the interaction with VR reminiscence experiences, participants interacted with a Digital Avatar. The AI component of reminiscence therapy has three modes: (1) Conversational Mode; (2) Open User Defined Storytelling Mode; and (3) Caregiver Story Mode. Through this non-pharmacological approach, the preliminary study reveals that this intervention has the potential to assist PLWD with recalling memories of their past lives, reducing symptoms of depression and apathy, as well as improving social connection with caregivers. Specifically, the findings indicated a substantial individual improvement (+7 points) measured by Social Connectedness Scale, moving from borderline social connectedness to a stronger sense of belonging. The System Usability Scale yielded an average score of 73.6 which exceeds the industry benchmark of 68, suggesting that participants perceived the system as usable, intuitive, and effective.

Conclusion: Utilizing co-designing approaches enhances trust and collaboration between the study participants and researchers, which is vital for our study as we seek to introduce VR and AI in dementia care.

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Alzheimer Scotland's Brain Health Learning Centre: A global innovation in brain health education and dementia care

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Alzheimer Scotland is delighted to announce the launch of a national Brain Health Learning Centre, opening in Edinburgh in spring 2026. This groundbreaking initiative represents a major advancement in brain health education, innovation and practice, offering a comprehensive and inclusive approach to dementia prevention, risk reduction and care. The Centre will deliver evidence-based programmes designed to promote lifelong brain health and enhance care for those living with dementia.

Drawing on the expertise of Alzheimer Scotland/Brain Health Scotland, the Centre's programme will span four core themes: Brain Health, Dementia Practice, Under-served Communities, and Green Health. Topics will include dementia risk reduction, concussion and traumatic brain injury, Adults with Incapacity legislation, person-led care, the impact of dementia on marginalised groups, and the integration of green spaces into therapeutic dementia practice. A strong emphasis will be placed on behaviour change techniques and leadership development to embed learning into real-world practice.

Programmes will be developed and delivered in partnership with leading experts in brain health and dementia, alongside individuals with lived experience and carers. They will be offered through a dynamic blend of face-to-face and virtual formats, ensuring accessibility for individuals across Scotland and beyond. The Centre will offer international study tours, providing collaborative learning opportunities with global experts in brain health and dementia care. These tours will foster cross-cultural knowledge exchange, showcase best practices in brain health and dementia practice, and strengthen international partnerships in the field.

The Centre will serve as a collaborative hub, fostering partnerships with academic institutions, healthcare providers, and community organisations to drive forward innovation in brain health education and dementia care. This presentation will outline the vision, structure, and anticipated impact of the Centre, highlighting its role in shaping a future where brain health is prioritised across the lifespan and dementia care is inclusive, personalised, and evidence-informed.

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Campaigning for Change: Prioritising Women's Brain Health in Dementia Policy

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Topic

Dementia as a public health priority: Engaging people with dementia and carers in policy

Abstract

Women account for nearly two-thirds of dementia cases in Scotland, highlighting a significant gender disparity in prevalence and impact. Since 2018, dementia has been the leading cause of death in the country, and while women tend to live longer, they often experience more severe health outcomes and higher mortality rates related to the condition.

Women are also disproportionately affected in caring roles, with around 60% of unpaid carers for people living with dementia being women. Many face considerable physical and emotional strain, often at the expense of their own health and wellbeing.

In response, Alzheimer Scotland's member-led campaigning groups - the Scottish Dementia Working Group (SDWG) and the National Dementia Carers Action Network (NDCAN), have identified women's brain health as a key focus area. They are now committed to influencing policymakers and health authorities to ensure dementia care and research are integrated into broader women's health strategies.

Their work aims to raise awareness of the unique challenges women face, promote good brain health, and advocate for earlier diagnosis and better support.

A key milestone in this campaign has been securing representation on the Scottish Government's Women's Health Plan Lived Experience Stakeholder Group. Through this platform, SDWG and NDCAN have successfully influenced policy discussions, resulting in a commitment to include women's brain health as a priority area in the forthcoming Women's Health Plan 2026.

This presentation, led by members of SDWG and NDCAN, will share insights from their ongoing campaigning and awareness-raising efforts. It will highlight the importance of embedding women's brain health into national dementia strategies and showcase how lived experience voices are driving meaningful change in policy and practice.

By prioritising women's brain health, this campaigning work seeks to improve outcomes for women affected by dementia and ensure their needs are recognised within broader health and social care frameworks.

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The International Registry for Alzheimer's Disease and Other Dementias (InRAD): capturing real-world data to improve the lives of people with AD and their care partners

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Topic

Information systems for dementia: The Global Dementia Observatory (GDO), international collaborations on data sharing and registries

Abstract

Aims: Randomised controlled trials (RCTs) are essential for evaluating new treatments in Alzheimer's (AD), yet key questions, such as long-term safety and effectiveness data and outcomes in diverse populations, require complementary real-world data (RWD). The InRAD not-for-profit Foundation aims to establish the first international clinical practice-based registry to harmonise RWD collection across routine care, enabling longitudinal insights into condition progression, early diagnosis, treatment and use of medicines, and ultimately improving life for people living with AD and their care partners.

Methods: InRAD (www.inradnetwork.org) provides the foundation for a global collaboration and harmonised in-clinic RWD collection. Through international expert consultation, a standardised dataset was developed and is published in the Journal of Prevention of Alzheimer's Disease 2025 (doi:10.1016/j.tjpad.2025.100096). A free, secure, cloud-based data entry system enables healthcare professionals to record longitudinal information during routine visits. Planned features include a participant overview graph to visualise each person's condition course, treatments and key events. Initial implementation focuses on a pilot, followed by the activation of centres around the world, in order to support national and international collaborations.

Results: To date, the consensus dataset has been finalised and published, and platform development is in progress with RWD collection expected to commence in November 2025 at pilot centres. Early implementation milestones and uptake metrics (e.g., participating sites) will be summarised as available at the time of presentation.

Conclusions: By providing a harmonised, healthcare-professional-led framework for RWD collection in AD, the InRAD network is positioned to complement evidence from RCTs, enhance understanding of condition progression in everyday practice, inform diagnosis and treatment advances, and guide

policy and clinical guidelines. The initiative invites adoption of the published dataset and collaboration to accelerate high-quality, globally comparable RWD for the benefit of people living with AD, their families and care partners.



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Predictors of the family caregivers' quality of life in a longitudinal setting: Results of the Digital Dementia Registry Bavaria (digiDEM Bayern)

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Aims: About 70% of the people with dementia in Germany are cared for by family caregivers in their home environment. The care situation is often associated with caregiver distress and poorer quality of life, particularly as the disease progresses. The aim of this analysis is to identify predictors of the quality of life of family caregivers of people with dementia.

Method: The data basis is the multicenter, prospective register study "digiDEM Bayern". The underlying data were collected at baseline and after 12 months. Quality of life was analyzed using the Short-Form 12, which provides a physical and mental health score. The statistical analysis included descriptive analyses and multiple linear regression.

Results: 392 family caregivers (66 years old on average, 68.9% female) were included in the analysis. Central predictors of both diminishing physical and mental health over 12 months were an increasing caregiver burden over 12 months and a higher caregiver burden at baseline. Lower physical health was additionally associated with lower physical health score at baseline and increasing age. A lower mental health score was additionally associated with a lower mental health score at baseline.

Conclusion: A higher caregiver burden turned out to be the central predictor of a poorer health related quality of life. Further predictors according to scientific literature are experiences of close relationships between care dyads, perceived social support, the caregiver's chronic disease, and having a limited space. Both caregiver distress and poor quality of life can lead to family caregivers becoming the 'invisible second patient'. Support services and case management are essential measures to relieve the burden on family caregivers and relatives and to improve quality of life.

Funding: The project is funded by the Bavarian State Ministry of Health, Care and Prevention (StMGP) as part of the funding initiative 'BAYERN DIGITAL II' (funding code: G42d-G8300-2017/1606-1110).

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Safe Spaces for Shared Stories: Ethical Reflections in Dementia Conversation Groups.

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Safe Spaces for Shared Stories: Ethical Reflections in Dementia Conversation Groups

Aims: To our knowledge, limited research has explored how people with dementia benefit from participating in conversation groups. This study investigates facilitators' perspectives in groups for people with dementia and their families, within the COST Action project Ethics in Dementia (EDEM). The aim was to examine how ethical issues are conveyed and received in such conversation groups.

Methods: A descriptive-qualitative design was employed. Thirty in-depth individual interviews were conducted with facilitators of conversation groups in Denmark, Ireland, Israel, Italy, Lithuania and Norway, using a semi-structured interview guide. First, a national site-specific inductive content analysis was applied. Second, a cross-national meta-theme analysis was conducted to explore and understand both similarities and differences in themes across the countries.

Results: The analysis revealed three overall themes with sub-themes: 1) Expressing feelings related to dementia (the experience of various losses; fear for the future and for becoming a burden; feelings related to dementia diagnosis) 2) Sharing relational challenges in life with peers (changes in family and interpersonal relationships; loss of social connection and sense of belonging; changes in intimacy and sexual relationships) 3) Experiencing mutual recognition and acceptance (engaging in social interactions; to be seen as a person, not a diagnosis; being able to contribute and exert influence)

Conclusion: The findings indicate that conversation groups serve as a supportive and safe environment for individuals living with dementia to articulate their emotions and reflect on the challenges they face. These groups facilitate open dialogue on sensitive topics, including ethical dimensions of living with dementia. Participants report a sense of acceptance and safety, which enables them to share personal experiences and engage with like-minded others.

732

Rehabilitation for People with Dementia: Alzrus (Russia) best practises

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Alzrus, Moscow, Russian Federation

Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Alzrus is the first and only specialized charity organization in Russia dedicated to helping people with dementia and their caregivers. Our mission is to improve the lives of individuals living with dementia and their families by providing accessible medical, social, and emotional support to every household affected by dementia in Russia and the CIS countries. Alzrus was founded in 2019 by psychiatrist Maria Gantman and journalist Alexandra Shchetkina.

We are building a comprehensive care system for caregivers and people with dementia, uniting communities to fight stigma, implementing innovative initiatives, and raising awareness across the country.

Our latest initiative is a rehabilitation model for people with dementia, which includes three key components that can be implemented:

- Home-based activities for daily routines designed to maintain cognitive functions such as attention, motor skills, speech, memory, perception, and emotions. These activities are suitable for individuals with mild cognitive impairment (MCI) or established dementia.
- The Alzheimer's Café model, offering monthly social activities. Alzrus has unique experience implementing Alzheimer's Cafés in small cities.
- Combined activities for both caregivers and people with dementia. Caregivers receive training focused on stress relief techniques, while people with dementia work on social and daily living skills. This method consists of an 8-topic course covering food, clothing, hygiene, home, outdoors, hobbies, and more. Each week includes a 2-hour session with thematic training targeting speech, memory, perception, motor skills, and thinking. Groups of 8 pairs (caregiver and their relative with dementia) are divided so that caregivers and people with dementia each have their own tailored sessions.

Alzrus has achieved excellent results with this rehabilitation system, demonstrating its effectiveness along with clear methods and implementation guidelines.

738

Attention to Emotions as an Indicator of Dementia

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Emotions are essential psychobiological processes that influence cognition, behavior, and health. Their neurobiological origin lies in the interaction between the limbic system including the amygdala and hypothalamus and the prefrontal cortex, regions responsible for integrating emotional and cognitive information. In recent years, research has shown that emotional alterations can serve both as risk factors and as early indicators of cognitive decline and dementia.

Objective: To analyze the relationship between emotional regulation, memory, and the early appearance of emotional symptoms as potential indicators of dementia.

Development: Intense emotions enhance memory consolidation through the release of neurotransmitters such as dopamine and norepinephrine, whereas chronic emotional dysregulation can impair the hippocampus and other brain structures involved in memory. Factors such as chronic stress, inflammation, and mood disorders (depression, anxiety) increase the risk of neurodegenerative diseases. In Alzheimer's disease and frontotemporal dementia, emotional and behavioral changes—such as apathy, irritability, disinhibition, or unexplained anxiety—may precede cognitive deficits.

Conclusions: Civil associations, such as the Mexican Federation of Alzheimer's and its affiliated organizations, play a crucial role in addressing the emotional and psychological needs of people with dementia and their families. Through caregiver training, the promotion of empathetic environments, and the implementation of psychoeducational programs, these organizations strengthen early detection and emotional support. Their efforts contribute to humanizing care, reducing stigma, and improving quality of life, promoting a comprehensive and person-centered approach to dementia.

741

Prevalence of dementia risk factors and suspected dementia among older adults in the Maldives

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: With an increase in population ageing and high rates of non-communicable diseases, dementia is a growing concern in the Maldives. This study aimed to screen older adults and those at risk for dementia across four Maldivian cities (Male', Addu, Fuvahmulah and Kulhudhuffushi) to identify the prevalence of risk factors, dementia symptoms and suspected cognitive impairment.

Methods: This cross-sectional study was conducted from October 2024 to May 2025 by the Alzheimer's Society of Maldives in collaboration with Demensia Brunei, City Councils and Hospitals, and Partner NGOs. Residents aged 60 years and older or aged 50 to 59 years with at least one dementia risk factor were eligible. Data collected include demographics, risk factors, self-reported symptoms, and the Mini-COG test. The survey was administered by trained volunteers in the four cities, after which data was entered into Microsoft Excel and SPSS, and descriptive analyses were performed.

Results: There were 1073 participants screened, of whom 940 (87.6%) met inclusion criteria. Median age was 62.4 years (range 50 to 95 years). 71% were female. The most common risk factors were high cholesterol (59.4%), hypertension (50%), diabetes mellitus (36.9%) and overweight (35.4%) and previous head injuries (22.1%). The most common symptoms of possible dementia were memory loss or forgetfulness (52.7%), misplacing things (46.3%), mood and behaviour changes (25.0%), difficulty performing familiar tasks (22.6%), and language or word finding difficulties (21.9%). Among those reporting symptoms, 19.6% had worsening symptoms and 16.8% felt their activities of daily living were affected. Based on Mini-COG results, 29.6% had suspected cognitive impairment, warranting further clinical evaluation.

Conclusion: This community dementia screening project was feasible in the Maldives and identified a high prevalence of dementia risk factors and suspected cognitive impairment, highlighting a need for public health strategies on risk reduction, early detection and dementia awareness.

746

The promise of U.S. POINTER: Moving from clinical trial to public health practice

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Alzheimer's Association, USA

Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

The U.S. POINTER clinical trial showed that individuals who engaged in a structured lifestyle intervention performed cognitively at an age 1-2 years younger than trial participants who were in the self-guided group. These results demonstrate the great promise that lifestyle interventions have in reducing the risk of cognitive decline and possibly dementia. However, clinical trial interventions are not easily adaptable in real-world settings, which is why it is often stated that successful trial interventions can take 17 years before they are fully and widely available in the community.

The gap between clinical trial and community intervention is bridged with implementation studies, a growing field in public health science designed to answer questions that clinical trials do not answer, such as how do you widely reach target populations, maintain adherence, and sustain the program over the long-term in a community setting. Some have suggested that aggressive efforts to transition from medical trial science to public health implementation science can reduce the gap to full-scale community programs from 17 years to 3-5 years. That is why the U.S. Alzheimer's Association began to catalyze U.S. POINTER implementation science after the trial results were announced. Specifically, the Association has provided more than \$1 million in planning grants to nearly a dozen teams to design implementation studies. Beginning in Spring 2026, the Association will provide at least \$15 million over four years for implementation studies, and the Association is lobbying the U.S. federal government to similarly invest in U.S. POINTER-related implementation science.

This presentation will discuss the early stages of the strategy and process for adapting the U.S. POINTER clinical trial to real-life settings, including proposed frameworks, outcome measures, and engagement. In addition, the presentation will review the ways the Alzheimer's Association is promoting brain health while the implementation studies are ongoing.

751

Co-designing and assessing the feasibility of a peer support programme for young dementia carers

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Topic

Support for dementia carers: Young carers

Abstract

Background: Young dementia carers (YDCs) are individuals under the age of 18 who care for a family member with dementia. Compelling evidence shows that they often struggle with anxiety, stress, and isolation and rarely receive bespoke support to help them understand dementia and cope with their caring role.

Aim: To co-design an online Peer Support Programme (PSP) focussed on YDCs and their needs. We will:

- Work with YDCs, their parents/guardians and professionals to co-design a PSP for YDCs, that includes information and content that meets their needs and can help to support their well-being.
- Identify 30 YDCs who would be happy to complete the online PSP and give us feedback on it.

Methods: Building on the team's previous work and iSupport for Young People, this study will be informed by the UK Medical Research Council guidelines for developing and evaluating complex interventions, a programme theory (Logic Model), implementation and peer support framework. The work will consist of two workstreams (WS):

WS1: Intervention development/co-design. Drawing from principles of experience-based co-design, we will convene four participatory workshops with 20 participants and one online stakeholder consultation exercise to co-design a pilot PSP.

WS2: Non-randomised feasibility study. The pilot PSP will be delivered to 30 YDCs. A mixed-method approach to data collection will include self-reflections, semi-structured interviews, focus groups and a pre-post outcome questionnaire.

Results & Conclusion: WS1 will be completed by September 2026 and WS2 by September 2027. The new PSP will be publicly available and part of a UK-wide service delivery for Dementia UK. An accompanying training course will help ensure other health, social and education sector professionals and organisations across the UK can effectively deliver the PSP, thereby improving evidence-informed practice and reaching many YDCs. The PSP will be available for translation/cultural adaptation, reaching YDCs globally.

752

User-centered design and development of a mobile-based intervention for dementia family care partners.

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Topic

Dementia research and innovation: AI and innovation

Abstract

Aims: Over 7.2 million Americans live with Alzheimer's disease and related dementias (ADRD), with 83% of care provided by family members or friends. ADRD caregiving is associated with high stress, which can contribute to negative psychosocial outcomes such as depression, anxiety, and social isolation. While home- and community-based services may mitigate care-related stressors; utilization remains low, largely due to the fragmented nature of the long-term services and supports system. To address this gap, the current study outlines the development of CarePair, a mobile needs assessment and referral platform designed to connect dementia care partners with tailored resources.

Methods: A user-centered design approach used mixed-methods data collection (surveys, interviews, focus groups, accessibility tests) to inform the concept, interface, and content of the CarePair Version 1.0 prototype to ensure usability. Twenty-five ADRD care partners (n=17) and subject matter experts (n=13; SMEs; e.g., dementia specialists, social workers) participated in semi-structured interviews to provide feedback on CarePair's usability, design, and content. Additionally, three unmoderated usability tests were conducted (6-7 participants/test) to evaluate clarity, design, and general usability through task-based scenarios.

Results: Participants (N=25) provided largely positive feedback on CarePair, specifically related to its design, usability, and relevance. Suggestions included improving color contrast, navigation, and adding new features such as notetaking. Across usability tests, average task success was 66.7%, with usability scores around 70/100. Testers (N=19) rated task difficulty low (M=9.5/10; 67% "very easy") and navigation as intuitive (M=8.7/10; 50% "very intuitive"), though small text and dense layouts sometimes impeded navigation. Findings informed iterative refinements prior to pilot testing.

Conclusion: Engaging care partners and SMEs throughout the design process ensured CarePair was accessible, user-friendly, and aligned with user needs. Iterative co-design and usability testing informed enhancements that improved functionality and relevance. After piloting and subsequent refinement, CarePair should be assessed in a fully-powered trial.

757

Voices of People with Dementia: two citizenship initiatives by the France Alzheimer Association of the Alpes-Maritimes

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

The France Alzheimer association of the Alpes-Maritimes manages a day care center. To help patients remain active citizens and make their voices heard, the association designed two initiatives in 2024 that were shared on social media (Instagram, Facebook, LinkedIn).

The objective was to change the negative image of dementia and to show the general public (especially young people) that people with dementia are still able to express themselves, hold positions, and share ideas.

The first initiative was carried out during a theatrical improvisation workshop. People with dementia designed a Social Life Council (Conseil de la Vie Sociale) during which residents could express their expectations and needs within the day care center. In France, Social Life Councils are a legal obligation in healthcare facilities allowing residents to take part in the establishment's decisions. The use of a quirky and amusing tone was an opportunity to dedramatize dementia.

The second initiative took place in an emblematic setting of the French Riviera: the Palais des Festivals in Cannes (which hosts the Cannes Film Festival). In 2024, the Palais des Festivals hosted the Silver Economy Congress. On this occasion, best technology projects received a trophy made by the residents of the day care center. During the trophy ceremony, patients and their families go up on the stage of the Palais des Festivals (a stage that only actors usually have the chance to access it). The official speech was spontaneously given by a person with dementia with a philosophical message about his experience of dementia which moved the entire audience with a standing ovation.

These two actions achieved more than 10.000 views on social media. The oral presentation will aim to project these two videos, which will be translated into English, to discuss the impact of social media on changing stigma and promote self-determination.

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Physical activity and Alzheimer's disease: and why not play tennis?

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Building on the experience developed by the French Table Tennis Federation, the French Tennis Federation decided to offer its health tennis program to patients with Alzheimer's disease and related disorders in 2023.

Since then, people with Alzheimer's disease and related disorders have been welcomed into several tennis clubs affiliated with the FFT in various regions of France.

In 2024, the Memory and Frailty Day Care Hospital offered introductory sessions, led by a qualified and trained FFT instructor, to patients hospitalized in the Memory and Frailty Rehabilitation Day care Hospital.

Patient satisfaction was complete. Since September 15, 2025, we have been conducting an experiment with a group of six patients, using a 12-session health tennis program integrated into a multidisciplinary and individualized rehabilitation program. The program consists of 12 adapted tennis sessions, in a tennis club, at the rate of one session per week of 1 hour 15 minutes, supervised by a tennis instructor and an adapted physical activity instructor seconded from the hospital.

The only contraindications are severe neurovisual disorders. At the end of the first cycle, we were able to observe an improvement in mood, self-esteem, balance, and verbal communication. When interviewed at the end of the session, patients expressed their joy at participating, practicing an outdoor activity, and being in a group. Following this first experience, we hope to develop this activity and offer it to more patients as part of the therapeutic rehabilitation project in the memory and fragility day care hospital.

766

A comprehensive prevention and counseling pilot program for person living with dementia (PwD) in Hungary

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aims: Our aim is to raise awareness of the early diagnosis of dementia in Hungarian settlements with a screening program for the elderly, and to support family members caring for PwD with care counseling and information.

Methods: Our pilot program is in line with the results of our empirical research, providing an adequate response. In our research, we conducted an online questionnaire survey (n=191) and personal interviews (n=23) with family members caring for PwD, in order to assess the care burden. We processed the results using descriptive and comparative statistical methods and content analysis. During our program, we developed a complex screening program and counseling program for the local population with personal presence.

Results: The average age of those completing the questionnaire is 55.32 years, of whom 84.3% are women. On average, they spend 10.60 hours of care time per day on their relative, for an average of 3.68 years. The main finding is the psychological burden resulting from the lack of information, as well as the late diagnosis.

Conclusion: Our pilot program draws attention to dementia by conducting basic health screening and memory measurements in person at the residence of the elderly (n=1342). In addition to basic sensory and cardiovascular screening, cognitive function is measured and high-risk groups are screened using the risk test, the TYM-Test and the MOCA tool.

During our care counseling, in addition to supporting physical care, we emphasize psychological and mental support (n=145). In my presentation, I would like to present the elements of the complex program, supported by the results.

788

Understanding How Dementia-Friendly Communities Work in Northern Ireland: A Realist Evaluation

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Background: A dementia-friendly community (DFC) is a geographically defined area where people with dementia are respected, supported, and empowered to participate in society. While over 200 organisations in Northern Ireland (NI) are recognised as dementia-friendly, limited evidence exists on how these communities function to achieve meaningful outcomes for people living with dementia (PWD).

Aim: To explore the experiences of PWD within geographical DFCs and identify factors that enable, empower, and support successful living in these communities.

Methods: A realist evaluation approach was adopted to understand what works, for whom, in what contexts, and to what extent. The study followed a four-stage design: (1) a realist literature review developed initial context-mechanism-outcome (CMO) configurations; (2) non-participant observations (n=10), semi-structured interviews with PWD and caregivers (n=10), and focus groups with caregivers and DFC staff (n=21); (3) iterative analysis and refinement of CMOs; and (4) synthesis into an overarching programme theory to guide future DFC development.

Results: Findings revealed that successful DFCs are shaped by interrelated factors including physical and sensory environments, interpersonal relationships, social support, community engagement, geographical accessibility, and public perceptions. Organisational aspects such as training, funding, co-design, intergenerational work, and leadership commitment also influenced effectiveness. The refined programme theory highlights how specific contextual conditions and mechanisms combine to produce positive outcomes for PWD in DFCs.

Conclusion: This study advances understanding of how geographical DFCs operate by generating a comprehensive programme theory grounded in the lived experiences of people with dementia in NI. The findings provide a practical framework for policymakers, service providers, and community organisations to design, implement, and evaluate DFCs that meaningfully enhance inclusion, participation, and quality of life for people living with dementia.

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The Role of Education and Training for Health Extension Workers in Improving Early Detection of Cognitive Impairment and Dementia in Addis Ababa, Ethiopia

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aims: The study aimed to evaluate the effectiveness of education and training programs for Health Extension Workers (HEWs) in enhancing their capacity to identify and refer elderly and at-risk individuals with potential cognitive impairment and dementia. It aimed to assess changes in knowledge, screening practices, and referral outcomes following the implementation of structured training sessions under the community engagement initiative of Alzheimer's Ethiopia in Lideta and Kirkos sub-cities of Addis Ababa.

Methods: A pre- and post-intervention evaluation was conducted among 40 HEWs from four selected health centers. Participants attended a two-day interactive training that covered dementia awareness, cognitive screening tools (including IDEA tool), risk assessment, and referral procedures. Data were collected using standardized questionnaires and performance checklists before and three months after the intervention. Surveillance data from home visits were analyzed to determine changes in screening coverage, identification rates, and referrals to health facilities. Quantitative data were analyzed using descriptive statistics and paired t-tests to compare pre- and post-training outcomes.

Results: Knowledge assessment scores increased significantly from a mean of 54% pre-training to 89% post-training ($p < 0.001$). During the three-month follow-up, 1,200 elderly and at-risk adults were screened compared to 750 before the intervention—representing a 60% increase in outreach. Of these, 14% ($n=168$) were identified as having possible cognitive impairment, and 70% ($n=118$) were successfully referred for further assessment. This represented a twofold increase in referral rates compared to baseline (6.5% vs. 13%). Qualitative feedback indicated improved community trust and better communication between health workers, patients, and caregivers.

Conclusion: The training significantly enhanced HEWs' knowledge, confidence, and screening performance, leading to improved early detection and referral of dementia cases. Incorporating dementia awareness and screening training into primary health care systems could strengthen community-based dementia surveillance in Ethiopia.

815

Barriers and facilitators to long-term services and supports for racially and ethnically diverse older adults living alone with cognitive impairment in the United States

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Topic

Dementia diagnosis, treatment, care and support: Living alone with dementia: research, innovation and support

Abstract

Aims: More than 4 million older Americans with cognitive impairment (CI) live alone. These individuals often face unique challenges due to limited or non-existent support from caregivers. Identifying the barriers and facilitators to accessing long-term services and supports (LTSS) is critical to preventing the adverse outcomes to which this population is particularly vulnerable, including self-neglect, untreated medical conditions, medication mismanagement, falls, and fires. As a result, the goal of this study was to identify the barriers and facilitators to using essential LTSS from the perspective of older adults living alone with CI and their social contacts if available.

Method: This qualitative study, conducted between May 2016-February 2024, included adults aged 55+ from diverse racial and ethnic backgrounds who were living alone with CI in California, Louisiana, and Michigan, as well as members of their social circle. Factors influencing LTSS access were identified via in-person, semi-structured interviews conducted in English, Spanish, Cantonese, or Mandarin. Transcripts were analyzed with combined inductive and deductive content analysis drawing from the micro-meso-macro framework.

Results: A total of 119 older adults living alone with cognitive impairment (88 [71.5%] women; median age, 78 years [range, 57-103]) and 56 members of their social circle (45 [80.3%] women; median age, 45 years [range, 39-89]) were interviewed multiple times for a total of 558 interviews. Barriers to accessing LTSS included: healthcare providers being unhelpful, distrustful, dismissive, and unaffordable, with rigid protocols and long waiting periods; cognitive impairment itself in the context of living alone; limited resources. Facilitators included: having chronic medical conditions; "hunting" for services; information from attentive healthcare providers; support with transportation.

Conclusion: Findings underscore the importance of ensuring that critical LTSS are tailored around the needs of older adults living alone with CI.

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Emerging Modifiable Risk Factors for Dementia Prevention: Beyond the Lancet Commission 14

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Aim: To systematically evaluate the population attributable fraction (PAF) evidence for modifiable dementia risk factors beyond the 2024 Lancet Commission's established 14 factors including: low education, hearing loss, hypertension, obesity, smoking, depression, physical inactivity, diabetes, excessive alcohol use, traumatic brain injury, air pollution, social isolation, high low-density lipoprotein (LDL) cholesterol and vision loss.

Methods: Following PRISMA guidelines, MEDLINE, Embase, PsycINFO, and Web of Science were searched from inception to October 2025. A dual search strategy captured: (1) population-based studies reporting PAF values for novel modifiable risk factors; and (2) large, nationally representative prospective cohort studies investigating emerging exposures where PAF calculations were feasible from reported effect sizes and published prevalence data. Three emerging exposures were investigated including diet factors, sleep parameters, and structural determinants (e.g., poverty and income inequality).

Results: Beyond the Lancet 14 risk factors, PAF evidence exists for over 40 additional modifiable factors across multiple domains and life-course periods. These include cardiometabolic factors (e.g., metabolic syndrome, sarcopenia, chronic kidney disease); cerebrovascular conditions (e.g., stroke); respiratory diseases (e.g., chronic obstructive pulmonary disease); neuromuscular factors (e.g., reduced grip strength, frailty); pharmacological factors (e.g., polypharmacy); diet (e.g., ultra-processed food consumption and protective patterns including the Mediterranean diet); sleep parameters (e.g., duration abnormalities, quality); and structural determinants (e.g., socioeconomic deprivation, food insecurity, income inequality).

Conclusions: Substantial PAF evidence extends beyond the Lancet framework, particularly for cardiometabolic clustering, diet, sleep disruption, and socioeconomic determinants. Multi-domain prevention programs incorporating both established and emerging factors may achieve substantial population-level dementia risk reduction. Critical research gaps include life-course-specific PAF estimates for emerging risk factors, standardised PAF quantification for other key factors (e.g., environmental toxins), and improved methods for addressing interrelated risk factors in combined prevention models. Context-specific interventions addressing region-specific and culture-specific risk profiles are essential for equitable dementia prevention globally.

828

Non-pharmacological and educational strategies to reduce caregiver burden: evidence from Latin America

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Aims: To evaluate the effectiveness of non-pharmacological and educational interventions in reducing the impact of caring among family members supporting people living with dementia, compared with usual care or no intervention.

Methods: A systematic review was conducted following PRISMA 2020 guidelines and using the PICO framework. Searches were performed in PubMed/MEDLINE, Cochrane Library, Virtual Health Library (BVS), SciELO, Redalyc, Scopus and Springer databases. Studies published between 1990 and 2025 were included if they assessed the effects of non-pharmacological interventions on caregivers' wellbeing or level of perceived strain. Eligible designs were randomized controlled trials, quasi-experimental studies, and systematic reviews with meta-analysis. Methodological quality was assessed using RoB 2, ROBINS-I, AMSTAR 2 and SANRA tools.

Results: Twelve studies met inclusion criteria: 1 randomized controlled trial, 7 quasi-experimental studies, 3 systematic reviews with meta-analysis, and 1 narrative review, including a total of 330 family carers. Interventions were classified into five categories: psychoeducational, cognitive-behavioural, mindfulness-based, multicomponent (exercise $\pm$ cognitive stimulation), and technology-supported programs. Most interventions demonstrated positive effects on emotional wellbeing and perceived demands, with moderate reductions in depressive and anxiety symptoms (standardized mean difference -0.2 to -0.6). Technology-assisted interventions (e.g., tele-education, online peer support) showed small but significant benefits, especially in rural or resource-limited settings. The quality of evidence was moderate overall; limitations included small sample sizes and short follow-up periods.

Conclusions: Educational and non-pharmacological interventions effectively support family members caring for people with dementia, improving mental health and confidence in caregiving tasks. The most successful programs combine emotional, educational and practical components within a structured format, reinforcing dementia literacy and self-care skills. Integrating such programs into primary care and community health services could strengthen caregiver resilience and promote sustainable, person-centred support models.

839

An Evaluation of Post-Diagnostic Support for Persons with Dementia, Their Caregivers, and Supporting Staff in the Singapore Context

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Dementia Singapore Limited, Singapore

Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aims: The Post Diagnostic Support (PDS) programme reaches out and supports newly diagnosed Person with Dementia (PWD) and their caregivers for a period of 6 months to one year upon diagnosis. While PWDs and caregivers (CGs) usually only receive support when they become overwhelmed, PDS seeks to engage PWD and their CGs immediately after diagnosis (i.e. earlier than they otherwise would receive support) and provide pre-emptive support-based psychoeducation, an individual care planning process and a caregiver support network.

Methods: A mixed-methods approach was used to evaluate the programme's effectiveness in supporting the well-being of caregivers and persons living with dementia. Quantitative data from the previously collected ZBI-12 and Client Satisfaction Questionnaire were analysed, along with qualitative findings from a focus group discussion (FGD) with caregivers. Another FGD was conducted with current and former staff members to identify key staff competencies and gather suggestions to improve support for programme delivery.

Results: The programme led to an 8.5% reduction in caregiver burden, with 76.5% reporting increased resilience and 94.1% feeling more empowered in care planning. All participants gained dementia knowledge, while 88.2% became aware of support services and 96.1% acquired coping strategies from self-reported questionnaire. Although 91.1% of survey respondents indicated the Individualised Care Plan (ICP) was useful, qualitative data from FGD reflected a broader range of opinions, suggesting varied experiences with the ICP. Direct service staff had identified needing skills in counselling, mental health and palliative care, language ability, facilitation, and general support services. Management staff had identified requiring competencies in stakeholder engagement, team leadership, and supervisions.

Conclusions: By analysing feedback and data from all participants, the study will help understand how well the program meets its goals and identify ways to improve the support provided. These insights will guide future efforts to better assist CGs and PWDs in Singapore.

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Workplace guidance for individuals living with early onset dementia or mild cognitive impairment and employers

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Many individuals with younger onset dementia first experience symptoms through difficulties in their work. Given this, there is value in guidance materials being available for both those experiencing the early symptoms of dementia and their employers to enable improved workplace awareness and support. This presentation review topics identified in existing guidance materials and considers areas that may have been previously overlooked.

The main aim of this study was to obtain feedback on the value and anticipated use of proposed documents which were based on a review of previous guidance materials, and to explore the appropriateness of the content covered and the language used.

This study sought feedback from respondents such as employers, HR managers, employer consultants and support people, as well as individuals who were experiencing early onset dementia and were working or had recently left work.

Suggestions for consideration include broadening terminology to increase relevance and reduce stigma, inclusivity and "dementia friendliness", consideration of workplace stress on cognition, increasing awareness of policy and legal frameworks, and raising awareness of transition and options beyond work.

The study points to opportunities for this information to be made widely available and for it to be a part of a toolkit available for individuals and management in organisations.

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Prioritizing Dementia Policy in Nigeria: The Push and the Pull Factors.

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Background: The lack of a national policy framework is hindering a coordinated response to dementia and related challenges in 75% of WHO Member States¹. Nigeria's first mental health policy was adopted in 1991 and revised in 2013. The need to provide a legal framework that addresses current issues on mental, neurological and substance use disorders led to the enactment of National Mental Health Act in 2021. The National Mental Health Policy was developed in 2023 with a detailed strategy for promoting mental health and wellbeing but does not provide a comprehensive strategy for addressing the dementia challenge.

Activity: Leveraging the legal framework already in place, the Nigeria Civil Society Coalition on Dementia is leading advocacy for the development of a national dementia plan.

Rationale: The National Dementia Plan will provide a framework for a coordinated national approach and comprehensive strategy to mobilize resources, increase awareness and knowledge, reduce dementia risk, improve diagnosis and post-diagnostic care, support caregivers, build the capacity of healthworkers, and promote research & innovation.

Methodology: The coalition organized a Conference on Brain Health Policy in Nigeria and followed it up with stakeholders mapping and strategic engagements. Other phases include evidence generation, stakeholders' roundtable, drafting, finalization and adoption.

Challenge: The National Senior Citizens Centre, a federal agency, demonstrated strong political will and accepted to lead the process. However, a recent change in the leadership of the centre and lack of funding have slowed down the progress.

Conclusion: These efforts underscore the need for strategic partnerships between government, academia, and civil society to balance these push-pull dynamics to achieve an equitable, actionable dementia response framework. The time for tangible action on NDP is now and every stakeholder should see it as a priority.

References:

- World Alzheimer's Report 2025
- WHO GAP on the PH Response to Dementia (2017-2025)

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Alz-Tag: A Multi-Regional Initiative Using Assistive Tracking Technology to Reduce Wandering Risk and Anxiety Among Families Living with Dementia

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Aims: The Alz-Tag project aimed to evaluate the impact of a multi-regional educational and technological intervention on reducing wandering risk and caregiver anxiety among families of people living with dementia in Turkey. The study sought to assess changes in risk awareness, perceived safety, and anxiety levels before and after the intervention, which combined dementia education with the use of assistive tracking technology.

Methods: Conducted across 20 branches of the Turkish Alzheimer Association, the project reached 525 families through educational workshops in six pilot cities: Istanbul, Denizli, Adana, Bursa, Kayseri, and Tunceli. The sessions were facilitated by a psychologist and a nurse experienced in dementia care and focused on three main topics: (1) understanding dementia, (2) identifying and managing daily life risks, and (3) the practical use of assistive devices such as AirTag-like tracking tools. Before each training, participants completed the Wandering Risk Assessment Form, the Risk Knowledge Scale, and the Generalized Anxiety Disorder-7 (GAD-7) scale. Following the sessions, a Training Evaluation Form was administered, and one to three months after device distribution, participants completed a GAD-7 retest and an AirTag Usage Evaluation Form. Supplementary materials, including handbooks on risk management and technology use, were provided to all participating branches.

Results: Preliminary findings indicate an increase in caregivers' knowledge of dementia-related risks and a notable decrease in anxiety levels. Participants reported enhanced feelings of safety, improved confidence in managing wandering situations, and strong acceptance of assistive tracking technologies as a supportive tool in daily caregiving.

Conclusions: Alz-Tag demonstrates that integrating tailored dementia education with accessible assistive technology can effectively support families, reduce anxiety, and enhance safety. This scalable model offers a low-cost, replicable solution for dementia care organizations aiming to combine education and technology in risk prevention strategies.

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Empowering Patients' Voices: The "Patients-Experts" Working Group of France Alzheimer

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

In the context of rapidly evolving innovations in digital health and assistive technologies, France Alzheimer and Related Disorders has established a new Patients-Experts Working Group to integrate the lived experience of individuals directly affected by neurodegenerative diseases into the evaluation of innovative tools and services. The initiative, launched in 2024, aims to ensure that user perspectives meaningfully contribute to the design, assessment, and dissemination of solutions intended to improve the daily lives of people living with Alzheimer's disease and related conditions, as well as their caregivers.

Composed of ten dyads—each including a person living with a neurodegenerative condition and their family caregiver—the group meets five times per year, mainly online, to review up to nine proposals annually from start-ups, research teams, or industrial partners. Members test and evaluate these tools—often digital applications—based on usability, accessibility, and perceived usefulness. Their collective feedback supports both ethical reflection and practical innovation, helping avoid bias in product design and ensuring that technological advances genuinely address patients' needs.

To promote visibility and credibility, the working group also awards a "Patients-Experts" label to the most promising projects. This recognition, governed by a formal agreement, allows companies to communicate their collaboration with France Alzheimer as a sign of social responsibility and user-centered innovation.

By creating this structure, France Alzheimer reinforces its broader missions—supporting families, informing the public, training professionals, and fostering research—while pioneering participatory evaluation in the field of neurodegenerative diseases. The Patients-Experts model embodies an inclusive approach that bridges experiential knowledge and scientific development, ensuring that innovation in dementia care remains grounded in the realities of those most concerned.

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From the first multidomain clinical trial to global implementation: adaptation and feasibility of the FINGER model in healthcare and community settings

Prof Jenni Kulmala^{1,2,3}, Dr Patrik Karlsson², Ms Elin Larsson⁴, Mrs Annika Norell Benson⁴, Dr Katja Hautsalo⁵, Dr Tiia Ngandu³, Prof Tarja Välimäki⁶, Dr Alexandre Bonnard⁷, Dr Elisabet Åkesson⁸, Prof Alina Solomon⁶, Dr Francesca Mangialasche², Prof Miia Kivipelto²

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Aims: We evaluated adaptation and feasibility of the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER) in primary and secondary healthcare, and community settings.

Methods: Core methodology: risk reduction via multidomain interventions targeting lifestyle and cardio-metabolic factors in older adults.

- Secondary healthcare: The Brain Health clinics (Stockholm, other European centers), co-designed within a European Task force, pilot clinical deployment of risk assessment and risk reduction leveraging scientific and technological innovation.
- Primary healthcare: The Swedish STRONGER 60+ pilot trial recruited adults aged 60+. It explored the clinical effectiveness and delivery of the FINGER model, focusing on feasibility and intervention adaptation. Data were collected at baseline, 6, and 12 months, and focus groups explored participants' experiences.
- Community: 1) The Train Your Brain study delivered a 9-month adapted FINGER model in a Swedish municipality, assessing feasibility and effectiveness via quantitative measures and focus groups. 2) A Family FINGER study in Finland involved three focus-group interviews with older family caregivers to identify adaptation needs.

Results: data from each project will be presented.

- Brain Health clinic (Stockholm): a 12-month personalized intervention program, delivered through a hybrid model (in-person, digital), via individual and group sessions, is running since 2023.
- STRONGER 60+: 17 participants were enrolled (8 intervention, 9 control), 12 completed 1-year-follow-up, with good acceptability. Main barriers/facilitators for adherence were identified.
- Train Your Brain: 120 participants completed the program, with good feasibility and effectiveness. Several other municipalities now follow this example.
- Family FINGER: caregivers highlighted needs (individualized social activities, peer support, tailored exercise, flexible formats), to reconcile with caregiving-related burden and health decline.

Conclusions: This pioneer work lays the foundation for leveraging the FINGER model to promote brain health through practical, evidence-based approaches, across diverse real-world settings. Global scalability is assessed within the international Implementation Working Group established within the World-WideFINGERS network.

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The National Dementia Strategy in Germany: Progress, Lessons, and Future Directions

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

The presentation aims to provide an overview of the current status and further development of Germany's National Dementia Strategy. The strategy is an initiative of the federal government and was developed in cooperation with more than 80 stakeholders. More than 140 measures have been agreed upon with the aim of effectively improving the lives of people with dementia and their families in Germany. These measures have been implemented since 2020 and are scheduled to be completed by the end of 2026. The successful cooperation between the stakeholders is to be continued seamlessly thereafter. To this end, the cooperation to date will be reviewed and the working methods further developed on this basis. New focal points will be agreed upon and common goals for the future will be formulated.

The presentation provides an insight into the current status of the strategy's implementation, the process of further development, the key findings of recent years and the expected focal points of the collaboration from 2027 onwards.

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Social care professionals' perspectives on challenges and possibilities in offering support to family caregivers to persons with dementia of non-European background: An interview study"

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Topic

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract

Background: As Europe's population ages, becomes more ethnically diverse, and the number of persons with dementia (PWDs), including those with an immigrant background, increases, it is crucial to address the challenges faced by their family caregivers (FCs) in daily caregiving

In Sweden, social care professionals have a vital role in providing formal support to FCs within municipalities. Previous research indicates challenges for social care professionals in reaching FCs to PWD with immigrant backgrounds. However, there is still a lack of evidence explaining why these FCs do not use available support services to the same extent as their ethnic Swedish peers. This study aimed to explore social care professionals' perspectives on challenges and possibilities in offering support to family caregivers to community-dwelling persons with dementia of non-European background.

Methods: An explorative qualitative study design was used. The data were collected through semi-structured interviews with thirteen community-based social care professionals in Sweden. The data were analysed using Systematic Text Condensation

Preliminary findings: Eight themes emerged from the analysis: (i) Mistrust in the system, (ii) Hard-to-Reach group, (iii) Misalignment of expectations and reality, (iv) Stigmatised situations, (v) Timely contact, (vi) Communicating with the younger generation, (vii) Promoting and adapting support, and (viii) Coordination of services.

Conclusions: The results indicate that culturally sensitive and tailor-made support can help build and maintain trust among family caregivers of non-European backgrounds and increase the uptake of offered support. Collaboration between formal and informal societal actors and community outreach through various channels, in multiple languages, can raise awareness of available support to family caregivers FCs and increase accessibility to groups with diverse immigrant backgrounds.

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Plasma biomarkers for dementias in the era of disease modifying therapies

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Plasma biomarkers for Alzheimer's disease (AD) are promising tools due to their high accuracy and application ease. They can fill an important need in the current era of application of disease modifying therapies and boost in therapy development. In this latter context, development and validation of fluid biomarkers are getting more and more important. They are crucial as objective outcome measures of clinical trials, yet more biomarkers need to be developed. I will discuss the road towards swift development of fluid biomarkers for diagnostic, prognostic, prediction of response to therapy, monitoring therapeutic responses and safety (e.g. to predict and monitor ARIA) fluid biomarkers. I will discuss key steps towards clinical implementation of these markers. For example, there are new protocols released for sample collection and processing, and home monitoring tools are being developed. I will also show results on biomarker changes in drug development, and results of new markers for relevant copathologies, such as alpha-synuclein pathology. In this increasing wealth of measurement options, education and interpretation support tools are needed. All these efforts will ultimately lead to a rich armory to improve treatment and care of patients with dementia.

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Time, talk, and teamwork: Enhancing communication for post-diagnostic dementia care planning

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Background: Guided by policy frameworks such as NHS England's Good Personalised Care in Dementia, the wider primary care team, including Social Prescribers, Dementia Advisors, and Care Coordinators, are playing an expanding role alongside GPs in delivering dementia care planning. However, many practitioners report feeling underprepared for its communicative demands. We aimed to understand how care planning conversations are experienced by people with dementia, carers, and practitioners, and what training is needed to ensure they are meaningful.

Methods: Project co-developed with lived experience group

- Qualitative study
- Semi-structured interviews 43 participants (11 people with dementia, 13 carers, 19 practitioners)
- Data were thematically analysed using a reflexive approach

Findings: We developed four themes:

- **Checking in, not just checking boxes** – Meaningful dementia care planning requires moving beyond checklist-driven routines that constrain interaction, toward relational, time-sensitive conversations fostering understanding and person-centred support.
- **Balancing voices in the conversation** – Thoughtfully structured conversations can balance voices of people with dementia and their carers, fostering shared understanding despite time and communication challenges.
- **From silos to meaningful shared care planning** – Underutilisation of the wider team, fragmented communication, lack of named points of contact, and conceptual confusion over care plans create gaps between policy aspirations and delivery reality.
- **Prepared to connect: Training for meaningful conversations** – Communication is not a 'soft skill' but a core professional capability requiring dementia-specific training.

Two cross-cutting themes – time and conversation as intervention – demonstrate how protected time and skilled communication build reassurance, confidence, and connection for people with dementia and carers.

Conclusions: Prioritising time and communication competence reframes care planning as a relational rather than procedural process, strengthening collaboration between people with dementia, carers, and practitioners. Alongside findings from an observational study, these insights are informing development of a training toolkit to support the wider team in facilitating personalised dementia care planning conversations.

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Implementation of the Multidomain ABC AGELESS Program at community and health care settings in Malaysia: Issues, Challenges and the Way Forwards

Ms Syafiy Azman, Dr Jamilah Mohammad Hanifah, Prof Devinder Kaur Ajit Singh, Dr Arimi Fitri Mat Ludin, Dr Ponnusamy Subramaniam, Dr Norhayati Ibrahim, Dr Hidayah Mohd Fadhil, **Prof Suzana Shahar**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Multidomain intervention (iAGELESS) has been proven to reduce risk of dementia and improve general health of the aging population in Malaysia. However, its implementation in real community or health care setting is yet to be explored. This study aims to address issues and challenges for implementation as assessed using need assessment approach for better strategies the take off the programme at community or health care settings. This study explores the issues through understanding barriers and facilitators from the perspectives of healthcare service providers (HCPs), policymakers and older adults. A total of 15 HCPs, 6 policy makers and 16 older adults from Klang Valley of Malaysia were engaged through in-depth interview and focus group discussion. Data were analysed using thematic content analysis in NVIVO software. Among the HCPs and policy makers, 3 categories were formed to describe the barriers and facilitators to implement a multidomain lifestyle intervention: healthcare resources and infrastructure-related factors, individual-related factors, and intervention-related factors. Among the older adults 3 main themes were identified: internal factors (limited knowledge of CF, low health literacy, intrinsic motivation, loss of life purpose, caregiving burden, comorbidities); external factors (accessibility, transport issues, family and social support, facilitator attitudes, and incentives) and preferences for personalised, affordable and simple intervention programs. The RE-Aim framework (Reach, Effectiveness, Adoption, Implementation, Maintenance) is being proposed to implement the programme through phases. In first phase 3 community senior activity centres and a residential care centre involving 65 older adults aged 56 to 84 years have been engaged for implementation. Apparently, strategies including cocreation of implementation with existing authorities using existing infrastructure would be the way forward to ensure the success and sustainability of the programme at the selected settings.

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The Sustainable Personalised Interventions for Cognition, Care, and Engagement (SPICE) program: The empowering benefits of rehabilitation for people with dementia and their care partners

Dr Nathan Martin D'Cunha, Dr Georgina Chelberg, Prof Kasia Bail, Prof Stephen Isbel, Prof Diane Gibson

University of Canberra, Bruce, Australia

Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Post-diagnostic dementia rehabilitation is critically important as it offers people with dementia and their care partners timely, personalised support to optimise functioning, maintain independence, and enhance quality of life. The Sustainable Personalised Interventions for Cognition, Care, and Engagement (SPICE) program is an innovative post-diagnostic rehabilitation intervention designed to support people with mild-to-moderate dementia and their care partners. Delivered over ten weeks through a combination of group and individual activities, SPICE combines cognitive stimulation, physical activity, dietary advice, and strategies to enhance quality of life, independence, and overall well-being. Developed in 2022 in the Australian Capital Territory through collaboration between healthcare providers, researchers, and dementia advocates, the program addresses critical gaps in post-diagnostic dementia care by providing personalised, multidisciplinary allied health support. The program's comprehensive approach fosters social connections and confidence for participants, helping them navigate the challenges of dementia while empowering care partners with essential knowledge and peer support. Early outcomes demonstrated meaningful improvements in quality of life, physical function, and emotional well-being, highlighting SPICE as a promising model for dementia rehabilitation across Australia. This early success has contributed to federal funding through to mid-2028 and expansion of the program into new regions of Australia. This presentation will showcase the program's outcomes to date, including early results from the expansion to new sites, implementation barriers and facilitators, and new initiatives inspired by the program, such as the home-based SPICE at Home and the maintenance program SPICE for Life. Feedback and experiences of participants will be featured, highlighting the value of free and accessible post-diagnostic dementia rehabilitation for people with dementia, care partners, and the allied health professionals providing the intervention. Sustained collaboration between healthcare providers, researchers, policymakers, and people impacted by dementia will be essential to scale and adapt dementia rehabilitation across diverse settings in Australia and internationally.

905

Exploring how Mental Capacity Act training is delivered across England and Wales: a national survey

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Topic

Dementia as a public health priority: Ethics, finances and laws of dementia

Abstract

Background and aims: The Mental Capacity Act (MCA; 2005) in England and Wales provides the legal framework that supports professionals to determine whether someone has decision-making capacity, and to make decisions on the person's behalf. People living with dementia often require support to make such decisions, many of whom live in a residential care home. However, care home staff report feeling unsupported with insufficient knowledge and skills to apply the legislation in practice.

This study aims to establish a national picture of MCA training delivery and implementation in care homes and to identify key barriers and facilitators to implementing best practice initiatives.

Methods: In Phase 1, an online survey was sent to care home managers, providing full-time care for older adults (aged 65+) through email, post and via professional networks. Managers provided insight into current MCA training, including format, content, objectives, recipients, duration and frequency. In Phase 2, a follow-up survey was completed by care home staff to understand their perceptions of the utility and efficacy of MCA training in relation to confidence, knowledge, and skills.

Results: We will present initial findings, including key barriers and facilitators to the delivery of effective training, from both managerial and staff perspectives. We will share overviews of staff confidence and competence in working in line with the Mental Capacity Act. We will position findings within the context of recommendation development.

Conclusions: This is the first national survey of MCA training delivery and implementation in social care, drawing together the views of managers with individual staff experiences.

Findings will be assessed through a series of co-production workshops, with a key outcome being guidance for delivering practical MCA training to social care staff supporting older adults.

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Opportunities and Challenges in Using ADRD Blood Biomarkers: Identifying and Contextualizing AD, VCID Biomarkers in the Framingham Heart Study

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Background: Most persons with mild cognitive impairment (MCI) and dementia have more than one causal pathology, including Alzheimer's disease, vascular contributions, alpha-synucleopathies and limbic-predominant age-related TDP-43 encephalopathy (LATE). With the emergence of anti-amyloid therapies and pathway specific treatments, there is an urgent need to develop a panel of relatively low-cost, precise, reliable, reproducible, validated biomarkers for detecting each underlying pathology. Circulating biomarkers are not only affected by brain pathology but also by demographic, genetic factors impacting performance under various contexts of use.

Methods: Framingham Offspring participants have been seen repeatedly once every 4 years, since 1971. At each quadrennial exam participants had detailed assessment of systemic function, vascular risk factors, with plasma stored for biomarker assays, and starting at the 7th quadrennial examination (1998-2001), brain structure and cognitive function were ascertained using brain MRI and a set of cognitive function tests. Plasma biomarker assays of proteins included BNP, GDF-15, VEGF-A, PIGF, MCP-1, MMP9, FGF-23, EFEMP1, IGF-1, BDNF, NGF, leptin, ghrelin, measured using ELISA assays at the 7th exam, and p-tau181, total tau, NFL, GFAP, UCHL1, YKL-40 and sCD14 ascertained using the Simoa[®] or Mesoscale Discovery platforms at the 9th exam (2011-14).

Results: Among 1597 persons [53% women, mean age 68.7 (SD 5.7) years] a parsimonious set of plasma biomarkers improved prediction of impaired cognition over age-, sex-, APOE and vascular risk factor based predictive (Framingham stroke risk profile) score in community samples of cognitively normal adults, with improved area under the curve and net reclassification indices. Plasma AD biomarker levels were impacted not just by clearance factors such as the eGFR, but also by other systemic illnesses such as congestive heart failure.

Implication: A panel of plasma biomarkers can inform the clinician of subsequent risk of cognitive decline, but a careful consideration of co-existing systemic considerations is essential.

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Embedding Quality through Story-Based Learning: Schlegel Villages Dementia Journey of Change Training Model

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

The Dementia Journey of Change (DJOC) training program at Schlegel Villages represents an innovative and evidence-informed approach to advancing person-centred dementia care. Grounded in principles of dignity, autonomy, and meaningful engagement, the program integrates quality frameworks to strengthen both the lived experience of residents and the confidence and competence of care partners.

Developed through a collaborative process involving persons living with dementia, families, and care partners DJOC used narrative-based pedagogy and experiential learning methods to deepen the understanding of progressive changes in cognition, communication, mobility, and perception. Through storytelling, simulation, and reflective dialogue participants are guided to interpret behavioural expressions as adaptive responses, explore how these changes influence daily life, and discover how small shifts in practice can foster empathy, confidence, and relational care.

Beyond traditional skill-based instruction, the training invites participants to “walk in the shoes” of residents and to reframe behaviours once seen as challenging into expressions of adaptation and communication. It situates learning within a culture-change framework that emphasizes engagement, responsiveness, and the preservation of individuality. It demonstrates how organizations can operationalize quality through participatory learning models that sustain compassionate practice.

This session will present how Schlegel Villages designed, implemented, and evaluated the DJOC model across multiple long-term care communities. Developed and delivered in partnership with persons living with dementia, families, and care partners, the program demonstrated measurable gains in empathy, communication, and culture change. Through examples, evaluation findings, and lessons learned, presenters will demonstrate how quality frameworks were translated into practice through story-based learning and how feedback loops sustain culture change.

Attendees will leave with practical tools and adaptable frameworks to:

- Develop or enhance experiential training that integrates quality frameworks
- Engage teams and families in person-centred learning
- Measure both the effectiveness and lived experience of training outcomes

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Personal Counselling and Support for People with Dementia and Their Carers at Home

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Spominčica - Alzheimer Slovenija, Ljubljana, Slovenia

Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Spominčica – Alzheimer Slovenia was successful in the public tender of the Ministry of Health of the Republic of Slovenia and will, in the period 2026–2028, implement the first national pilot project providing personal counselling and assistance in arranging social care, health, and other services for people with dementia living at home.

This initiative addresses a long-standing gap in Slovenia's dementia care system, where family carers often lack information about available services and procedures. As a result, they struggle to secure adequate support for their loved ones. In Slovenia, 90% of people with dementia live at home, often without sufficient professional, psychological, or social assistance, while the Long-Term Care Act in Slovenia is still in its early implementation phase.

The project aims to improve the quality of life of people with dementia and their carers, empower families, and enable individuals with dementia to remain safely in their home environment for as long as possible. It integrates three key areas of Spominčica's work: home companionship, personal counselling, and advocacy. Between 2026 and 2028, professional staff will regularly visit 50 people with dementia and their carers, co-developing individualised support plans tailored to their needs, wishes, and capacities.

Expected outcomes include the establishment of local support networks, strengthened cooperation between formal and informal services, and the identification of systemic gaps in dementia care. Findings will inform future advocacy efforts and policy recommendations in line with national and international dementia strategies.

The project seeks to prevent health deterioration in people with dementia and ease carers' burdens by delivering direct, home-based support. Families receive professional, continuous, and compassionate guidance tailored to their needs, fostering well-being. By doing so, the initiative helps build a comprehensive, community-based dementia support system across Slovenia.

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Optimizing the diagnostic pathway for diagnosis of Alzheimer's disease with blood-based biomarkers

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: The introduction of blood-based biomarkers (BBB) for detection of brain amyloid pathology represents a major development in the diagnosis of Alzheimer's disease. However the place of BBB in the diagnostic pathway is yet to be established. Our aim was to develop a decision-analytic tool that determines the optimal sequence of diagnostic tests for defined clinical scenarios, considering diagnostic accuracy, the value of correct diagnosis as well as the availability and costs of diagnostic procedures.

Method: The first step in the tool is to specify the patient (population) of interest in terms of demographics, symptoms and prior diagnostic investigations and results. Based on these inputs, we use multiple imputation by chain equations (MICE) to impute BBB values and other test results (cognitive testing, volumes from magnetic resonance imaging, amyloid PET and cerebrospinal fluid biomarkers) for a synthetic cohort of 10,000 patients with the specified characteristics. The first version of the tool uses data from the Alzheimer's Disease Neuroimaging Initiative (ADNI) study for these imputations. A decision-tree model is then automatically constructed that maps out all potential test sequences and outcomes of each diagnostic procedure, using entropy-based metrics to decide on the optimal cut-points on continuous variables. Finally the decision tree is folded back to calculate the optimal diagnostic pathway, with the option of considering the costs of each test, and the health outcomes of accurate vs inaccurate diagnosis.

Results: The model provides the optimal diagnostic pathway and how BBB are best placed in the test sequence depending on patient characteristics and prior test results. Further, the model is flexible to consider availability of disease-modifying therapy and thresholds for cost-effectiveness, among other factors.

Conclusions: The tool can be used for developing best practice guidelines as well as for supporting clinical decision making

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Aligning Dementia Plans with WHO and USI: Comparative Policy Insights and Recommendations for Kazakhstan

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Background: Dementia places a growing public-health burden worldwide, yet Central Asia—including Kazakhstan—lacks dedicated national strategies. To inform a Kazakhstan Dementia Action Plan, we systematically reviewed international dementia strategies and their alignment with prevention frameworks.

Methods: We conducted a systematic policy review of national strategies from 28 countries (2000–2025) using government sources, WHO/ADI repositories, and grey literature. Strategy characteristics were extracted with a TIDieR-based template and mapped to the WHO Global Action Plan (2017–2025) and Jorm's Universal, Selected, Indicated (USI) prevention model to assess integration of population-level and targeted interventions

Results: We identified 28 national strategies across Europe, North America, the Asia-Pacific region, and Israel. Plans varied in scope, funding transparency, and monitoring rigor; many emphasized diagnosis, clinical pathways, memory services, and caregiver support. However, universal prevention—brain-health promotion and risk-factor modification—was inconsistently embedded, and evaluation frameworks were frequently weak. Alignment with the USI model was strongest for indicated (early detection/MCI) and selected (high-risk) measures, with universal measures least developed.

In Kazakhstan, dementia prevalence is projected to rise sharply ($\approx 108,000$ in 2019 to $\approx 357,000$ by 2050), amid gaps in awareness, primary-care diagnostic capacity, specialist services, caregiver support, and surveillance.

Conclusions: Global strategies remain overly care-centric; rebalancing toward universal prevention could meaningfully reduce future burden. For Kazakhstan, a cost-effective path is to adopt a bilingual, prevention-forward plan grounded in the USI model—linking population brain-health campaigns (universal), integrated NCD-primary-care risk screening (selected), and scalable memory-clinic/early-detection pathways (indicated)—with clear monitoring and evaluation.

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APO-Easy® Genotyping Kit: First CE-IVDR and FDA De Novo–Approved Rapid Test for APOE Genotyping Supporting Alzheimer's Disease Risk Assessment

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: It is well known that the $\epsilon 4$ allele of apolipoprotein E (ApoE) represents a strong genetic risk factor for Alzheimer's disease (AD). Carriers of the $\epsilon 4$ variant—particularly $\epsilon 4/\epsilon 4$ homozygotes—exhibit increased disease risk and earlier onset. Moreover, the $\epsilon 4$ genotype is associated with a higher incidence of Amyloid-Related Imaging Abnormalities (ARIA) in patients receiving anti-amyloid therapies, making ApoE genotyping essential before initiating such treatments. Therefore, rapid and accurate ApoE genotyping is critical to enable effective risk stratification and guide therapeutic decision-making.

Methods: APO-Easy® is a real-time quantitative PCR (qPCR) assay based on hydrolysis probes that independently discriminates rs429358 and rs7412 alleles. The test is validated for use on the Thermo Fisher QS5-Dx instrument and is both CE-IVDR–certified and FDA De Novo–approved. The prospective ApoDiag multisite study analyzed 1,474 blood samples collected in PAXgene DNA tubes. The cohort had a mean age of 39.7 ± 14.8 years (range 18–69) and included 647 women (45.1%) and 787 men (54.9%). Study completion was achieved on March 19, 2025.

Results: Among the 1,474 participants, the APOE genotype distribution was as follows: $\epsilon 3/\epsilon 3$ (64.4%), $\epsilon 3/\epsilon 4$ (19.6%), $\epsilon 2/\epsilon 3$ (11.7%), $\epsilon 2/\epsilon 4$ (2.2%), $\epsilon 4/\epsilon 4$ (1.5%), and $\epsilon 2/\epsilon 2$ (0.7%). No significant differences in age or sex were observed across genotype categories, and no adverse events were reported. The large ApoDiag dataset provided robust analytical validation for Firalis DM-DIV assays, including APO-Easy®, confirming reproducibility and suitability for clinical and laboratory implementation.

Conclusions: The ApoDiag study confirms that APO-Easy® is a reliable, clinically validated, and regulatory-approved tool for rapid APOE genotyping. Its performance supports routine use for Alzheimer's disease risk stratification, pre-treatment screening before anti-amyloid therapies, and implementation of precision-medicine strategies directly at the point of care.

972

Longitudinal analysis of the association between caregiver experience and behavioral and psychological symptoms of dementia in older adults.

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Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Aim: While the association between caregiver experience and behavioral and psychological symptoms of dementia (BPSD) is well documented, research has primarily focused on how BPSD affect caregivers. The reverse pathway remains understudied. Theoretical models suggest BPSD are not solely consequences of disease progression but may reflect unmet needs. Evidence suggests that caregivers experiencing greater difficulty may see their coping abilities impaired, limiting their capacity to effectively manage challenging behaviors and meet care-recipient's needs. This reduced responsiveness may perpetuate or exacerbate BPSD, as the care-recipient's unmet needs persist. This study examined longitudinal associations between caregiver experience and subsequent BPSD changes

Method: We analyzed 536 caregiver-care-recipient dyads from ETNA3, a multicentric randomized trial assessing non-pharmacological treatments in Alzheimer's disease where 645 mild-to-moderate Alzheimer patients were followed over 24 months (assessments at baseline, 3, 6, 12, and 24 months). Caregiver experience was measured using the Zarit Burden Interview (continuous score and categorized as absent/mild, mild/moderate, or moderate/severe) as a time-varying variable. BPSD were assessed using the Neuropsychiatric Inventory total score. Linear mixed models examined associations between caregiver experience and subsequent BPSD (at t+1), adjusting for baseline BPSD, and time-varying covariates: caregiver demographics (age, sex, marital status, relationship, employment, caregiving time), care-recipient characteristics (cognitive decline [MMSE], functional decline [DAD], comorbidities)

Results: More negative caregiver experience predicted increased BPSD severity at subsequent assessments ($\beta = 0.04$, $SE = 0.02$, $p = 0.00$). Compared with caregivers reporting absent/mild negative experience, those with mild-to-moderate negative experience showed marginally higher BPSD ($\beta = 0.15$, $SE = 0.08$, $p = 0.06$), while moderate-to-severe negative experience significantly predicted higher BPSD ($\beta = 0.32$, $SE = 0.14$, $p = 0.02$).

Conclusion: Caregiver experience may influence BPSD trajectory over time. These findings have implications for intervention and highlight the need to consider bidirectional caregiver-care-recipient relationship in dementia care.

978

Moving forward, yet left behind: Policies for people with dementia across OECD countries

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Dementia is a growing public health challenge, with an estimated 61 out of every 1,000 individuals aged 65 and over living with the condition across OECD countries in 2023. Globally, dementia incurs annual costs nearing \$1.3 trillion, a figure projected to rise significantly in the coming decades due to population ageing. This policy review examines the evolution of national dementia strategies across 29 OECD countries over the past decade, focusing on developments since 2018.

Our analysis reveals a clear shift in policy emphasis toward prevention through modifiable risk factors, early diagnosis, and non-pharmacological treatment approaches. National frameworks increasingly promote coordinated and inclusive care pathways, supported by legal and clinical guidelines. Awareness-raising and destigmatization efforts have gained momentum, although initiatives to improve diagnostic capacity remain limited in scope.

A notable trend is the growing attention to the management of behavioural and psychological symptoms of dementia, with many countries investing in workforce training to support these efforts. Services and support for dementia caregivers are present in most national strategies, yet the extent and quality of this support vary widely across countries, reflecting differing policy priorities and resource allocations.

Overall, the review highlights a dynamic policy landscape that is gradually adapting to the complex needs of individuals living with dementia and their caregivers. Continued innovation, cross-country collaboration, and investment in integrated care models will be essential to address the rising burden of dementia and ensure equitable access to quality care.

979

Legal Issues for Persons Living with Dementia (PLWD) with Socially Inappropriate Sexual Behaviour

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Topic

Dementia as a public health priority: Ethics, finances and laws of dementia

Abstract

The choice to participate in sexual behaviour is complicated when a person is diagnosed with a condition that leads to the impairment or disturbance in the functioning of the mind or brain, causing him or her to be unable to make a decision in relation to a matter.

The person might be found lacking in his or her ability to understand information relevant to the decision that has to be made, to retain that information long enough, to use or weigh the information and to communicate his or her decision or to simply appreciate the foreseeable consequences of deciding one way or another or not making a decision.

Further, section 26 of the Mental Capacity Act 2008 states clearly that a deputy, donee or anyone making a decision on behalf of a person lacking mental capacity on any decision touching of a sexual nature is strictly prohibited.

Does that mean that a person living with dementia is unable to participate in sexual behaviour if he or she is found to be unable to decide for himself or herself? How do jurisdictions like England & Wales approach this matter? How about the wishes and feelings that a person living with dementia might express regarding their sexual needs? Or is it assumed that a person living with dementia does not have any rights to sexual behaviour at all in enforced celibacy?

992

Panorama of Digital Technology Use by People Over 50 and Their Caregivers

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Fondation Médéric Alzheimer, Paris, France

Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

The Fondation Médéric Alzheimer follows technologies that can improve the quality of life for people living with Alzheimer's disease. The acquisition of assistive technologies is essential to meet the evolving needs of these individuals as the disease progresses. However, the difficulty in accessing appropriate advice remains a major obstacle to the adoption of these technologies. The Fondation aims to create a technology resource center to help people living with Alzheimer's disease and their caregivers adopt these technologies.

Contrary to popular belief, digital tools are now deeply embedded in the daily lives of people over 50. This is what a survey conducted by the Ifop, polling institute, in June 2025 for the Fondation Médéric Alzheimer, among 1,000 French people aged 50 and over, reveals.

The objective of this survey was to better understand the equipment, usage, barriers, and expectations of seniors regarding digital technology.

While French seniors are now widely equipped with digital tools, their usage remains focused on basic functions, revealing a gap between equipment and the adoption of technologies.

Unsurprisingly, three main barriers are identified: cost, fear of scams and technical complexity. To overcome this last barrier, caregivers already plays a key role, since 4 out of 10 seniors have already sought help to use a digital tool. Human support remains essential to overcome these barriers.

Seniors perceive digital technology as a lever for autonomy and well-being: 86% believe that technologies help them stay autonomous longer. 85% think they improve their quality of life. 68% are convinced that artificial intelligence could help people with memory disorders

This shows an openness to innovations, provided they are accessible and secure.

The technology resource center will provide:

- Recommendations/advice
- Evaluation tools for digital prevention, care, and support devices

1004

Fostering the creation of inclusive public places

Dr Martina M. Hale

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Poorly designed public space can make it difficult for people living with dementia to engage with their community, thereby putting them, and their care partners, at risk of social isolation and loneliness; and yet the majority of research relating to the design of dementia friendly environments is based in the experience of people living in residential and institutional settings.

Adopting a strengths-based, wholistic relational approach, in this research the participants who were living with dementia were asked to nominate their favourite public place in the city they were living in, and walking interviews were then conducted in those places. Additional experiential data was gathered through semi-structured interviews with the participants living with dementia, those who accompany people living with dementia when they visit public places, and those who influence the design of public places. This experiential data was supported by simple spatial analysis of the favourite public places, and other places that participants referred to over the course of the interview process. Data gathering took place in the regional cities of Toowoomba and Bundaberg, in the state of Queensland, Australia. Data analysis was conducted using the methods of Constructivist Grounded Theory.

This presentation will outline the relationship between the designable qualities of the built environment, how they interact to influence access, comfort and atmosphere, and how these conditions contribute to the experience of, and within, public places by people living with dementia, and those who support them. The presentation will conclude with examples of how we can each contribute to create more inclusive public places today, so that tomorrow, people living with dementia, and those who support them, will have a choice of public places where they can continue to participate in their communities.

1008

Updating dementia prevalence estimates for Europe: The Alzheimer Europe Dementia Prevalence Report 2026

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Alzheimer Europe, Luxembourg

Topic

Dementia as a public health priority: Economics and value of dementia

Abstract

Background: Alzheimer Europe's forthcoming Dementia Prevalence Report provides updated estimates of the number of people living with dementia in Europe. This report builds on the organisation's 2019 Dementia in Europe Yearbook, which provided country-by-country prevalence estimates for 36 countries, and has become a widely cited reference for national policymakers, researchers, and civil society organisations. Since 2019, significant developments have reshaped the European health and policy landscape, including the effects of the COVID-19 pandemic, demographic ageing, and emerging disease-modifying treatments for Alzheimer's disease. These changes underline the need for accurate and up-to-date prevalence data to inform national and European planning for diagnosis, care, and support services.

Methods: Alzheimer Europe's 2026 report replicates the methodological framework established by the EuroCoDe project and used in the organisation's previous prevalence analyses. A systematic literature review was conducted in PubMed, covering the period from July 2019 to February 2025. A total of 3,588 publications were identified and screened against predetermined criteria, including minimum sample size (≥ 300), community-based design, use of standardised diagnostic criteria, and reporting of raw prevalence data. Following full-text review and author contact where necessary, data from 20 eligible European studies (16 from the 2019 report and four new studies) were included. Age- and sex-specific prevalence rates were calculated in 5-year bands from age 60 to 90+, weighted by sample size, and applied to the United Nations World Population Prospects 2024 dataset to estimate national and regional dementia prevalence for 2025 and 2050.

Results and Conclusions: The prevalence analysis is currently being finalised, with detailed findings to be presented at the ADI conference. These findings will be integrated and compared to other available estimates, such as figures from the Global Burden of Disease study. Updated estimates will support evidence-based policy, planning, and investment in dementia care across Europe.

1017

Main barriers and facilitators for the implementation of an integrated evaluation for older adults including digital cognitive assessment in primary care: Results of a pilot project in Mexico City.

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Background: Cognitive impairment and dementia in Mexico go broadly undetected due to lack of dementia policies. Most health care professionals (HCPs) are not trained to diagnose and manage dementia. Lack of training not only prevents optimal care, but generates important barriers such as misconceptions and that hinder health care services.

Methods: Within the Davos Alzheimer's Collaborative System Preparedness (DAC-SP) Early Detection program, a pilot was implemented in four primary care clinics in Mexico City's public health services. HCPs underwent pre-program training sessions, and their knowledge, confidence, attitudes, and behaviors towards dementia care assessed (baseline and end of pilot). Semi-structured interviews were conducted to further investigate these topics. Participants 60 years+ were evaluated using WHO's Integrated Care for Older People Assessment (ICOPE) and a digital cognitive assessment too. Participants with impairment were offered a blood biomarker test. The Consolidated Framework of Implementation Research (CFIR), was used to explore the implementation process implementation, its barriers and facilitators.

Results: Survey results showed low confidence of HCPs in providing dementia care. Main barriers reported were: insufficient time with patients (70%), lack of knowledge of referral process (40%), and high costs of screening, diagnosis and management (50%). Analysis of the interviews shows an increase in awareness of cognitive assessment as fundamental part of older adult's primary care and positive affect of training received in their daily practice. However, HCPs also reported how increased knowledge assessment instruments increase awareness of the barriers faced in the diagnosis-management of cognitive impairment/dementia. Inner and outer settings also presented challenges to implementation, mainly, compatibility with workflow, system, processes, and perceived lack of support from Directives.

Conclusion: HCPs show overall acceptance of innovative tools for comprehensive assessment of older adults, however, relevant inner and outer setting barriers need to be eliminated for these to be integrated in to primary care.

1020

Effect of Obicetrapib, a Potent Cholesteryl Ester Transfer Protein Inhibitor, on P-tau217 Levels in Patients with Cardiovascular Disease

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Aim: Cholesteryl ester transfer protein (CETP) inhibition reduces LDL-C while increasing HDL-C and enhancing HDL functionality. These lipid changes may offer a novel strategy for Alzheimer's disease (AD) prevention, particularly in APOE4 carriers who are at elevated risk for both AD and atherosclerotic cardiovascular disease (ASCVD).

Method: A pre-specified substudy of the Phase III BROADWAY trial (NCT05142722) evaluated the LDL-C-lowering efficacy of obicetrapib and its impact on AD biomarkers in patients with ASCVD and/or heterozygous familial hypercholesterolemia (HeFH). Among 1535 participants (median age 67, 67% male), plasma AD biomarkers were measured at baseline and 12 months using SIMOA assays. The primary endpoint was change in p-tau217; secondary endpoints included p-tau217/(Aβ42:40), p-tau181, GFAP, and NfL.

Results: Baseline p-tau217 levels were highest in ApoE4/E4 carriers (0.56 pg/mL). Obicetrapib significantly attenuated p-tau217 increases compared to placebo (2.09% vs 4.94%; $P = 0.025$), with the strongest effects in ApoE4 carriers (1.92% vs 6.91%; $P = 0.041$). In ApoE4/E4 participants, obicetrapib reduced p-tau217 by 7.81% versus a 12.67% increase with placebo (20.48% treatment difference; $P = 0.010$). Obicetrapib also limited increases in p-tau217/Aβ42:40 (2.51% vs 6.55%; $P = 0.004$), and reduced GFAP (-6.39% vs +8.85%; $P = 0.006$) and NfL (-10.49% vs +6.82%; $P = 0.020$) in ApoE4/E4 carriers. Biomarker improvements correlated with obicetrapib plasma levels ($r = -0.64$), supporting CETP inhibition as a mechanistic driver.

Conclusion: These findings represent the first demonstration of an oral intervention capable of reducing both tau and beta-amyloid biomarkers in ApoE4 carriers, offering a potential preventative strategy for this high-risk population who currently have no effective prevention options. Further research will need to establish whether these biomarker changes translate to clinical benefits in dedicated AD prevention trials.

1022

Generating Impact in Public Policy: Lessons from the IMPACT Salud Project on Community and Policy Engagement in Peru

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Background: In Latin America, dementia care faces persistent challenges such as limited diagnostic capacity, fragmented services, and low public awareness. Patient and Public Involvement (PPI) offers a framework to address these gaps by positioning people living with dementia and their carers as active partners throughout the research process and at the center of dissemination. The IMPACT Salud project, based in Peru, integrates five components: assessing health system readiness, developing a mobile health diagnostic tool, testing a caregiver support intervention, evaluating the economic burden of dementia, and fostering community and policy engagement. Within this last component, early dissemination was prioritised to raise awareness, strengthen participation, and build sustainable relationships with stakeholders, including policy-makers.

Community Engagement Strategies: To ensure participation, several strategies were implemented, including four Lived Experience Advisory Panels (LEAPs), Brain Health workshops with national and international experts, and the creation of the Brain Health Hub, a platform connecting civil society stakeholders engaged in dementia, ageing, and mental health. A major outcome was the IMPACT 5K for Brain Health, which engaged nearly 900 participants, promoted destigmatisation, and increased dementia visibility as part of broader advocacy efforts. These initiatives reached wider audiences through eight national media appearances, further strengthening advocacy impact.

Public Policy Engagement: Community engagement served as the foundation for collaboration with executive and regional government decision-makers across four regions, and with the Mental Health Directorate of the Ministry of Health (DSAME-MINSA) as a key partner. Outcomes included two dementia policy guidelines, one on primary care management and another on caregiver support, along with initial steps toward a National Dementia Plan.

Conclusions: Community engagement strategies, combined with structured policy activities, are essential for fostering collaboration with decision-makers. Early dissemination ensures that evidence-based solutions are translated into sustainable and scalable interventions, maximising long-term community impact.

1024

Health-related quality of life in people living alone with mild cognitive impairment or dementia: A systematic review

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Topic

Dementia diagnosis, treatment, care and support: Living alone with dementia: research, innovation and support

Abstract

Aim: To identify, summarise, and critically appraise existing knowledge about health-related quality of life (HR-QoL) among people living alone with mild cognitive impairment (MCI) or any type of dementia.

Method: We conducted a systematic review (January 1990–February 2025) of bibliographic databases to identify studies reporting HR-QoL in adults with MCI or dementia living alone in the community, without geographical or language restrictions. Data were extracted on study and patient characteristics, HR-QoL instruments, and HR-QoL findings by living arrangement. Risk of bias was assessed using the Effective Public Health Practice Project (EPHPP) “Quality assessment tool for quantitative studies”.

Results: From 740 records screened, 15 studies met the inclusion criteria, predominantly conducted in the UK and Germany, with 10 employing cross-sectional or cohort designs. Across 5,107 participants (majority female, limited data on ethnicity or dementia subtypes), 32.2% (range 9.4–50.1%) were people living alone with dementia (PLAWD). The Quality of Life–Alzheimer’s Disease (QOL-AD) scale was the most frequently used instrument. In pooled comparisons, PLAWD typically scored -0.69 points lower (95% CI: -2.01 to 0.63, $p=0.31$) on HR-QoL measures than those living with others, though results weren’t statistically significant. Yet, findings across studies were heterogeneous, with some reporting comparable or even higher HR-QoL among PLAWD, challenging the assumption that living alone uniformly worsens it. Depression, perceived social support, and functional independence were the most common correlates of HR-QoL, with depression showing the strongest negative association. Most studies were rated as weak to moderate quality due to their observational, non-randomised designs.

Conclusions: The impact of living alone on HR-QoL among people with MCI or dementia is complex and context-dependent. More robust, low-bias research and systematic collection of living arrangement data are needed to inform tailored community support interventions and policies that promote independence and well-being.

1037

Incorporating Findings from the US POINTER and Finnish FINGER Study Results into Your Activities and Engagement Programs

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Emerging global research—including the Finnish FINGER Study and the U.S. POINTER Study—continues to affirm the powerful role of lifestyle interventions in reducing dementia risk and promoting brain health. Although these landmark studies excluded individuals already diagnosed with Alzheimer's disease, their findings offer actionable insights for programs supporting people living with dementia including:

- Lifestyle modifications may help preserve cognitive function and slow disease progression, even post-diagnosis.
- Structured, socially engaging programs outperform self-directed efforts.
- Social connection, physical activity, and cardiovascular health remain foundational to dementia care.

These conclusions are echoed in recent publications such as the 2024 Lancet Commission Report and the Ornish-Tanzi Study (2024), which further validate the impact of multidomain lifestyle approaches.

This presentation will share findings from a regional survey of senior living providers across the U.S. West Coast, Hawaii, and Florida, exploring how communities are translating this evidence into meaningful activity programming. The presentation will spotlight innovative practices that move beyond conventional offerings like arts and crafts or BINGO—highlighting music-based engagement, volunteer opportunities, lifelong learning, and peer-led clubs that foster purpose and connection.

Finally, the session will offer practical recommendations for strengthening wellness services and activity programs across diverse care environments, including in-home care, dementia cafés, adult day centers, and residential communities.

1040

How can primary care manage the demands for early AD-diagnostics – a report from the IPECAD-group.

Prof Anders Wimo

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: The entrance of new pharmacological treatments for Alzheimer's Disease (AD) in combination with new blood-based biomarkers (BBMs) for early detection of AD have changed the paradigm of how to manage AD. Although it offers great opportunities to improve the situation for people with AD and their families, the new situation also includes great capacity challenges. A key role in this process is primary care, where physicians and other staff already today are burdened by great and various care demands. The aim is to analyze the challenges for primary care of how to manage this new situation.

Methods: Epidemiological data on prevalence of subjective cognitive decline (SCD), mild cognitive impairment (MCI) due to AD and mild AD dementia, exemplified by Sweden. Data on diagnostic performance of BBMs. Capacity in primary care. Data on positive and negative predictive values (PPVs and NPVs) of BBMs. Estimates of proportions that may be suitable for treatment with the new AD-pharmaceuticals.

Results: In Sweden, about 0.5-1 million people may have SCD, and who may consider that they have an early AD, and thus search primary care for diagnostics. It can also be estimated that about 240,000 people have mild cognitive impairment or mild dementia due to AD, which are the patient groups that may be discussed for treatment with the new AD-pharmaceuticals. There are about 5,000 family physicians in Sweden. Data on PPVs and NPVs of BBMs and estimates of proportions that may be suitable for treatment with the new AD-pharmaceuticals varies and different scenarios will be presented.

Conclusions: The challenge is to filter down the initial huge groups into a smaller group of people that may benefit by treatment, and where contra-indications are not present. A pragmatic diagnostic algorithm including BBMs of how to manage this situation in primary care will be discussed.

1049

Predictors of Loneliness in Older Adult Members of Couples in which One Has Cognitive Impairment

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Aims: To understand predictors of loneliness in older adult couples, one of whom has mild cognitive impairment or early-stage dementia.

Methods: In an ongoing national online longitudinal interview study of older couples (average age 75.1; range 65.3 to 93.8), we conducted a multiple regression analysis to evaluate the effects of meaning and purpose in life, dyadic relationship and social support on loneliness in 314 members of couples in which one or both had mild cognitive impairment or early-stage dementia.

Results: Having more meaning and purpose in life was the strongest predictor of less loneliness ($\beta = -.09$, $F=28.5$, $p < 0.001$) followed by satisfaction with emotional support ($\beta = -0.4$, $F=13.8$, $p < 0.001$). Relationship satisfaction, instrumental support, and informational support were nonsignificant. Notably, cognitive impairment in one member of the couple was not a significant predictor of loneliness in the other in the multiple regression analysis.

Discussion: Loneliness has been called a public health emergency and is a potent predictor of physical and mental illness. Few studies have examined dyadic relationships or meaning and purpose and their associations with loneliness in older adult couples. In this study of older adult couples, participants reported greater and purpose in life, regardless of the quality of their relationship with each other or cognitive impairment in one member of the couple. Satisfaction with emotional support also had a positive impact on loneliness, although less important than meaning and purpose in life. It seems clear that having meaning and purpose in life is an ongoing need that extends to old age and in the face of cognitive impairment.

Conclusion: These results suggest the importance of social policies that facilitate inclusion of older adults in roles they find meaningful, whether or not they have cognitive impairment.

1063

Socio-Cultural Care for People with Dementia in an African Context: The ZARDA Model

Ms Kudzai Mpunzwana

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Topic

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract

Socio-Cultural Care for People with Dementia in an African Context: The ZARDA Model

The rising global burden of dementia necessitates culturally appropriate care models, particularly in the African context where caregiving is typically family-based and often challenged by social stigma and limited formal resources. Traditional African values emphasize collective responsibility and kinship, presenting both a framework for support and a need for professional guidance in navigating the complexities of the disease. This abstract explores a socio-cultural approach to dementia care, exemplified by the Zimbabwe Alzheimer's and Related Disorders Association (ZARDA).

ZARDA operates as a crucial information hub and community support system, directly addressing the social and emotional needs of people with dementia and their caregivers. Key to their model is dementia care training for family members, empowering them with practical skills and knowledge to reduce caregiver burden and enhance the quality of life for their loved ones. Furthermore, ZARDA facilitates regular support group meetings and support groups, providing a safe space for caregivers to share experiences, mitigate social isolation, and gain emotional resilience.

The program integrates culturally resonant therapeutic activities, such as Sing a-long events, which harness the power of music and shared communal experience to stimulate memory and foster joy. Individual and group counselling services are also vital, offering professional assistance to address the psychological distress and grief associated with the caregiving journey. Finally, art therapy is employed as a non-verbal expressive outlet, aiding communication and cognitive engagement for people living with dementia. The ZARDA model demonstrates that effective, holistic dementia care in an African setting must be community-driven, respect existing socio-cultural values, and blend psycho-social support with therapeutic interventions.

1066

The importance of involving relatives of people with dementia in acute care hospitals

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Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Background: The number of elderly and cognitively impaired people who are treated in an acute care hospital is steadily increasing. In particular, patients which are persons with dementia and their specific characteristics on the one hand, and the process-oriented system of the acute care hospitals on the other, are incompatible - with correspondingly negative effects for all involved.

Aim: The study investigated whether relatives, as reference persons, can contribute to reducing or bridging mutual interaction and adaptation problems between people with dementia and the medical and nursing staff at the hospital.

Method: The research approach followed the methodology of symbolic interactionism. Within the framework of a qualitative study design, 23 episodic interviews were conducted with relatives, people with dementia, nurses, medical professionals and other hospital staff. These were analyzed using Flick's method of Thematic Coding, a modification of Strauss's theoretical coding method based on Grounded Theory.

Results: The involvement of relatives is of enormous importance for everyone concerned. It is essential for mediation between people with dementia and hospital staff and can prevent or reduce the occurrence of various problems. Relatives take on specific roles with corresponding functions and tasks at specific times in acute care hospitals: as experts, representatives, companions, and/or helpers. Depending on the time and role, either contact as a minimum requirement – e.g. by telephone – or the mandatory presence of relatives is necessary for the performance of these roles. Conducive and limiting factors in relation to involvement must be taken into account.

Conclusions: Based on the results, a model for the involvement of relatives during the hospital stay of persons with dementia was developed. A recommended family-centered care approach would require the integration of family members into existing care models. In addition, recommendations for action are proposed for policy, hospital as a system, hospital staff and relatives.

1074

Understanding Neuropsychiatric Symptoms in Alzheimer's Disease and Related Disorders: Considerations from an International Psychogeriatric Association Working Group

Dr Mary Sano

Icahn School of Medicine at Mount Sinai, NYC, USA. International Psychogeriatric Association, Madison, USA

Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Cognitive impairment and dementia due to Alzheimer's disease and related disorders (ADRD) is highly associated with neuropsychiatric symptoms (NPS) which worsen disease progression, are costly to care for and worsen quality of life for patients and families. IPA, a multi-disciplinary global organization committed to better health for older people, has a long history of addressing these problems with its work on "Behavioral and Psychiatric symptoms in dementia (BPSD)", creating tools for specialist, primary care, nursing and long term care staff to better managing these symptoms. Over the past decade, IPA working groups have created widely accepted definitions for agitation and psychosis in neurocognitive disorders and have participated in developing criteria for apathy, one of the most common symptoms which is associated with significant functional decline. Recently working groups have addressed the need to better define the role of depression as a risk factor for cognitive impairment and dementia and have identified the need to more precisely define depression within ADRD. This presentation will describe the IPA approach to developing definitions and criteria across an international audience of stakeholders for specific NPS. This process includes review of state of the art, identification of validation studies, developing specific criteria and confirming their acceptance with a multi-disciplinary team of experts. IPA working groups have identified barriers to dissemination of information about NPS, including stigma identified with their diagnoses and treatments, lack of awareness of symptoms and their consequences, and the common impression that there is no management or treatment available. Preliminary recommendations for education and dissemination will be presented. As the understanding of biology of specific neurocognitive disorders become more precise IPA will continue to expand the definitions and biology of NPS, creating dynamic plans for insuring accuracy and relevance of our ability to detect, manage and treat these burdensome symptoms.

1075

Rehabilitation In Madagascar : The Case Of Tonton Solofo

Ms Muriel Rason-Adriamaro

Madagascar Alzheimer Masoandro Mody, Antananarivo, Madagascar

Topic

Dementia diagnosis, treatment, care and support: Rehabilitation

Abstract

In 2025, Madagascar Alzheimer Masoandro Mody centre lost 4 of its oldest members, who were living with Alzheimer's. Even though it saddened us more than ever, the association was very honored that they spent their last years, months, days, in an inclusive and supportive environment.

According to the families, their life expectancy seemed to increase despite of their disease, and one of the reason is supposed to be their regular attendance in the association's day care centre, that provide daily life simple habits in a social context. What makes the real difference is how they are treated as individuals, with a person-centered approach that help to rebuild their self-confidence, and to keep their dignity.

Rehabilitation is not about sophisticated or complex approach. It's driven by heart and gives opportunities to make magic happens in very simple contexts.

As an example, there is a Malagasy tradition, called "Famangiana" that refers to the condolence visit made by the community to the bereaved family after someone passes away.

This social and moral duty in Malagasy culture aims to show solidarity and respect, and consists on traditional speeches with many Malagasy proverbs exchanged between the spokesperson from the visitors, and the family representative. So it requires a good memory.

When Eliane, one of the staff members lost her brother , the association, as her professional community had to do the "famangiana". The beautiful moment was when Tonton Solofo, one of the members living with Alzheimer's disease, volunteered to be the spokesperson. It's the exact moment when you have to trust his abilities, not fearing failures, and just let him be himself. Everything went greatly and it was impossible to notice any signs of dementia.

That is how people with dementia should be treated everywhere in the world.

1087

Evaluation of the Impact of a Community Psycho-social Intervention on People with Dementia and Their Care-Partners

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Introduction: Provision of psychosocial interventions in community settings is crucial for reducing social isolation and loneliness associated with aging and dementia. This study evaluated the impact of community programs offered by an aged care provider in Sydney, Australia. The programs included outings such as the zoo and art gallery programs, and an in-house community choir. The aims are to improve social inclusion, and quality of life for people living with dementia and their care-partners. The program was inclusive, accepting people with or without known dementia and people with younger onset dementia.

Methods: A mixed-methods approach was employed using the Logical Model evaluation framework to assess short and long-term outcomes. Data was collected across two terms of the community programs, running between 4 and 6 weeks each. Quantitative measures included quality of life (QoL-AD), QoL-7D, and UCLA Loneliness Scale administered at baseline and after four, six or 10 weeks of program. Qualitative data were collected through interviews, observations, and "talk and walk" to capture the full range of outcomes and impact of the programs on participants.

Results: Twenty-seven program participants were included in quantitative analysis (mean age 76, range 57-99, SD 11.04; 11 male, 16 female). This comprised 11 people with dementia, 3 without dementia, 3 with unknown dementia, and 10 care-partners. Qualitative data were collected from interviews with 8 care-partners, 8 participants with dementia, 4 participants without/unknown dementia, and 8 stakeholders. Quality of life significantly increased between baseline and 10-week of program participation ($p=0.001$). Participants self-reported high satisfaction with the programs and showed increased cognitive stimulation, enhanced confidence and sense of identity, strengthened social connections, and an ability to learn new things.

Conclusion: The evaluated programs demonstrate that community-based psychosocial interventions can significantly improve participant quality of life and provide multifaceted benefits for people with dementia and their care-partners.

1096

VeraBIND Tau: a novel plasma assay reflecting tau aggregation in Alzheimer's disease increases over time in individuals with positive tau-PET signal

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Background: VeraBIND Tau is a plasma assay that measures pathologically active hyperphosphorylated tau (HP-tau). It uses normal tau with a recombinant tag for subsequent anti-tag conjugate chemiluminescence to measure the binding of HP-tau to normal tau, i.e., the pathological activity of HP-tau to aggregate.

Methods: Two hundred sixty-eight plasma samples were collected from 145 participants (N=79 CU, N=66 CI) in an ongoing prospective study at UCLouvain, Belgium over an average 1.7 ± 0.9 years. A+ status was determined using either CSF ($A\beta_{42} \leq 544 \text{ pg/mL}$) or amyloid-PET (Centiloid ≥ 20). ¹⁸F-MK6240 tau-PET status was determined visually as negative (Braak-like stage 0) or positive (Braak-like stages 1-6). Plasma pTau217 was quantified using Lumipulse.

Results: VeraBIND Tau detected 58 of 60 A+T+ participants (sensitivity=96%) and excluded tauopathy in 59 of 62 A-T- participants (specificity=95%). Sensitivity was equivalent in low (Braak-like 1-3, 93%) and high (Braak-like 4-6, 95%) tau-PET stages. In contrast, pTau217 sensitivity was lower in Braak-like 1-3 (48%) vs. Braak-like 4-6 (93%) tau-PET stages. In longitudinal analyses of 207 EDTA plasma samples collected from 88 participants (0.6 ± 1.3 years from date of tau PET; min: -2.5, max: 5.5), VeraBIND Tau demonstrated 93.8% sensitivity, 97.6% specificity, and an overall accuracy of 96.1% (ROC-AUC 0.956). The annual change in VeraBIND Tau was associated with Braak-like stages (age-adjusted Spearman's $\rho=0.32$, $p=0.002$), entorhinal tau-PET SUVR ($\rho=0.27$, $p=0.012$), lower episodic memory z-scores ($\rho=-0.36$, $p=0.001$), and lower MMSE scores ($\rho=-0.41$, $p=0.0001$), indicating that VeraBIND Tau measures (VeraBIND Tau Scores) increase with disease progression.

Conclusions: VeraBIND Tau is a highly scalable blood test for tau pathology. Whereas pTau217 is more closely associated with amyloid- than tau-PET results, VeraBIND Tau is highly sensitive to early tau-PET positivity. Longitudinal analyses indicate >96% test-retest reliability and high correlation with disease progression, highlighting the potential of VeraBIND Tau for monitoring disease progression and drug efficacy.

1097

Art Activities and Persisting Abilities in Dementia Care

Ms Laura Sutherland

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Introduction: The aim of this study was to learn how art fits into dementia care through examining the practices of art activities accessed by persons with dementia living in the community and in residential settings. Art is sensory-based, present-moment focused, and encouraging of expression of multiple perspectives. These aspects of art activities can provide support for persons to make choices, self-determine, and connect across a community, emphasizing abilities that persist in dementia.

Methods: This project utilized ethnographic methods, including interviewing, participant observation, and document review, to gather and analyze perceptions of persons with dementia and art activities through caregivers and facilitators, and, where possible, from persons with dementia themselves. Sites included a memory care unit, adult day center, and art museum in an urban setting; participants included 24 persons with dementia and 25 family and staff caregivers. Data analysis included triangulating field notes, interview transcripts and photos of artworks to iteratively identify themes.

Results: The analysis showed that art activities contributed to perceptions of persons with dementia as having persisting abilities as well as new experiences in dementia care. Themes included facilitators structuring art activities to support adaptation, including participants' refusal and collaboration, and that reception of artworks changed staff and family perceptions of persons with dementia.

Conclusions: Additional understanding of art engagement in dementia care can inform the development of art activities, assist persons with dementia to continue living in the community, and support caregivers in their roles. The emphasis in art activities on persisting abilities contributes to a context in which persons with dementia are making choices, expressing a range of emotions, and are perceived as not lacking abilities, but contributing to the social environment. Stigma toward this population can be reduced through additional understanding of ongoing abilities of persons with dementia in art and social interaction.

1098

Scaling access to cognitive rehabilitation therapy for dementia: real-world engagement data for an AI-enabled, telephone-based model of care

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Topic

Dementia diagnosis, treatment, care and support: Rehabilitation

Abstract

Background: Cognitive rehabilitation therapy (CR) helps individuals living with mild cognitive impairment or early dementia improve function in daily life, but access is limited due to therapist availability. Advances in artificial intelligence (AI) and reimbursement policy now enable virtual CR delivery in the US, potentially overcoming barriers to care. However, real-world engagement and user experience with phone-based delivery and automation warrant deeper evaluation.

Methods: In this real-world analysis, 218 US individuals living with mild to moderate cognitive impairment (age 71 ± 11 ; Montreal Cognitive Assessment 20 ± 5 ; Global Deterioration Scale 3 ± 0.6) engaged in an automated, audio-based CR program delivered entirely by phone under speech-language pathologist supervision. Individuals were offered automated calls consisting of personalized, interactive cognitive activities, as well as on-demand access via a toll-free number, in conjunction with weekly phone sessions with a therapist. Engagement in automated care delivery was assessed via completed call counts and total call time per week. Post-program surveys measured satisfaction.

Results: Participants completed a mean of 9.4 ± 6.7 weeks of therapy; 50% completed more than 8 weeks. Adherence to the automated portion of the program was high throughout the course of therapy at 2.7 ± 0.9 automated calls completed per week (see Fig. 1), averaging 59 ± 25 minutes of total call time weekly. Seventeen percent of individuals surpassed the recommended engagement by their therapist, averaging over three calls per week. Of 32 survey respondents, satisfaction was high (mean 4.8/5) and 94% reported being highly likely to recommend the program (net promoter score of 91).

Conclusion: Individuals with mild to moderate cognitive impairment demonstrated high engagement and satisfaction with a novel model of phone-based cognitive rehabilitation, with sustained interaction levels with automated, interactive cognitive activities. These results support the feasibility and scalability of automated audio-based CR to increase access for underserved populations.

1099

It's about time: When dementia is diagnosed makes a difference to on-going life quality

Dr Ben Hicks

Nottingham University, Nottingham, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Aims: Explore the short and medium term impact of an early vs late and timely vs untimely diagnosis of dementia on the quality of life (QoL) of people with dementia and their carers.

Methods: This study used DETERMIND data, collected at baseline, one-year, and two-year follow-up. DETERMIND is a prospective longitudinal cohort involving 940 newly diagnosed people with dementia and 698 carers, recruited from three diverse regions of England. Indices of 'timely' diagnosis derived from self-reported responses indicated whether participants felt the diagnosis was made 'at the right time,' 'too early,' or 'too late.' Additionally, study-specific indices between early vs late diagnoses based on the severity of dementia at diagnosis were created. Changes in QoL were evaluated using dementia-specific QoL instruments, adjusting for baseline scores. This approach allowed us to examine the influence of diagnostic timing on QoL of people with dementia and their carers after one- and two- year follow-up.

Result: A late diagnosis of dementia was associated with significantly lower patient-reported and caregiver QoL at baseline compared to early diagnosis as well as worse carer perceptions on their Responsibilities and ability to meet their Personal Needs (C-DEMQOL sub-scales) at one and two year follow-ups. Carers who reported 'untimely' as opposed to 'timely' diagnosis had significantly lower QoL at baseline and greater worsening of their Feelings About Future at one- and two- year follow-up.

Conclusion: We provide the first quantitative evidence on the longitudinal impact of diagnostic timing on QoL. Our findings show that the lateness of a dementia diagnosis and how timely carers feel the diagnosis is, independently shape QoL, both at the point of diagnosis and in the short and medium term. These novel findings have important implications for global policies that seek to support early and timely diagnosis.

1102

Shortening the Alzheimer's Patient Journey in Mexico: Qualitative Insights and Feasible System Actions Across Levels of Care

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Background: People living with Alzheimer's disease (AD) in Mexico face long diagnostic delays, fragmented referrals, and heavy caregiver burden within the public health system. We mapped the real-world patient journey to identify practical, scalable actions to shorten time to diagnosis and improve continuity of care.

Methods: We conducted and synthesized 14 semi-structured interviews with key stakeholders to reconstruct clinical routes, barriers, and waiting times across primary, secondary, and tertiary care. Findings were organized by disease stage and level of care.

Results: Primary care often normalizes early cognitive symptoms as "normal aging," limiting timely referral and structured functional assessment. Many patients cycle through 8–12 primary-care visits over 1–2 years before escalation. Secondary-care access is constrained by unclear referral routes and saturation; internal medicine appointments commonly require 3–6 months, with additional delays for neuropsychology and neuroimaging, extending diagnostic confirmation by months. Some patients begin in private care but transition to the public system when costs become prohibitive; this shift typically adds 4–6 months from symptom onset to referral and risks administrative setbacks. Tertiary care is usually reached at moderate–severe stages, when functional compromise is high and disease-modifying opportunities are limited. Non-pharmacologic therapy is recommended but inconsistently available; essential AD medications are not uniformly covered (e.g., gaps in IMSS formularies), further fragmenting care. Proposed actions: Implement context-adapted cognitive screening protocols in primary care; standardize referral/contra-referral algorithms; ensure access to neuroimaging and neuropsychology at secondary care; formalize caregiver roles with mental-health support; and secure availability/coverage of essential AD medicines.

Conclusions: The AD care pathway in Mexico is prolonged and disjointed, with critical losses at transitions between care levels. Targeted, low-complexity system actions can bridge these gaps—accelerating detection, improving referral fidelity, and supporting caregivers—thereby translating policy goals into measurable improvements in patient and caregiver outcomes.

1106

A Comparative Mapping of the Legal Frameworks for Caregiver Training across Europe: Implications for Dementia Care

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Global Brain Health Institute, Dublin, Ireland

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Dementia carers play a pivotal role in ensuring the delivery of person-centred, quality care for people living with dementia. In Europe, informal carers are estimated to provide up to 80% of long-term care, while approximately 3.1 million formal long-term care workers (excluding regulated professionals such as doctors and nurses) were employed in the long-term care sector in 2023. Evidence consistently shows that carers who receive appropriate training not only provide better quality care but are also better equipped to manage stress and reduce the risk of burnout.

Despite this, the extent to which informal carers and formal LTC care workers receive training to fulfil their vital roles merits greater consideration. In mapping the legislation pertaining to caregiving across EU Member States, we found no mandatory training requirements for informal carers; although some voluntary carer training programs exist, often delivered by non-governmental organisations. In contrast, the majority of EU Member States mandate some form of training for formal LTC care workers but requirements vary across countries. This discrepancy reveals a critical gap in the legislative framework that may affect both carers and people living with dementia.

Establishing an EU-level Directive to harmonise training requirements for both informal carers and formal LTC care workers would strengthen dementia care systems, promote quality and consistency, and support the wellbeing of carers. This approach aligns with action area 5 of the World Health Organization's Global Action Plan on the Public Health Response to Dementia, which calls for sustainable, well-trained workforces and better support for carers.

A coordinated response that integrates mandatory, accessible, and culturally appropriate training for all carers - formal and informal - offers a significant opportunity to advance dementia care outcomes and uphold the rights and dignity of people living with dementia.

1116

My Story – a Communication Tool in multilingual Approach in Dementia Care: Strengthening personal story is important for every person with dementia, as it helps them to integrate into family, social and time orientation.

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Topic

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract

Background: After the diagnosis of dementia, appropriate and adapted communication plays a significant role in the care of people with dementia. My Story is designed as a tool to promote and help the communication with patient and family. Patients can write it down themselves or can fulfill it together with relatives. The information collected in the My Story folder can be an excellent starting point for chatting and reminiscing with the patient in the family, with relatives and visitors at home, but also with staff in a nursing home or in a hospital. It works like a passport – in their hands persons with dementia introduce themselves easier anywhere.

As dementia progresses over time, language and multilingualism gain importance and influence care. Living and getting old in Slovenia is a kind of linguistic challenge. In small area between Italy and Croatia, the slovenian language is mixed with the language of the Italian minority and the heritage of immigrants of various nationalities from the former Yugoslavia.

Aim: Besides improving communication with patients My Story in 4 different languages meet the needs of the multilingual and multicultural space, to approach the person with dementia in their own language

Methods: designing a prototype and the booklet in 4 languages - with instructions for its use at home or in institution

Expected Results: The booklet is presented at lectures and training courses on communication in dementia for lay public and professionals

The notes facilitate communication with the patient

Periodic completion allows monitoring the progression of disease.

Using the booklet in multiple languages strengthens the cognitive abilities of patients as their caregivers

Using the tool in bilingual workshops by retelling stories and memories also for relatives.

The pilot version was very well received by patients, therapists and relatives, the comments were included in the final version.

1121

Title: “Loteria del Cuidado Consciente y la Memoria”: A Playful Strategy for Dementia Awareness, Prevention and Cognitive Health Promotion in México

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

The growing aging population in Mexico has led to an increased prevalence of cognitive decline and dementias, posing a significant public health challenge. There is a pressing need for innovative, culturally sensitive and accessible strategies to raise awareness and promote prevention. In this context, we are developing the “Lotería del Cuidado Consciente y la Memoria”, an intervention inspired by the traditional Mexican Lotería game, adapted to enhance knowledge about cognitive decline care and prevention. This game integrates culturally tailored imagery and messages designed to raise awareness of modifiable risk factors, early detection of cognitive and behavioral signs associated with dementia, and to encourage inclusive and respectful caregiving practices. The intervention was implemented through collaborative workshops involving older adults, care partners, and community health workers across urban and rural settings, fostering active engagement and social inclusion. The expected results are a significant increase in dementia literacy, reduction of stigma, and promotion of empathetic attitudes towards individuals diagnosed with cognitive impairment. Furthermore, this strategy should promote the empowerment of caregivers by providing a recreational space for education and the exchange of experiences. The initiative will represent and advance in non-pharmacological interventions that align public policy with the real needs of the population, offering an accessible, engaging, and culturally relevant tool to address prevention, care, and social inclusion in dementia. The model has the potential to be scaled across other regions in Latin America, contributing to the development of more dementia-friendly and supportive person-centered communities for people living with dementia and their care networks.

1132

Living Alone with Dementia: Insights from the STAY Home Pilot Intervention

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Topic

Dementia diagnosis, treatment, care and support: Living alone with dementia: research, innovation and support

Abstract

Although most individuals living with dementia reside with a caregiver or family member, as many as one-third live alone. This growing subgroup faces unique challenges in managing daily activities, maintaining health and safety, and accessing healthcare and community supports. Limited contact with informal and formal care systems places these individuals at elevated risk for crisis events, premature institutionalization, and reduced quality of life. There is a critical need for interventions that promote autonomy and safety while minimizing reliance on emergency and institutional services.

This study presents pilot findings from the Services to Age in Your Home (STAY Home) intervention, designed to identify, engage, and support persons living alone with suspected or confirmed dementia. The project aims to enhance participants' capacity to remain safely at home through tailored connections to services, environmental adaptations, and ongoing care coordination.

The STAY Home intervention employs a community-based, person-centered model that integrates outreach and in-home assessments, utilizing Motivational Interviewing to promote engagement with health and social services. Preliminary data were collected from 12 participants with suspected dementia residing alone in their own homes through emergency medical response services. Data sources include structured interviews with participants and pre- and post-surveys.

Preliminary findings indicate that individuals living alone with dementia experience significant barriers to accessing healthcare, social engagement, and daily support resources. Many participants were unaware of available community resources or lacked assistance with medication management and financial tasks. The intervention facilitated connections to home-based services, reducing unmet needs and promoting safety. Early outcomes suggest reduced emergency service use and improved self-reported quality of life.

Persons living alone with dementia represent a vulnerable yet underserved population. The STAY Home intervention demonstrates promise in addressing gaps in service delivery and supporting aging in place through proactive, individualized engagement strategies.

1142

Validating Remote Digital Assessments: Pathway for Scalable Cognitive Assessments in Healthcare

Dr Francesca Cormack, Ms Emily Thorp, Dr Alexander Kaula, Dr Elizabeth Wragg, Mr Nick Taptiklis

Cambridge Cognition, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Introduction: The advent of disease modifying drugs for AD, coupled with an increasing older population requires the provision of scalable solutions to identify older adults with cognitive impairment, a need which could be addressed using digital cognitive assessments. Tests from the CANTAB battery have been extensively used research in AD and within FDA cleared software as a medical device. However, this requires in-clinic assessment. Here we present the development and validation of remote delivery of CANTAB tasks designed for remote triage for cognitive impairment and to provide characterisation of the profile of deficits across domains, together producing a cognitive assessment pathway which can be used in clinical practice.

Methods: Four CANTAB digital cognitive assessments were selected for the CANTAB Pathway. The initial triage (CANTAB One) makes use of the Digit Symbol Substitution task, a sensitive measure of global cognition. The second step (CANTAB Insight) comprises the Paired Associate Learning task (PAL), the Spatial Working Memory (SWM) task, and the Matching to Sample task (MTS), designed to assess cognitive domains including episodic memory, executive function, processing speed and attention. Tasks were adapted for remote use on smartphones. Data were collected remotely from 150 participants 18-80 (M=40.7 yrs, SD=15.8) over three study visits. We compared performance on smartphone vs conventional task variants and examined the psychometric properties and acceptability of the smartphone tasks to participants.

Results: The elements of the CANTAB Pathway were comparable across conventional and smartphone administrations. Reliability from baseline to retest was in the range of good to excellent. User experience data indicate high acceptability with a net promoter score of 54.

Conclusion: These results support the suitability of the CANTAB Pathway for remote clinical assessment of cognitive functioning, demonstrating good comparability with in-clinic testing and acceptability to participants, supporting scalable evaluation of cognitive complaints.

1143

AI Support for Dementia Caregivers: from early adoption to everyday impact

Mr Ari Manor

EMDA, Israel

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Family caregivers are turning to AI for practical, “right-now” support. In EMDA’s recent snapshot from Israel, over 80% of caregivers report using GPT and ~10% use Gemini at least monthly - most of them weekly - mainly for explanations, communication scripts, and everyday planning. Building on these real-world behaviors, this session offers a clear, dementia-friendly overview of where AI helps today—and how to keep it safe, ethical and person-centered.

We will outline **ten practical methods** to support people living with dementia using AI (e.g., step-by-step activity coaching; behavior-support prompts; reminiscence cues; plain-language summaries of medical letters; wayfinding and routine building), show **examples** of dedicated tools (e.g., **Meshi AI** for caregiver counseling around challenging behaviors; **Musical Meetings** for personalized music to boost mood and connection), and propose **collaboration models** between Alzheimer associations, HMOs/health systems and impact entrepreneurs to accelerate co-design and evaluation. We will also share “what works” **templates** - prompts and guardrails - for safe, respectful use by caregivers.

Because AI evolves rapidly, the session will highlight **recent advances** (caregiver chat systems, personalization, multimodal inputs) and keep late-breaking content open, so April 2026 attendees receive the **most up-to-date view**. We will close with a forward look—what’s coming next—and an interactive Q&A to capture feedback from clinicians, associations and caregivers worldwide.

Participants will leave with a **field-tested toolkit**, ready to try the “next helpful step” safely and effectively the same day.

1150

Microbiota and Alzheimer's disease – The MICMALZ study

Dr Sylvie Claeysen¹, Dr Léo Boussamet¹, Dr Germain Busto², Dr Lucy Kundura¹, Dr Sylvaine Artero¹, Dr Yves Dauvilliers², Dr Karim Bennys², Dr Audrey Gabelle², Dr MICMALZ Group³

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Topic

Dementia research and innovation: Dementia beyond the amyloid hypothesis (including new genes, oral hygiene, gut microbiome, autoimmune diseases, neuroinflammation)

Abstract

Aims: The gut microbiota plays a vital role in human health and influences brain function. Age, diet and sleep alter the composition of the microbiota and are also risk factors for Alzheimer's disease (AD). Our objectives are to: describe the microbial signature of the microbiota in AD patients compared to controls, decipher the role of confounding factors (diet and sleep), and test the impact of the AD microbiota on memory in mouse models.

Methods: Patients with confirmed AD biomarkers, subjects with memory impairment but not AD, and healthy subjects were recruited. Metagenomic and metabolomic analyses were performed on stool samples. The groups were compared taking into account sociodemographic and cognitive profiles, cerebrospinal fluid (CSF) biomarkers, sleep parameters and dietary habits, as assessed using validated questionnaires. We analysed the impact of microbiota composition on cognition and the pathophysiology of AD by performing faecal microbiota transfer (FMT) to 5xFAD mice or their control littermates using stool samples from subjects with and without AD and healthy subjects.

Results: As expected, AD patients showed decreased cognitive scores, a higher prevalence of the APOE4 genotype, altered CSF biomarkers and hippocampal atrophy compared to non-AD subjects. Metagenomic analyses revealed that the gut microbiota composition of AD patients differs from that of non-AD subjects and healthy participants. FMT experiments showed engraftment of specific bacteria in mice, resulting in impaired memory performance and higher levels of amyloid in the recipient mice's brains.

Conclusion: The MICMALZ study shows that AD is associated with gut microbiota dysbiosis and highlights specific bacteria. When transferred into mouse models, the dysbiotic microbiota of AD patients impacts memory and induces amyloid accumulation. The gut microbiota composition is an additional parameter that should be considered when stratifying patients, as this could pave the way for new interventions based on restoring a healthy microbiota.

1153

The Development of Hong Kong's National Dementia Plan

Dr Ching-Choi Lam

Advisory Committee on Mental Health, Hong Kong. Hong Kong. Haven of Hope Christian Service, Hong Kong

Plenary session

Plenary 1: Beyond the plan; The future of dementia policy

Abstract

TBC



1154

Integrating Dementia into the Global NCD and Mental Health Agenda: WHO's response to the Global Action Plan Extension

Ms Devora Kestel

World Health Organization, Switzerland

Plenary session

Plenary 1: Beyond the plan; The future of dementia policy

Abstract

Growing alignment across global health agendas presents a strategic opportunity to strengthen the global response to dementia. The extension of the Global Dementia Action Plan on the Public Health Response to Dementia to 2031 reaffirms international commitment to addressing dementia as a major public health, social, and development priority. This momentum is further reinforced by the landmark Political Declaration adopted by the United Nations General Assembly in December 2025, which formally places mental health at the core of the global noncommunicable disease (NCD) agenda and calls for more integrated, people-centred approaches to health and well-being.

Dementia is closely interconnected with other NCDs, mental health conditions, and neurological disorders, including through shared risk factors, service delivery challenges, and social impacts. Despite this, dementia remains insufficiently integrated within broader NCD and neurological strategies. This plenary will examine why greater integration across global policy frameworks is essential, and how dementia can be more effectively aligned with NCD, mental health, and neurological agendas, including WHO's Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders (IGAP).

By framing dementia within integrated health and developmental responses, countries can strengthen health and social care systems, improve efficiency, reduce stigma, and deliver better outcomes for people living with dementia and their caregivers, particularly in low- and middle-income countries. As governments move to implement the extended Global Dementia Action Plan alongside commitments from the 2025 UN Political Declaration and IGAP, this plenary will highlight the political leadership and cross-sectoral action required to translate global momentum into meaningful impact.

1156

From Dementia Prevention to Argentinian National Policy: A Life-Course Approach in Action

Dr Facundo Manes

Favaloro University, Argentina

Plenary session

Plenary 1: Beyond the plan; The future of dementia policy

Abstract

Dementia is one of the most pressing global health challenges of our time, with profound consequences for people living with the condition, their families, caregivers, and health systems. A substantial proportion of dementia risk can be modified through prevention strategies applied across the life course. The central challenge for societies today is no longer whether dementia prevention is possible, but how to translate this growing body of evidence into effective, sustainable, and equitable public policy.

I will explore how dementia prevention can be embedded within national policy frameworks that address brain health across the lifespan, while keeping dementia outcomes at the center. When understood operationally, brain health is not a vague or competing agenda, but a strategic policy lens that integrates what we already know works—education, cardiovascular prevention, mental health, social connection, and equity—into a coherent approach to dementia risk reduction. In this sense, brain health does not dilute dementia policy; it strengthens it by shifting the focus from late-stage disease management to upstream, population-level prevention with measurable impact.

I will draw on Argentina's recent legislative experience, where the National Congress advanced a national law establishing a Program for the Promotion of Brain Health and the Fight against Alzheimer's Disease and Other Dementias. This framework combines prevention, early detection, care, research, and workforce development, while explicitly recognizing the rights of people living with dementia and the essential role of caregivers. Built through collaboration among scientists, Alzheimer associations, civil society, and policymakers, the law illustrates how evidence-based advocacy can be translated into concrete, implementable national policy.

As populations age worldwide, the question is no longer whether governments can afford to invest in dementia prevention, but whether they can afford not to.

1157

‘Navigating Life with Dementia: A Personal Journey of living an enjoyable and meaningful life

Mr Bill Yeates

ADI, Australia

Plenary session

Plenary 2: Risk reduction in action; pre & post diagnosis strategies

Abstract

TBC



1158

ICOPE and Alzheimer Prevention & Early diagnosis

Prof Bruno Vellas

Gerontopole & Geriatric Internal Medicine department, Toulouse University Hospital, France

Plenary session

Plenary 2: Risk reduction in action; pre & post diagnosis strategies

Abstract

TBC



1159

Latin American Initiative for Lifestyle Intervention to Prevent Cognitive Decline (LatAm-FINGERS): Study design and harmonization

Dr Ricardo Allegri

Fleni Neurological Research Institute, Argentina

Plenary session

Plenary 2: Risk reduction in action; pre & post diagnosis strategies

Abstract

TBC



1160

Dementia risk reduction: Updates from the Lancet Commission

Prof Gill Livingston

University College London, United Kingdom

Plenary session

Plenary 2: Risk reduction in action; pre & post diagnosis strategies

Abstract

TBC



1161

Equity in Mind: Supporting Pacific Brain Health Across Generations

Mr Etuini Ma'u

University of Auckland, New Zealand

Plenary session

Plenary 2: Risk reduction in action; pre & post diagnosis strategies

Abstract

TBC



1162

Changing the Social Narrative Surrounding Stigma or Isolation

Mr John-Richard Pagan

Lewy Body Dementia Association, USA

Plenary session

Plenary 3: Changing minds: Tackling stigma and building dementia-inclusive societies

Abstract

TBC



1163

Dementia Awareness: A Latin American Spark

Ms Ingrid Wellington

Asociacion de Apoyo a los Familiares de Pacientes con Alzheimer y Otras Enfermedades Demenciales (AFAPADEA), Panama

Plenary session

Plenary 3: Changing minds: Tackling stigma and building dementia-inclusive societies

Abstract

TBC



1164

The importance of investment: raising awareness and combatting stigma

Prof Philip Scheltens

EQT Life Sciences, Netherlands

Plenary session

Plenary 3: Changing minds: Tackling stigma and building dementia-inclusive societies

Abstract

TBC



1165

Addressing awareness and stigma within indigenous communities: lessons from Canada

Prof Christina Scicluna

Alzheimer's Society of Canada, Canada

Plenary session

Plenary 3: Changing minds: Tackling stigma and building dementia-inclusive societies

Abstract

TBC



1166

The Conundrum of Cost-Effectiveness of Dementia Interventions: Implications for Advocacy

Prof Soeren Mattke

University of Southern California, USA

Plenary session

Plenary 4: Plenary - Data that delivers: Information systems for better dementia care

Abstract

Relative to the high prevalence and substantial burden of dementia, funding for treatment and interventions is limited. The perception that dementia care is not cost-effective contributes to the lack of funding. The lecture explains the method of cost-effectiveness analysis (CEA) and its limitations, especially when applied to dementia care.

Cost effective does not equate cost saving; it means that the incremental cost of a new intervention over standard of care is adequate relative to its incremental value, called the Incremental Cost Effectiveness Ratio (ICER). Incremental value is often expressed in Quality-Adjusted Life-Years (QALYs). In the U.S., QALYs are conventionally monetized at \$150,000, i.e., an invention is cost-effective if it does not add cost over \$150,000 per QALY gained. Other jurisdictions use lower valuations. While ICERs play a prominent role in the debate of the value of new interventions, very few countries use it as sole criterion to allocate funding.

CEA is criticized based on methodological concerns, mostly the challenge of constructing valid QALYs, and based on several philosophical considerations. First, the method aims at maximizing overall social welfare without distributional considerations, i.e., does not value care provided to vulnerable or disadvantaged populations more highly. Second, it discriminates against geriatric interventions, because of the limited potential gains in life-years and therefore QALYs. Third, as a marginal analysis it favors incremental over breakthrough innovation, as high cost of the standard of care will allow a higher valuation of an innovation.

To summarize, CEA is only one method to quantify the value of new interventions and it has several limitations. Given that societies also value fairness, innovation and a long-term perspective, we need to convince policymakers to embrace a broader conception of value and methods to quantify additional value components, like fairness and innovation, and data to inform this dialog.

1167

Harnessing Big Data in Dementia Research: The Critical Role of Data Harmonisation in Global Initiatives

Prof Miia Kivipelto

Karolinska Institute, Sweden

Plenary session

Plenary 4: Plenary - Data that delivers: Information systems for better dementia care

Abstract

TBC



1168

Cognitive Trajectories and Dementia Burden in Latin America: Emerging Epidemiologic Patterns.

Dr Jorge Llibre-Guerra

Washington University, USA

Plenary session

Plenary 4: Plenary - Data that delivers: Information systems for better dementia care

Abstract

Background: Latin America is undergoing rapid demographic aging, but it's unclear whether dementia prevalence is following the declining patterns observed in high-income countries. We examined time trends in dementia and cognitive trajectories across five countries using data from the 10/66 Research Group.

Methods: We used population-based data collected in two waves (Wave 1: 2003–2006; Wave 3: 2016–2020) across five sites in Latin America. Each wave sampled community-dwelling adults aged 65 years plus within the same catchment areas and included both surviving participants from earlier waves and newly age-eligible individuals. Cognitive performance was assessed using standardized instruments, enabling characterization of population-level cognitive trajectories by age, sex, and education, and Dementia was ascertained using the validated 10/66 diagnostic algorithm. Associations with modifiable risk factors were examined using regression-based approaches.

Results: Crude dementia prevalence increased across all sites, with the largest absolute differences observed in Puerto Rico (+5.0 percentage points), Mexico (+4.4), and Peru (+3.9). After standardization, prevalence remained stable in Cuba (from 9.2% to 8.1%) and Dominican Republic (from 10.6% to 10.8%) but increased in Mexico (from 7.0% to 10.8%), Peru (from 6.2% to 10.1%), and Puerto Rico (from 7.7% to 12.7%). Population-level cognitive trajectories showed greater cognitive decline among individuals with lower educational attainment and higher burden of modifiable risk factors, including physical inactivity, social isolation, depression, and diabetes. Adjustment for these factors attenuated increases in dementia prevalence and contributed meaningfully to more favorable observed cognitive trajectories, beyond those attributable to demographic aging alone.

Conclusions: Dementia burden in Latin America is increasing heterogeneously and closely linked to unfavorable cognitive trajectories shaped by life-course educational disadvantage and modifiable risk factors. Persistent educational disadvantage and an increasing burden of modifiable dementia-related risk factors appear to shape these trends.

1169

Risk and Resilience in Autosomal Dominant Alzheimer's Disease: Insights from the Colombia–Boston Biomarker Study

Dr Yakeel Quiroz

Multicultural Alzheimer's Prevention & Protection (MAPP) Lab, Boston University, USA

Plenary session

Plenary 5: The frontiers of dementia science and innovation

Abstract

TBC



1170

Current trends in dementia research

Dr Jose Luchsinger

Colombia University, USA

Plenary session

Plenary 5: The frontiers of dementia science and innovation

Abstract

TBC



1171

Use of Amyloid Targeting Therapies in a Veterans Memory Disorders Clinic in the United States.

Dr Andrew Budson

VA Boston Healthcare System, USA

Plenary session

Plenary 6: The dementia care continuum: Diagnosis, treatment, and support

Abstract

Beginning in October 2023, the Veterans Affairs (VA) Boston Healthcare System was the first VA Medical Center in the country to offer the amyloid targeting therapies (ATTs), lecanemab and donanemab. Here we review our experience with prescribing these medications to patients who were initially seen in the Memory Disorders Clinic from January 1, 2023 to March 31, 2025.

We have published our experience in establishing an interdisciplinary and interprofessional team to develop the protocols, policies, and procedures to evaluate patients for amyloid targeting therapies, as well as to review eligible candidates for the medications and to monitor patients for adverse events, such as infusion-related reactions and amyloid -related imaging abnormalities (Turk et al. *Neurology. Clinical practice* 14(6) (2024):e200346). Nationally, the VA developed suggested "criteria for use" guidelines for amyloid-targeting therapies, which have evolved slightly over time as science and clinical practice has progressed.

Over the 27-month period, 711 patients were evaluated for concerns of impaired memory, language, or other aspects of cognition. The VA criteria for use during this time included a score on the Montreal Cognitive Assessment (MoCA) of 17 or greater, no more than one ApoE e4 allele, and no anticoagulants other than aspirin. Of the 711 patients, 559 (78.6%) had a MoCA of 17 or greater. Of those 559 patients, 187 (33.5%) were considered for ATTs and an amyloid PET scan was ordered. The scan was positive in 132 patients (70.6%). Of the 132 patients with the positive amyloid PET, 40 patients (30.3%) were started on ATTs, 36 on lecanemab and 4 on donanemab. The most common reason for not starting the patient on ATT was change in MoCA to be less than 17 (26.1%), followed by anticoagulant use (23.9%), patient declining ATT (16.3%), ongoing workup (15.2%), and ApoE e4 homozygous (7.6%).

1172

Living with Dementia Reconsidered: A Call to Action

Prof Linda Clare

University of Exeter Medical School, United Kingdom

Plenary session

Plenary 6: The dementia care continuum: Diagnosis, treatment, and support

Abstract

This talk presents a call to action from people living with dementia and carers based on evidence from IDEAL, an 11-year social science research programme on improving the experience of living with dementia and enhancing active life.

The IDEAL programme aimed to build a framework showing how experience in many domains of life combines to shape perceptions of quality of life and well-being for people living with dementia and care partners and outlining what is needed to maintain quality of life and well-being over time. The ALWAYSs involvement group of people with dementia and care partners worked with researchers to shape the programme, co-produce resources and develop the call to action.

The presentation describes the evolution of the research programme and shows how the resulting evidence was used to co-produce a range of resources, culminating in the call to action.

IDEAL research evidence presented in over 80 scientific papers was synthesised to develop 'living with dementia maps' for people with dementia and care partners, showing the overall framework and the detailed influences within each life domain, and acknowledging the impact of diversity and inequality on quality of life and well-being.

This evidence formed the basis for co-producing resources to support life with the condition and initiatives to raise public awareness. When the opportunity arose to present IDEAL findings in a book, ALWAYSs group members suggested viewing it as a manifesto for change. For each chapter outlining an element of the framework, they reflected on the content and produced a statement about the change they wanted to see.

These ten statements form their call to action, a timely reminder that amidst growing optimism about new treatments and preventive possibilities, we need to stay focused on evidence-based ways of improving the experience of living with dementia for everyone affected by the condition.

1173

Transforming the Dementia Mate Wareware© Journey: Uniting Services, Data and Advocacy for Change in Aotearoa New Zealand

Ms Catherine Hall

Alzheimer's New Zealand, New Zealand

Plenary session

Plenary 6: The dementia care continuum: Diagnosis, treatment, and support

Abstract

Aotearoa New Zealand is at a critical stage in its response to the growing dementia mate wareware challenge. Moving past fragmented local efforts, Alzheimers New Zealand pioneered, and is now leading, a transformative integrated approach to bridge the gap between lived experience and national policy.

Using our joint Service Delivery Model, we combine advocacy, research, and lived experience to improve outcomes for people with dementia mate wareware, their whānau (family), and communities. Our approach builds essential skills, knowledge and networks across the health, aged care, and social sectors.

Our Service Delivery Model establishes best practice self/whānau-directed community-based services and was developed with people living with dementia mate wareware. By centralising a first-of-its kind Aotearoa-wide National Data Set, Alzheimers NZ is moving from anecdotal evidence to rigorous, evidence-based advocacy.

Our analysis reinforces what we already knew: services are inequitable and underfunded. Our Service Delivery Model provides a clear roadmap forward for sustainable, community-based services that reduce pressure on the health system and its costs. We've combined this data with targeted advocacy, including the implementation of the Dementia Mate Wareware Action Plan to drive system-level change and long-term investment.

By integrating lived experience, best practice policy and data analysis, our advocacy delivers a clear and compelling call to action for government to strengthen community dementia mate wareware services - a call that resonates across the health, aged care, and social sectors.

1174

Living with Alzheimer's: A Daughter's Story

Ms Samantha Rukandema

ADI Global Dementia Expert Panel, Uganda

Plenary session

Plenary 7: Caring for the carers: Strength, support, and sustainability

Abstract

As I reflected on what I would be speaking about at this conference, I was forced to take stock of my journey with Alzheimer's.

My name is Samantha Nganwa Rukandema .My father was diagnosed with Alzheimer's Disease in around 2017. I never would have imagined the rollercoaster ride this disease has taken me and my family on. When Dad called my brother and I and light heartedly broke the news that doctors suspected he had Alzheimer's Disease and if so, it was in early stages...' nothing to worry about!' I realized I knew next to nothing about this disease. I took him at his word- it was "nothing to worry about". Within 2 years he was being declared a person of unsound mind; one of the most difficult things I've been involved with in my life. Our father, a maxillofacial surgeon, had always been the smartest person in the room, revered in his field and a pioneer of Dentistry in the country; the head of a large family whose late father had been a prominent cultural leader in Western Uganda.

Despite the many challenges, I now realize that at the milestones along my Alzheimer's journey, I've grown from strength to strength and have received support and comfort from Kenya; a voice on Dementia care on the international stage; and most recently a position and voice on the local stage helping others just like myself.

I intend to utilize this privilege to tackle the lack of awareness, the huge injustice and lack of trained personnel and care workers in Uganda.

1175

Overcoming Implementation Challenges for the Malaysian Dementia Action Plan

Prof Tan Maw Pin

University of Malaya, Malaysia

Plenary session

Plenary 7: Caring for the carers: Strength, support, and sustainability

Abstract

TBC



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Clinically Relevant Variants in Alzheimer's Disease-Associated Genes Among Filipinos with Late-Onset Alzheimer's Disease

Dr Veeda Michelle Anlacan, Dr Fresthel Monica M. Climacosa, Dr Christian C Ramos, Dr Angelica M Dela Cruz, Dr Francis James Gordovez, Dr John Carlo Reyes, Dr Ian Kim B Tabios, Dr Rafael Vincent M. Manalo, Dr Joana Marie C. Cruz, Dr Ajina C. Carampel, Dr Joannes Luke Asis, Dr Eric Ornos

University of the Philippines, Manila, Philippines

Topic

Dementia research and innovation: AI and innovation

Abstract

Background: Alzheimer's disease (AD) affects over 55 million individuals globally and is marked by progressive decline in cognitive ability. Late-onset AD is characterized by symptoms manifesting after the age of 65. The onset and progression of AD are influenced by both genetic and environmental factors due to its multifactorial nature. Although single nucleotide polymorphism variants on AD-associated genes have been extensively studied in the western population, it is underrepresented in other populations. In addition, genomic-based AD studies are still deficient in the Philippines.

Aim: To identify and characterize clinically relevant variants in AD-associated genes among Filipinos with late-onset AD.

Methods: Genomic DNA extracted from clinically diagnosed Filipinos with late-onset AD (N = 28) were sent for whole exome sequencing. Bioinformatics analysis was carried out through quality control of sequence reads, alignment to the GRCh38 reference genome, and variant calling following GATK Best Practices. Annotation of variants were performed using ANNOVAR and VEP. To prioritize clinically relevant variants, filtering was performed based on population allele frequency, predicted functional impact, pathogenic assessments, and their occurrence on genes previously implicated in AD.

Results: A total of 1,568 variants were identified affecting AD-associated genes. MADD, CACNA1G, and CACNA1H were the top 3 AD-associated genes with the highest number of variant counts. Canonical AD genes such as CHAT, ACE, ABCA and ABCB genes were also identified to harbor variants among the cohort. This study provides preliminary data on clinically relevant AD-associated variants among Filipinos with late-onset AD.

Conclusion: The identification of high-impact variants underscores the need for extended genomic studies that may contribute to the development of more precise therapeutic strategies for AD in the Philippines.

P1**Bridging the gap: intergenerational learning between college students and nursing home residents with dementia**

Prof Renee Lynn Beard, Ms Kit Meszaros

College of the Holy Cross, Worcester, USA

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

The COVID-19 pandemic laid bare the social inequities and vulnerabilities within the American nursing home industry that social gerontologists have spent decades trying to address. It simultaneously revealed the ugly underbelly of ageism that the discipline was, in many ways, established to help eradicate. Intergenerational learning is thought to be an effective approach to disrupting ageist stereotypes youth may hold and addressing the social isolation of participants. The aims of this study were to bridge the gap between undergraduate students and nursing home residents with dementia. Using a mixed-method approach, I explored the benefits of intergenerational learning between college students and nursing home residents with dementia using Anne Basting's improvisational storytelling method TimeSlips™ (TS). This 5-year intervention study included student data (pre- and post-tests as well as focus groups and self-reflection papers with 52 students) and observational data of resident engagement during six semester-long sessions. The main findings included: 1) for students, exposure to intergenerational conversations and interactions that helped counter ageist and ableist social assumptions and disrupt fear of aging and dementia and 2) for residents, in-the-moment benefits of engaged, meaningful interaction and increased quality of life. This supports prior research that has demonstrated the benefits of arts-based interventions and intergenerational programming. In conclusion, intergenerational learning has the dual benefit of disrupting negative views of aging and older people for youth participants while simultaneously providing connection and social interactions for residents with dementia. Importantly, it also has the potential to break down our cultural reticence to talk about death and imagine ourselves as future old people and as mortal.

P2

Radio Alzheimer! An information channel for people living with dementia, their caregivers and the general public

Mrs Lorène Gilly, Mr Laurent Dupuis

France Alzheimer et maladies apparentées, Paris, France

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Radio Alzheimer, created in March 2018 by our association, is an interactive digital radio station aimed at informing, raising awareness and bringing support to people living with dementia, their caregivers and healthcare professionals.

Radio Alzheimer offers a diverse range of programming through various podcast formats, organized by themes: Daily Life, Culture, Research, Good Deeds and Heartwarming Stories, and Bande à part, a show hosted by people living with the disease.

Among its flagship formats, the show **“Focus”** highlights meaningful initiatives across the country and gives a voice to stakeholders from associations, institutions or research fields. **“Your Questions, Our Answers”** allows listeners to engage live with specialists on specific topics.

Radio Alzheimer produces around 70 podcasts per year, broadcast on the association's website and through a mobile app. It helps improve access to information, disseminate best practices, and strengthen social bonds—recognized as a protective factor against the disease. For the association, this radio station serves as a genuine tool for awareness, mobilization, and inclusion.

As our president emphasizes, this initiative aims to fight isolation and gives a voice back to those living with dementia: “They have things to say. So, let's listen to them.”

P3**Breaking Barriers: “Ironminds” to Destigmatize Dementia through Sport, Education, and Science.****Mr Hassan Fadli**

France Alzheimer, paris, France

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Dementia remains widely misunderstood and stigmatised, contributing to delayed diagnoses and insufficient public engagement supporting brain health. Driven by personal experience as caregiver/s, the 5 Ironmans Beat Alzheimer's (5IBA) initiative combines endurance sports, community storytelling, and scientific research to raise awareness, promote prevention, and reduce stigma around dementia.

Our initiative aims to foster dementia awareness across all generations by linking athletic endurance with mental resilience; to educate communities about prevention strategies; and to catalyse research into brain health through sport-based data collection.

Between 2023/24, 5IBA completed five Ironman races across Europe while filming a documentary featuring 60+ interviews with scientists, healthcare professionals, patients, and caregivers. The initiative conducted over 30 educational activations in schools, universities, and care homes, reaching over 15,000 people. Concurrently, a pilot longitudinal clinical study with endurance athletes investigates the effects of intense physical activity on cognitive resilience using multi-modal data from wearables, diagnostics, fluid biomarker analysis, and lifestyle tracking. 5IBA has generated widespread media coverage and grassroots engagement across Europe, showing early signs of impact in reducing stigma and increasing youth awareness. Preliminary findings from the pilot research indicate protective effects of endurance sports on brain health, supporting a model where physical activity serves as a cognitive-reserve buffer. 5IBA is pioneering a new model of dementia advocacy by integrating sport, education, and science. By connecting deeply personal stories to public health strategies and translational research, this initiative contributes to a shift in how dementia is perceived and prevented. Its scalable, transdisciplinary approach offers a blueprint for innovative awareness campaigns with lasting societal impact for an inclusive brain health paradigm.

P4**Full time unpaid Carers 1 in 10, the Silent Sufferers of our Global Humanitarian Crisis. No one understands what it means to be a full-time unpaid carer unless they have lived it. Wish to tell my story on what it means and share my carers tips from diagnosis to passing.****Ms Deanna Marinella Mastellone**

Dementia Australia, Sydney, Australia

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

If you have lots of money then you can afford to pay for care. No money - government will provide your care. Everyone else has two choices, either sell everything to pay for their care or sacrifice everything to look after your loved one at home. It is absolute hell on earth being a full-time unpaid carer for a loved one with dementia at home 24/7. Zero tax concessions = huge unjust financial worries, sleepless nights and living on my overdraft since 2015. Most full-time unpaid carers globally lose everything, after sacrificing their career, their health, financial security and their life. Dementia sucks the life out of you, being endlessly patient, showering and dealing with double incontinence, makes us all feel like the walking dead from sheer exhaustion 7 days a week. No one understands what it means to be a full-time unpaid carer for a loved one with dementia. Full-time unpaid carers are just too tired to speak out. There is huge ignorance globally of the endless sacrifices every full-time unpaid carer makes, saving annually globally billions of dollars for all their selfless care. I would like to share my story of looking after mum from 2013 to 2018. I had no idea what lay ahead looking after mum at home, being forced to resign by a horrible boss due to mums' dementia the Friday before Christmas 2014. I did my best to keep her independent for as long as possible. I made sure we laughed together every single day. It is the most devastating journey watching your loved one disappear before your eyes and there is absolutely nothing you can do to help stop their deterioration. You feel absolutely helpless, lost, angry, fearful, exhausted, forget who you are. You have no life, no time for yourself.

P5

Interventions addressing fear of dementia among middle-aged and older adults: A scoping review

Miss Huohuo Dai¹, Dr Hongxia Shen², Dr Anke Versluis¹, Mr Chao Sun¹, Mrs Eveline M. Dubbeldeman¹, Prof Niels H. Chavannes¹, Dr Jiska J. Aardoom¹

¹Leiden University Medical Center, Leiden, Netherlands. ²Guangzhou Medical University, Guangzhou, China

Topic

Dementia awareness: Attitudes, awareness and stigma

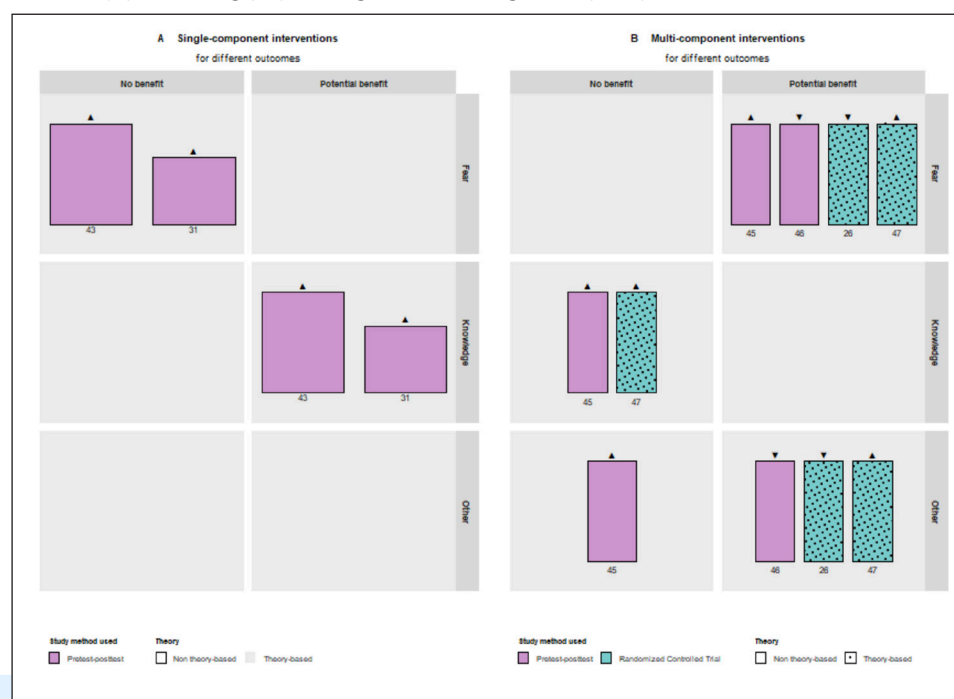
Abstract

Aim: To comprehensively map and summarize interventions designed to reduce fear of dementia among middle-aged and older adults.

Method: A systematic search was conducted across five databases, yielding 10,370 records. Screening was facilitated by the active machine learning tool ASReview, resulting in six studies meeting inclusion criteria. Data were extracted and synthesized using narrative methods and harvest plots to categorize intervention types and assess their effectiveness.

Results: Identified interventions included education, physical exercise, cognitive restructuring, mindfulness, and behavioral activation. Multicomponent interventions generally demonstrated greater effectiveness in reducing fear of dementia, while single-component interventions mainly improved knowledge but had limited impact on fear reduction. eHealth interventions were feasible, acceptable, and showed promise in addressing dementia-related fear.

Conclusion: Findings underscore the importance of developing theory-driven, dementia-friendly interventions with rigorous evaluation designs. Further research is needed to expand the use of accessible eHealth approaches that engage both persons living with dementia-related fear and their care partners, ultimately promoting psychological wellbeing and quality of life.



P6

From Fairy Tales to Real Learning: Enhancing Primary School Students' Understanding of Dementia and Cultivating Positive Attitudes toward People Living with Dementia

Mr Hung-Hsiu Lin¹, Ms Chia-Chun Chang², Ms Li-wen Wang³, Ms Hsin-Yi Lin¹, Dr Chia-Wei Hung¹

¹Department of Neurology, Taipei City Hospital, Zhongxiao Branch, Taipei, Chinese Taipei. ²Occupational Therapists Professional Union, New Taipei City, Chinese Taipei. ³The Ethnicity and Mental Health Improvement Project, London, United Kingdom

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Background: Building dementia-friendly communities requires improving public awareness and fostering positive attitudes toward dementia. Understanding dementia should start from childhood, so it is important to understand the primary school student's recognition of dementia and how they would interact with people living with dementia. This study aimed to observe knowledge and attitude changes after role-play scenario education on dementia.

Methods: Twenty-four fourth-grade students joined a 90-minute course. It began with a pre-class worksheet on their experiences with older adults and perceptions of dementia. The Seven Dwarfs Growing Old, was used in a role-play activity to illustrate dementia symptoms based on the Ascertain Dementia 8-item Informant Questionnaire (AD-8). The session was delivered by two professionals who guided students to recognize AD-8 symptoms and corrected stigmatizing terms when they appeared. Small-group discussions and an improvisation session on "what we can do" were also conducted. An after-class worksheet was completed to assess learning outcomes.

Results: The pre-class worksheet showed that 58% of the students lacked knowledge or used negative terms to describe dementia. After the intervention, all students were able to recognize at least one common symptom of dementia. More importantly, students demonstrated a clear shift in attitudes. They proposed constructive strategies such as "talking with older adults" and "helping them," and emphasized the importance of patience and respect. The results indicated improvements in both knowledge and attitudes.

Conclusion: Story-based role-play and brainstorming discussions effectively improved students' recognition of dementia-related behaviors and transformed negative stereotypes into positive attitudes. These findings suggest that early dementia education can reduce stigma and empower students to contribute actively to dementia-friendly communities with their passion and creative solutions. This pilot study demonstrates the potential of integrating dementia education into primary schools as a scalable approach to stigma reduction.

P7**Choose your own adventure: an interactive, video-based resource to build de-escalation skills for healthcare students working with older adults**

Dr Alison Jane Canty, Dr Cassandra Thomson, Dr Joanna Sun, Mr Drew Stansbury

Wicking Dementia Research and Education Centre, University of Tasmania, Hobart, Australia

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

This project aims to enhance mental health competency among healthcare providers working with older adults across various care settings. Central to this initiative is the development of a modular, interactive, video-based case study resource designed to build skills in managing and de-escalating heightened emotion and distress experienced by older adults with mental health issues. The interactive video features actors and scripted scenarios with decision points, enabling learners to explore the outcomes of their choices in real-time. The scenario was carefully crafted to reflect common challenges encountered in healthcare settings, including communication difficulties, anxiety and pain, and emotional distress specific to older adults. The resource was developed with a focus on experiential learning, allowing students to learn practical skills such as active listening, empathy, and promoting autonomy by offering choice. This innovative learning resource aims to enhance the ability of learners to manage high-pressure situations and to also foster a deeper understanding of the unique needs of older adults experiencing mental health issues.

This presentation will cover the project planning, script development, videography, platform integration, delivery and evaluation of the learning resource when used with Australian university students enrolled in a fully online subject entitled "Older Adult Mental Health and Wellbeing". This project was supported by funding from the Australian Psychogeriatric Nursing Association, contributing to the advancement of mental health care for older adults.

P8

Māngalo: A Tongan conceptualisation of dementia

Mr Tevita Vungamoeahi¹, Dr Etuini Ma'u², Dr Staverton Kautoke³, Ms Makoni Havea³, Dr Sione Vaka⁴

¹Pacific Dementia Māngalo, Auckland, New Zealand. ²University of Auckland, Auckland, New Zealand. ³Te Whatu Ora Counties Manukau, Auckland, New Zealand. ⁴University of Waikato, Hamilton, New Zealand

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Dementia is an irreversible neurological syndrome characterised by progressive cognitive impairment and associated functional decline. With age the greatest risk factor for dementia, prevalence is projected to significantly increase over the coming decades as the Pacific population in NZ ages.

Despite the clear benefits associated with timely diagnosis and access to post-diagnostic supports, it has been estimated that half of dementias go undiagnosed in NZ, and the proportion of undiagnosed dementia is even higher in Pacific peoples. The reasons for these lower rates of diagnosis are multifactorial.

Along with the well documented access barriers faced by Pacific peoples in NZ, there are also communication barriers to receiving a diagnosis. A core requirement is the need for shared understanding of concepts and terminology. Without this, miscommunication is inevitable. While symptoms of cognitive impairment and their associated functional impairment have long been recognised in Tonga, there has never been a common term for dementia, and many existing terms do not fully capture the essence of dementia. It is likely this contributes to the lower rates of assessment and diagnosis in Tongan communities.

In consultation with the community in both Tonga and the diaspora, a new terminology has been suggested. Māngalo provides a conceptual description of dementia that encapsulates the core characteristics of dementia while maintaining the dignity and respect of our elderly. The māngalo analogy also allows for framing of dementia in a way that resonates with our Tongan community, thereby facilitating a shared understanding of dementia prevention, intervention, and care.

P9

Behind the Uniform: Barriers and Pathways to Dementia Support in Veterans

Dr Michele Board, Mrs Rebecca Dew, Prof Paula Callus, Ms Susan Sloan, Dr Reza Yousefzadeh

Bournemouth University, Bournemouth, United Kingdom

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Background: Despite international literature suggesting links between military service and risk factors for developing dementia, little to no research has explored the experiences of veterans. Furthermore, recent research has highlighted the challenges in accessing veterans living with dementia. It is well-known that help-seeking behaviours within the military and veteran community can be limited, and even further, little is known about what may facilitate or inhibit a veteran seeking help for memory concerns. Considering the heightened exposure to risk factors for developing dementia, understanding this could be crucial to improving timely access to support.

Methods: Using a mixed-methods approach, UK veterans were invited to complete an online survey comprising a mix of quantitative and qualitative questions. Key topic areas included experience in the military (e.g. length of service, branch) and with dementia (personal connections, memory concerns), awareness and attitudes towards dementia, and barriers and enablers to seeking support. Focus group(s) were also conducted to further explore the topics in discussion.

Results: Preliminary results strongly suggest influence of military culture and stigma around dementia as key barriers to help-seeking and not wanting to appear "weak". Increased awareness in the veteran community around dementia and its links to military service may help facilitate veterans seeking help for memory concerns, as well as the importance of veteran-specific support and increasing veteran-friendly services. Data collection/analysis is ongoing at the point of abstract submission. Based on initial findings we co-produced with veterans an animation to raise awareness of dementia.

Conclusion: The final results of the survey will be shared at the conference with the animated film co-created with veterans raising awareness about dementia for veterans and military personnel.

P10

The development of empathy in healthcare students towards people living with dementia during undergraduate education.

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aim: Empathy is a core characteristic expected in healthcare professions, as it fosters better therapeutic relationships and recognition of personhood. However, there are concerns that empathy can decline in healthcare students during their education. This is a particular concern for dementia education, as people with dementia often report episodes in healthcare that lack empathy, compassion, and dignity. Currently, there is a lack of knowledge about the factors that impact empathy in healthcare students towards people with dementia. To enhance awareness in dementia education, this study aimed to identify the factors that impact empathy development in students towards people with dementia during undergraduate education.

Methods: A mixed-methods study was completed. First, to identify empathy development, a grounded theory qualitative study was undertaken using semi-structured interviews at two timepoints, over eighteen months with ten nursing, ten physiotherapy, and ten medical students. Data was analysed using constant comparison techniques. Next, a quantitative study, using multiple regression analysis on paired survey data (n=1,611) was completed to assess whether knowledge and attitude scores towards dementia were associated with empathy. Findings from both studies were integrated to create a conceptual model that outlined empathy development.

Results: Students' capacity for empathy towards people with dementia was influenced by their moral values and principles, and their experiences during clinical exposure, which resulted in a shift in ideals that impacted emotional self-efficacy. Understanding the lived experience of dementia, effective communication, and role model influence were found to shape empathy. Quantitative outcomes suggested that higher knowledge and person-centredness towards dementia were predictors of empathy.

Conclusion: Findings show that a multimodal approach is needed in dementia education to address student, educational, and systemic factors to enhance empathy during the undergraduate years. Improving student confidence and increasing knowledge, and person-centredness towards dementia should be prioritised in education to facilitate empathy.

P11**Co-creation of a board game to raise positive awareness of dementia**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

To build a dementia-friendly society, it is essential to raise positive awareness that people with dementia can live hopefully as themselves in their communities. Education addressing dementia is becoming more common in schools. However, there are few educational materials that communicate a positive awareness of dementia in a way that is easy for children to understand. We have developed a board game, based on the traditional Japanese of sugoroku, whereby children can virtually experience life stories of people living with dementia, and think about how to interact with them. Part of the development process took place in a project-based class in collaboration with a high school and a research institute. This included hosting a series of events to which the local dementia community were invited to engage in co-creation.

Through dialogue with people with dementia, we identified the issue that society's assumptions about what they can't do often limit their chances to be active members of society. To address this problem, the high-school members generated the concept of a board game for children. We developed prototypes of the board game while collecting feedback from people with dementia and their care partners. The game's key features are (1) game mechanics that illustrate social interaction based on positive awareness of dementia, (2) diversity exhibited by people including those with younger-onset dementia and Lewy body dementia, and (3) life episodes as shared by people with dementia. We tested the prototypes with child and teen participants, using surveys, observations, and group interviews. While the results suggested some enhancement of participants' positive awareness of dementia, the negative reactions of accompanying adults were observed to influence game effectiveness. Our design approach offers insights into using games to raise positive awareness of dementia for children and to convey the hopes of people with dementia to younger generations.

P12**Enriching school education to improve dementia awareness and prevention in young people: An implementation trial of 'Teens4Dementia'**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Living well with dementia is possible and should be promoted. The risk of dementia can be reduced by following certain health and lifestyle habits. Teens4Dementia (T4D), a curriculum-aligned evidence-based educational program for junior-high-school students tackles two interconnecting problems that hinder dementia prevention and care efforts: the stigma surrounding dementia and risky behaviours typically emerging during adolescence.

Using a mixed methods approach we evaluated the implementation effects from the first study cohort, conducted with Years 7 and 8 in an independent boys' school in Australia.

Following a non-randomised waitlist-controlled design, 366 students participated (195 in Intervention; 171 in Control) in online surveys about dementia knowledge and attitudes, healthy lifestyle knowledge, behaviours and intentions to make healthy behaviour changes. A multilevel mixed regression model was used to assess both within and between group change over two timepoints. We interviewed four teachers, seven students and three parents to elicit views and experiences with T4D.

Compared to the control, significant improvements were found in the intervention group in students' knowledge (1.82, 95%CI 1.41, 2.24, $p < .001$) and attitudes (2.82, 95%CI 1.56, 4.07, $p < .001$) about dementia, physical activity days (0.54, 95%CI 0.14, 0.945, $p < .01$) and intention to reduce screen time (0.22, 95%CI 0.02, 0.42, $p < .03$). No significant change was found in their healthy lifestyle knowledge, or current and future healthy behaviours (e.g., sleep, smoking/vaping, alcohol). Interview data indicated consistently positive experiences with T4D concerning program feasibility, acceptability and appropriateness. Having more empathy towards people with dementia was the most notable theme. All participants strongly advocated for expanding the accessibility of T4D across high-schools.

Our initial findings provide crucial insights in planning for next student cohorts (girls only, co-ed and public schools). Our implementation trial will contribute to building robust evidence for starting earlier with public health policy/interventions for dementia awareness raising and risk reduction.

P13**Addressing the distinctive needs of people with Lewy body dementia and their families: The lived experiences of the patient and public involvement and engagement (PPIE) group of the COBALT* clinical trial.*****(Combining memantine and cholinesterase inhibitors in Lewy body dementia treatment).**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

People with lived experience of Lewy body dementia (LBD) are acutely aware of the personal impact of geographical variations in management and low rates of diagnosis. For example, NHS (UK) figures suggest that between 73,000 and 109,000 people over sixty-five have dementia with Lewy bodies in England, but only 15,000 have a recorded diagnosis. In response, many people are keen to offer support through public-patient involvement and engagement (PPIE). The PPIE group for COBALT; a joint UK/Australia clinical trial assessing the impact of adding memantine to commonly used dementia drugs, undertakes many trial related tasks and also initiates activities arising from members' experiences.

PPIE members collected examples of recent challenges in their experiences of health and social care. They considered what mattered most to them about the conduct and outcome of these interactions. Ways to optimise similar situations in future were discussed. Collection of case example is on-going to identify common themes.

Concerns included a lack of knowledge of the core features of LBD notably among therapists and adult social care practitioners, diagnostic delays leading to missed opportunities for timely treatment of symptoms, lack of awareness of drug contra-indications commonly encountered with LBD, and a lack of understanding of LBD progression and the challenges posed by its unpredictable nature. Solutions identified included raising awareness of LBD, greater focus on person-centred care, more involvement of family carers and increased learning opportunities directed towards practitioners less familiar with LBD.

Understanding the significance and impact of gaps in LBD knowledge and care delivery from the perspectives of people personally affected is crucial. The identification of research topics and collection of data by people with lived experience helps to ensure that research is conducted which matters most to those most significantly impacted. This process is currently underutilised within LBD research.

P14

Predictors of attitudes towards human rights in dementia

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aims: There is often insufficient awareness and understanding of dementia, leading to increased stigma of the condition and people affected by it, including those with dementia and their families. This stigma can act as a barrier to the full enjoyment of human rights for people with dementia and their families, which can then cause excess disability and worsening quality of life.

Methods: An online survey was uploaded to the Join Dementia Research platform in the UK in July 2024, closing in September 2024. For this study, the questionnaires used were the Dementia Attitudes Scale (DAS), an adapted version of the World Health Organization's QualityRights pre-training questionnaire (QRAttitudes-D), and the Attitudes to Ageing Questionnaire (AAQ). Analyses include Pearsons correlations, T-tests, one-way ANOVAs, and multivariate linear regressions. All analyses were run on SPSS.

Results: Overall, 3144 participants completed the survey. Older age and being female were found to predict attitudes towards people with dementia as human rights holders. Positive attitudes towards dementia and attitudes towards ageing were related to more positive attitudes towards human rights in dementia, and professionals/staff demonstrated lower scores on the QRAttitudes-D than other groups, suggesting more positive attitudes. However, several participants responded 'neutral/don't know' to many human rights statements, suggesting limited knowledge of human rights in dementia.

Conclusions: The results of this study can inform stakeholders about potential underlying factors concerning attitudes towards dementia and attitudes towards people with dementia as rights holders. Our findings can also be used to shape future research efforts, policies, and services to improve awareness campaigns, increase inclusivity of people with dementia and their families/care partners, and provide care that respects, protects, and promotes the human rights of people with dementia.

P15

La voz de ALMA radio program

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

This project is based on the experience of the Asociación Lucha contra el Mal de Alzheimer y Alteraciones semejantes de la República Argentina (A.L.M.A.). We understand that it is necessary to talk about dementia, to address the media, to communicate and raise awareness, and to reach more people who need to know about the disease. There are many families who need to hear professionals talk about dementia, hear other stories of families who live with it, and understand that they are not alone and that there are many who are going through or have gone through similar situations.

The project disseminates ALMA's work and services through a public radio program. It informs the general audience about dementia and delivers data on ways to delay the progression or prevention by addressing modifiable risk factors. The program also raises awareness of dementia, addresses stigma, and encourages people to seek more information, advice and support.

Target Audience: General public. According to reports and statistics, in Argentina it is estimated that one in eight adults over 65 has dementia, and that there are more than 500,000 people in the country who suffer from it.

This one-hour weekly radio program is informal, relaxed and informative. Two hosts provide information, statistics, testimonies, life stories, studies, reports, experiences and share music. Each program includes interviews with people, personalities and professionals related to the subject. 12 programs were produced during 2022, 15 during 2023, 28 during 2024 and, until September 2025, there are 18 programs.

Programs are broadcasted on 1920 Los Locos de la Azotea - Radio Online (<https://1920live.com/>) and then uploaded on the A.L.M.A. Youtube channel (<https://www.youtube.com/@a.l.m.a.asociaciondeluchac3588/videos>).

P16**The first-ever Dementia Swing: A Creative Installation to Challenge Stigma and Foster Awareness**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aims: Dementia affects not only memory but also communication, often resulting in social isolation and reduced quality of life for both individuals and their families. These challenges are compounded by stigma and misconceptions, which may further distance people with dementia from society. In the absence of a pharmacological cure, human connection remains the most effective intervention. To address both isolation and public attitudes, the first dementia swing in Belgium was created as a creative tool to raise awareness and foster intergenerational dialogue. With two separate seats, it functions as a conversational mechanism, supported by the resonance method, which applies insights from advertising and social psychology to encourage meaningful exchange.

Methods: Researchers and artists co-designed the swing after immersing themselves in the lived experiences of people with dementia in nursing homes. Their observations shaped communication strategies aimed at empathy and understanding. By placing the swing in intergenerational public spaces, it serves not only as a sculptural metaphor for connection but also as a visible statement that challenges stigma and promotes social inclusion.

Results: The swing has proven effective in stimulating dialogue and changing perceptions. At a residential care facility, residents use it spontaneously to rest and converse, while visitors engage more actively with them. A nearby daycare—previously uninvolved—now regularly brings children, demonstrating how the installation sparks intergenerational contact and reshapes attitudes toward dementia in everyday settings.

Conclusion: The dementia swing reduces isolation while simultaneously raising public awareness and countering stigma. It aligns with the mission of Alzheimer Liga Vlaanderen to promote a dementia-friendly society. Its success has motivated other municipalities to replicate the installation, extending both its social and symbolic impact.

P17

Cross-cultural validation and reliability of the Malay version of the Dementia Public Stigma Scale (DePSS-M) among adults in Malaysia

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aim: The prevalence of dementia is predicted to increase in the following decades, but dementia-related stigma continues to exist in the current society. The Dementia Public Stigma Scale (DePSS) was developed to assess this problem. However, it has not been translated and validated among the general public in Malaysia. To better understand the public stigma on dementia within the Malaysian context, we cross-culturally adapt the English version of DePSS into the Malay language.

Method: A cross-sectional study was conducted among Malaysian adults attending the Ministry of Health (MOH) primary care health services in Selangor, Malaysia, from May to September 2024. A forward and backward translation was performed, followed by content validation by ten local experts. A total of 35 participants were recruited for the pilot study and test-retest reliability. Exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were subsequently conducted on 491 participants from diverse backgrounds. Analyses were conducted using the Smart PLS version 4.1.0.8 software, SPSS version 29.0 and Jeffreys's Amazing Statistics Program (JASP).

Results: The original 16-item with a 5-factor model of DePSS was reduced to 13 items with a 4-factor model in the Malay version of DePSS (DePSS-M). The revised DePSS-M demonstrated good factor loadings (0.60-0.98) with an excellent model fit on CFA ($\chi^2/df=2.98$, RMSEA=0.07, GFI=0.93, TLI=0.91, CFI=0.94). The DePSS-M also displayed sufficient convergent ($AVE \geq 0.5$) and discriminant validity (≤ 0.85) across all constructs. The reliability assessment revealed good internal consistency with acceptable Cronbach's alpha (0.78-0.85) and composite reliability (CR) (0.78-0.86).

Conclusion: In conclusion, the DePSS-M is a valid and reliable tool that can be used to assess public stigma on dementia in Malaysia. It can also be used to inform local dementia-related policies and direct future stigma reduction strategies.

P18**Mechanisms linking contact with people with dementia to reduced public stigma****Dr Shuji Tsuda**, Dr Kae Ito

Tokyo Metropolitan Institute for Geriatrics and Gerontology, Tokyo, Japan

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Reducing public stigma toward people with dementia is facilitated by interpersonal contact. Prior research has identified three mechanisms—knowledge, anxiety about contact, and empathy (perspective-taking)—through which contact may reduce stigma. Community social capital has also been proposed as a facilitator of dementia-friendly communities, but its role as a mediating mechanism is less understood. This study examined how experiences of contact with people with dementia contribute to reduced public stigma.

In February 2025, we conducted an online survey of adults aged 40 and older ($N=2,216$; mean age 62.2 ± 10.6 years; 50.4% male). This study was approved by the Research Ethics Committee of the Tokyo Metropolitan Institute for Geriatrics and Gerontology. Participants read a vignette describing a person with moderate dementia without prominent behavioral symptoms and reported their attitudes toward the vignette. Frequency of everyday contact with people with dementia was categorized as no contact, low-frequency (specific individuals only), and high-frequency (regular interactions with multiple individuals). Mediators included dementia-related knowledge, anxiety about contact, perspective-taking, and social cohesion, assessed with validated scales. Demographic covariates were age, sex, education, income, and perceived health. Multiple mediation analyses used the no-contact group as reference to estimate indirect effects of mediators.

Compared with the no-contact group, the low-frequency group reported lower stigmatizing attitudes ($\beta = -0.240$, $p < 0.001$) with significant indirect effects via knowledge ($\beta = -0.036$, $p < 0.001$), perspective-taking ($\beta = -0.054$, $p < 0.001$), and social cohesion ($\beta = -0.027$, $p = 0.012$). The high-frequency group showed even stronger reduction in stigmatizing attitudes ($\beta = -0.525$, $p < 0.001$), with significant indirect effects via anxiety ($\beta = -0.027$, $p = 0.016$), perspective-taking ($\beta = -0.040$, $p = 0.017$), and social cohesion ($\beta = -0.047$, $p = 0.003$).

These results suggest that contact frequency influences the mechanisms by which public stigma is reduced: low-frequency contact relies more on knowledge and perspective-taking, whereas high-frequency contact emphasizes perspective-taking and social cohesion. Findings provide practical guidance for designing community programs to reduce public stigma and foster dementia-friendly communities.

P19

Development of an Immersive Experience Exhibit Designed to Create Awareness about Dementia in India

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Background: Raising awareness about stigmatizing conditions such as dementia can be challenging, especially in low- and middle-income countries. Experiential approaches can induce learning at both cognitive and affective levels. This can improve the ability to understand new information about the condition and develop empathy towards the people experiencing it. Hence, an immersive experience room was designed using various properties of immersive art and media to simulate perspectives of a person living with dementia during the World Alzheimer's Month. This design-led exhibit explores the potential of using physical immersive spaces to increase public awareness of dementia.

Methods: The exhibit was developed involving several discussions and consultations with healthcare professionals in dementia care and from lived experiences of people with dementia. Insights from the discussions were translated into interactive elements portraying symptoms of dementia based on the five domains: cognition, activities of daily living, behavioural and psychological symptoms of dementia, physical health, and caregiver support. The immersive room displayed a home-like environment depicting the life of an older adult living with dementia, featuring components like misplaced objects, disorienting signboards, and audiovisual installations to simulate memory lapses, disorientation, and perceptual disturbances. Visitors were asked to enter the exhibit individually or in groups and, upon returning, were invited to give written feedback.

Results: The feedback indicated high acceptability and had positive engagement. People reported gaining new knowledge about dementia and described the experience as concise and insightful in comprehending the challenges faced by those living with the condition. Many expressed that they gained empathetic understanding and a better ability to recognize early signs of dementia in others

Conclusion: Overall, the immersive experience proved to improve awareness about dementia, demonstrating the potential of experiential approaches for public awareness. Further development and evaluation using standardized assessments will help systematically measure the impact of such awareness exhibits.

P20

Extraordinary abilities, love and wisdom in the path of dementia

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Background: Medical discourse often defines dementia by what is lost—memory, cognition, autonomy. This framing, while clinically useful, can obscure the lived experiences of people living with dementia and the relational richness that persists and evolves. The Walking the Talk for Dementia 2025 event convened individuals with dementia, care partners, researchers, clinicians, artists and advocates to share stories that defy conventional narratives.

Research aim: To explore how participants at Walking the Talk for Dementia (WTD) 2025 transformed their perspectives on what it means to 'live with dementia', challenging traditional, deficit-based narratives.

Methods: This study draws on qualitative thematic analysis of four reflective narratives from participants of the WTD event. Each reflection was reviewed independently and then collaboratively coded by the research team. A phenomenological approach was used to identify recurring themes and emotional tones, emphasizing the lived experience and meanings associated with dementia.

Results: Three key themes emerged: (1) Dementia reimaged: participants described personal and professional transformation, embracing new roles and identities; (2) Flourishing through creativity and resilience: people living with dementia demonstrated humor, creativity, leadership, and authenticity, embodying new ways of connecting and contributing; (3) Dementia as a catalyst for love and understanding: love emerged as a force unaltered by dementia, deepening empathy, dignity, and relational closeness within families and communities.

Conclusion: The reflections from this study challenge traditional medical narratives of dementia as emphasized by decline and loss. Instead, they reveal that people living with dementia are empowered by sharing their extraordinary abilities, emotional richness, and developing human connections. The findings advocate for a shift in dementia care and research, as well as the development of dementia-friendly communities, by honouring lived experiences, creativity, and relational dignity.

P22**Raising Dementia Awareness in Nigeria: A Public Health Imperative****Mrs Obianuju Yvonne Albert**

Community Life Innovation and Health Promotion Initiative, Abuja, Nigeria

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Raising dementia awareness in Nigeria: In Nigeria, dementia is frequently misunderstood as a normal part of aging or, worse, attributed to supernatural causes such as witchcraft or ancestral curses. These misconceptions often lead families to seek traditional or religious interventions instead of medical help. The public health response to dementia in Nigeria lacks a dedicated awareness campaign. Nigeria with a population exceeding 200 million and a rapidly aging demographic, faces a potential dementia crisis if proactive measures are not taken. A strategic approach is needed to increase dementia awareness in Nigeria. First, health education campaigns should be launched using mass media, religious platforms, and community outreach programs to correct misconceptions. Secondly, primary healthcare workers must be trained to recognize dementia symptoms and provide basic counseling and referrals. Health extension workers and community health officers should be empowered to serve as the first point of contact for families affected by dementia. Furthermore, integrating dementia education into school curricula and public health training programs can foster early knowledge and reduce generational stigma. Thirdly, support systems for caregivers should be strengthened. Government and non-governmental organizations should work together to establish caregiver support groups, training workshops, and possibly financial incentives for long-term care. A national dementia plan should be established for funding, research, diagnosis, care, and public education. International partnerships with the World Health Organization (WHO) and regional bodies like the African Union could provide technical and financial support for such a strategy. People living with dementia deserve to be treated with dignity, respect, and compassion. Increasing awareness is not just a medical necessity but also a moral responsibility to protect vulnerable populations from discrimination, isolation, and neglect. In conclusion, raising dementia awareness in Nigeria requires a sustained, coordinated effort from government agencies, healthcare providers, civil society, and communities.

P23

Voicing the lived experience of Lewy body dementia through the arts: two case studies from the EMERALD-Lewy project

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aims: Lewy body dementia (LBD) is the second most common form of dementia after Alzheimer's – however, it is frequently dubbed the most common form of dementia that no-one has heard about. Hence, knowledge translation initiatives which raise awareness of LBD are urgently needed. Presented here are two case studies of novel arts-based approaches intended to offer inspiration to those working in the dementia field.

Methods: The first initiative involved people with dementia coming together in storytelling groups with a keepsake and sharing the story behind it. This process was documented by a photographer, a writer, and a professor of clinical nursing. The second initiative involved the development and piloting of a novel applied drama workshop for dementia carers and an accompanying arts-based evaluation strategy. This was created by an interdisciplinary team of scientists and artists.

Results: The first initiative was compiled in a book featuring portraits of people with dementia alongside their keepsakes and accompanying stories – given new life as poems and short stories by a professional writer. The novel arts-based pilot workshop with dementia care partners is yet to take place but will inform the final version of the workshop and the types of methodology used in this space.

Conclusions: These two case studies aim to demonstrate that arts-based participatory projects are valid approaches to: 1. generate knowledge of the lived experience of LBD and 2. provide an accessible insight into the lived experience of LBD across a wide audience, thereby raising awareness of the condition.

P24

Public awareness and stereotypes on dementia and ageing: results from a national survey in Argentina

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Background: Public knowledge and attitudes towards dementia shape early diagnosis, caregiving practices, and social inclusion. In Latin America, little is known about dementia literacy and ageing stereotypes at the population level. This study aimed to assess awareness, misconceptions, and ageist beliefs about dementia among Argentine adults, identifying barriers that perpetuate stigma and hinder help-seeking.

Methods: A cross-sectional online survey was conducted between March and April 2025, coordinated by the Alzheimer Association of Argentina (ALMA). The questionnaire included sociodemographic data, the Dementia Knowledge Assessment Scale (Spanish version), and the CENVE short scale for ageing stereotypes. Descriptive and comparative analyses were performed by education, profession, and exposure to dementia using non-parametric tests ($p < 0.05$).

Results: A total of **463 respondents** from all Argentine provinces completed the survey (82% female; 55% university educated; 36% health professionals; 24% caregivers). Only **26%** correctly recognized that dementia is not a normal part of ageing. Ageing stereotypes were common—over 60% agreed that older adults “become more rigid and irritable,” and 45% perceived most over-65s as dependent. **72%** reported that community services for people with dementia were “very limited.” Overall dementia literacy was moderate, with substantial misconceptions and stigma persisting across groups.

Conclusions: Findings reveal persistent misconceptions and ageist stereotypes even among highly educated participants. Limited awareness of services and risk factors contributes to stigma and delays in diagnosis. Results highlight the urgent need for culturally adapted public education strategies, inclusion of dementia literacy in health curricula, and stronger advocacy to promote dementia-friendly communities in Argentina and Latin America.

Conflict of Interest: The authors declare no conflicts of interest related to this study.

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P25

Impact of an immersive event on dementia knowledge, attitudes, and practices of early- and mid-career professionals: A collaborative focus group study

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Walking the Talk for Dementia (WTD) is an immersive event that brings together people living with dementia, care partners, artists, advocates, policymakers, innovators, researchers, and healthcare professionals from around the world. A four-day, 40 km joint pilgrimage on the Camino de Santiago (Spain) and a subsequent two-day symposium at WTD facilitate participants with diverse backgrounds to connect in a non-hierarchical environment. Close contact with people living with dementia and their care partners provides an opportunity to witness their experiences firsthand. This study explored how participation in WTD affects early- and mid-career fellows' knowledge, attitudes, and practices regarding dementia. Two reflective focus groups took place following semi-structured questions during the event. Protocols and procedures were approved by Portland State University Human Research Protection Program (HRPP #626). Participants (n=15 fellows) were 73% female (n=11), worked as researchers and/or healthcare professionals in Asia, Africa, Central/South America, Europe, and North America. Qualitative data were narratively synthesised. Preliminary results highlighted the following key insights of early- and mid-career WTD fellows: i) increased empathy, ii) changed perspective to focus on empowerment rather than a deficit approach of people living with dementia, iii) feelings of belongingness in a global community, iv) personal transformation, v) observed impact of WTD on people living with dementia, vi) transferability and differences in dementia diagnostics and care, and vii) motivations for the future. Events such as WTD provide unique and powerful opportunities for early- and mid-career researchers and healthcare professionals to recalibrate their respective roles and responsibilities, fostering personal and professional growth. Prospectively, these insights could lead to dementia-friendly practices across communities, research, and advocacy.

P26**Evolving One's Sense of Self: An exploratory, cross-sectional study of Walking the Talk for Dementia participants**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aims: Following the Theory of the Social Self (Mead, 1934), our sense of self is not fixed, but rather a dynamic, social process. As such, social experiences can expand, reshape, or modify our sense of self. This study explored how Walking the Talk for Dementia (WTD), an immersive event where people with dementia, care partners, healthcare professionals, artists, innovators, and researchers engage deeply with each other during a 4-day, 40 km pilgrimage and 2-day symposium, impacted participants' sense of self.

Methods: Seventy-one individuals participated in the WTD 2025 evaluation (Table 1) and n=64 completed a post-survey (90% response). Sense of self was assessed on a 5-point scale from decreased (1-2), no change (3), to increased (4-5), measuring aspects of 'Me' (an internal set of attitudes, expectations, and norms shaped by society), and 'I' (a dementia-specific individual agent that acts, reacts, or interacts). Inferential statistics were used to analyse data.

Results: Preliminary results showed that sense of self strengthened for the majority of participants (Table 2). WTD increased most participants' sense of purpose, deeper connection, and desire to help others, as well as the commitment to continued learning about dementia, dementia advocacy for dignity, and recognition of and respect for persons living with dementia. Less than one third of participants reported no change in aspects of sense of self and a small number experienced a decrease, especially in self-esteem.

Conclusion: An immersive event like WTD can be a profound experience for personal reflection, and enables deep-level learning that updates existing belief systems comprising one's sense of self. With participants returning to their home settings with an evolved sense of self, the impact of WTD is expected to contribute to societal change and better care and support for people living with dementia and care partners.

P27

Defining public dementia awareness in community-based campaigns and educational programs: insights from a scoping review.

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Introduction: Public dementia awareness is a key pillar of the WHO Global action plan on the public health response to dementia. It enhances the effectiveness of risk reduction strategies and helps reduce stigma around dementia. Although monitoring data indicate a global rise in awareness campaigns, their quality and impact remain unclear. Studies on community awareness of dementia report inconsistent results and use varying terminology. This conceptual ambiguity hinders studies comparison, campaigns evaluation, and cumulative knowledge development. This scoping review examines how public dementia awareness is conceptualized in community-based studies in literature.

Methods: We conducted a conceptual scoping review (PROSPERO protocol: CRD42024629571) and systematically searched five databases—PubMed, PsycINFO, Scopus, Web of Science, CINAHL—for studies aiming to raise public dementia awareness through campaigns or educational interventions. Eligible studies included quantitative, qualitative, or mixed-method designs. Data extraction focused on the framing of awareness.

Results: A total of 13,482 records were identified through database searches, and 2 were hand-searched retrieved. After screening, 22 studies met the inclusion criteria. Among these, only one study explicitly defined what the authors meant by raising public dementia awareness within their research context. In the remaining studies, public awareness was not clearly characterized and often operationalized through other established constructs (Figure 1). We grouped these constructs into categories to inform the development of a conceptual model of public dementia awareness.

Figure 1. Wordcloud of constructs associated with public dementia awareness in studies. Word size reflects the frequency with which the concept is reported.

Conclusions: Public dementia awareness remains a fragmented and inconsistently defined concept. Our conceptual model provides a preliminary framework to guide the development and evaluation of dementia awareness community initiatives and campaigns.

P28**Metaphors as a double-sided mirror reflecting reality in dementia care.**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Introduction: Metaphors are more than linguistic expressions; they reflect how individuals conceptualize reality. This study explores how formal and informal caregivers of people living with dementia use metaphors to conceptualize their roles, relationships, and understandings of the condition, highlighting how figurative language can influence public perceptions of dementia.

Methods: Within the Swiss adaptation of the WHO iSupport program, we conducted 6 focus groups with 6 formal and 13 informal caregivers of people living with dementia in the Italian-speaking region of Switzerland. We performed a qualitative content analysis, integrating grounded theory and Steger's metaphor analysis approach, to identify and interpret the metaphors spontaneously used by caregivers in their narratives.

Results: Metaphors were grouped into three categories: (1) dementia, (2) caregiving, and (3) the caregiver-person living with dementia relationship. Across categories, shared metaphors were mentioned with different meanings. The child metaphor was used by formal caregivers to describe regression and loss of autonomy - reflecting infantilization and neglecting the individual personhood - whereas informal caregivers used it to express continuity of the self, acknowledging the persistence of long-established personality traits in the disease; military metaphors evoked resilience and determination, but also emotional exhaustion; natural metaphors captured both dementia's fluctuating trajectory and a sense of burden. The coexistence of meanings reflects the complex nature of caregiving - ranging between an individualistic perspective focused on maintaining independence, and a community-oriented perspective grounded in moral duty.

Conclusions: Metaphors shape perceptions, attitudes, and behaviours toward people with dementia. Their flexibility makes them double-edged: they can reveal caregivers' lived experiences yet risk oversimplification. Uncritical acceptance of dominant metaphors may reinforce paternalism and stigma, while a conscious, context-sensitive metaphor use can enhance formal and informal carers mutual understanding, and the recognition of people living with dementia as individuals with agency and a continued sense of self.

P29

Dementia Education in Healthcare: A Growing Imperative

Mrs Sarah Page

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

There is a rise in global dementia cases and this surge will place an increased financial and workforce demand upon global healthcare systems. In Higher Education we understand the need for Health Care Professionals to be equipped with specialised knowledge, skills and attitudes to meet the need of people with dementia and their family carers. One such profession is Occupational Therapy that holds core values and belief systems supporting independence and the engagement in meaningful occupations and activities. These values positively contribute to the physical, psychological and social quality of life experiences for anyone experiencing dementia. Therefore, as an Higher Education Institution in the United Kingdom we have a responsibility to educate Occupational Therapy and Allied Health Professional students about dementia, however, there are research gaps with a lack of dementia specific education which can lead to students leaving University not adequately prepared with the vital foundation knowledge they need for the real world of practice. To address this need we have co-created inclusive dementia teaching into a brand new Occupational Therapy degree alongside people with lived experience and their family carers. This has fostered community relationships and given everyone involved a voice that is not only heard but also leaves behind a positive legacy. The next stages of this is to share the details of the dementia teaching to assist with the next generations of Allied health Care Professionals in the UK and across the globe.

P30**Participation in dementia awareness programs is associated with greater public awareness and friendliness: Findings from a national survey in Taiwan**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aims: To evaluate Taiwan's progress toward the second target area of the WHO Global Action Plan on dementia, a nationwide survey was conducted to examine public awareness and attitudes toward dementia.

Methods: A nationally representative survey was conducted in April, 2024 using probability-proportionate-to-size sampling with stratified quotas by gender, age, and geographic region. Computer-assisted telephone interviews were conducted among adults aged 20 years and older across Taiwan. The sample comprised 1,081 respondents (529 males and 552 females), with the largest proportion aged 50–59 years (30%). Overall, 38% reported having a relative with dementia, and 6% had participated in dementia awareness programs. Survey respondents completed the 13-item Dementia Awareness and Friendliness Survey (DAFS), comprising eight items from the short form of Dementia Knowledge Assessment Scale (DKAS-s) and five items from the Dementia Attitude Scale–Chinese (DAS-C).

Results: Correct responses to awareness items ranged from 43% to 56%, with the statement “People can recover from the most common forms of dementia” showing the highest error rate (68%). Regarding attitudes, 81 % agreed that “It is possible to enjoy interacting with people with dementia,” yet only 45 % “felt comfortable touching people with dementia.” Multivariate regression analysis of the awareness scores showed that being female, having a college education, having relatives with dementia, and participating in dementia awareness programs were associated with higher awareness. Multivariate regression analysis of the attitude scores showed that being aged 50–64 years, having caregiving experience, and participating in dementia awareness programs were associated with more positive attitudes.

Conclusions: Although participation in dementia awareness programs remains low, it was significantly associated with better awareness and more positive attitudes toward dementia. These findings suggest that expanding such education initiatives may help move toward a dementia-friendly society in Taiwan.

P31**Co-creation of a dementia and brain health focussed website; Lessons from the communities in North-West London**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aims: AD-RIDDLE is a large international project aiming to transform the clinical pathway for ADRD from prevention to treatment. Creation of a community facing digital engagement platform (DEP) is a key priority at each clinical site to raise awareness of dementia and brain health in the local community. Imperial College London, the sole clinical UK site, is situated in North-West London, a diverse area with significant health inequalities. We explored acceptability of the DEP among stakeholders and desired content. We report our preliminary findings from public involvement (P.I.) activities with the general public, people living with dementia and their unpaid/family carers.

Methods: Face-to-Face and online P.I. events explored interest in the DEP and awareness of and attitudes towards dementia and brain health. Flyers for recruitment were distributed through personal, community and professional contacts. Feedback was also gathered whilst hosting a stand for a Dementia Alliance event.

Results: Contributors represented a wide range of ages and ethnicities. Both groups appreciated the DEP's focus on local communities and resources and that all the information would be on one website and very supportive. Many expressed interest in co-creation and/or user testing the DEP. More than 50% of public wanted to know their risk of dementia, despite absence of effective therapies as this meant control of their lives as local health services not always supportive. Others preferred not to know because 'nothing could be done'. Contributors highlighted culturally adapted communication methods, the need for real-time translation and low awareness of young-onset dementia. All expressed concerns that people without digital access would be denied valuable information. Suggestions for advertising the DEP included involvement of local celebrities/media.

Conclusion: There is strong community interest in receiving information about dementia and brain health via the DEP and in its co-creation to shape culturally adapted communications.

P32

The shaping of a community website: the role of dementia voices

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aims: Raising awareness of brain health, the modifiable risk factors for Alzheimer's disease and related dementias (ADRD) and the signs and symptoms of ADRD presents one avenue to improve patient outcomes by empowering the general public and those living with dementia, but yet undiagnosed, to engage in health seeking behaviours. Together with various community stakeholders we are co-designing a website to deliver this information in an accessible, culturally attuned format for users from diverse communities who may be cognitively unimpaired or cognitively declining. We share here some key elements emerging from our public involvement work with people living with dementia (PLWD) on website content and messaging about dementia.

Observations: Having a diagnosis of dementia should not be regarded as the end of everything. Many PLWD continue to pursue their interests and lead fulfilling lives for several years post diagnosis. Hence, framing of messages about dementia should not be negative, as this stigmatises patients further. Whilst acknowledging that everyone's experience of dementia is not the same and that there can be daily fluctuations and limitations, maintaining independence is an important priority, and should be encouraged, with suggestions regarding use of technology or rehabilitation/preventive protocols. Social connectivity, another important theme, and strong local community networks can play an important role in supporting patients as their disease progresses. PLWD want their voices (and not just those of carers or clinicians), to be the ones that tell the story of dementia to the public and those who may come after, to inform, to guide, to encourage and to say we are still here and you can be too, even after a diagnosis of dementia. We would like to share with you a video of our dementia voices.

P33**Culturally responsive co-design to raise dementia awareness in under-served populations.**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Co- design is an iterative process involving stakeholders in a time-bounded activity to create an end product through shared decision making. Based on participatory research methods, co-design gives people living with dementia a voice in the design process. A three step iterative process was used to engage people living with dementia in Northern Ireland in the codesign of dementia awareness serious games for the public and young children. Serious games are an effective way to engage the public and the dementia awareness game has been played in over 40 countries with over 5000 players. However few serious games have been developed in Low- Middle Income countries. To address this, we co-constructed a culturally responsive codesign process with colleagues, students, older people including those with dementia and their carers in Indonesia and Singapore. A key element of the co-design process was identifying the specific needs of the country and the priorities for dementia alongside myth busting to reduce stigma of the condition. The focus on this part of the process was to promote community awareness, promoting dementia friendliness in countries where services may be limited. The final stage was to ensure culturally responsive figures, colors and gameplay to ensure people in each country will see the game as relevant to them. We have also worked with colleagues in Malaysia, South Korea and Vietnam to review the question bank within the dementia awareness game through translation and back-translation of questions; review for cultural acceptability then piloting its impact with health professions students. Not only will this support the countries engaged in these projects but can also be used by underserved migrant populations in high income countries. The games have been evaluated in each of these countries demonstrating an improvement in attitudes towards dementia after playing the dementia games.

P34

Attitudes, Awareness and Stigma Towards Dementia in Zambia

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Dementia is a growing concern in Zambia with the country's aging population increasingly affected. However, limited understanding and stigma surrounding Dementia pose significant challenges to diagnosis, care and support. This study aims to explore the Attitudes, Awareness and Stigma surrounding Dementia among Zambian Communities.

Methods: We conducted a mixed-methods study, combining surveys and focus groups with Caregivers, Health Care Professionals and community members. Our sample included 200 participants from urban communities and rural areas, providing a comprehensive understanding of Dementia related knowledge, attitudes and experiences.

Results: Our findings reveal widespread misconceptions and stigma surrounding Dementia fueled by limited education and cultural beliefs. Many participants attributed Dementia to witchcraft, bad luck, or old age, leading to delayed diagnosis and inadequate support. The stigma surrounding Dementia has led to social isolation, shame and secrecy to some families with people living with Dementia. However, we also identified opportunities for awareness and education to improve attitudes and promote inclusive care. Participants emphasized the need for culturally sensitive awareness campaigns and community based initiatives to address stigma and support those affected.

Conclusion: This study highlights the need for targeted interventions to address stigma and promote understanding of Dementia in Zambia. By developing awareness campaigns and community-based initiatives, we can improve the lives of people living with Dementia and their caregivers.

Our findings inform strategies for promoting inclusive care, supporting Caregivers, and enhancing the quality of life for those living with Dementia and their caregivers, in Zambia.

P35**Addressing stigma: Insights from Walking the Talk for Dementia 2025**

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aim: Walking the Talk for Dementia (WTD) is an event designed to address dementia stigma, a global concern. It includes a 40 km walk over 4 days along the Camino de Santiago, followed by a 2-day symposium with a diverse group of participants. Stigma affects people living with dementia and their care partners. Public stigma refers to societal perceptions, including prejudice and discrimination, while self-stigma involves internalized shame, further complicating the issue.

Method: Participants (N=70) represented four global regions. Roles included academics (n=25), healthcare professionals (n=13), care partners (n=9), and people living with dementia (n=8). Ages ranged from under 30 (n=10) to over 60 (n=12). A pre-post questionnaire assessed stigma using 5-point Likert scales adapted from validated dementia and mental health stigma instruments. Paired t-tests assessed changes in stigma dimensions, with subgroup analyses exploring differences. Study protocols were approved by Portland State University Human Research Protections Program (IRB #626).

Results: Results revealed a significant reduction in global dementia stigma following participation ($p<.001$, Figure 1a). The most pronounced changes were observed in agreement that people living with dementia can make autonomous decisions ($pFDR<.002$), enhanced perception that interacting with them is rewarding ($pFDR<.003$), reduced belief that they cannot live meaningful lives ($pFDR<.009$), greater comfort in conversation ($pFDR<.02$), and recognition of enjoyable interactions ($pFDR<.023$, Figure 1b). Participants also recognized that their healthcare team might not listen to them if they had dementia ($pFDR<.04$). Academics ($pFDR<.001$) and clinicians ($pFDR=.013$) showed the largest changes in stigma reduction.

Conclusion: The collective experiences reported by WTD participants offer insights into enhanced understanding and the resulting decrease in perceptions of stigma. People living with dementia discovered their own role in their stigmatisation and experienced an empowering context where they could redefine themselves. All participants can potentially carry these insights into future work and influence others.

P36

Assessing Alzheimer's Disease Knowledge in Morocco: A cross-sectional study using the Arabic Alzheimer's Disease Knowledge Scale (ADKS)

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Background: Alzheimer's disease (AD) is a growing public health concern worldwide, especially in developing countries like Morocco, where the aging population is steadily increasing. However, there is limited research on the level of public knowledge regarding AD in Morocco.

Objective: This study aims to assess the knowledge of Alzheimer's disease among the Moroccan population using the Arabic version of the Alzheimer's Disease Knowledge Scale (ADKS). For that we evaluate the level of Alzheimer's disease knowledge within a sample of the Moroccan population and identify demographic factors (age, gender, education, and profession) that influence this knowledge.

Methods: A cross-sectional survey was conducted with 105 urban participants from the city of Rabat, Morocco. The Alzheimer's Disease Knowledge Scale (ADKS) was translated into Arabic, and participants' knowledge was assessed through a 30-item questionnaire covering risk factors, symptoms, diagnosis, treatment, and caregiving. Descriptive statistics, Chi-square, and Kruskal-Wallis tests were used to analyze the data, with a significance level set at $p < 0.05$.

Results: The mean total knowledge score was 16.59 (SD $\pm$ 3.28), with healthcare professionals scoring significantly higher (19.23, SD $\pm$ 2.42) compared to non-healthcare professionals (14.12, SD $\pm$ 3.05). The results indicated a positive correlation between age, education level, and Alzheimer's knowledge. Participants aged 50 or older and those with more than 12 years of education demonstrated significantly better knowledge. Notably, gaps were observed in the areas of caregiving, symptoms, and treatment, with the lowest correct response rates for these questions.

Conclusions: This study provides important insights into the level of Alzheimer's disease knowledge in Moroccan population. It highlights significant demographic factors influencing AD awareness, particularly age and education. The findings underscore the need for targeted educational interventions to improve public awareness, especially regarding caregiving and treatment.

P37

Medica Sur as the first private hospital in Mexico to become Dementia Friend: the process of becoming a dementia-friendly community.

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Topic

Dementia awareness: Attitudes, awareness and stigma

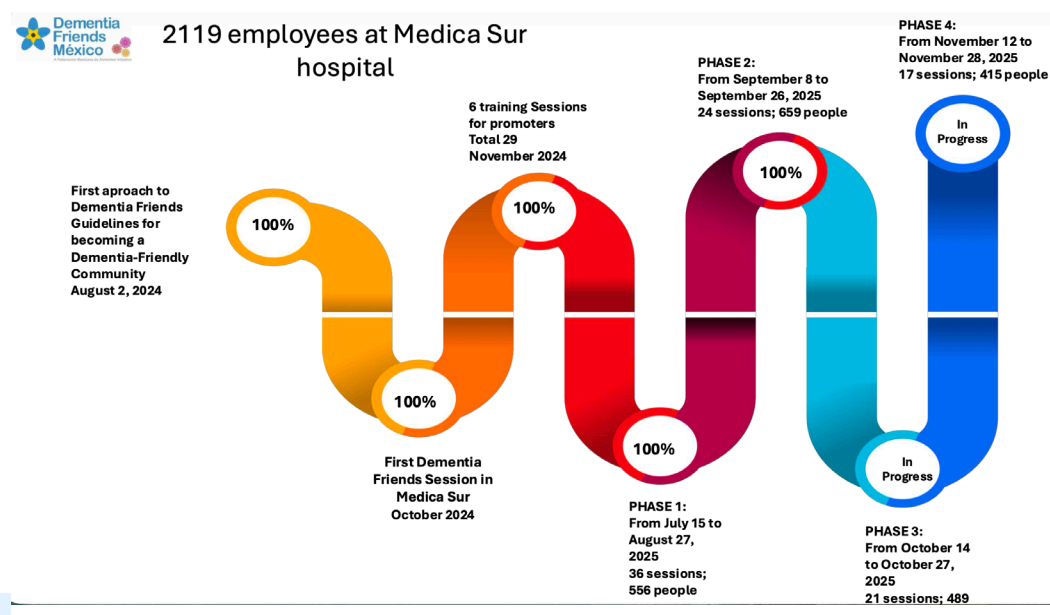
Abstract

Médica Sur is a third-level private hospital in Mexico that began its construction in 1981 and that has expanded, since then, starting with doctor's office towers and continuing to the present day. It has now over 40 years of existence, with 160,000 square meters of construction. It houses a Medical Society made up of over 1,000 doctors who attend to between 3,000 and 4,000 patients on a normal day in 20 medical units and clinics, 480 offices, and 190 hospital beds. The large medical complex requires the work of more than 2,000 collaborators for its operation. Médica Sur has been nationally ranked by Newsweek as the Best Hospital in Mexico for the fifth consecutive year.

In August 2024, we had an approach with Dementia Friends Mexico and in October 2024 the first Dementia Friends session was held. Since then, six sessions have taken place to train 29 promoters and began sessions for all staff, under the responsibility of the Human Resources Training Management. Four phases of work were scheduled in different areas of the hospital as shown in the attached figure. Eleven months have passed so far, and 20% of the staff still need to attend the session. It is expected that by November 2025, the process will be completed.

The experience of the sessions has been enriching, during which staff have shared experiences with their own relatives and patients living with dementia, as well as the changes they have begun to do in their own environments to provide them with a better quality of life.

It is an honor to be a dementia friendly community.



P38

Promoters dementia friends committed to Mexican society to raise awareness and reduce stigma toward dementia

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Aim: To characterize the Dementia Friends promoters active in the Dementia Friends movement in Mexico.

Methods: Follow-up survey conducted among trained promoters from 2019 to 2025. A Google Forms link was sent via email with a follow-up survey containing questions about sociodemographic characteristics such as sex, age, education, and employment characteristics.

Results: A total of 74 promoters, 75% women, between the ages of 19 and 70, and most frequently between the ages of 20 and 29. More than half had a bachelor's degree (56.8%), followed by a master's degree (21.6%) and a specialty degree (12.2%), and 5.4% had a doctorate. Regarding professions, 14.1% had psychology degrees, followed by geriatricians (8.5%), and gerontology graduates (8.5%). They primarily work in healthcare settings (29.7%), education, and teaching (14.9%). The promoters reside in 17 states in Mexico, primarily Mexico City (28.4%), the State of Mexico (20.3%), and Jalisco (10.8%). The majority took the in-person course (64.9%). The main reasons for being a Dementia Friends promoter were to raise awareness of the topic in different settings (work and social) (39.2%), and to reduce the stigma and taboos associated with the disease (25.7%). A third of the promoters have been given more than one informational session, and another third are active and try to hold informational sessions regularly; 10% have given more than 30 informational sessions.

Conclusions: Health professionals with advanced education, including specialized and postgraduate degrees, show greater interest in training as promoters and achieving social change among the population. This interest is not only about personal development. Further investigation is needed to analyze the other factors that influence program dissemination in health areas. These data help us improve implementation, following the recommendations of Mexico's National Dementia Plan.

P39

Dementia Awareness Programme Among the Indigenous Gurung Women Self Help Group in Nepal

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Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Dementia is an emerging yet poorly understood health concern in Nepal, especially among older adults in indigenous and rural communities. Many people consider memory loss and behavioral changes in old age as a normal part of aging or link them to spiritual or cultural beliefs. These misconceptions often delay diagnosis and care, increasing the burden on families and the wider community.

A Dementia Awareness Programme was conducted among the Indigenous Gurung Women Self-Help Group to address this knowledge gap. Before the session, a brief survey was carried out to assess prior awareness. Out of 184 participants, only 2 (1.1%) had ever heard of dementia, while 182 (98.9%) had not—revealing an extremely low level of awareness. Participants ranged from 31 to 80 years of age, with the majority (117 participants) between 51 and 70 years—an age group most vulnerable to dementia symptoms. While most participants had basic literacy, higher education levels were limited.

The programme focused on improving understanding of dementia, including its symptoms, causes, and management, and on fostering supportive community attitudes. Using interactive discussions and visual materials in the Nepali language, participants learned to recognize early signs of dementia, distinguish it from normal aging, and identify practical ways to support affected individuals.

Following the session, participants demonstrated greater understanding of dementia and its impact, emphasized the value of early detection, and expressed willingness to share their new knowledge within their families and communities.

This initiative underscores the importance of culturally sensitive and linguistically appropriate health education. Empowering indigenous women through community-based awareness programmes can significantly improve dementia understanding, reduce stigma, and promote compassionate care for older adults in Nepal's rural areas.

P40

From Diagnosis to Global Movement: Raising Awareness and Changing the Narrative for People Living with Younger Onset Dementia

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Introduction: At 52, I was diagnosed with younger onset dementia while still working, active in my community, and planning a future with my husband. I quickly discovered that most systems and services failed to recognize or support people like me, under 65 and living with dementia. The isolation and stigma I experienced led me to take action.

Methodology: Together with Fernando Peres, a journalist from Brazil, I co-founded Walking the Talk for Dementia (WTD) a global, community-driven movement promoting inclusion and systemic change. Developed by people with lived experience, researchers, clinicians, media professionals, and advocates, WTD includes a four-day walk and two-day symposium. These events prioritize the voices of people living with dementia and foster dialogue among care partners, healthcare professionals, and policymakers.

Results: WTD has created dementia-inclusive spaces across multiple countries, with diverse participants forming a strong, global community. People with dementia are central to all aspects of the event from planning to speaking demonstrating their leadership and expertise. Feedback shows increased understanding, reduced stigma, and stronger partnerships emerging from WTD events.

Conclusions: WTD is redefining what dementia friendliness looks like by putting inclusion into practice. As a member of ADI's Global Dementia Expert Panel, I advocate for a world where people living with dementia are heard, seen, and valued. Through WTD, we are not just raising awareness we are changing the narrative. Inclusion, dignity, and purpose are not optional; they are essential.

P41**A national partnership with pharmacists: for better identification, information and orientation**

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France Alzheimer et maladies apparentées, Paris, France

Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

In March 2025, the Union of Community Pharmacists' Unions (USPO) made available to its members a poster created by our association to raise awareness about Alzheimer's disease among pharmacists and the general public. This project is part of the agreement signed with the USPO in 2023.

In a context of medical desertification, it is essential to strengthen ties between pharmacists and the association's local branches to best meet the need for guidance and support for patients and their caregivers. There are more than 20,000 pharmacies in the national territory. And according to the National Order of Pharmacists, the distance to the nearest pharmacy for all French municipalities is on average 3.8 kilometers. This territorial coverage is a major asset in ensuring access to local care.

The agreement provides for various actions, such as providing pharmacists with a questionnaire to assess a situation in the event of difficulties being detected and to effectively guide them toward diagnosis. It is well known that early diagnosis can enable better access to resources and delay the progression of the disease.

The health of caregivers is also a major concern, and here too, pharmacists are on the front lines, listening to them and delivering prevention messages.

Finally, pharmacists who are members of territorial professional health communities—a system that brings together professionals from the same area—are also encouraged to take action at this level, both to develop a care pathway for people with Alzheimer's disease and to implement multidisciplinary training on a condition that still remains too often misunderstood by independent caregivers.

P42

Raising Dementia Awareness in Imaging Facilities: Reflections from Walk the Talk for Dementia 2025

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Life Molecular Imaging, Fareham, United Kingdom

Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Imaging plays a critical role in the diagnosis and management of dementia, with modalities such as MRI, CT, and PET/CT forming key components of the clinical patient pathway. However, these procedures often take place in environments designed around oncology workflows and operational efficiency, rather than the unique needs of people living with dementia.

Having participated in Walk the Talk for Dementia 2025, I gained valuable insights by engaging directly with individuals affected by dementia insights that deeply challenged my assumptions and highlighted the often-overlooked barriers these patients face when accessing imaging services.

This poster examines how standard imaging environments particularly PET/CT suites can unintentionally create distressing experiences for dementia patients due to unfamiliar surroundings, lengthy waits, impersonal processes, and cognitive overload. My participation in the Walk has emphasized the urgent need for imaging professionals to adopt a more dementia-sensitive approach. This includes not only physical changes to the department (e.g., signage, layout, quiet spaces), but also cultivating a culture of empathy, patience, and thoughtful communication among staff.

By sharing personal reflections and learnings from the event, alongside practical suggestions informed by people with lived experience, this poster advocates for meaningful, achievable changes that imaging departments can implement.

Ultimately, listening to and learning from those with dementia is not just beneficial, it's essential to improving their diagnostic journey.

P43

Building dementia-friendly cities: pathways to inclusion

Miss Laura Cristina López Franco

Colombia Líder, Bogotá, Colombia

Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Why should we give up what we love? Why miss our favorite restaurant, a cherished walk, or moments that make us feel truly alive? People living with dementia should not have to abandon their life projects or dreams. Building dementia-friendly cities is not only possible, it is essential.

This presentation shares insights from my experience at the University of Waterloo and the Research Institute for Aging (RIA), where initiatives were developed to promote awareness, autonomy, dignity, and inclusion of people living with dementia. We used innovative tools, such as written reminders, color-coded signage, and visual elements, to support recognition and provide older adults with strategies that reduce the fear of forgetting.

Creating supportive environments requires thoughtful design in homes, neighborhoods, and communities, always centered on the needs and wishes of people living with dementia. I will discuss the importance of raising awareness about dementia from a young age, highlighting intergenerational support between university students and people living with dementia to co-create solutions for daily challenges.

These efforts help break stigma and foster a culture of empathy and understanding. Ultimately, this work reflects a commitment to inclusion, dignity, and autonomy. Dementia should not mean losing connection or purpose; with the right strategies, we can build cities where people living with dementia can pursue life projects, not from fear or isolation, but in community.

P44

Building Dementia-Friendly Research, Practice, and Policy: Insights of Early-Career professionals

Miss Belen Custodio¹, Ms Meron Abey^{2,3}, Miss Florencia Altschuler⁴, Dr Juan Pablo Barbosa Carvajal⁵, Dr Sara Laureen Bartels⁶, Dr Lenisa Brandao⁷, Dr Ma. Florencia Clarens⁸, Dr Jayashree Dasgupta^{2,9}, Miss Madalena Liougas^{10,11}, Miss Valeria Macias-Aguinaga¹², Dr Joaquin Migeot¹³, Dr Maira Okada de Oliveira^{14,15}

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

While dementia research continues to grow, closer collaboration with people living with dementia (PLWD) and their care partners is still needed. This study explored how research, practice and policy could become more dementia-friendly, drawing on reflections from early-career fellows attending Walking the Talk for Dementia (WTD), which is an immersive, interdisciplinary global event that brings together PLWD, care partners, researchers, advocates, and clinicians, among others. Two reflective focus groups were held during WTD, using semi-structured questions. Participants (n=15) were primarily researchers and healthcare professionals, 73% female (n=11), representing Asia, Africa, Central/South America, Europe, and North America. Qualitative data were narratively synthesized. Preliminary results highlighted three key areas of change. i) Meaningful participation of PLWD and care partners is seen as essential: fellows emphasized involving people with lived experience at all stages of the research process, stressing co-creation and bottom-up approaches reflecting lived priorities, rather than top-down agendas. ii) Need for culturally sensitive and accessible practices: Barriers were identified in regards to consent, diagnosis, and communication, urging training for healthcare professionals on empathetic and effective communication to improve support. Fellows also highlighted the importance of adapting tools to local contexts and the use of community-based settings. Practical and matching context interventions were viewed as crucial to bridge the gap between research and real-world impact. iii) Equity and capacity building: A pressing need was seen in reducing disparities by supporting underrepresented populations and building research capacity in countries with limited resources through sustained support and international collaboration. These insights underscore the importance of inclusion, accessibility, and equity in dementia research, practice, and policy in diverse backgrounds and multicultural settings.

P45

CARA: Strengthening dementia care through technology and community. CARA is a dementia membership programme designed to strengthen digital dementia care. Its name reflects its focus: Community, Assurance, Rewards, and Acceptance. Its key social function is find missing person living with dementia, working with the wider community.

Mr Bernard Lim

Dementia Singapore, Singapore, Singapore. Agency for Integrated Care, Singapore, Singapore

Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

With increased life expectancy and a rapidly ageing population, projections suggest that the number of persons living with dementia in Singapore could reach 152,000 by 2030, as reported by the Ministry of Health (Singapore) in 2021. This trend underscores the urgency of banding together to support those impacted by dementia, and the wider community.

Launched in 2021 by Dementia Singapore with support from the National Council of Social Service (NCSS) and the Agency for Integrated Care (AIC), CARA is a **dementia membership programme** designed to strengthen digital dementia care. Its name reflects its focus: Community, Assurance, Rewards, and Acceptance.

Delivered through a mobile application, CARA consolidates dementia-related services and resources into a single platform. Core safety features, including Safe Return and Report Missing Person, enhance autonomy for persons with dementia while providing assurance to caregivers.

Membership does not require a formal dementia diagnosis, thereby enabling early access to resources and intervention along the caregiving journey.

CARA also offers rewards and benefits to its members through partnerships with commercial and community organisations. These are designed to ease some of the practical challenges of caregiving and to encourage more organisations to take part in dementia-friendly efforts.

The **Dementia Go-To Point (GTP) Locator** feature further extends CARA's scope beyond individual support to community responsiveness. By directing members to nearby safe return points staffed by trained personnel, this feature offers an added layer of protection for persons with dementia who may be disoriented in public spaces and encourage members of the public to play an active role in supporting safe returns.

By combining digital accessibility, practical resources, and community integration, CARA illustrates how technology-enabled membership models can advance safety, inclusivity, thus, contributing to the development of dementia-friendly societies.

P46**What is needed for the Dementia Community Support Promoters (DCSPs) to play a key role in promoting an inclusive society?**

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Background: In Japan, the Basic Act on Dementia to Promote an Inclusive Society was enacted in 2023. This act requires all prefectures and municipalities to formulate dementia policy promotion plans as a best effort. To promote this, all municipalities are required to assign the Dementia Community Support Promoters (DCSPs). However, this requires optimizing the assignment and strengthening the DCSPs' functions. In this study, we conducted a nationwide survey of DCSPs to explore factors related to promoting the realization of an inclusive society.

Method: In 2024, an anonymous questionnaire survey was conducted targeting 8,509 DCSPs nationwide. The survey asked questions about "DCSPs' perceptions of current progress toward realizing an inclusive society" (Perception of Current Progress) and "19 factors that DCSPs recognize as necessary for promoting the realization of an inclusive society." Univariate analysis using a chi-square test identified items significantly associated with Perception of Current Progress. Multicollinearity was assessed among these items. Multivariate analysis was performed using binomial logistic regression analysis, with these items as explanatory variables and Perception of Current Progress as the dependent variable. This study was approved by the ethics committee of Tokyo DCRP (Approval No. 2024-7).

Results: The valid response rate for this survey was 30.9% (n=2,637/8,509). 82.3% of DCSPs recognized that "progress is being made." Five factors were extracted from univariate analysis, with no significant multicollinearity observed (Tolerance >0.7, VIF <2), and two independent factors were identified from multivariate analysis: "full-time position" (OR: 1.85; 95% CI: 1.60-2.72) and "opportunities for dialogue with other DCSPs and dementia policymakers within the local government" (OR: 1.52; 95%CI: 1.15-1.99).

Conclusion: The allocation of dedicated DCSPs and ensuring opportunities for internal dialogue are important elements for DCSPs to promote the realization of an inclusive society. A future challenge is to develop a concrete policy framework to promote these efforts.

P47

Experiencing and Reflecting on University Students' Participation in Art Tours for Dementia: A Case Study of the National Taiwan Museum of Fine Arts

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Background: Art-based activities are recognized as a non-pharmaceutical therapy in dementia care, effectively promoting cognitive and emotional expressions in individuals with dementia while also providing respite for caregivers. The purpose of this study explored the learning experiences of medical university students who participated in the inclusive art program with dementia families.

Methods: This research adopted an experiential learning model where students and families with dementia participated in a docent-led art tour at the National Taiwan Museum of Fine Arts for approximately one hour. A total of 37 student participations were recorded. A qualitative research approach was used, with semi-structured interviews conducted to gather participants' experiences and reflections. Data were analyzed using thematic analysis.

Results: The findings indicated that this experiential model not only significantly enhanced students' professional knowledge of dementia knowledge and care, but also challenged their stereotypes. Students consistently expressed that they did not expect the multi-level of challenges that dementia can affect a person and the family, not just memory loss but the inconvenience and frustrations of not being able to function independently. As a result, students reflected that this experience fostered greater empathy and patience toward individuals with dementia and their families, thus making a solid foundation for what they will pursue in their careers as health care professionals.

Conclusion: This study confirms that through inclusive arts, interdisciplinary collaboration and systematic training, university students can serve as a stable bridge in dementia-related activities. This model not only improves program quality but also promotes the sustainable development of dementia-friendly communities. The findings offer valuable insights for designing healthcare curricula and establishing sustainable models for community-based dementia care.

P48

What factors promote the participation of people with dementia in municipal dementia programs? Findings from a nationwide survey of the Dementia Community Support Promoters conducted across Japan

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Objectives: The Basic Act on Dementia to Promote an Inclusive Society, enacted in Japan in June 2023, marked a major policy shift towards an inclusive society emphasized the meaningful involvement of people with dementia. This study aimed to identify factors that promote the involvement of people with dementia by analyzing data from a 2024 nationwide survey of Dementia Community Support Promoters (DCSPs). The DCSPs are appointed in all municipalities to promote policies that enable people with dementia to live with dignity and a sense of purpose.

Methods: We analyzed data from a survey conducted in 2024 across Japan, which yielded 2,637 valid responses from 8,509 DCSPs. The dependent variable was whether each DCSP(s) facilitated the involvement of people with dementia. The independent variables included professional attributes (exclusive or concurrent position, years of experience, and workplace) and practice-related factors, such as creating opportunities for people with dementia to connect with peers after diagnosis, maintaining continuous engagement, collaborating with municipal administrations, and willingness to form networks with other DCSPs. Multivariate logistic regression analysis was performed to identify associated factors. This study was approved by the ethics committee of Tokyo DCRP (Approval No. 2024-7).

Results: Among the 2,637 respondents, 257 (9.7%) reported facilitating the involvement of people with dementia. Logistic regression analysis showed that providing peer support opportunities after diagnosis (odds ratio [OR] = 3.02, 95% CI [2.24–4.08]), maintaining ongoing support for individuals (OR = 2.46, 95% CI [1.52–3.96]), and willingness to build collaborative networks with other DCSPs (OR = 1.72, 95% CI [1.21–2.45]) were significantly associated with facilitating the involvement of people with dementia.

Conclusion: To support meaningful participation of people with dementia, it is essential to strengthen key aspects of practice: providing peer support opportunities after diagnosis, maintaining ongoing individual support, and building collaborative networks among DCSPs.

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Dementia awareness the pillar of creating dementia friendliness and inclusivity communities: the impact generated by community, private and people partnership in awareness- case study, ghana

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Dementia is a progressive degeneration of the brain and thinking to a degree that it's intellectual functioning is impaired resulting in symptoms such forgetfulness and short-term memory loss, disorientation of place, person and time among others. It is condition

Prevalence: About 55million people are estimated to be living with dementia worldwide. An estimated number of 57,000 are living with the condition in Ghana, it's true that Africa including Ghana is aging and it is a thing to celebrate, however, symptoms are mostly stigmatized, excluded, rejected and secluded, as a result many cases are undisclosed there the real prevalence could be double. Awareness and education is key in creating a friendly community that people living with the condition can live a dignified life.

A Case of Lack of Awareness, Friendliness and Exclusivity and Its Consequence: In November 2010 a 76 years old woman was burnt to death by one evangelist, a school teacher and two traders as she showed signs of hallucination. Awareness of the disease could have prevented this and many other similar incidents. This calls for a rethinking on awareness, dementia friendly and inclusive programmes to reduce the misconception, the misdiagnosis improper management of people living with the disease.

Alzheimer's Ghana there engages both local and international partnerships to drive our awareness campaign across the country which is currently changing the narrative.

Targets are sensibly taken to embrace the youth who live with persons with dementia such as High school students, also nursing students who are in the process of training for professional know-how to manage cases after graduation. Churches with averagely high cases whilst not leaving community folks.

Using electronic print and social media, Television and other forms of communication tools, the organisation partners with government agencies, private and public set ups to reach our audience.

P50**Designing for Dignity: Design principles for Inclusive Information for People with Dementia**

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Aim: Access to meaningful information is a fundamental right for everyone, including individuals living with dementia. This study aimed to survey and synthesize existing design recommendations that make information accessible, respectful, engaging and appealing for people living with dementia.

Method: A scoping review was conducted to address the question: "What are the recommendations for designing information for people with dementia?". Searches were performed across scientific databases and grey literature to identify eligible resources published up to August 2024 (DOI: [10.17605/OSF.IO/A3CXE](https://doi.org/10.17605/OSF.IO/A3CXE)). To be considered for inclusion, documents had to provide guidance on information design and adjacent design domains. Two reviewers independently screened titles, abstracts, and full texts. Data extraction focused on design-related recommendations. Recommendations were thematically analyzed.

Results: From 2,135 identified sources, 27 met the inclusion criteria. Over 700 recommendations were extracted, and fourteen design principles have emerged from the thematic analysis: Simplicity, Clarity, Readability, Positivity, Aesthetics, Agency, Flexibility, Multimodality, Familiarity, Consistency, Feedback, Error Prevention, Use Assistance, and Shared Use. Each identified principle was described while including actionable guidelines for content, navigation, interface, and visual design, applicable mainly to digital formats, but also relevant to print.

Conclusions: Designing for people with dementia is not merely a technical exercise but an ethical and empathetic practice, where co-creation is essential to ensure relevance and resonance. This work was compiled into an open-access publication for non-academic audiences. It provides a practical framework to equip professionals to create inclusive and accessible resources that support the rights of people living with dementia, helping to counter stigma, enhance their confidence, and promote their participation in society.

P52

Enhancing Dementia Awareness in Deaf Communities: A Cross-National Erasmus+ Project in Austria, Germany, and Greece.

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Background: Empirical evidence regarding dementia-related knowledge and attitudes among Deaf individuals remains markedly limited. Access to dementia services within this population is often constrained by the scarcity of sign language (SL) interpreters and the limited availability of healthcare professionals proficient in SL. Consequently, enhancing dementia awareness among Deaf communities constitutes a critical public health priority, as it is likely to facilitate earlier recognition of symptoms and engagement with diagnostic and support services.

Methods: To address this knowledge gap, the present Erasmus+ project seeks to evaluate Deaf individuals' knowledge and attitudes concerning dementia through the administration of standardized psychometric instruments and the implementation of focus group discussions within Deaf communities. The findings from these assessments will inform the development of culturally and linguistically adapted dementia awareness seminars, to be delivered in sign language and tailored to the sociocultural contexts of Deaf communities in Austria, Germany, and Greece.

Results: Preliminary quantitative findings derived from the psychometric measures, alongside qualitative insights obtained from the focus groups, will be presented. Furthermore, the design, content, and structure of the sign language-based dementia awareness seminars developed for implementation within the participating Deaf communities will be described.

Conclusions: This project aims to advance the empirical understanding of dementia-related knowledge and attitudes among Deaf populations, while simultaneously fostering dementia awareness through the provision of culturally responsive, sign language-based educational interventions. By promoting dementia literacy and inclusivity, the initiative aspires to contribute to equitable access to dementia-related information and services for Deaf communities across Europe.

P53

Role-Specific Learning Needs in Online Dementia Psychoeducation: Informing Education Framework for Fostering Dementia-Friendliness

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Aim: The establishment of an inclusive, dementia-friendly community requires equipping all stakeholders, including families, professionals, and community members, with knowledge and skills to support people with dementia. Online psychoeducation programmes offer a flexible, accessible modality for self-paced learning. Beyond common learning needs such as dementia knowledge, stakeholder roles may engender distinct learning priorities. This study explored the relationship between stakeholder roles and dementia-related learning needs to inform the development of role-sensitive educational framework.

Method: A mixed-method study was implemented from November 2023 to September 2025 to explore dementia-related learning needs of participants (family care partners, healthcare professionals, and general public) enrolled in an online psychoeducation programme. The programme integrated multimedia materials, including lecturing videos, interactive exercises, and downloadable resources, to foster engagement and practical skill acquisition. Learning needs of different cohorts were analysed quantitatively using Chi-square test, and qualitatively using thematic analysis.

Results: Among the 623 participants, family care partners (n=263, 42.2%), healthcare professionals (n=257, 41.3%) and general public (n=103, 16.5%) demonstrated distinct learning priorities. Care partners reported significantly higher expectations for acquiring skills for daily care provision ($p<0.001$). Healthcare professionals anticipated greater gains in communication strategies ($p=0.001$) and workplace skills application ($p<0.001$). The public expressed stronger interest in understanding dementia ($p=0.002$). Qualitative findings revealed that care partners sought more emotional support training for themselves and people with dementia. Healthcare professionals preferred real-life case examples and certified training; general public showed interest in dementia prevention and early identification.

Conclusions: The findings highlight the importance of a role-sensitive framework that personalises online psychoeducation for diverse stakeholders. By integrating empirical insights into programme design, online dementia education can evolve beyond knowledge dissemination to actively foster dementia-friendly communities. This approach offers policymakers, non-government organisations, and educators a practical pathway to transform dementia awareness into action, accelerating the development of inclusive and supportive environments.

P55

Toward an Alzheimer-Friendly society

Mrs Viviane Montagne, Mrs Christine Tabuenca, Dr Alain Bérard

Fondation Médéric Alzheimer, Paris, France

Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Alzheimer's disease affects millions worldwide, yet **lack of awareness and understanding** persists, often leading to **stigma and social isolation**. The Alzheimer-Friendly approach aims to transform society into a more **welcoming and inclusive** environment for people living with cognitive impairments.

To help people living with Alzheimer's disease remain **active and integrated**, our environment must adapt. Everyday activities—such as shopping, banking, or using public transport—often become impossible due to **a lack of awareness about Alzheimer's** and its effects, as well as **inaccessible environments**. The Fondation Médéric Alzheimer is taking action on multiple fronts: **Training professionals** (notaries, bankers, law enforcement) to better understand and support individuals with cognitive impairments and **raising awareness among youth** through the Prix Chronos Alzheimer, a literary contest for young people aimed at reducing stigma.

Among the least adapted spaces for people with Alzheimer's, **hospitals** pose a particular challenge. Whether for emergencies or scheduled visits, hospital environments often **worsen cognitive symptoms** due to **poor adaptation and lack of staff training**.

To address this, the Fondation Médéric Alzheimer—alongside the FHF and FEHAP—has launched a **€400,000 call for projects** to support hospitals in becoming Alzheimer-Friendly. It has also published a **guide for emergency services** to better assist patients with Alzheimer's, outlining **four key action areas**:

- **Early detection** of cognitive impairments.
- **Integration of caregivers** into the care pathway.
- **Training for healthcare staff**.
- **Adapting hospital spaces** to make them more welcoming and secure.

This **holistic approach** demonstrates that with **targeted adaptations**, we can **transform the hospital experience** for patients while improving **working conditions for healthcare professionals**.

P56**The experience of Les Ambassadeurs in Rennes : an awareness and support group with people living with younger onset dementia****Ms Isabelle Donnio^{1,2}, Mr Pierre Grimaud³**¹Globalcité, Rennes, France. ²École des Hautes Etudes en Santé Publique, Rennes, France. ³Globalcité, Rennes, France**Topic**

Dementia awareness: Dementia friendliness and inclusivity

Abstract

As the city of Rennes became the first Dementia Friendly Community in France, Globlacité (formerly known as Bistrot Mémoire Rennais) settled Les Ambassadeurs as the first group of people living with young onset dementia in France.

The initial purpose was to help people living with dementia, expressing themselves towards the city. This idea was based on past experience within our organisation (Donnio, Sipos, 2018); interaction amongst awardees of the European Foundation for Initiative on Dementia ; and study trips where we got inspired by Les Battants in Brussels, and Early Dementia Users Co-operative Aiming To Educate (EDUCATE) in Stockport.

Starting with a memory cafe, it rapidly evolved towards awareness and advocacy. The group now empowers people living with dementia & their care partners through information and advice, and offers them choice and control.

Our work was based upon a simple principle : those living with dementia – those with a diagnosis and their family members – are best suited to articulate what helps them have a worthwhile life. They share and use their experience to help others : peers, as well as health-care providers, students or the general public. Each member has their way of sharing : « It's the way to live well with this new Jiminy Cricket on my shoulder and avoid fear and rage » to bitter expressions : "I sometimes want to punch myself".

The group now delivers awareness sessions for local shops and businesses, schools, museums, universities, or even sport events, and is involved in the local network. Benefits of joining the group have been highlighted (Lemaire, 2023), for its members "Even if this kind of action requires a lot of energy, it's a reason to live, it's my therapy", as well as their care partners : "It has been an excellent source of support to me since [his] diagnosis ».

P57**A Multilevel Person-Centred Emergency Preparedness (P-CEP) policy and tailored family plans to drive the development of extended Dementia-Friendly Communities.**

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

The growing number of people living with dementia in Italy and the still limited and fragmented support available for families highlight the need for the creation and continuous improvement of inclusive and resilient communities, known as "Dementia Friendly Communities (DFC)". Traditional DFCs focused on single villages and single towns. However, single villages and towns are no longer enough to address the complex needs for care and support. This requires a multifunctional, integrated approach that crosses different communities and calls for a stronger, more connected, and widespread network of support. Building on this rationale, this poster aims to present the preliminary results of a three-year initiative (mid-2025 to mid-2027) to expand the DFC model across neighbouring municipalities. The development of a project aimed at the creation of a Person-Centred Emergency Preparedness (P-CEP) policy and tailored family plans represents the first step in the process. It establishes the foundations for an extended DFC initiative. The proposed P-CEP, a common priority among municipalities, focuses on three key axes: families, municipalities, and citizens. This aims 1) to equip families with practical tools to cope more effectively with everyday risks (e.g., disorientation, temporary care partner absence, and minor household incidents) and more severe emergencies (e.g., blackouts, floods, extreme heat, earthquakes) 2) to support municipalities in guaranteeing better safety and security measures for citizens, including people living with dementia and their families 3) to foster awareness among community members, increasing support for families, also in case of emergencies. The multi-level P-CEP proposed enhances autonomy, safety, and inclusion of people living with dementia and their families, while fostering resilient and cohesive communities that take proactive actions to support families.

P58**Promoting Dementia Awareness and Inclusion in Amateur Music – Insights from the German Programme Länger fit durch Musik!**

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

As part of the German government's 'Nationale Demenzstrategie', the Bundesmusikverband Chor und Orchester (BMCO) funds 43 exemplary music ensemble projects for cultural participation of people living with dementia in 2024 and 2025, as well as an associated training programme for ensemble leaders and scientific monitoring in cooperation with the University of Education Karlsruhe and the Network Aging Research (University Heidelberg).

The particular potential of music in the context of dementia is widely acknowledged: Musical interventions have been shown to contribute to emotional well-being, reduce depression and improve communication behaviour (e. g. Wosch & Eickholt, 2019). Furthermore, the musical long-term memory has been proven to be less affected by the degeneration processes of the Alzheimer's disease and to often remain largely intact even at later disease stages (Jacobsen et al., 2015).

The accompanying research of the BMCO programme Länger fit durch Musik! aims to identify opportunities and challenges of musicking in dementia inclusive ensemble settings. One key component is the design of a 'Dementia Friends' awareness training specifically for amateur music ensembles to provide actionable insights for engaging people with dementia. To determine requirements for the training, group interviews were led with ensemble leaders, members, relatives and volunteers about their experiences in dementia friendly ensemble projects. Using qualitative content analysis (Kuckartz & Rädiker, 2022), central indications for musicking with people with dementia were mapped out and embedded in the current state of research. The training is scientifically evaluated to examine changes in knowledge, attitudes, and confidence toward dementia using validated scales (Melchior & Teichmann, 2023; Teichmann et al., 2022), with findings guiding continuous improvement and nationwide dissemination.

Our results are meant to encourage stakeholders and practitioners in amateur music to implement dementia inclusive music offers and thereby facilitate cultural participation while raising awareness for an increasingly relevant topic.

P59

Inclusion, reciprocity and navigation. Facilitated conversation groups for people with dementia to discuss ethical issues

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Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

Background: Conversation groups where people living with dementia get together, often with their family, are well established in many countries. They have been shown to provide opportunities for social activities, and being important for peer support, however the extent to which they can accommodate discussions on ethical issues is unclear. The study aimed to explore facilitations and challenges from conversation groups targeting people with dementia/family.

Methods: A qualitative case-study where data were collected from individual interviews with 30 facilitators of various conversation groups in Denmark, Norway, Lithuania, Italy, Israel, and Ireland. A semi-structured interview guide was used. First, inductive content analysis was applied in analyses conducted nationally. Second, a cross-cultural analysis of site-specific findings explored cross-cultural similarities and differences across the six countries developing the overall metathemes.

Results: The findings show variations in the activities and styles of conversation groups within and across countries, as well as varied facilitator backgrounds. The cross-cultural analysis revealed three overall metathemes, each including two or three sub-themes: 1) 'Inclusive practices fostering safe spaces' includes the three sub-themes Flexible and sensitive facilitation, Dialogues reflect sharing of needs and emotions, and Building trust and relationships through safe atmosphere. 2) 'Reciprocity in community underpinning personhood' includes the two sub-themes Peer support and shared learning and Voicing people with dementia. 3) 'Navigate participants' emotional weight' includes the three sub-themes Balancing conflicting needs in group, Navigating family relations, and Balancing various modes of participation.

Conclusion: We found that facilitated conversation groups for people with dementia can provide safe spaces where relationships are built through sharing, learning, peer support, and being given a voice. However, conflicting emotions in family relationships and needs between individual and group needs were hard to balance. We outline inclusive practices that make conversation groups appropriate places for discussing ethical challenges.

P60

Advocating for an inclusive and caring society for all and with all , an observation after +80 events!the pleasure, the conviviality & the intergenerational.

Mr Fabienne Verdureau

Memory and Health, France

Topic

Dementia awareness: Dementia friendliness and inclusivity

Abstract

In France, **1.1 million people** are affected by **Neuro-evolving Diseases and related disorders**, known as Alzheimer's Disease. Each year, **225,000 new cases** are identified. The population of caregivers is estimated at **over 2 million people**; the caregiver-care recipient pair is inseparable. The progressive loss of autonomy caused by these diseases plunges all individuals (patients & family) into a spiral of social isolation, fragility, and an evident impact on nutrition.

Objective: MÉMOIRE & SANTÉ, a non-profit association (under the French law of 1901), recognized as being of general interest, aims to provide **pragmatic, adapted, and innovative solutions** to people made vulnerable or suffering from severe memory pathologies that lead to social isolation and have major repercussions for them and their families.

Our mission is to **promote a positive reflection on the inclusion of patients and their caregivers** experiencing a loss of autonomy (specifically apraxia and agnosia). To achieve this, we organize restaurant outings under the concept **"LE SANS FOURCHETTE®"** (The Fork-Free) to:

- **Promote autonomy in eating** through a convivial and gastronomic meal.
- **Raise awareness among caregivers** about the risks of malnutrition.
- **Change the perception of younger generations** towards elderly patients by involving future culinary and hospitality professionals.

After 80 LE SANS FOURCHETTE our perspectives for evolution and development are:

Deploy training and awareness sessions for future restaurateurs, and progressively, across all hotel and hospitality schools (lycées hôteliers) and apprenticeship training centers (CFA), including:

- Tailor-made training modules for each structure.
- Educational projects integrating the increasing aging and loss of autonomy in the aging population.
- **Develop the "LE SANS FOURCHETTE ® " Label**, in cooperation with catering professionals, to disseminate best practices among participating restaurateurs, ensuring an ethical commitment to openness towards invisible disabilities.
- **Multiply restaurant outings** through partnerships with relevant associations and organizations, aiming to break isolation, create opportunities for encounters, exchanges, and attention, which are beneficial for patients and their caregivers.
- **Involve all generations** in a shared impetus for each of our initiatives to achieve lasting change together.
- **Study the representations surrounding "eating by hand"** (manger main) and identify the obstacles and levers for developing "finger food," particularly through professional culinary education.

P61**Queer to the Grave: My Journey as a 70+ Trans/Nonbinary Person Living with Dementia and Reimagining Dementia Care****Ms Dáithí Clayton**

FDWG, Antwerp, Belgium

Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

I am a 70+ year-old trans/nonbinary person living with dementia, and I have been queer from the cradle and intend to be queer to the grave. My story is not just about a condition, but about living fiercely and authentically while navigating the daily realities of dementia in a world that often erases people like me.

My gender journey and my dementia journey are deeply entwined. I have faced stigma, discrimination, and invisibility—as a trans person, as an older person, and as a person with dementia. Yet, I have also found strength in community, in research, and in speaking my truth. I co-produced *The Space Between: Understanding the Lived Experience of Nonbinary Persons with Dementia*, amplifying voices so often unheard. I helped lead *The Circle Project* at the University of Kent, alongside Dr. Jolie Keemink and Dr. Andrew King, to build inclusive, affirming care spaces for LGBTQIA2S+ people living with dementia. I also work internationally to raise awareness about the unique needs of trans and nonbinary people with dementia, including my work with Alzheimer's Europe and the British Society of Gerontology.

This presentation calls for radical change. We must challenge the cis-heteronormative assumptions embedded in dementia care, research, and policy. We must create spaces where all people living with dementia—especially those from LGBTQIA2S+ communities—can live and die with dignity, joy, and autonomy. My story is not unique; it is a mirror held up to a system that must do better. Let's reimagine dementia care so that no one, regardless of gender identity or sexuality, is left behind.

P62**The utility of Ūloa in a resource constrained environment: The Māngalo example**

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Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Throughout the entire dementia journey from awareness of symptoms and the need for assessment through to diagnosis and the provision of post-diagnostic supports the system is failing Pacific peoples. Current dementia services and supports do not reflect Pacific worldviews and realities, so it is not surprising that Pacific peoples do not view existing dementia services as fit for purpose, with consequently lower rates of uptake of available services. The reasons for this are multifaceted, rooted in both Pacific perspectives and interpretations of health, illness, and mental health, as well as perceptions and experiences of the health system. These factors influence Pacific interactions with the health system and contribute to the well documented inequities experienced by Pacific peoples

The Pacific Dementia Māngalo (PDM) service was funded as part of a Budget 2022 initiative to begin addressing these inequities. The PDM approach is grounded in the Ūloa model, emphasising a communal approach, shared goals and strengths-based strategies to achieve harmony (napanapangamālie). Key to this approach is a holistic overview of the entire dementia journey with a focus resource flexibility, and a coordinated approach to maximize outcomes.

Applying the principles of Ūloa to the PDM project requires strategic resource allocation aimed at maximising outcomes within a fixed budget. In this presentation we will discuss how the PDM project has utilised Ūloa principles to allocate existing resources across all aspects of the dementia journey and the process of resource re-evaluation and re-allocation based on evolving need.

P63**“From Silence to Story: Arts-Based Approaches with Veterans Living with Dementia”****Dr Michele Board**¹, Mrs Rebecca Dew¹, Mrs Emma Lucas¹, Mrs Vicky Tweedy², Dr Brad Gyori¹¹Bournemouth University, Bournemouth, United Kingdom. ²Dorset County Hospital, Dorchester, United Kingdom**Topic**

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Veterans living with dementia face distinct challenges shaped by military culture, stigma, and barriers to accessing appropriate care. Despite growing recognition of these issues, little research has explored their lived experiences in the UK. This commentary piece reflects on a pilot project that used creative, arts-based workshops to engage veterans living with dementia and their carers, aiming to understand their experiences and identify priorities for future research. These activities fostered rapport and open, informal conversations, facilitating reflective interviews and leading to the co-production of a short documentary film. The project concluded with a stakeholder event, using appreciative inquiry and world café approaches to gather insights and collaboratively shape recommendations for practice and policy.

Key findings in this work emphasised the therapeutic and social value of veteran-specific spaces, where shared humour, identity, and military culture fostered connection and trust which enabled participants to reflect more openly on their experiences. The project also revealed significant barriers to accessing this population, reinforcing the need for further research into improving access, raising awareness and exploring potential barriers and enablers to seeking support. It demonstrated that creative, collaborative methods can elicit valuable insights from under-represented groups and generate meaningful recommendations. Further research is warranted to explore potential barriers and enablers to seeking support for veterans to inform potential service development and improve quality of life for veterans living with dementia.

P64

Forgotten Front: A Scoping Review of Veterans' Experiences of Dementia

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Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Background: Veterans living with dementia can face distinct challenges related to their military service and may experience increased exposure to risk factors for dementia as a result of their military service. Despite this, there is scarce literature on the experiences of veterans living with dementia. This scoping review aims to systematically review existing literature and identify potential knowledge gaps relating specifically to veterans experiences.

Aim: To explore what is known about the experiences of veterans with dementia and support or services available to them.

Methods: This review was conducted following the PRISMA-ScR reporting guidelines. Eight databases were searched including MEDLINE, APA PsychInfo, CINAHL, SocINDEX, Education Source, Communication Source, APA PsychArticles, and ERIC to identify relevant articles. Articles were included if they focused on military veterans with a dementia diagnosis and on their experiences including access to care/support, quality of life and availability or accessibility to support.

Results: 21 articles were included in this review; 19 articles originated from US and 2 from Canada. Most articles used a predominantly quantitative approach to explore themes such as healthcare utilisation, social determinants and care trajectories.

Conclusion: An American-centric focus of literature has been identified, which highlights a gap in literature exploring experiences of veterans within other cultural contexts. At the conference we will share the emerging themes and implications for health and social care services supporting veterans.

P65**Making Dementia Visible in Malawi: Awareness, Culturally Sensitive Tools, and a Research Agenda****Ms Victoria J Casey**

Mercer University, Atlanta, USA

Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Background: Alzheimer's disease and related dementias in Malawi remain largely unseen. Peer-reviewed, country-level evidence is sparse and there are no population-based prevalence estimates, while diagnostic pathways and public understanding are limited (WHO, 2021; ADI, 2024).

Problem: This evidence gap sustains stigma, late presentation, and policy inaction. Without locally relevant data and culturally sensitive assessment tools, people with dementia and care partners remain invisible to planners and funders—slowing progress toward standardized care, equity, and ultimately a cure.

Signal—not silence. Recent Malawian hospital record-reviews confirm dementia is present in clinical settings, underscoring the need for rigorous national research (Lee et al., 2025).

Aim: This presentation calls for awareness as a catalyst for funding to build a Malawi-anchored research program—prioritizing the cultural adaptation and validation of cognitive measures (e.g., screeners -MoCA with Malawian norms), representative epidemiologic studies, and open data standards to generate comparable, policy-relevant evidence that strengthens global discovery.

Call to action: We invite collaboration and investment to make Malawian dementia visible in the data—advancing standardized care, health equity, and the path to cure.

References

- Alzheimer's Disease International (2024). World Alzheimer Report 2024: Global changes in attitudes to dementia.
- Lee, H., Mlombe, Y., Song, Y. E., et al. (2025). Dementia prevalence and risk factors in people with and without HIV in Malawi: A medical record review. *Alzheimer's & Dementia*
- WHO (2021). Global status report on the public health response to dementia. World Health Organization.

P66

Advancing access to research: A global approach to optimizing health outcomes for people with Alzheimer's disease

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Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Enrolling diverse populations in Alzheimer's disease clinical trials is vital for assessing new treatments. We must overcome geographic, cultural and socioeconomic barriers to enhance equitable access and optimize health outcomes, which may vary across countries. This involves fostering inclusive research practices, embedding these into workflows, and adapting strategies to country-specific requirements across Roche clinical trials, including the Phase III TRONTIER studies.

Participant exit interviews were gathered from the Phase Ib/Ila BRAINSHUTTLE™ AD (NCT04639050) study to inform key areas for early prioritization of global and local inclusivity strategies. Additionally, Roche representatives from all 18 countries in the TRONTIER studies participated in Roche-led inclusive research workshops to identify country-specific barriers to equitable AD trial access. These combined information-seeking efforts led to key initiatives to advance inclusive research globally in AD studies.

Key global initiatives focus on:

- Optimizing participant experience: Eliminating trial costs to participants and study partners through tailored travel and reimbursement support; leveraging site and patient advocacy groups in the development/review of participant materials; incorporating feedback mechanisms from both entry interviews and exit interviews to enable earlier support.
- Building robust community and site support: Offering financial support for local site initiatives that engage communities and promote inclusivity; low burden pre-screening initiatives, such as the TRAVELLER study.
- Expanding global representation: Setting diversity enrolment goals in countries including the UK, Canada, and USA; prioritizing multilingual scale validation and visually representative participant materials, improving data monitoring, leveraging broadened race/ethnicity categories for self-identification; implementing social determinants of health questionnaires and allowing completion after randomization to build trust and willingness to share information.

Conclusions: Engaging clinical trial participants to learn from their experiences in research participation, and considering global representation, can help identify and prioritize tailored initiatives for more inclusive research to optimize health outcomes for more people with AD.

P67**Building global capacity for dementia awareness and advocacy:
Walking the Talk for Dementia**

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Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Aims: Walking the Talk for Dementia (WTD) is a global initiative that builds capacity for dementia awareness and advocacy. The event combines a 4-day, 40 km pilgrimage to Santiago de Compostela with a 2-day symposium, creating an immersive space to reflect on dimensions of living with dementia. WTD elevates the voices of people living with dementia, care partners, and advocates while promoting inclusive global solutions to address dementia. Participants synthesize professional and lived experiences, building a community that addresses stigma, advances knowledge, and increases dementia advocacy. This presentation addresses study aims related to participants' satisfaction and perceptions of the effectiveness of WTD 2025.

Methods: In 2025, data were collected through pre- and post-surveys from participants (n=71) in various roles representing 32 countries of residence across five continents (Table 1). Satisfaction items were scored on a 5-point scale; effectiveness items were rated in comparison to other dementia-related conferences on a 100-point scale.

Results: Post-event surveys demonstrated high levels of satisfaction (n=65) with all elements, including event design and opportunities for interactions (Table 2). Participants who had attended other conferences (n=53) rated the effectiveness of the WTD format highly (Table 3), and felt the experience was unique particularly in building relationships with people with dementia and care partners and greater understanding of what they need to navigate daily life.

Conclusions: The findings show how a global, multidisciplinary, intergenerational group of individuals committed to dementia can be inspired to create opportunities to improve dementia research, practice, and policy. All voices are equal at WTD which enables people with lived experience to speak and engage without obstacles of power differentials with dementia clinicians, researchers, artists, and innovators. WTD's format integrating physical activity, interpersonal dialogue, social connections, and emotional experiences offers a powerful platform to catalyze change in the dementia landscape.

P68

Co-producing the Dementia Community Research Network: a public engagement partnership to strengthen inclusive dementia research

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Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Background and Aims: Community and public engagement are essential to advancing dementia research to ensure research is reflective of the priorities of those affected by dementia and their lived experiences. People affected by dementia from minoritised ethnic backgrounds are often underrepresented in dementia research. Developing a collaborative network with knowledgeable stakeholders can contribute to creating a supportive and engaging space for people affected by dementia to address these gaps.

To create a community driven network bringing together community partners (individuals or organisations working in dementia services in the community), members of the public, and dementia researchers to enable co-production and foster inclusive public engagement across diverse populations in dementia research.

Methods: Co-production workshops with six community partners were held to establish the main aim of the network, action points for the network's progression, and strategies to reach diverse populations affected by dementia to get involved in research. Sustaining the network relies on building trusted relationships and ongoing communication with network members. To ensure continued growth of and engagement with the network, methods such as regular member meetings, co-production opportunities, research and community collaborations and a yearly engagement event is organised.

Results and Conclusions: The Dementia Community Research Network was established in South London and has grown to include eleven active community partners, two public members, and nine research members.

The Dementia Community Research Network holds an annual local community event to provide an engaging space for people affected by dementia to become involved in research. Opportunities for training, personal development and sharing knowledge between community partners, people affected by dementia, and dementia researchers are key to achieving the aims of the network.

P69

Planning Together: An Engagement and Co-Creation Framework to Support the Design of Person-Centred Long-Term Residential Care Settings

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Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Introduction: This paper presents an engagement and co-creation framework to support involvement of key stakeholders—including people with dementia (PwD)—in planning and design of long-term residential care (LTRC) settings. Applicable to new-build and retrofit projects, the framework recognises the complexity of LTRC design, and the co-creation challenges associated with diverse stakeholders with varying needs and capacities, including those with cognitive impairments.

Aims: Given that up to 75% of residents in LTRC experience some degree of cognitive impairment including dementia, the framework enables collaborative and inclusive design by a wide range of stakeholders—clients, design teams, residents, including those with mild cognitive impairment and PwD, family, staff, and visiting professionals. It seeks to overcome common engagement barriers to ensure all perspectives are heard and valued in shaping LTRC environments.

Methods: The research underpinning the framework involved a mixed-method approach including literature reviews, best-practice engagement methods, stakeholder engagement, piloting framework in a stakeholder workshop, and on-site case studies.

Results: The framework provides a structured yet adaptable model for engagement in LTRC projects consisting of: a) stage-based cycle to structure engagement across full project timeline; b) a four-step process for stakeholder input at any stage; and c) a flexible toolkit of co-creation methods to support diverse stakeholder needs and capacities. It emphasizes early and sustained involvement, especially PwD and other groups excluded from design processes. Sustained involvement is also about choice; flexible entry and exit points across the design process allows participants to choose the time, level and extent of involvement.

Conclusion: Offering clear processes and practical tools, the engagement and co-creation framework supports inclusive stakeholder engagement in LTRC planning and design. It ensures that PwD and other stakeholders can contribute to the creation of environments that reflect their needs, preferences, and lived experiences— leading to more responsive and person-centred care settings.

P70**Dementia Go-To Points: Creating safe and inclusive networks to support Persons Living with Dementia in Singapore.**

Ms Charlotte Wong, **Ms Sylvia Yap Chui Siem**, Ms Shirley Chau

Agency for Integrated Care, Singapore

Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Wandering is a common behaviour amongst persons living with dementia¹ (PLWDs). Alzheimer's Association estimated that about 60% of PLWDs will experience at least one wandering episode in their lifetime². In Singapore, it is estimated that there will be 150,000 PLWDs by 2030³. Building a safe and inclusive network for PLWDs to move around the community is essential.

Dementia Go-To Points: Dementia Go-To Points (GTPs) were developed by the Agency for Integrated Care (AIC), the central coordinating agency for "Dementia-Friendly Singapore" movement. GTPs are located at accessible and familiar locations in the community to serve as **safe return points**, where members of the public can bring those who appear lost or disorientated to receive assistance. Frontline workers at GTPs are trained to identify signs and symptoms of dementia and given protocols to facilitate PLWD's reunion with caregivers. Additionally, these GTPs function as **resource centres**, providing information and useful resources on dementia.

Implementation and Insights: GTPs have strengthened inclusivity and safety for PLWDs in the community. As of August 2025, there were nearly 800 GTPs at bus interchanges, train stations, supermarkets, shopping malls, and community care facilities across Singapore, supported by thousands of frontline workers trained in dementia awareness and foundational support skills.

The initiative also fosters community readiness and promotes shared responsibility in supporting PLWD in the community. For example, members of the public feel more confident to step forward to help a wandering PLWD to a nearby GTPs for assistance by using a mobile app.

This presentation will share insights and learnings of setting up the Dementia GTP network, as well as its impact on enabling cross-sector collaborations in support of a dementia-inclusive society.

P71

Epistemic Injustice in Older Adults: A Narrative Study and Mixed-Methods Protocol to Explore Barriers to Being Heard and Understood.

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Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Background: Older adults often face challenges in being heard, believed, or understood within healthcare and community settings. These experiences may reflect epistemic injustice—a form of unfairness that occurs when a person's knowledge or perspective is undervalued, as described by philosopher Miranda Fricker.

A narrative review of current literature highlights that older adults, including people living with dementia, frequently encounter epistemic injustice. Despite growing recognition of these issues, empirical studies on how epistemic injustice is experienced by older people remain scarce.

Aims: To examine the presence and nature of epistemic injustice in older adults and explore factors influencing their experiences of being listened to and understood.

Methods: Participants aged 65 years and older will be recruited from community and healthcare settings in South-Western Greece. A mixed-methods design will integrate quantitative and qualitative data at the item level. Experiences related to epistemic injustice will be explored using a four-item Epistemic Injustice in Older Adults Questionnaire that combines Likert-scale ratings with immediate open-ended probes. This integrated mixed-methods design allows each participant's qualitative narrative to contextualise and deepen the meaning of their quantitative responses. Quantitative data will undergo descriptive and correlational analyses, while qualitative data will be thematically analysed using Fricker's framework to identify patterns that complement and expand the numerical findings.

Expected Outcomes: This combined review and protocol aim to provide theoretical and empirical insights into the experience of epistemic injustice in healthcare settings in older adults. Findings are expected to raise awareness, guide training and practice that promote inclusion, dignity, equity, and person-centred communication and care in ageing.

P72

ART RE-FEEL: Exploring the Role of Artists and Visual Arts in Fostering Dementia Care, Social Awareness, and Stigma Reduction through Interdisciplinary Collaboration and Cultural Participation

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Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Background: Art Re-Feel is a doctoral project providing a theoretical and methodological framework for the use of visual arts within care settings dedicated to people living with Neurocognitive Disorders (NCD). The research focuses on the StArt Project, a rehabilitation program for people living with NCD that combines art appreciation in museums with a cognitive stimulation protocol (Cognitive Activation Therapy). Art Re-Feel addresses two main topics: the role of art historians in art-and-health programs, and strategies for the respectful use of visual arts, considering both the artworks' historical significance and the experience of people living with NCD.

Methods: The study combines historical-artistic and medical-scientific literature review, on-site observation, and interviews. Four research strands were developed: i) analysis of collaborations between cultural and healthcare professionals within Medical Humanities; ii) historical reconstruction of museum programs designed for people living with NCD; iii) exploration of relationships between artists and people living with NCD; iv) case studies, including the program "A più voci" at Palazzo Strozzi, focusing on participatory art.

Results: Findings highlight that, within art-and-health collaborations, the arts are often used in ways that may compromise their integrity. Observation of programs reveals that the involvement of artists fosters participatory and person-centered approaches, activating innovative forms of care. Similar outcomes were observed in the StArt Project where the presence of art historians contributed to participants feeling recognized and valued, enriching the rehabilitation process.

Conclusions: This research demonstrates how visual arts can promote health, inclusion, and social cohesion through balanced partnerships between culture and healthcare, positioning art as an active agent in developing person-centred forms of care for people living with NCD. The involvement of artists and art historians in dementia care emerges as a promising collaborative model that stimulates cognition, fosters self-expression, and helps to counteract social stigma.

P73**Exploring the role of pharmacists in supporting improved help-seeking for dementia among the Black African and Caribbean population in the UK.****Dr Oma Iyoko**

Leeds beckett university, Leeds, United Kingdom

Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Background: While Black-African and Caribbean (BAC) people have a higher chance of developing vascular dementia, they are often diagnosed at advanced stages of dementia because they present later to health facilities. With a predicted 7fold increase (by 2040) in incidence rate among this population, this poses significant public health concerns. Interventions to support timely help-seeking for dementia have been designed for other communities and implemented through diverse healthcare facilities but the challenge of late dementia help-seeking persists among the UK BAC population. Community pharmacies are healthcare facilities conveniently located within the community, thus the potential for timely dementia help-seeking support to be provided to BAC people through this health facility was explored in this research.

Methods: A four-stage multi-method study involving surveys and interviews with community pharmacists and BAC people as participants.

Results: While personal and systemic difficulties experienced on the help-seeking journey of BAC people contributed to their delayed help seeking for dementia, knowledge, attitude and beliefs around dementia also appeared to be major barriers to their help-seeking. For example, beliefs that dementia is caused by 'offending the gods' and dementia is a 'repercussion for past wrong doing' and therefore not amenable to medical intervention.

The community pharmacists believed they were suitably positioned to provide initial as well as ongoing dementia help seeking support to this population. Possible interventions were grouped into community pharmacy-based public health engagements, media engagement and wider community engagement, although the community pharmacists envisaged among other factors, a lack of adequate funding as a probable barrier to the implementation of these interventions.

Conclusions: To offer intervention for timely help-seeking for dementia, a culturally tailored dementia education for the BAC population should be considered. In addition, training on the impact of cultural beliefs on help seeking for dementia should be considered for the community pharmacists.

P74

Navigating Diversity: Challenges in Assessing Cognitive Function in Older Adults Across Peru's Jungle and Andes

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Topic

Dementia awareness: Diverse populations: solutions around inclusion and equality

Abstract

Background: As global life expectancy increases, developing countries like Peru face rapid demographic transitions. The population of older adults in Peru is projected to grow by over 250% by 2050. While it is estimated that 7% of older adults in Lima live with dementia, data on cognitive health in rural and remote areas remains scarce. This knowledge gap is compounded by Peru's extraordinary cultural, linguistic, geographic, and environmental diversity, which complicates standardized research methodologies.

Methods: we made a detailed description of the challenges of implementation and development process of a Pilot Project carried out in urban and rural areas of the jungle and the Andes of Peru, which had as major goal was to evaluate cognitively and functionally illiterate older adults from these areas.

Results: Key challenges included: (1) Geographical and climatic barriers — Accessing remote communities required complex travel by plane, road, and river, with researchers operating across extreme environments. (2) **Training limitations** — With limited research infrastructure and low awareness of dementia, we provided intensive training to multidisciplinary teams. (3) Community trust — Building rapport with community leaders and residents was essential, requiring culturally sensitive communication and respectful engagement. (4) **Participant engagement** — Mistrust and concerns such as, "Will you take my land?" or "What will I get for my time?" underscored the need to address broader expectations. (5) Assessment tools — Standard cognitive tests often proved unsuitable for illiterate populations due to literacy demands, unfamiliar technology, or stress-inducing formats.

Conclusions: This study highlights the critical importance of culturally responsive, flexible, and ethically grounded approaches in cognitive health research among underserved populations. Our findings contribute to developing inclusive models of dementia assessment and care in low-resource settings.

P75**Advancing Dementia-Inclusive Environments in Singapore: The Impact of the Singapore Environmental Assessment Tool (SEAT) on Knowledge Translation**

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Singapore's approach to dementia care has experienced a paradigm shift over the past decade, transitioning from conventional pathogenic care models to evidence-based, salutogenic environmental design principles. The Singapore Environmental Assessment Tool (SEAT) has emerged as an instrument in this transformation, serving as a bridge between international dementia research and localised practice implementation. The development of SEAT represents a methodologically rigorous adaptation of the Australian Environmental Assessment Tool-High Care (EAT-HC), specifically contextualised for Singapore's unique cultural and environmental characteristics. Through a multistage sequential mixed-methods approach involving 150 stakeholders across 23 focus groups, the tool underwent extensive validation to ensure cultural appropriateness and psychometric reliability. This development process addressed a critical gap in available assessment instruments, as no existing salutogenic culturally sensitive environmental assessment tools had been validated for East Asian contexts at that time. The SEAT operates as a systematic framework for translating evidence-based dementia design principles into actionable assessment criteria. SEAT democratises knowledge previously confined to specialist practitioners, enabling multidisciplinary teams to conduct systematic environmental evaluations. Empirical evidence from implementation demonstrates SEAT's effectiveness in facilitating environmental transformations. Baseline assessments followed by post-intervention evaluations revealed measurable improvements across multiple environmental domains as seen in the SEAT guide. The tool's systematic approach to environmental audit has enabled care providers to identify specific areas for enhancement while maintaining alignment with evidence-based practice standards. The successful validation and implementation of SEAT has broader implications for dementia care policy in Singapore. The tool provides a standardised method for evaluating environmental quality across care facilities. The evidence base contributes to the growing international consensus on dementia-friendly design principles, as recognised by Alzheimer's Disease International. SEAT exemplifies successful knowledge translation in dementia care by bridging the gap between evidence and implementation, the tool has catalysed environmental improvements across Singapore's care sector.

P76**When Architecture Heals: Rethinking Space to Better Live with Dementia - A living environment designed to preserve autonomy, dignity, and social connection for young people with dementia.****Mrs Nathalie Hervé**

FONDATION OVE, LYON, France

Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Dementia—especially when it affects younger individuals—requires more than medical care: it calls for a profound shift in our perspective, our practices... and our spaces. Located in Isère, the Maisons de Crolles embodies this gentle revolution. Designed as true living spaces, two homes welcome people with Alzheimer's disease or related conditions in an open, warm, and non-stigmatizing environment.

Here, architecture plays a therapeutic role. No impersonal corridors, no locked doors, but human-scale homes with open kitchens, shared spaces, and accessible gardens. Every detail is designed to support orientation, safety, and well-being of all inhabitants, while respecting freedom of movement. The smell of coffee or cooking becomes a temporal marker, and spontaneous interactions in common areas reinforce a sense of belonging.

This approach, inspired by the Carpe Diem philosophy, places the person at the center, valuing their abilities and preferences. The environment adapts to the individual—not the other way around. Far from institutional models, the Maisons de Crolles, unique in France, demonstrates that architecture can be a powerful lever to preserve autonomy, reduce behavioral disturbances, and maintain a dignified and peaceful quality of life.

This pioneering project reminds us that raising awareness about dementia also means rethinking the places we live in—so they become spaces of freedom, connection, and respect.

P77**Integrated Design Guidelines for Aotearoa**

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

International design guides have shaped many facilities in Aotearoa, yet these guidelines whilst useful seldom reflect local culture, or everyday care realities. Design features can drift from the needs of people receiving support once a building opens, leaving practitioners to retrofit spaces or abandon key principles altogether.

To close this gap, the Dementia Learning Centre is partnering with the University of Auckland's Co-Create team, who are simultaneously drafting national detached housing dementia guidance. Together we are creating a suite of dementia aware wareware design resources for aged-care services and housing of older people with dementia that blend practice wisdom, research evidence, and lived experience.

Māori values, that recognise the deep connection between people, the natural world, and the land, bring vital insight into how spaces are shaped and used. Wairuatanga invites us to consider how buildings can strengthen spiritual wellbeing through light, materials, and sensory cues that honour life's rhythms. Whanaungatanga enables us to understand relationships through shared experiences, broadening possibilities in our buildings and communities. Central too is Mauri the life force reminding us that environments are not passive backdrops but active participants, speaking and responding to those with cognitive and sensory changes.

A consolidated guideline will recast universal principles through Aotearoa's materials, landscapes, community narratives, showing how environment and model of care must co-evolve. Project outputs include inclusive approaches to audit, practice and design improvement. A practical programme and tools will equip architects, managers, home owners and carers to improve quality long after construction ends.

By treating the built environment and care model as a single, dynamic system, this initiative aims to move dementia design from one-off compliance to an ongoing practice of improvement. The resulting resources will provide scalable pathways for services to keep their spaces enabling, ensuring design remains an active partner in compassionate care.

P78

Storytelling Spaces: Narrative and Scenographic Approaches to Dementia-Inclusive Design

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Background: The built environment holds significant potential to enhance the quality of life of people with dementia, particularly in residential care, where isolation is common, and communication often becomes difficult as the condition progresses. Innovative approaches to environmental design are needed to facilitate meaningful engagement and connection, especially for those with more advanced dementia.

Aim : This interdisciplinary study explores how narrative design can create spaces that both emerge from and invite storytelling, and how such design might be implemented in dementia care settings. Drawing from scenography - the holistic practice of crafting theatre stage environments through set, light, and sound – we apply these principles as a mode of supporting expression, memory, and connection.

Methods: Participants included 14 people living with dementia, 10 professionals (architects and artists), 6 relatives, and 16 care staff. We developed a narrative methodology to support people with dementia in expressing their ideas about ideal living environments. A series of co-design sessions used embodied, performative, and sensory methods to generate spatial concepts grounded in lived experience. Thematic and narrative analysis incorporated verbal interview data and non-verbal data gathered through creative methods.

Findings: Narrative and performative tools spanning architecture, sound design, and visual arts can support people living with dementia to communicate rich multi-sensory design ideas. A multisensory approach integrating light, sound, smell, and visual cues was used to generate playful environments associated with happiness and a sense of home. These narrative environments have the potential to be both functional and joyful, contributing to well-being and social connection in care settings.

Implications: These findings show that people with dementia can meaningfully participate in design decision-making when supported by narrative methods. Architects and designers can embed narrative elements to enhance communication and engagement, while care home directors can use these approaches to adapt environments to improve residents' quality of life.

P79

Design of a Care and Prevention Center for People with Dementia and Their Caregivers , An Integrative Experience

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Introduction: Alzheimer's is a neurodegenerative disease that progressively deteriorates memory, functionality, and quality of life, affecting both patients and their caregivers. This situation demands comprehensive responses that include medical, emotional, and social care. Since 1998, the Alzheimer Foundation of Cali has been supporting people with dementia and their families, while also promoting active aging. In 2023, the donation of a house provided the opportunity to establish a dedicated headquarters to offer programs for promotion, prevention, and care, based on over two decades of experience.

Objective: To design and build a specialized center for people with dementia, their caregivers, and families, offering comprehensive care in an accessible, inclusive, and needs-adapted environment.

Method: Participatory tools such as transformative social mapping were used to identify the needs and expectations of all stakeholders: people with dementia, their families, caregivers, health professionals, and the community. International models were studied, and experts were consulted.

A multidisciplinary team—including architects, builders, designers, and family members—voluntarily collaborated in adapting a house as a day center and constructing a memory unit. The space will be dedicated to physical, cognitive, social, and educational activities, as well as early diagnosis and caregiver training.

Results: The center aims to improve the quality of life and well-being of users and caregivers through dynamic, integrative, and community-based care.

Conclusions: The creation of the center represents an effective strategy in the face of Alzheimer's. Its human and preventive approach will allow for dignified care and the strengthening of family and community support networks.

P80

Dementia Villages in Practice: Social Impacts, Lessons Learned, and Model Characteristics: A Scoping Review

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Dementia Village Models of Care (DVMC) offer a person-centered approach integrating homelike environments, social engagement, and structured care to support people living with dementia (PLwD). This scoping review synthesizes Canadian and international evidence to inform the development of day-use and residential dementia-friendly facilities, such as those planned by the Alzheimer's Society of Durham Region (ASDR). The review aimed to (1) identify key social, technological, and environmental characteristics of DVMC, (2) examine facilitators and barriers to their establishment, and (3) explore individual, organizational, and system-level outcomes of implementation.

Using Arksey and O'Malley's (2005) and Levac et al.'s (2010) scoping review frameworks, searches included peer-reviewed and grey literature covering day-use, residential, and respite models. Articles were included if they described a dementia village, defined PLwD population, and reported on methods, implementation strategies, or outcomes.

Findings indicate that dementia village models of care combine small-scale, homelike living, outdoor and multisensory spaces, and opportunities for meaningful daily activities, promoting autonomy, social engagement, and cognitive stimulation. Implementation success depends on strong leadership, staff training, community involvement, and operational flexibility, while financial, regulatory, and infrastructural constraints remain barriers. Reported outcomes include improved resident quality of life, enhanced staff satisfaction, reduced caregiver stress, and broader organizational benefits. Alternative care models, such as green care farms, highlight the value of integrating environmental, social, and technological strategies to optimize care.

This review emphasizes the importance of aligning physical, social, and organizational components to achieve positive outcomes for residents, staff, and families. Future research should examine cost-effectiveness, scalability, long-term impact, and resident perspectives. Findings provide actionable guidance for policymakers, practitioners, and educators, supporting the development of sustainable, person-centered dementia care models that balance safety, autonomy, and social inclusion.

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A Study on the Planning and Design Principles of Dementia Care Zones in Township Communities: A Case Study of Residential Long-Term Care Facilities in Xingang Township, Taiwan

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Planning and establishing dementia care zones within township communities—where older adults with dementia can sustain social connections, maintain quality of life, and coexist harmoniously with others—has become a critical issue in community-based care design. This study seeks to identify the essential planning and design principles for dementia care zones in communities characterized by strong traditional, religious, and cultural orientations, and to illustrate their practical application through a case study in Xingang Township, Taiwan.

A qualitative research methodology was employed, incorporating literature review, in-depth interviews, focus group discussions, and participatory observation. Eight experts and scholars were interviewed, and two expert workshops involving nine participants were conducted to refine and validate the proposed planning framework.

The results identify six core principles: (1) **contextual integration**, linking care zones to local community centers and everyday activities; (2) **cultural participation**, enabling residents with dementia to safely engage in community rituals and festivals; (3) **healing environments**, integrating natural elements to create restorative outdoor spaces; (4) **home-like care units**, emphasizing small-scale, familiar living clusters; (5) **integrated and continuous care**, establishing multi-level systems of social and medical support; and (6) **safety and resilience**, addressing disaster prevention, infection control, and climate adaptation.

The study concludes that dementia care zones should be rooted in local culture, social interaction, and environmental sustainability. By fostering human-centered and culturally embedded environments, township-based dementia facilities can enhance community cohesion and promote sustainable, aging-friendly development.

P82**Planning and Design Principles of Dementia Care Campuses Utilizing Idle Element****Prof Po Tsung Chen**¹, Mr Ting Tsang Hsieh²¹Dept. of Gerontology, National Cheng Kung University, Tainan, Chinese Taipei. ²Dept. of Architecture, National Cheng Kung University, Tainan, Chinese Taipei**Topic**

Dementia awareness: Environment and architecture for dementia

Abstract

With the rapid aging of society and declining birth rates, the reuse of idle elementary school campuses as dementia care facilities has become an innovative approach to sustainable community-based long-term care. This study aims to identify key planning and design principles that enable such facilities to support individuals with dementia in maintaining social connections and continuing meaningful community life.

A qualitative multi-method approach was employed, including literature review, in-depth interviews, focus group discussions, and participatory observation. Five practical cases were examined, and insights were collected from seven experts and two professional workshops involving ten participants. The findings were synthesized and applied to the planning and design demonstration at Baoli Elementary School in Pingtung, Taiwan.

Eight major principles were derived: (1) establishing a community activity core to sustain interaction; (2) linking local shops and resources to form a dementia-friendly living network; (3) preserving existing playgrounds as community health-promoting spaces; (4) retaining the original school entrance as a collective memory symbol; (5) providing small, home-like care units; (6) adopting residential architectural forms to blend with the neighborhood; (7) maintaining the campus's role as a community refuge; and (8) creating therapeutic gardens with opportunities for community participation.

The adaptive reuse of idle school campuses for dementia care can integrate local culture and shared memory, fostering both community revitalization and aging-in-place. Such environments promote intergenerational coexistence and sustainable dementia-friendly community development.

P83

Long-Term Residential Care and Dementia: Quality of Life for all through Dementia-Inclusive Design, Universal Design, and Resilience

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Introduction: This paper draws on a series of transdisciplinary research projects looking at the built environment and quality of life in long-term residential care settings (LTRC) in Ireland. Considering the broad spectrum of needs, impairment, and health conditions, along with the diversity of residents, staff, and visitors in LTRC, the research is informed by Universal Design (UD). Moreover, to address the impact of COVID-19 and airborne infections, along with the emerging challenge of climate change, this research investigates how to improve resilience while supporting quality of life and inclusion.

Aim: Recognising that up to 75% of residents in long term care settings experience some degree of cognitive impairment including dementia, this paper interrogates the key planning and design considerations developed in this project through a dementia-inclusive design lens to ensure a balance between dementia, overall inclusion, and resilience.

Methods: This research involves a mixed-method approach including literature reviews, stakeholder engagement, and onsite case studies.

Results: This paper outlines a set of planning and design considerations broken into 3 sections including: **4 overarching UD principles** focusing on usability, accessibility, flexibility and adaptability; **12 key design issues** specific and important for older people living in LTRC settings; and **4 Sustainability and overall resilience issues**. Each of these considerations have been evaluated from a dementia-inclusive design approach to identify the overall synergies and possible divergences or trade-offs between dementia-inclusive design, UD, and resilience of LTRC.

Conclusions: With the high prevalence of cognitive impairment and dementia in LTRC, there is strong argument for dementia-inclusive design across all aspects of LTRC settings. Moreover, the many synergies between dementia-inclusive design, UD, and resilience may help provide holistic and robust settings that improve quality of life, not just for people living with dementia, but for all residents, visitors, and staff, and the wider community.

P84**Walking Experiences of People Living with Dementia and their Care Partners in Prince George, Canada: Findings from the DemSCAPE Project**

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Dementia affects over 55 million people worldwide and is a growing concern in Canada, where most people living with dementia are community-dwelling and prefer to remain in their own homes. Walking supports independence, social connection, and well-being for people living with dementia (PlwD), yet barriers such as unsafe neighbourhood infrastructure and harsh weather often restrict mobility. This study explores the walking experiences of PlwD in Prince George, a Canadian city characterized by diverse geography and pronounced seasonal conditions, to understand how climate, infrastructure, and community context shape mobility.

Interview data from PlwD and their care partners were analysed using reflexive thematic analysis combining deductive and inductive approaches. Six key themes emerged: Seasonal Influence on Walking, Sensory Experiential Factors, Built Environmental Barriers, Impetus for Walking, Acceptance of Limitations, and Support and Reliance on Care Partners. Findings reveal that walking is both a valued and challenging activity, deeply influenced by the physical environment, weather variability, sensory conditions, and caregiving support.

While walking provides physical, emotional, and social benefits, it is constrained by environmental and infrastructural barriers that undermine accessibility and safety. The study highlights the importance of dementia- and age-friendly neighbourhood design that considers weather-resilient infrastructure, supportive sensory environments, and caregiver involvement. Walking, therefore, emerges as a practice that is simultaneously vulnerable to barriers yet sustained through adaptation, shared responsibility, and creativity.

By situating this study in a northern, semi-rural context, the study contributes to a nuanced understanding of how geography and climate intersect with dementia and mobility. The findings underscore that fostering inclusive, accessible, and meaningful environments is essential not only to support walking but also to enhance independence, connection, and quality of life for PlwD.

P85**The DESign and Dementla Global Knowledge Translation (DESIGN) Project Protocol: Accelerating Research-to-Practice Translation in Dementia and Environmental Design**

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Built environmental design plays a pivotal role in shaping the quality of life, independence, and well-being of people living with dementia, their care partners, and the broader community. Despite over four decades of evidence demonstrating how thoughtful design can support function and dignity, accessible, evidence-based guidance remains limited for the public. The DESIGN project addresses this gap through two integrated initiatives: the Global Consortium for Design and Dementia Research and the Design and Dementia Research Project (DDRP), an innovative online knowledge translation platform and resource hub. The DDRP employs a digital knowledge translation framework to share research findings and implementation guidance through multiformat such as podcasts, videos, infographics, blogs, and case studies. Curated and updated by experts in dementia care, environmental gerontology, neuroscience and public health, the platform enhances design and dementia literacy across health, design, education and community sectors. The global consortium aligns emerging research priorities with international expertise, fostering cross border collaboration and advancing implementation science in dementia-inclusive design. This dynamic technology-driven model delivers substantial benefits over traditional approaches, scalable global reach, round-the-clock access, and real-time data sharing that expedite knowledge dissemination and foster inclusivity. Sustainability and impact are supported by a mixed-methods pre-post evaluation examining barriers, facilitators, usability and knowledge uptake. Data are collected through the Questions About Barriers and Facilitators, the System Usability Scale, and a Design and Dementia Awareness measure. Thematic analysis and web analytics identify patterns in engagement, while ordinal regression explores links between demographic and awareness outcomes. The DESIGN project aims to enhance access to evidence-based resources, strengthen stakeholder understanding, and promote practical environmental improvements across home, community, residential, and acute care settings, upholding dignity, inclusion, and autonomy for people living with dementia worldwide.

P86

Navigating public spaces with Lewy body Dementia: Care partners perspective

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Topic

Dementia awareness: Environment and architecture for dementia

Abstract

Aims: Lewy Body Dementia (LBD) is the third most common type of dementia in Ireland, yet remains under-researched compared to Alzheimer's disease, particularly in relation to dementia-friendly public environments. This study aimed to explore the challenges faced by individuals with LBD and their care partners when navigating public spaces, and to identify key environmental modifications that could make such spaces more inclusive and supportive.

Methods: A qualitative research design using methodological triangulation was employed, combining a review of existing dementia-friendly environment guidelines with semi-structured interviews. Six current or former care partners of individuals with LBD participated in interviews conducted via Zoom. Thematic analysis was used to then identify key patterns and insights regarding environmental challenges and recommendations based on the responses given by the care partners.

Results: Six care partners of LBD individuals (aged 57–74 years; 50% male, 50% female) were interviewed and included in the analysis. Most participants (67%) lived with their care recipients, with a mean caregiving duration of 2 years, ranging from 1.5–4 years. Four key themes emerged: crowd and noise, vision, toilets, and awareness. Participants reported that overstimulation from crowds and noise frequently triggered anxiety in LBD individuals. Visual impairments compounded difficulties with navigation and depth perception while poorly designed and inaccessible toilet facilities added to their distress. Lack of public and staff awareness about LBD further hindered access to appropriate support in public spaces.

Conclusion: Current public environments do not adequately accommodate the unique needs of individuals with LBD. Setting up designated quiet areas, improving signages, ensuring toilets are accessible and enhancing public and staff awareness about LBD are essential steps toward creating LBD-friendly spaces. Future research should incorporate environmental audits and co-design approaches involving both individuals with LBD and their care partners to develop and implement practical, evidence-based guidelines.

P87**The “Employee Caregiver” Label: accelerate internal inclusivity**

Mr Benoit Durand, Mrs Hélène Delmotte, Mrs Catherine Nguyen

France Alzheimer et maladies apparentées, Paris, France

Topic

Dementia awareness: The work of national dementia associations

Abstract

Initiated by a social welfare provider and a group of the social and solidarity economy, the “Employee Caregiver” label supports employers who wish to do so in supporting employees who are caring for a loved one who is vulnerable (due to disability, loss of autonomy, or illness). Since the inception of this initiative, our association has been part of the jury that awards the label to organizations that have initiated exemplary initiatives.

As a family organization, bringing support to people with dementia and their caregivers, we are particularly sensitive to this subject and it felt natural to begin our own process of obtaining the label for employees of the organization who could be in a situation of bringing daily support to a loved one. The association offers various options to ease the daily lives of employee caregivers: teleworking, donation of vacation days and possibility of receiving free psychological support.

Since submitting its application, our association has further expanded its outreach while structuring it. Two representatives have been appointed to answer questions from employees concerned about caregiving. Numerous documents have been gathered in the shared workspace: the results of a dedicated barometer conducted internally and presented at the last employee meeting; practical guides; a map of stakeholders to contact based on needs; and the support and assistance programs offered by our pension group.

Finally, our association has committed to carrying out an innovative initiative during the national Caregivers' Week on October. A fifteen-minute film has been produced about the experiences of three of the association's employees who agreed to share their experiences about their role as caregivers, the sometimes difficult work-life balance and their expectations of our association as an employer. This film is being discussed internally before being shared on social media.

Telling stories to de-stigmatize is in our DNA.

P88**40 years of mobilization!****Mrs Lorène Gilly**

France Alzheimer et maladies apparentées, Paris, France

Topic

Dementia awareness: The work of national dementia associations

Abstract

In 2025, our association celebrated 40 years of mobilization, support, commitment, actions, interventions, assistance, warnings, victories, hope, challenges, testimonies, and illustrations... with a main objective: to concretely and sustainably improve the daily lives of people living with dementia and their caregivers.

When it all started, there were a handful of caregivers and professionals convinced that something was missing, that more needed to be done for people diagnosed with Alzheimer's disease and their families.

A mobilization that stems from the heart of the issue at stake at this time: "I am alone facing my loved one's disease, but there are more and more of us in my situation, and nothing exists to support us." Thus began the association, which gradually grew.

At the time, the needs were immense, but the public response was almost nonexistent. It was inadequate, even though the disease is complex and requires targeted, integrated actions. It became urgent to provide support to families and loudly proclaim the needs of people living with dementia.

In 2025, we felt it was essential to organize key events to share this experience. These events are rooted in the core missions of the Association:

- Bringing support to families on the field,
- Training caregivers, volunteers, and healthcare and social care professionals;
- Supporting and funding research;
- Informing the general public and calling on public authorities.

This abstract aims at presenting our history and the events we organized in 2025 to celebrate 40 years of mobilization. They took place throughout the year, at the national level and through events organized on the field by local branches. We also thank more than 2 200 volunteers across the territory, overseas included, who are engaged on a daily basis, providing support and leading activities dedicated to people living with dementia and their families.

P89

Innovative Approaches to Learning

Mrs Caroline Bartle

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Topic

Dementia awareness: The work of national dementia associations

Abstract

The Dementia Learning Centre (DLC) is a national hub that creates learning programmes by blending practice wisdom, research evidence and lived experience to create flexible, technology-enabled learning pathways that tackle stigma, raise empathy and improve quality of care. Research shows many traditional dementia training programmes often fail because they ignore structural realities, delivering content divorced from day-to-day practice.

Services across Aotearoa are juggling tighter funding, higher acuity, chronic turnover, migrant staff and regulations that encourage “tick-box” training. Traditional courses rarely address these realities, so common problems reoccur such as preventable distress and lack of enablement. The DLC programmes are designed to directly meet the challenges that services and communities face through innovative approaches to learning that transform how care providers engage with dementia education.

Dementia learning is about adapting and changing as you go, and therefore traditional training divorced from context doesn't always impact, but technologies provide us a new way of making change. DLC tackles the gap through multiple approaches: scenario-based resources anchored in everyday practice, gamified micro-modules delivered to smartphones that let carers tackle short challenges on engagement and communication, and virtual-reality snapshots that immerse learners in sensory overload or spatial disorientation, sharpening empathic insight. A practice-focused, train-the-trainer programme supports the recognition that much training happens on the ground, helping dementia champions develop skills in understanding how technologies support and amplify learning and reflective practice.

Ongoing evaluation shows gains in self-reported empathy, especially in recognising how environmental factors amplify or ease distress. Staff highlight the realism of scenarios in understanding how to adapt their approach, and the convenience of learning “in the flow” of work.

By using technology only where it adds value, the DLC model converts mandatory training from compliance cost into practical support, suggesting a scalable way to foster compassionate dementia care despite sector constraints.

P90**Public Understanding Of Dementia In Brunei Darussalam:
Advocating Current Efforts And The Way Forward.****Ms Irnawati Haji Mahir**

demensia BRUNEI, Brunei Darussalam

Topic

Dementia awareness: The work of national dementia associations

Abstract

Dementia is increasingly recognized as a significant public health challenge in Brunei Darussalam. With a rising prevalence of Non-Communicable Diseases (NCDs) as well as an ageing population by 2050, public understanding of Dementia is crucial.

demensia BRUNEI (dB) is a Non-Governmental Organization (NGO) that collaborates across the ministries of the Government of Brunei Darussalam in order to create the awareness regarding dementia.

As an NGO, dB has initiated various programme to promote awareness, understanding and empathy amongst the community towards People Living With Dementia (PLWD). These includes public educational campaigns through the use of social medias available in the country, talks, talk shows through TV and radio stations, sharing sessions, Dementia Care Skills (DCS) trainings, memory screening initiatives and annual events such as The Memory Walk during World Dementia Month (WDM).

Despite these efforts, significant challenges remain including limitation in public awareness, stigma surrounding mental and cognitive health, and challenges faced by families of PLWD. In addressing these barriers, requires a stronger multi-sectoral collaboration between healthcare institutions, educational bodies, social welfare agencies and the wider community

Enhancing dementia literacy among the public, equipping caregivers with appropriate knowledge and skills, fostering inclusive and a dementia-friendly environment are essential steps towards improving the quality of life of PLWD and those affected. Especially the individuals themselves, their families and the community of Brunei Darussalam as a whole.

With dB's vision towards a Dementia-Friendly Community, this paper explores the current landscape of dementia awareness in Brunei Darussalam, evaluates ongoing efforts of dB, discusses future strategies to strengthen and promote a more compassionate and informed society on Dementia.

P91**Dementia awareness by the Alzheimer's Society of Maldives****Ms Mariyam Fiyaza**

Alzheimer's Society of Maldives, Maldives

Topic

Dementia awareness: The work of national dementia associations

Abstract

In Maldives, timely diagnosis is hindered by minimal awareness about dementia and exacerbated by the geographical dispersion of islands. Alzheimer's Society of Maldives (ASM) founded in 2019, commenced its operations in 2021 with an aim to improve the quality of life for persons with dementia and carers. ASM's main areas of focus are awareness, support, advocacy and research. To address this issue, ASM began its awareness efforts in 2021 which is still continued. It included an awareness campaign from July 2022 to November 2022. Various community friendly approaches were utilized to target different groups of the population. These included the dementia song and use of art, leaflets about dementia and 10 warning signs in Dhivehi and the initiative to include new words in the Dhivehi vocabulary. Public events held across different cities, some in hybrid for wider reach, use of traditional media and intense use of social media. ASM's awareness materials highlight modifiable and non-modifiable risk factors. The 10 warnings signs and risk factors were also included in the community screening for dementia initiative by ASM in 2024. Many events/activities are held in collaboration with stakeholder ministries, city councils, hospitals, educational institutions and civil society organizations. The awareness and advocacy efforts resulted in outcomes including sustained dementia awareness efforts since 2021, increased community awareness of dementia, strengthened partnerships, turning dementia awareness and risk reduction into a shared community responsibility and development of the National Dementia Strategic Action Plan led by the Ministry of Health and ASM closely working with the Ministry. The ASM experience reflects bringing people together, building partnerships, and making dementia awareness a shared responsibility of the community in a dispersed island nation.

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Empowering Communities Through Alzheimer's Awareness and Early Youth Promotion Initiatives

Ms Kaila J Branch

Barbados Alzheimer's Association, Christ Church, Barbados

Topic

Dementia awareness: The work of national dementia associations

Abstract

This project focuses on enhancing youth public awareness about Alzheimer's disease prevention through risk factor education, and support for individuals managing the condition. Through a series of community outreach programs, in school initiatives and a concert, we engaged over 500 participants across various age ranges. We sought to include children at the Primary school level (5-10 years); those at secondary school level (11-18 years), University students and young working adults. The initiative emphasized the importance of healthy lifestyle choices, and access to local resources for support. We sought to include story book activities and crossword puzzles for dialogue with children at the primary school level.

Those at secondary school level had very interactive sessions which included role play. We also sought to engage the Medical Students Association, as healthcare professionals play a crucial role in providing care and support for individuals with Alzheimer's and related dementias. Unfortunately, it is well documented through the World Alzheimer Report 2024 that globally 65% health and care practitioners (such as doctors and nurses) thought that dementia was a part of normal ageing. It is our belief that if the medical students are adequately informed at this stage, we can reduce the magnitude of healthcare professionals who carry this misinformation throughout their career.

Therefore, this work underscores the critical role of education and community engagement in reducing Alzheimer related stigma and misinformation and fostering a culture of grace, dignity and respect for people.

It is our hope that younger individuals who engage with the knowledge programs or attend an event will experience an improvement in their awareness and understanding of the modifiable risk factors associated with dementia, have enhanced knowledge about dementia prevention and exhibit behaviour change aligned with positive changed attitudes about persons managing the condition.

P93**Human and Social Sciences Research on Alzheimer's Disease: Support from Fondation Médéric Alzheimer**

Mrs Christine Tabuenca, Dr Alain Bérard

Fondation Médéric Alzheimer, Paris, France

Topic

Dementia awareness: The work of national dementia associations

Abstract

Since its creation, the Fondation Médéric Alzheimer has played a pioneering role in promoting Human and Social Sciences (HSS) research, thereby contributing to significant advancements in the understanding and management of Alzheimer's disease.

HSS and public health research are the poor relation in the research landscape, despite being essential for improving our understanding of Alzheimer's disease and enhancing the quality of life for patients and their caregivers.

By recognizing the importance of the ethical, psychological, and social dimensions of Alzheimer's disease, the Fondation has funded research exploring the impacts of neurodegenerative diseases on individuals, families, and society. Over 25 years, the Fondation has supported 150 young HSS researchers, while encouraging collaboration among clinicians, institutions, and researchers, fostering an environment conducive to innovation and discovery.

The Fondation offers several forms of support to advance HSS research on Alzheimer's disease:

Scientific Grants: Funding for 3 years of doctoral research (€39,000/year for 3 years) or a fourth year of thesis work. The Fondation supports 2 young researchers per year.

Support for Scientific Communication: Presenting research at national or international conferences is crucial for young researchers, but the associated costs (travel, accommodation, poster printing) are rarely fully covered. The Fondation helps cover these expenses.

Autumn University for Young HSS Researchers in Aging and Public Health: This initiative aims to train young researchers, build a community of HSS and public health scholars focused on aging, share best practices, and connect with experts. The first edition took place in November 2024, and the second in September 2025.

The 2025 edition received the High Patronage of the Ministry of Higher Education and Research and the Ministry of Health.

This event will be held annually to foster a community of young HSS researchers. Additionally, a LinkedIn group has been created to maintain connections and strengthen this community.

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Regional Coordinators' Collaboration Strengthens ALZI's Reach and Builds Resilient Dementia-Friendly Communities Across Indonesia and Beyond

Mrs Asmara Pusparani, Ms DY Suharya

Alzheimer's Indonesia, Jakarta, Indonesia

Topic

Dementia awareness: The work of national dementia associations

Background: The Regional Coordinators (Koordinator Wilayah or Korwil) of Alzheimer's Indonesia (ALZI) play a pivotal role in translating ALZI's national strategies into regional action. Serving as the key link between the ALZI Central Office in Jakarta and local communities, they ensure that ALZI's programs are effectively implemented across diverse regions. Each Korwil independently contributes to ALZI's mission to raise public awareness about dementia, support people living with dementia and their families, and foster dementia-friendly communities in Indonesia and abroad.

Objectives: The objective of the Regional Coordinators is to strengthen ALZI's presence and impact by ensuring that dementia awareness, advocacy, and community support programs are effectively delivered and locally relevant. Through coordination with the ALZI Central Office, each Korwil expands outreach, fosters collaboration with local stakeholders, and builds sustainable dementia-friendly communities that empower people living with dementia and their caregivers.

Methods: ALZI applies a collaborative approach that gives each Regional Coordinator the independence to design programs based on local wisdom and community needs. In general, Korwil conduct awareness campaigns, training, and advocacy activities with local governments, health institutions, and community partners, while mobilizing volunteers and monitoring outcomes to ensure sustained regional impact.

Results: ALZI's network has strengthened through the collaboration and independence of its 20 Regional Coordinators in Indonesia and 7 abroad. Each Korwil develops local programs and works closely with others, creating a unified and resilient ALZI community. Strong partnerships have been built externally—with governments, universities, and communities—and internally among Korwil.

Conclusions: The Regional Coordinators play a vital role in advancing ALZI's mission. Their close connection with local communities enables culturally sensitive engagement and effective awareness efforts. By supporting one another and their regions, the *Korwil* collectively strengthen ALZI's identity, unity, and presence across Indonesia and internationally.

P95

Co-production and Involvement Approaches across the Eight UK Dementia Networks: Shared Insights, Challenges, and Lessons Learned

Dr Clare Hammerton¹, Prof Emma Wolverson², Dr Jennifer MacRitchie³, Dr Henry Collingham⁴, Dr Andy Bradshaw⁵, Dr Sophie Horrocks⁶, Ms Debra Gingell¹, Dr Laura Lebec⁷, Ms Amy Connelly⁸, Dr Caroline Swarbrick⁹

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Topic

Dementia awareness: The work of national dementia associations

Abstract

This presentation shares critical reflections and practical insights on co-production approaches to involve people living with dementia, carers, and diverse communities within the work of the eight UK Dementia Networks.

Since the Networks' launch in 2024/2025, Co-production and Involvement Leads and Programme Managers from each network have met periodically to collaborate and reflect on building inclusive, sustainable networks. Their collective aim has been to establish best practices for meaningful involvement of people living with dementia and carers, while navigating the complexities of establishing and building national and internationally connected networks.

This presentation distils shared learning on key aspects such as governance structures, budget allocations, research commissioning, authorship, inclusion of people with advanced dementia, engagement with communities, and inclusive practices to involve people and carers from diverse backgrounds. It offers practical strategies for overcoming barriers and accelerating progress toward effective, sustainable, and inclusive dementia networks.

Four Networks were launched in 2024, with strategic investment from UKRI Economic and Social Research Council (UKRI ESRC), the National Institute for Health and Care Research (NIHR), and Alzheimer's Society. These networks are **EMPOWER**; **EQUADEM**; **SPIN-D**; and **Working with Dementia**— they focus on empowerment, equity, prevention, and employment in the context of dementia.

In 2025, a further four Networks were launched, with additional investment from NIHR, Alzheimer's Society, and the UKRI Engineering and Physical Sciences Research Council (UKRI EPSRC). These networks are **BRIDGES**, **CONSOLIDATE**, **TEDI**, and **ZeDTech** - focusing on inclusive, adaptive, and sustainable technology solutions for dementia care that support people to live more independently with dementia.

This presentation offers a valuable opportunity to reflect on how diverse, co-produced approaches to involvement are shaping dementia research, policy, and practice across the UK and internationally. It will be of interest to researchers, practitioners, funders, and lived experience experts committed to inclusive, impactful collaboration.

P96**From Participation to Leadership. Achieving meaningful involvement of people living with dementia and carers in engagement, funding, and research, through a UK Dementia Network (SPIN-D).**

Dr Clare Hammerton¹, Mr Martin Robertson¹, Ms Bettinna Wallace¹, Ms Debra Gingell¹, Ms Diane Burbidge², Ms Ruth Eley³, Ms Rachael Litherland⁴, Dr Emily Paremain¹, Prof Georgina Charlesworth⁵, Prof Chris Fox¹, Prof Helen Dawes¹, Prof Jacqueline Parkes⁶

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Topic

Dementia awareness: The work of national dementia associations

Abstract

The SPIN Dementia Network Plus (SPIN-D) is a UK-based network with growing international links. It aims to reduce dementia risk and improve experiences of living with dementia. It brings together multi-agency stakeholders to tackle research challenges, commission innovative research, create collaborations, widen engagement, and support knowledge sharing.

Launched in October 2024, SPIN-D is funded by the UKRI Economic and Social Research Council (ESRC), National Institute for Health Research (NIHR), and Alzheimer's UK. A defining feature of SPIN-D is its commitment to co-production, embedded throughout its governance, operations, and research activities. It utilises the expertise of all network members to enable co-production and meaningful involvement approaches to be continually actioned.

The network combines traditional academic and programme management leadership with an intentionally flat and inclusive governance model. This includes the vital contributions of Co-applicants, a Lived Experience Group of people and carers living with dementia, and Strategic Co-production Partner organisations. Together, these structures ensure space for inspiration, collaboration, challenge, and equal contribution.

A key element of the Network's vision is that the meaningful involvement of diverse communities is threaded through all network activities and actions. This has subsequently contributed to the building (and continual building) of SPIN-D's organisational culture that enables and encourages equality in leadership contributions. Dedicated budgets to support involvement and leadership from people with lived experience also contribute to the shaping of a shared leadership approach, which is central to the network's identity and impact.

This presentation will share key insights, challenges, and lessons learned from SPIN-D's journey so far—highlighting what it takes to build a co-produced network focused on dementia prevention and inclusion.

P97

Creating a Dementia friendly Barbadian Society

Ms Kaila J Branch

Barbados Alzheimer's Association, Christ Church, Barbados

Topic

Dementia awareness: The work of national dementia associations

Abstract

At Barbados Alzheimer's Association, we believe that no one should have to face a dementia or Alzheimer's diagnosis alone. Our organization is dedicated to providing patient support services and advocacy for people managing the condition; to provide information and support to families and caregivers (informal and formal). We are working toward a future where every person has the opportunity to prevent, detect, treat dementia and AD, and live with dignity and respect, no matter who they are.

Our work has focused on several key areas, including:

- Providing Patient and Caregiver Support: Our team offers compassionate support and guidance to patients and their loved ones. Our services include training for the formal caregiver in partnership with the Ministry of People Empowerment and Elder Affairs (National Assistance Board). We also provide emotional support, practical caregiving tips and strategies through our Online Caregiver support group.
- Advocating for Better Care: We work with policymakers to advocate for affordable healthcare and increased access to dementia services. Our goal is to ensure that everyone, especially those in underserved communities, receives the quality care they need.

<https://www.instagram.com/reel/DPAAmCZiRFH/?igsh=cXJ6aXN6dHA2Mmx6>

Educating the Public: We provide clear, simple information to help people reduce their risk of dementia. By promoting healthy lifestyle choices, we can help prevent a significant percentage of persons managing dementia and Alzheimer's. Our partnership with the Caribbean Broadcasting Corporation and Nation Newspaper saw us increase our outreach via television, radio and traditional print media.

<https://www.instagram.com/reel/DORgJvD0TQ/?igsh=MTJkNm53MHEzeDJzbw==>

Our collective efforts are making a difference. Thanks to advancements in early diagnosis, and education to reduce stigma, we have seen steady increase in the number of persons sharing their stories and openly engaging in the conversation about dementia. While challenges remain, our dedicated community of volunteers and partners continue to educate and agitate for better policy, engagement and this brings more hope.

P98

Perceptions and Realities: Understanding Alzheimer's Disease Awareness and Caregiver Challenges in France

Mr Alexandre von Lowis, Mr Louis-Marie Pons, Dr Ines Dekester, Ms Urielle Rousset, Mr Nikolas Javier Scheffer Apecechea, Ms Barbara Kind, Mr Theo Klargaard, Ms Marion Delamare, Dr Amira Brigui

Novo Nordisk, Paris, France

Topic

Dementia awareness: Attitudes, awareness and stigma

Abstract

Background: By 2025, Alzheimer's disease (AD) is projected to impact around 100 million people globally, contributing to an increase in its worldwide prevalence. In 2022, it was estimated that approximately 87 million individuals were in the early stages of AD. Consequently, AD poses a significant public health challenge; however, its perception and understanding among the general population remain underexplored. This study, conducted in collaboration with the French Market Research institute IFOP, offers a comprehensive analysis of how AD is perceived by the public and experienced by those directly and indirectly affected.

Methods: The research is divided into two complementary parts. The quantitative component involves surveying a representative sample of the French population to evaluate their knowledge of AD, including awareness of risk factors, early symptoms, diagnostic processes, and available support or treatment options. It also investigates societal attitudes towards the disease and those living with it, highlighting potential gaps in awareness and misconceptions that may impede early detection and adequate care. The qualitative component centers on the lived experiences of caregivers, including spouses and adult children of individuals with AD. Through in-depth interviews, this segment of the study examines the emotional, practical, and social aspects of caregiving, from the initial diagnosis to the disease's progression. Special emphasis is placed on caregivers' interactions with the healthcare system, their access to information and support services, and their perceptions of national policies.

Results: We will be reporting the results of both quantitative and qualitative components.

Conclusion: By merging extensive public opinion data with qualitative insights from caregivers, this study will highlight how AD is perceived and experienced throughout French society. The findings will aim to pinpoint crucial areas for awareness campaigns, enhancements in health public policy, and improved support for caregivers; ultimately fostering a more efficient and compassionate societal response to AD.

P101

Integrating dementia prevention, treatment and research at all levels of the healthcare system: actionable strategies and processes

Mrs Camille Nicola Isaacs-Morell, Mr Parsa Famili

Hope for Dementia, Montreal, Canada

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

There is a race against time to minimize the growth trends in the number of new dementia diagnoses worldwide so that more sustainable levels of care and cost can be achieved.

This presentation proposes a framework to slow the growth trends by integrating strategies and cost-effective services to **prevent dementia, decelerate, and reverse** its symptoms at the **primary, secondary and tertiary levels** of health care systems. **1. Primary prevention: improving the overall health of the population** can be achieved through **prevention strategies** that aim to reduce the number of preventable diagnoses through education, regular proactive screening, risk mitigation and management in the general population.

Service delivery: integrate **cognitive screening** questionnaires in annual medical exams and in public education programs, supported by mandatory public health reminders sent to persons over 50 years of age every two years. **2. Secondary prevention: improving individual health** of persons in at-risk groups involve **symptom deceleration** measures such as nutrition modification, cognitive assessment and stimulation activities to delay cognitive decline as well as preserve the health of persons diagnosed with mild cognitive impairment.

Service delivery: Effectively coordinate the work of healthcare providers and social services to provide and deploy on-going cognitive assessments and cognitive stimulation services accessible to persons in at-risk groups in community, primary and secondary healthcare settings. **3. Tertiary prevention: improve treatment and recovery** by applying drug therapies and treatment protocols proven to drive **symptom reversal**.

Service delivery: Proactively recruit persons with mild cognitive impairment and diagnosed with early-stage dementia to participate in research and clinical trials on symptom reversal.

By integrating disease prevention and health protection strategies at all levels of healthcare systems, countries will better align healthcare resources with predicted care requirements and may reduce the growth in the number of persons diagnosed with dementia.

P102

How dementia inclusive are public health-care policies for older adults in India? A systematic review

Dr Banika Ahuja, Dr Emily Fisher, Dr Naaheed Mukadam, Ms Suman Kurana, Prof Aimee Spector

University College London, London, United Kingdom

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Introduction: It is unclear how India's public health-care policies (PHPs) for older adults align with the World Health Organisation's Global Dementia Action Plan (GDAP). This study comprehensively reviews existing PHPs for older adults in India to (1) Identify those referencing "dementia" (2) map their relevance to the GDAP action areas.

Methods: We searched four electronic databases (e.g., Global Health), policy document sources (e.g., Overton), and gray literature (e.g., government websites in India) in English, from inception to December 30, 2023, following the International Centre for Allied Health Evidence guidelines.

Results: Of the 6566 documents screened, 16 met the inclusion criteria, all rated low quality. Only 6/16 policies referenced "dementia." 14/16 included recommendations relevant to at least one GDAP action area, an optimistic start.

Discussion: Findings presented in a matrix table, and a narrative synthesis highlight gaps and opportunities to integrate GDAP-relevant dementia care recommendations into India's existing PHPs. Implications and directions for future research are discussed.

P103**A nationally coordinated research strategy on dementia: The Dutch ZonMw Programme within the National Dementia Strategy 2021–2030**

Ms Leyla Abdullahi, Dr Diewertje Ilse Bink

The Netherlands Organisation for Health Research and Development (ZonMw), Den Haag, Netherlands

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Dementia represents an increasing societal and healthcare challenge, affecting millions worldwide. In response, the Dutch Ministry of Health launched the National Dementia Strategy 2021–2030. This strategy is structured in 3 themes. Through the Dementia Research Programme (DRP), ZonMw focuses on the theme 'A World Without Dementia'. With an investment of €140 million, the DRP funds six large multidisciplinary consortia, bringing together researchers, healthcare professionals, patient organizations, educational institutions, and industry partners. These consortia work across six thematic areas: fundamental research, risk reduction, diagnosis and prognosis, promising innovative therapies, young-onset dementia, and knowledge transfer, fostering a comprehensive approach to dementia research and care.

The programme's key strength lies in nationwide collaboration, bridging sectors to prevent fragmentation and accelerate the translation of research into practice. By combining scientific excellence with practical application, the DRP achieves societal impact through targeted funding initiatives, including the Implementation Call "Future-Oriented Dementia Care", supporting projects that enhance care quality and quality of life, and Dementia HBO Fellowships, designed to strengthen practice-oriented research. These initiatives ensure that scientific discoveries are translated into concrete improvements in prevention, diagnosis, treatment, and care, while promoting collaboration and innovation across the Netherlands.

Nevertheless, the "eternal competition" between fundamental research and implementation remains a persistent challenge, reflecting different scientific and societal priorities. ZonMw plays a crucial role in balancing these dynamics by fostering synergy between disciplines and creating funding mechanisms that encourage both discovery and real-world uptake.

An external evaluation (AEF) indicates that further integration with education, care practice, and lifestyle-related prevention research will amplify societal impact. By maintaining this dual focus on excellence and applicability, the currently recalibrated National Dementia Strategy and DRP continue to advance dementia prevention, timely diagnosis, effective treatment, and improved quality of life for people with dementia and their carers, while strengthening nationwide research collaboration and innovation.

P105

Shaping dementia policy: how the Norwegian Health Association offered a range of user involvement models

Ms Tone Poulsson Torgersen

The Norwegian Health Association, Oslo, Norway

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Background: Norway was among the first to develop dementia plans and is now on its third iteration. The Ministry of Health and Care Services (HOD) has led this work in close collaboration with the Norwegian Health Association, the national patient organisation for people with dementia and their carers. We presented the Ministry with a variety of alternatives for involving people with dementia, thus ensuring users' perspectives became a cornerstone of Norway's dementia plan.

Aim: Our primary aim was to secure strong and meaningful and user involvement in shaping the dementia plan, ensuring that participants were recognised as experts in their own right and felt valued, respected and supported.

Method: The Norwegian Health Association facilitated a range of meeting formats to bring the voices of people with dementia and their carers directly into the policy process, including meetings between the Health Minister, and the association's advisory bodies, as well as structured sessions with our Working Group of People With Dementia, our Dementia Council, consisting of researchers and carers, our peer support network, and our helpline staff.

We carefully prepared participants, emphasising that their experiences were unique and irreplaceable, and ensured they had the necessary information throughout the entire process. Smaller groups were established where appropriate to create safe and supportive spaces for dialogue.

Results and Impact: The Norwegian Health Association took the lead in drafting the chapter Living with Dementia in the Dementia Plan 2025, based on a thorough review of all contributions. This work was carried out in close collaboration with people with lived experience and experts from the field.

Our proactive role in shaping the process has not only strengthened the voice of people with dementia in national policy, but has also enhanced the Association's profile, leading to increased interest from researchers, policymakers and health authorities in further collaboration.

P106**New Taipei City Dementia-Friendly Assistances Stations Across All Trades and Professions**

Miss Ying-Ru Lin¹, Miss Hsin-Hsuan Tai¹, Miss Guan-Hua Chen¹, Mrs Ya-Han Hsu¹, Dr Jung-Lung Hsu², Mrs Hang-Yun Kung¹, Mrs Jia-Ling Hou¹, Mrs Yu-Fen Hsu¹, Mrs Hui-Ping Lin¹, Mrs Shu-Chen Kao¹, **Dr Ran-Chou Chen¹**

¹Department of Health, New Taipei, Chinese Taipei. ²New Taipei Municipal TuCheng Hospital, New Taipei, Chinese Taipei

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

The global dementia population is rapidly increasing, and WHO has identified dementia as a public health priority. New Taipei City, with over 4 million residents including 790,000 older adults and about 57,000 living with dementia, recognized the need for timely community support. Since 2018, the city has pioneered the Dementia-Friendly Assistance Station Program, mobilizing diverse sectors to build a community-based care network.

The program aims to create a sustainable, replicable model that enhances early recognition and timely assistance, allowing people with dementia to live safely and with dignity while easing caregiver burden. It also promotes public awareness and acceptance, embedding values of sharing, support, and respect in everyday life.

Beginning with clinics and pharmacies, the network has expanded to schools, community groups, police, fire departments, banks, convenience stores, and restaurants. The city provides free "Dementia-Friendly Angel" training combining knowledge, role-play, and empathy-building. Certified organizations display the program emblem and can offer temporary shelter, notify local police, or refer to community health centers.

By July 2025, 5,236 stations had been established, completing 1,136 referrals, including 485 with medical support. This model reduces risks of wandering, strengthens inclusivity, and demonstrates how dementia care can be integrated into city governance. Future plans include digital reporting tools and international collaboration, positioning New Taipei City as a reference for global dementia care.

P107**New Taipei City Social Prescription Program For People Living With Dementia**

Miss Ying-Ru Lin¹, Miss Hsin-Hsuan Tai¹, Miss Guan-Hua Chen¹, Mrs Ya-Han Hsu¹, Dr Jung-Lung Hsu², Mrs Hang-Yun Kung¹, Mrs Jia-Ling Hou¹, Mrs Yu-Fen Hsu¹, Mrs Hui-Ping Lin¹, Mrs Shu-Chen Kao¹, **Dr Ran-Chou Chen¹**

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

With global aging, dementia has become a WHO-identified public health priority. New Taipei City, home to over 4 million people including 790,000 elders and an estimated 57,000 with dementia, faces growing care demands. Since 2023, the city has introduced Social Prescription, shifting from a medical-centered model to one that emphasizes “life participation as treatment.”

The program establishes collaboration between medical and community sectors through non-pharmacological interventions such as arts, physical activity, horticulture, and volunteering. Physicians prescribe social prescriptions, case managers design individualized plans, and participants are connected to community venues such as museums, tourist factories, and sports centers. Government subsidies support hospital–community partnerships, while regular follow-ups ensure continuous refinement.

By the end of 2024, 6 hospitals and 22 community partners had joined, serving 1,285 participants with an 89% satisfaction rate. Interventions demonstrated benefits in delaying decline, improving mental health, and strengthening social connectedness, while reducing family and healthcare burden. This model aligns with international principles of integrated care and dementia-friendly communities. Moving forward, New Taipei City seeks to expand partnerships and introduce digital tracking to enhance precision and sustainability, aspiring to serve as a global exemplar in advancing dementia social prescriptions.

P108

Evaluation de la perception de la maladie d'Alzheimer dans une communauté cosmopolite de Douala, Cameroun.

Dr Ginette Youatou Tuayon, Mrs Micheline Kamadeu, Mrs Alliance Kagoum

Association Comprendre la Maladie d'Alzheimer Cameroun, Douala, Cameroon

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Objective: Last year, we conducted a survey with ADI to propose a more respectful word than dementia in the Cameroonian context. However, in our country, few people even know the term dementia and its respectful equivalents. This study gives us a quantified assessment of the perception of severe cognitive disorders in Cameroon, in order to better support the transition towards a more respectful term.

Methods: Cross-sectional descriptive study conducted among 40 people (15 men, 25 women) in July 2025. These were administered questionnaires.

Results: 21% of respondents are in 50-60 years old, with merchants (16 %), students (14 %), and no workers (12%). 32% have already heard of Alzheimer's disease and list symptoms like memory loss about things and loved one and confusion. Everyone was unaware about aphasia and anosognosia, and about the stages of the disease's progression. 21% of the respondents have a close relative with memory or behavioral problems. For 16%, a family member was diagnosed or suspected to have Alzheimer's disease, parent (45%) or grandparent (55%). 55% of respondents have never heard the word dementia. Those who have equate it with madness. 58% think that this condition is related to witchcraft and the treatment must be done by traditional healers.

- All participants believe that access to information, care and support for families is rare, and 48% of them don't know where to go with someone with memory problems. 32% of participants believe that only family can take care of PWD. Only 13 people know a structure or association that helps families.

Conclusion: This study gives an almost empirical overview of the general trend. The term dementia is little known, and the disease is often misunderstood. The adoption of a national plan against dementia is a public health emergency that will help change the perception of cognitive disorders.

P109**Personal reflections on what matters for dementia policy and planning processes****Ms Anne Cumming**

Dementia policy consultant, Sydney, Australia

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

The development and implementation of dementia action plans to improve the lives of people with dementia and those who support them is a fascinating, complex process. WHO's 2018 guide, Towards a dementia plan, provides an excellent summary of the necessary steps to achieve success. In this presentation I will draw on my Australian and international dementia policy experience to highlight key challenges and essential elements.

A key challenge is that dementia policy cannot be siloed into one section of a ministry of health. Those appointed to take lead responsibility must engage effectively with all the other relevant sections within the ministry of health and other ministries and establish a governance structure. The social services ministry should be a key, joint partner with health.

The most essential element is the engagement and consultation of people with dementia and care partners. In addition, the involvement of a broad range of stakeholders who are consulted respectfully and in a timely manner enables the identification of gaps and feasible priorities. A rushed consultation can be perceived as tokenistic. The consultation process can be a dementia awareness raising tool and signal a government's commitment. Stakeholders rightly express cynicism if a plan is too broad with no accountability. A plan with indicators and clear reporting requirements has a better chance of progressing.

The planning process, implementation and improvements in dementia care can take time and other political priorities can get in the way. Budgets are often tight but careful allocation of funds can still have an impact. The commitment and persistence of dementia associations makes a difference. The extension of the WHO Global Action Plan provides hope and the impetus for associations to keep up their important role in advocacy.

P110**A Public Health Road Map on Dementia issues for American Indians was Published in 2019: Is Anyone Using it?****Mr Michael Splaine**

Splaine Consulting, Columbia, USA

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

The dementia policy world is full of national plans, reports, government and private sector declarations and documents, frequently challenging the community to apply public health principles to dementia and related caregiving issues and highlight inequities in care and support between communities.

Once such report was published in 2019 in the United States by the Healthy Brain Initiative, a CDC/Alzheimer Association collaboration. The Road Map for Indian Country listed public health actions for tribes and tribal organizations;;This presentation reviews what implementation actions were taken by what actors and a preliminary assessment of outcomes accomplished. .

P111

Integrating Dementia Care into Primary Health Systems: A Model for Community-based Support in Kerala

Dr Subhadra Kudukkasseri Thrivikraman¹, Dr Narayana Pai KrishnaPai²

¹Dr Padiar memorial Homoeopathic Medical College, Ernakulam, India. ²Rtd.faculty DPMHMC, Ernakulam, India

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Background: Dementia is increasingly recognized as a public health priority, demanding integrated, community-oriented responses. In Kerala, where population ageing is among the most advanced in India, the burden of dementia care often falls on families with limited access to formal support. Despite well-established primary health and local self-governance systems, dementia remains largely outside the scope of routine care delivery.

Objective: To conceptualize a community-based model for integrating dementia care within Kerala's primary health system through existing public health infrastructure and local governance mechanisms.

Concept / Approach: The proposed three-tier model builds upon Kerala's robust primary health network. At the **community level**, Accredited Social Health Activists (ASHAs) and local volunteers raise awareness and identify potential cases through simple screening tools. **Primary Health Centres (PHCs)** serve as hubs for preliminary assessment, caregiver education, and referral linkage. **District-level centres** or memory clinics provide specialized diagnosis, management, and teleconsultation support. Integration with social welfare programs, palliative care networks, and dementia-friendly panchayat initiatives ensures continuity of care and community ownership.

Novelty and Significance: While global and national policies recognize dementia as a public health priority, practical frameworks for its integration into primary health systems remain largely undeveloped. This model represents one of the first structured attempts to operationalize dementia care within Kerala's community and primary healthcare networks. By aligning dementia activities with ongoing public health programs and local governance mechanisms, it offers a scalable, resource-sensitive approach relevant to low- and middle-income settings.

Expected Outcomes: Improved early detection, reduced caregiver burden, and creation of dementia-friendly communities through participatory local action.

P112**Viable Purpose-Driven Alternatives for National Dementia Plans****Mrs Meera Pattabiraman**

ADI, London, United Kingdom. ARDSI, Chennai, India

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Despite the advocacy of Alzheimer's Disease International (ADI) and the World Health Organization (WHO) under the Global Dementia Action Plan (GDAP), several countries continue to face challenges in formulating dedicated National Dementia Action Plans. In many cases, governments are not yet prepared for standalone dementia strategies, despite years of sustained advocacy by national associations. Competing health priorities, limited epidemiological data, and diverse demographic and health system contexts often hinder the feasibility of comprehensive national responses.

In such circumstances, adopting a pragmatic and purpose-driven alternative—integrating dementia priorities within existing health, ageing, and non-communicable disease (NCD) policies—merits serious consideration. For larger and federal countries, subnational or state-level plans may also serve as effective and scalable models.

This approach recognizes the complex interplay of factors such as poor health-seeking behaviour among older adults, the dual burden of physical and mental morbidities, and persistent gaps in geriatric care infrastructure. By strategically dovetailing dementia care into existing elder care and NCD programs, countries can ensure targeted attention to dementia without requiring immediate stand-alone plans. Key determinants—awareness levels, disease prevalence, diagnostic capacity, care services, and government engagement—should guide the extent and mode of such integration.

A phased, adaptive advocacy model not only respects the heterogeneity of health system capacities but also enables incremental progress toward future dementia-specific strategies. It ensures that dementia remains a visible and actionable component of national health agendas. My experience in India illustrates this: the Kerala State Initiative on Dementia and similar models in other states demonstrate how state-level approaches can catalyse awareness, diagnosis, treatment, and care when health is a state subject.

P113

From awareness to action plan: shaping dementia care in croatia

Dr Marija Kušan Jukić¹, **Prof Ninoslav Mimica**^{2,3}

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

The World Health Organization (WHO) has declared Alzheimer's disease and other dementia a global public health priority. Comprehensive national strategies or action plans become necessary to address the needs of people with dementia through providing the mechanisms for tackling a range of issues, including raising public awareness and improving the quality of health, social, and long-term care services for individuals with dementia and their families.

In 2014, the Croatian Alzheimer Alliance was established, comprising 35 member organizations—professional societies and associations—that support the development of a national strategy/action plan for combating Alzheimer's disease and other dementia in the Republic of Croatia. In recent years, a significant process of public expert consultations has taken place with all relevant stakeholders, including negotiations with representatives of the Ministry of Health and the Ministry of Demography, Family, Youth and Social Policy, aimed at initiating the development of a Dementia Action Plan.

A key milestone was the adoption of the Strategic Framework for Mental Health Development until 2030 at the 169th session of the Government of the Republic of Croatia held on November 24, 2022. This framework proposed the creation of an Action Plan for Dementia Care to support its implementation and monitoring. The development of this plan was actively pursued through the work of the Ministry of Health's Commission throughout 2023. Over the past two years, numerous consultations have taken place and many are still ongoing.

P114**Walking the Talk for Dementia: Moving from advocacy to global dementia policy change**

Dr Walter D. Dawson^{1,2}, Dr Joaquín Migeot^{3,4}, Dr Sara Laureen Bartels^{5,6}, Mr Fernando Aguzzoli Peres^{7,4}, Dr Kate Irving^{8,7}, Dr Sherril B. Gelmon⁹

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Aim: Changes to dementia policies are needed globally to better address the complex societal and individual impacts of dementia. The multiple pathways for advocacy and policy change across the world remain unclear; a better understanding of those pathways is needed to support strategic policy action that is shaped by individuals with lived experience of dementia. Walking the Talk for Dementia (WTD), a unique, immersive experience taking place annually in northern Spain, can be viewed as a catalyst for global policy change. This event includes a 40 km, 4-day walk along the Camino de Santiago with a diverse, global group including people with lived experience of dementia, advocates, and multiple professionals across the dementia continuum.

Method: Seventy-eight participants attended WTD 2025. To understand the potential impacts of WTD on global dementia policy through advocacy, pre- and post-surveys included three advocacy and policy-related domains: confidence (recognizing one's value, seeking support, visualizing success), skills (public speaking, goal setting, adapting messages), and commitment (centering the voices of people with lived experience, fostering collaboration, addressing social injustice). Advocacy-related changes were assessed using a pre-post questionnaire with a 5-point slider scale (1 = low, 5 = high). Paired t-tests evaluated pre- to post-walk differences across advocacy dimensions.

Results: Significant improvement was found in global advocacy scores post-WTD ($t(59)=2.01$, $p<.05$, Figure 1a). This change was driven primarily by growth in confidence-related dimensions ($t(56)=4.21$, $p<.001$, Cohen's $d = 0.56$), while changes in skills and commitment dimensions did not statistically differ (Figure 1b).

Conclusion: WTD is an important part of the growing global movement for dementia advocacy and policy change. Opportunities for individual growth were evident; participants gained confidence in advocacy and policy change. This individual growth, which can have a cascading effect within participants' countries, is essential for effective future dementia advocacy.

P115

The Nottingham consensus on dementia risk reduction policy: recommendations from a modified-Delphi process in England

Dr Harriet Demnitz-King¹, Prof Sube Banerjee², Prof Claudia Cooper¹, Dr Charlotte Kenten¹, Mrs Rosemary Phillips¹, Ms Sedigheh Zabihi¹, Prof Yvonne Birks³, Prof Carol Brayne⁴, Ms Sallyann Browning¹, Prof Camille Carroll⁵, Prof Georgina Charlesworth⁶, Prof Carol AC Coupland²

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Aims: In the absence of a cure or widely accessible, effective treatments, prevention efforts are critical to mitigating the future burden of dementia. Achieving this requires coordinated efforts across health and social care systems, alongside engagement from other government sectors and key stakeholders. However, translating evidence into effective and equitable policies presents a significant challenge. To address this, the NIHR Dementia and Neurodegeneration Policy Research Unit at Queen Mary University of London (DeNPRU-QM) launched a consensus initiative aimed at developing actionable public health policy recommendations for dementia prevention.

Method: A diverse, multidisciplinary panel of 40 experts balanced across lived, academic, clinical, policy and advocacy experience, career stages, gender and ethnicity convened for a two-day in-person workshop. This was followed by a three-round online modified-Delphi survey where panellists rated statements on a 5-point Likert scale, provided feedback, and suggested new statements. In rounds 2 and 3, statements were revised based on feedback, and panellists could adjust ratings after reviewing anonymised group comments. Consensus was defined as $\geq 67\%$ agreement, with statements graded as 'U' (100% agreement), 'A' (90%–99% agreement), 'B' (78%–89% agreement), or 'C' (67%–77% agreement).

Results: 38 (95%) panellists completed all survey rounds. Consensus was achieved on 56 recommendations spanning four domains: public health messaging, individual-level interventions, population-level interventions, and research commissioning. A key priority across all domains was the need to consider and address health inequalities so that prevention efforts do not exacerbate existing disparities.

Conclusion: Our recommendations provide policymakers with a robust foundation for designing and implementing an evidence-based dementia prevention strategy in England, with guidance that can inform approaches in other countries. By prioritising clear communication, targeted intervention, and sustained research investment, the recommendations can help address structural inequities and advance dementia risk reduction. Cross-sector advocacy will be crucial to drive policy adoption and implementation.

P116**How to Measure National Dementia Strategies in A Way That Matters and Become a Dementia Advocacy Rockstar (It's Really Not That Hard)****Prof Laura Tamblyn Watts**

CanAge: Canada's National Seniors Advocacy Organization, Toronto, Canada. University of Toronto: Factor Inwentash Faculty of Social Work, Toronto, Canada. AGE-WELL: Network of Centres of Excellence on Aging and Technology, Toronto, Canada. Institute for LifeCourse and Aging, Toronto, Canada

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Having a National Dementia Strategy is one thing - measuring it's success is quite another. We know that what does not get measured, doesn't matter - A strategy without measurement is merely a wish. But how do we effectively measure the progression and successes of National Dementia Strategies in a way that moves the public policy needle and attracts effective advocacy? This session will present the CanAge Dementia Report Card, the first measurement tool of its kind and adopted as best practice by international organizations. The session will also invite participants to engage on how to best adapt and adopt the Report Card model to their own jurisdictions and how to track priority advocacy goals.

<https://www.canage.ca/wp-content/uploads/2022/10/CanAge-Dementia-Report-2022-EN-OCT-18-2022-compressed.pdf>

P117**Changes to Personnel Responsible for Promoting Dementia Measures in Japan and its Affectless**

Ms Yumi Shindo^{1,2}, Dr Kentaro Horibe¹, Dr Aiko Osawa¹, Dr Shinichiro Maeshima¹

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

With the world's highest aging rate, Japan is advancing various dementia policies led by the national government. Specifically, professionals holding national qualifications in medical care, nursing, and welfare are placed as "Dementia Community Support Coordinators (DCSC)" to advance dementia policies such as to conduct activities such as organizing dementia supporter training courses, holding dementia cafes, and hosting dementia lectures for residents at municipality level.

In order to make steady progress with these initiatives, it is crucial to have a thorough understanding of the purpose and target audience of each measure, and to build good relationships with stakeholders. However, Japan has long maintained a system of lifetime employment. Consequently, employees are often transferred between departments every two to three years, regardless of their personal preferences, and it also applies to DCSC.

To observe the impact of DCSC's personnel changes, we examined them based on the roster of DCSC assigned to the 54 municipalities within Prefecture A in Japan from 2022 to 2024.

Consequently, the number of DCSC deployed across 54 municipalities increased by 51 over the three-year period from 2022 (when there were 385 coordinators) to 2024 (when there were 436 coordinators).

Looking solely at this figure, it would appear that the number of staff responsible for promoting the policy has increased. However, 101 DCSC transferred between 2022 and 2023, meaning that 26.2% of the initial 385 DCSC transferred during this period.

Furthermore, a further 70 DCSC transferred between 2023 and 2024, representing 17.4% of the 436 DCSC at the start of 2023. While some municipalities have seen no turnover among DCSC over three years, others have replaced more than half of theirs. It is thought that this variation influences the progress of dementia initiatives in each municipality.

Specific figures and case studies will be presented at the venue.

P118

Advocating for change: Ukraine's journey toward a National Dementia Plan amid war

Ms Iryna Shevchenko

Nezabutni Charitable Foundation, Ukraine

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Despite the devastating impact of four years of full-scale war, Ukraine continues to make strong progress in addressing dementia as a public health priority. Through the persistent advocacy of Nezabutni Charitable Foundation, and in collaboration with the Ministry of Health, the Ministry of Social Policy, the World Health Organization (WHO), Alzheimer's Disease International (ADI), and Alzheimer Europe, the country is now on the verge of adopting its first National Dementia Plan.

Following three years of evidence-based advocacy, Ukraine's Cabinet of Ministers has mandated the Ministries of Health and Social Policy to develop the plan by the end of 2025. Nezabutni has submitted a full draft to the Ministry of Health; as of October 2025, the document is undergoing final ministerial review before public consultation and government approval. This landmark achievement symbolizes hope for people living with dementia and their carers across Ukraine.

Nezabutni's initiatives—ranging from national awareness campaigns and educational programs for carers and social workers to psychological, medical, and legal support services—have built the foundation for systemic change. Research conducted by Nezabutni revealed alarmingly low awareness (17% in 2024) and widespread stigma surrounding dementia, data that directly informed the advocacy for policy reform.

In 2025, Nezabutni will launch Ukraine's first National Working Group of Carers of People with Dementia, with the National Working Group of People with Dementia dementia planned for early 2026. These milestones demonstrate the power of civil society leadership, evidence-based advocacy, and international collaboration in transforming dementia from a neglected issue into a national priority—even amidst war.

P119**The Role of Brazilian Alzheimer's Association (ABRAz) in National Dementia Care Policy in Brazil: Brief report from International Seminar**

Dr Celene Pinheiro¹, Prof Walquiria Alves², Dr Norberto Frota¹, Ms Regina Araujo³, Dr Arthur Jatobá³, Ms Cristina Hoffmann⁴, Miss Thalyta Pires⁵, **Prof Juliana Martins Pinto⁵**

¹Brazilian Alzheimer's Association (ABRAz), São Paulo, Brazil. ²Brazilian Alzheimer's Association (ABRAz), Belém, Brazil. ³Brazilian Alzheimer's Association (ABRAz), Brasília, Brazil. ⁴Panamerican Health Organization, Brasília, Brazil. ⁵University of Brasília, Brasília, Brazil

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

The Brazilian Alzheimer's Association (ABRAz) has played a pivotal role in shaping public policies for dementia care in Brazil. Founded in 1991, ABRAz is a non-profit civil organization that unites families, caregivers, and professionals to support individuals living with Alzheimer's disease and other dementias. In recent years, ABRAz has intensified its advocacy efforts to promote the National Policy for Comprehensive Care for People with Alzheimer's Disease and Other Dementias, officially sanctioned in June 2024 by President Luiz Inácio Lula da Silva. This landmark legislation (Law No. 14.878/2024) establishes guidelines for early diagnosis, treatment, caregiver support, and professional training within Brazil's Unified Health System (SUS). To foster engagement and awareness, ABRAz organized the International Seminar on Public Policies in Dementia in October 2025, in partnership with the Pan American Health Organization (PAHO). The event brought together national and international leaders, researchers, policymakers, and civil society to discuss strategies aligned with Brazil's National Dementia Policy, the National Care Policy, and the National Policy for Comprehensive Health Care for Older Persons. ABRAz's contributions include:

- Advocacy and legislative mobilization, in collaboration with FEBRAZ and ADI, to push for the approval of the National Dementia Plan.
- Public education campaigns, such as "Ask About Dementia," to reduce stigma and promote early recognition.
- Support networks, with over 55 caregiver support groups across Brazil, offering emotional and practical assistance.
- Research and policy dialogue, facilitating knowledge exchange through seminars and partnerships with academic institutions.

ABRAz continues to be a central actor in Brazil's response to dementia, ensuring that the voices of people living with the condition and their caregivers are heard in policy development and implementation.

P120**Canada's national dementia strategy: Implementation efforts focused on dementia risk reduction initiatives at the Public Health Agency of Canada**

Ms Elizabeth Moore, PhD¹, **Ms Nikki Winter**², Ms Erin Kingdom¹

¹Public Health Agency of Canada, Ottawa, Canada. ²Public Health Agency of Canada, Vancouver, Canada

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

The Government released Canada's first national dementia strategy in 2019. The strategy has three overarching objectives: prevent dementia, advance therapies and find a cure, and improve the quality of life of people living with dementia and caregivers. The strategy highlights the importance of focusing on individuals belonging to populations identified as being likely to be at higher risk of developing dementia.

The Public Health Agency of Canada (PHAC) is leading the implementation of key elements of the strategy including initiatives on risk reduction. These initiatives include:

National campaign activities focused on risk reduction and healthy lifestyle behaviours

- Notable PHAC funded projects focused on awareness raising to increase knowledge about risk and protective factors and how to reduce the risk of developing dementia, as well as projects focused on improving access to high-quality dementia guidance, such as dementia prevention guidelines
- A project with the World Health Organization (WHO) that will result in the updating of the WHO's 2019 guidelines on risk reduction of cognitive decline and dementia
- Public opinion research efforts to deepen understanding of awareness and knowledge of dementia risk, and motivation and barriers to reduce risk

A robust Sex- and Gender-Based Analysis Plus lens was applied which informed priorities for project funding and tailored messages and strategies for the public education campaign, helping to ensure their contribution to embedding health equity in dementia initiatives. Many people living in Canada were reached by these initiatives, including from populations identified as being likely to be at higher risk of developing dementia. Results from public opinion research projects have tracked progress and show notable progress on dementia risk reduction in Canada since 2020, including differences in risk metrics by priority populations.

P121

Fostering Brain Health in Peru: A Multisectoral Workshop to Advance a National Dementia Plan

Dr Maritza Pintado-Caipa^{1,2,3}, Dr Sergio Lanata⁴, Dr Marcela Mar¹, Dr Kelly Tello³, Dr Margarita Pinao⁵, Dr Haydee Iriarte⁵, Miss Camellia Latta⁶, Miss Carmen Hart⁶, Dr Sofia Cuba³, Dr Christopher Butler⁷, Dr Victor Valcour⁶

¹Global Brain Health Institute, Lima, Peru. ²Clínica Ricardo Palma, Lima, Peru. ³Universidad Peruana Cayetano Heredia, Lima, Peru. ⁴UCSF, San Francisco, Usa. ⁵Ministerio De Salud Del Peru, Lima, Peru.

⁶Global Brain Health Institute, San Francisco, Usa. ⁷The George Institute For Global Health, Imperial College London, London, United Kingdom

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Background: The workshop convened clinicians, researchers, policymakers, artists, journalists, patient advocates, and community leaders. Panel presentations and rapid talks addressed epidemiology, clinical practices, policymaking challenges, and opportunities in detection, diagnosis, and management of neurocognitive disorders. Small-group discussions focused on key themes and actionable priorities.

Methods: The workshop convened clinicians, researchers, policymakers, artists, journalists, patient advocates, and community leaders. Panel presentations and rapid talks addressed epidemiology, clinical practices, policymaking challenges, and opportunities in detection, diagnosis, and management of neurocognitive disorders. Small-group discussions focused on key themes and actionable priorities.

Results: Five priority areas emerged: (1) Context and Social Determinants: Educational disparities, socioeconomic conditions, and cultural beliefs shape dementia incidence and care. Regional adaptations of screening tools and support strategies are critical. (2) Policy Frameworks: Barriers such as stigma, limited budgets, and a shortage of specialists demand a tailored, inclusive public health response. (3) Communication and Community Engagement: Stigma limits early detection; multipronged campaigns using social media, radio, and community collaborations were proposed. (4) Training and Leadership: Addressing workforce gaps requires expanded training for primary care teams and community actors, drawing from global (GBHI, GloCal) and local (IMPACT) capacity-building models. (5) Multisectoral Collaboration: Government, civil society, academia, and health sectors must coordinate efforts to secure resources, strengthen caregiver support, and ensure sustainable implementation.

Conclusions: The workshop underscored the feasibility of a National Dementia Plan rooted in evidence-based policies, inclusive training, and broad stakeholder engagement. Incorporating social determinants of health and cultural adaptation into screening tools and care models will be pivotal for success. By strengthening multisectoral partnerships and leveraging local and global resources, Peru can emerge as a regional leader in brain health promotion and care.

P122

Dementia in Mexico: A Strategic Position from an Intersectoral Coalition to Transform Alzheimer's Care and Support

Mrs Itzel Irais González Aparicio¹, Dr Luis Miguel Gutiérrez Robledo², Mr Guillermo Albert Meza³, Mr Francisco Martínez Carrillo⁴, Dr Claudia Iveth Astudillo García⁵, Mrs Laura Elena Cortés⁶, **Mrs Rosa María Farrés González-Saravia⁷**, Dr Sara Gloria Aguilar Navarro⁸, Mr Alberto José Mimenza Alvarado⁸, Mr Julio Alberto Díaz Ramos⁹

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Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Alzheimer's disease and other dementias represent a rapidly escalating public health, social, and economic challenge in Mexico, affecting more than 1 million people today and projected to triple by 2050. Despite this growing burden, early detection remains limited, primary care professionals lack adequate training, and the vast majority of expenses are absorbed by families, mainly female caregivers. In response, an Intersectoral Coalition, the Coalición Acción Juntos Recordamos presents this position paper as a national roadmap to integrate, person-centered dementia action. Building on the strategic lines of previous efforts such as the National Dementia Plan (2014, 2024), the Coalition seeks to bridge the gap between planning and implementation through feasible, specific initiatives grounded in clinical, social, and community realities.

The Coalition recommends specific actions towards strengthening diagnosis and clinical management by updating national guidelines, incorporating early detection tools and biomarkers, developing comprehensive and integrated protocols for each level of care, and expanding non-pharmacological interventions focused on cognitive stimulation, nutrition, and physical activity. It calls for reducing stigma and raising awareness through sustained, empathy-based campaigns, integration of dementia topics into national health events, and training of media and institutional spokespersons. It further emphasizes access to information and resources by developing culturally adapted educational materials for families, professionals, and communities, made available through public platforms and a great collaboration with NGO across the country.

Proposals include mainstreaming prevention through public health policies by integrating cognitive screening into primary care and chronic disease programs; recognizing and supporting family caregivers through training, respite services, and inclusion in social protection frameworks; and promoting national research and innovation on accessible diagnostics, cost-effective models of care, and the direct experiences of caregivers and patients.

Coalicion's proposals are focused on strengthen Mexico's response to dementia, turning existing policy commitments into action for an aging society.

P123**Towards an Integrated National Dementia Plan for Cameroon:
Building Brain Health Policy Initiatives in Africa**

Dr Wepnyu Yembe Njamnshi¹, Dr Cyrille Nkouonlack¹, Prof Anne Cecile Zoungkanyi², Prof Renaud La Joie³, Prof Alfred Njamnshi¹

¹Brain Research Africa Initiative, Cameroon. ²Ministry of Public Health Cameroon, Cameroon. ³University of California in San Francisco, USA

Topic

Dementia as a public health priority: Dementia policy and plans

Abstract

Introduction: Dementia prevalence in Sub-Saharan Africa (SSA) is projected to increase by over 300% in the next 25 years, as the population aged 60 years and older triples to more than 235 million. In Cameroon as in much of SSA, this looming public health challenge calls for an urgent and coordinated response. Despite growing awareness, dementia remains largely underdiagnosed and underprioritized within existing national health and social frameworks. Over the past 3 years, several efforts in Cameroon including the Yaounde Declaration on Brain Capital, Brain Health and Brain Economy have set the pace for brain health policy dialogue within the country. We build on these advances to develop Cameroon's first integrated National Dementia Plan (NDP).

Methods: A national situational analysis and stakeholder mapping will be conducted to assess existing policies, infrastructure and service-delivery related to dementia care. This process will identify gaps, population needs, and opportunities for integration within broader non-communicable disease (NCD) frameworks. Qualitative methods—including in-depth interviews and focus group discussions—will be used to capture the perspectives of key stakeholders including policy makers, healthcare providers, persons with dementia and caregivers. Using a co-creative and iterative process, findings will inform the development of the NDP within the multi-sectoral action plan against NCDs.

Results: This project will yield a comprehensive and accessible framework for dementia prevention, care and research in Cameroon. Expected outcomes include improved public awareness, strengthened healthcare workforce capacity, integration of dementia services at the primary health care level, enhanced intersectoral collaboration, and an operational research plan.

Conclusion: The proposed national dementia plan will provide a critical and timely response to the growing dementia burden in the country and will leverage on existing programs and resources to implement a multi-sectoral approach to dementia prevention, care and research.

P124**Living with Dementia in Public Spaces: The Role of EDI Policies & Municipal Mandates in Building Dementia Inclusive Communities**

Ms Carolyn Brandly¹, Mr Albert Galiev², Dr Mariko Sakamoto¹, Dr Robert Beringer¹

¹University of Victoria, Victoria, Canada. ²City of Victoria, Victoria, Canada

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

Dementia inclusive communities have been recognized as having potential to provide a cohesive system of support to enable people with dementia to sustain engagement in everyday life in meaningful ways. Adaptations of public spaces, programs, services and policies are required to equitably include people living with dementia in community life. Yet, how dementia is situated within the scope of municipal mandates and responsibilities is unclear, and the lived experience and perspectives of people living with dementia are not well-considered.

The Fostering Inclusion for People with Dementia project, a year-long research partnership between the City of Victoria's Office of Equity, Diversity & Inclusion (EDI) and the University of Victoria, employed community based participatory methods and a social citizenship lens to understand the role EDI and accessibility mandates and broader human rights frameworks play in fostering equitable inclusion of people with dementia in public spaces.

Study activities engaged people living with dementia and care partners as co-researchers who worked alongside city staff and health and social care providers to illuminate local needs, gaps, strengths and opportunities within the public physical and social environments operated by the City of Victoria. Project outcomes generated local knowledge useful to advance EDI and accessibility policy and practice within city operations, and generated opportunities for diverse, ongoing inter-sectoral collaborations to foster the inclusion of people with dementia in community life. Study findings also contribute to understanding of the structural conditions and social dimensions that shape equity and social justice for people living with dementia.

P125**An Analysis of Dementia Community Care Center Policies in Rural Taiwan: An Application of Iris Marion Young's Politics of Difference**

Mrs Wenting Tseng, Dr Nancy Lien

National Dong Hwa University, Chinese Taipei

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

In 2025, Taiwan is projected to become a super-aged society, with an estimated 386,000 people living with dementia within the community. Research has demonstrated that individuals with dementia in rural areas face multifaceted care inequalities, underscoring the critical importance of social justice in this field.

In contrast to conventional conception of justice that refers to "equal distribution of resources," Iris Marion Young argues that neglecting the decision-making structures, procedures, division of labor, and cultural contexts that shape resource allocation can lead to systemic oppression and domination. The disparate living conditions in rural and urban areas necessitate a theoretical approach that moves beyond resource distribution. In this context, **the politics of difference** is uniquely suited to a critical analysis of structural and institutional oppression generated by current policies on dementia community care center, including:

- (1) Exploitation: Policies disconnect people living with dementia from their established social networks exploiting social relationships.
- (2) Marginalization: The needs and rights of people living with dementia are systematically pushed to the periphery, effectively excluding them from culturally recognized and socially valued ways of life and depriving them of meaningful participation in society.
- (3) Powerlessness: Policies and professional governance frequently create powerlessness for people living with dementia by neglecting their preferences, subjecting them to a "no-choice" situation.
- (4) Cultural Imperialism: Policies are frequently designed around the experiences and values of the mainstream population, a practice that disregards the unique resource and information disparities and cultural habits of rural areas. This approach embodies a systemic oppression of the dementia population by mainstream values.
- (5) Violence: As a direct consequence of their marginalization and powerlessness, people living with dementia are vulnerable targets of systemic violence.

Policies based on understanding "difference" can effectively address diverse needs, avoid one-size-fits all governance, and combat stigma in dementia care.

P126**Advocacy for Policy Change and Local Leadership Empowerment: Febraz's Experience in Advancing Dementia Rights in Brazil****Dr Elaine Fernandes Mateus**

Febraz - Brazilian Federation of Alzheimer's Associations, Londrina, Brazil

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

This poster presents the trajectory of the Brazilian Federation of Alzheimer's Associations (Febraz) after the approval of Federal Law No. 14.878/2024, Brazil's first national legal framework recognizing the rights of people living with dementia and their caregivers. Moving beyond legislation, Febraz has positioned itself at the forefront of translating legal achievement into practical, scalable, and sustainable action.

Immediately after the law was enacted in July 2024, Febraz launched the National Dementia Coalition (CoNaDe), bringing together civil society, researchers, policymakers, and the media to ensure that the law evolves into a strategic national plan — with concrete goals, guidelines, and budget allocation. At the same time, Febraz has invested in capacity-building for local leaders and associations, enabling them to design and deliver context-sensitive solutions across Brazil's diverse territories. These efforts include leadership training, strategic planning workshops, and the creation of regional advocacy networks.

Recognizing the need for integrated responses, Febraz has also joined the CCNTs Forum, a national platform on chronic conditions, to align dementia advocacy with broader agendas and to foster cross-cutting health and social policies.

This experience provides a unique case study of post-legislative advocacy in the Global South, demonstrating how grassroots mobilization, coalition-building, and multisectoral collaboration can drive systemic change. Delegates are invited to visit this poster to explore how Brazil's approach offers transferable lessons for other regions and to discuss opportunities for international collaboration.

P127**Living Alone with Dementia: The next Great Challenge to the Dementia Community, Society and Health Systems**

Mr Michael Splaine^{1,2}, Ms Kate Gordon³, Dr Linda Clare⁴, Ms Stephani Shivers⁵, Dr Jane Lowers⁶, Dr Elena Portacolone⁷

¹Splaine Consulting, Columbia, USA. ²UMASS Boston, Boston, USA. ³Splaine Consulting, Columbia, Afghanistan. ⁴University of Exeter, Exeter, United Kingdom. ⁵Caring Kind NYC, New York, USA. ⁶Emory University, Atlanta, USA. ⁷UCSF, San Francisco, USA

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

Ageing is the socio/demographic force sweeping the world, and with-it heightened risk of dementia and increased needs for support and care. Within that demographic there are a growing number of persons with dementia who live in single person households, whose stories of how they ended up "solo ageing" are myriad and whose stories of making their way in the world with a cognitive disability no fewer. In developed countries, estimates are that as many as 20% or more of people with dementia live alone, not an insignificant number.

This panel will present basic research, information about community action and the words of persons solo ageing with dementia.

P128

The Right To Be Heard: Exploring Epistemic Injustice In Dementia Care. A Qualitative Study

Dr Lara Calabrese, Dr Marco Brigiano, Dr Martina Quartarone, Dr Sara Trolese, Dr Ludovica Forte, Dr Alice Annini, Prof Rabih Chattat

University of Bologna, Bologna, Italy

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

Background Epistemic injustice, a concept introduced by philosopher Miranda Fricker in 2007, is a harm done to individuals in their capacity as knowers, stemming from social prejudices and stereotyping. This leads to the partial or complete exclusion of certain individuals from knowledge building. People living with dementia (PLWD) are particularly vulnerable to this injustice. Their impairments in cognitive functions (e.g., memory, language and information processing) can reinforce societal assumptions about their diminished credibility or abilities, consequently marginalising their voices in interpersonal, social and clinical contexts.

Aims This research aims to deepen current understanding on how people living with dementia encounter and experience epistemic injustice in their everyday lives.

Method A qualitative study was conducted using semi-structured interviews, favouring a conversational approach, to investigate this phenomenon. Participants were individuals with a dementia diagnosis, interviewed either at home or in residential care facilities based on their availability. The interviews were audio-recorded, transcribed, and subjected to thematic analysis to identify recurring patterns and meanings in the participants' narratives.

Results The results revealed that experiences of epistemic injustice are prevalent and deeply embedded in the everyday lives of PLWD. Crucially, these instances were often perceived by participants not as unfair, but as appropriate or expected, reflecting the internalisation of epistemic marginalisation. Many participants expressed the feeling that their perspectives were no longer valid or necessary, which reinforced their withdrawal from active roles in care and communication processes, as well as in society.

Conclusions This study highlights the urgent need to recognise and address the epistemic dimensions of dementia care. The normalisation of epistemic injustice contributes to the self-silencing of people living with dementia, thus perpetuating cycles of disempowerment and exclusion from society.

P129**Co-developing a virtual reality scenario-based learning tool for dementia awareness in the retail sector.**

Dr Sarah Fox¹, Dr Olivia Luijnenburg², Dr Megan Rose Readman³, Dr Megan Polden³, Dr Annabel Farnood², Dr Sarah Kate Smith¹

¹The University of Manchester, Manchester, United Kingdom. ²King's College London, London, United Kingdom. ³University of Liverpool, Liverpool, United Kingdom

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

Background: An Alzheimer's Society survey showed that 80% of people living with dementia identified shopping as their favourite activity, however 63% felt the retail industry was not doing enough to be dementia friendly and 23% had stopped going shopping altogether. Dementia can make day-to-day activities challenging, so it is essential for supermarkets to adapt their services to be more dementia friendly. Virtual Reality (VR) has been reported as a promising tool to increase dementia awareness in the community.

Aim: This project aims to co-develop a VR scenario-based learning tool to raise dementia awareness and educate supermarket workers on the impact the physical and social retail environment has on people living with dementia and their care partners.

Methodology: The platform was co-developed alongside people with lived experience through 5 workshops virtually and face-to-face in, Liverpool, London and Manchester. Participants included community workers, people living with dementia, and carers. Workshops were planned iteratively throughout the design process to ensure feedback at a range of stages including pre-design, early prototype and final prototype. We piloted the platform across a range of supermarket employees. Knowledge and feasibility were evaluated through surveys focusing on dementia awareness, functionality and feasibility. Ethics approval# 14237.

Preliminary findings and impact: Input from lived experience contributors prior to tool development ensured scenario-based learning in the VR environment was relevant to people affected by dementia. Prototype feedback enabled alterations to the VR environment and scripts which enriched the narrative and ensured the final prototype was engaging and relatable. In-depth support from one participant with lived experience of caring and a media background, was unexpected but substantially improved the final output.

This tool has the capacity to raise awareness and impact practice in supermarket environments. Future work will focus on scaling and building flexibility for use across a range of retail settings.

P132**Vaccines Can Help Prevent Dementia - But How Do We Link Dementia and Vaccine Advocacy Effectively?****Prof Laura Tamblyn Watts**^{1,2,3,4}, Ms Jana Ray¹, Dr Raza Mirza^{2,5}

¹CanAge: Canada's National Seniors' Advocacy Organization, Guelph, Canada. ²University of Toronto, Toronto, Canada. ³Institute for LifeCourse and Aging, Toronto, Canada. ⁴International Federation on Ageing, Toronto, Canada. ⁵HelpAge Canada, Ottawa, Canada

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

With exciting studies clearly linking key vaccinations with dementia risk reduction, advocates now have new opportunities to build bridges between the immunization community and the dementia community - and also new chances to engage policymakers in "quick and easy" dementia reduction by funding and easily providing all key recommended adult vaccines. But how do we do this in practice? This session will review the high level research on adult vaccination and dementia, and then delve into frameworks and best practices on how to move forward with key advocacy initiatives, evaluate various local and government frameworks and to connect with media messaging. The CanAge Vaccine Report Cards will be presented and show participants how to take those successes, nationally and internationally, and adapt them to their jurisdictions.

<https://www.canage.ca/advocacy/vaccine-report-card-2025/#:~:text=Key%20Takeaways,COVID%2D19%20vaccines%20this%20season>.

P133**UN CRPD - 17 Years On, Are We Any Closer to Having Domestic Laws to Allow People Living with Dementia to Have Their Rights Upheld? What More Can We Do As Advocates of Dementia Rights?****Mr Yue-En Chong TEP**

Bethel Chamber LLC, Singapore, Singapore

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

Under the CRPD, a person living with dementia is a person with mental disabilities who ought to be protected, have the full and equal enjoyment of all human rights and fundamental freedoms, and have their inherent dignity promoted. However, to what extent have the purpose, principles, and obligations of the CRPD been incorporated into the domestic laws of the States that are signatories? What cases have the Courts Around the World upheld the law in the protection of disability rights, including dementia rights? As advocates of dementia rights, how do we ensure that the signatory states are actively making reasonable accommodation to the system in order to allow persons living with dementia to live the fullest life for as long as possible?

P134**Transport and Access to Cultural Life, Recreation, Leisure and Sport: Findings from the Dementia in Europe Yearbook 2025**

Mr Owen Miller, Mr Jean Georges

Alzheimer Europe, Luxembourg

Topic

Dementia as a public health priority: Dementia, human rights and equitable society

Abstract

Background: The 2024 adoption of EU directives establishing the European Disability Card and the European Parking Card represents a concrete step towards implementing the principles of the United Nations Convention on the Rights of Persons with Disabilities and the European Pillar of Social Rights. Alzheimer Europe's 2025 Yearbook explores for the first time the interlinked issues of transport and access to cultural life, recreation, leisure and sport for people with dementia. Developed in close collaboration with national Alzheimer associations across Europe, and building on earlier work on dementia-inclusive communities and inclusive travel, the report responds to priorities raised by the European Working Group of People with Dementia (EWGPWD) and the European Dementia Carers Working Group (EDCWG).

Methods: A structured questionnaire was developed and circulated to Alzheimer Europe's national members in February 2025, following pilot feedback. Thirty-four responses were received from 31 countries. Data were analysed thematically to identify trends in national policy, legislative frameworks and practical initiatives, complemented by qualitative input and testimonies from members of the EWGPWD and EDCWG.

Results & conclusions: Most countries were in the process of transposing EU legislation on disability and parking cards; however, eligibility often remained based on physical rather than cognitive disability. Significant variability was observed between and within countries in policy and implementation. A number of good practice examples emerged at regional and local levels. The engagement of the culture sector, as well as sports organisations, in providing dementia-specific events or opportunities was particularly encouraging. Public Involvement consultations with the EWGPWD and EDCWG highlighted persistent implementation gaps, inconsistent staff training and affordability barriers. However, positive practices such as pre-booked assistance, companion travel entitlements and adapted performances in cultural venues were also highlighted. Overall, this report shows that more work is required to ensure equitable access to dementia-inclusive transport, and cultural participation, across Europe.

P135**Non-Direct Medical Burden of Alzheimer's Disease in China: Family Caregiver Time and Cost Surge with Disease Severity**

Prof Jifang Zhou¹, Miss Yue Zou¹, Miss Qi Wu¹, Mr Ruijian Huang¹, Ms Huimin Gao², Ms Runrun Wang³, Ms Jinnan Li³, Mr Guanshen Dou³, Ms Huali Wang²

¹School of International Business, China Pharmaceutical University, Nanjing, China. ²Dementia Care & Research Center, Beijing Dementia Key Lab, Peking University Institute of Mental Health (Sixth Hospital), Beijing, China. ³Lilly China Drug Develop & Medical Affair Center, Eli Lilly, Shanghai, China

Topic

Dementia as a public health priority: Economics and value of dementia

Abstract

Aims: To quantify non-direct medical burden of AD in Chinese families and identify independent cost drivers.

Methods: A cross-sectional survey was conducted among 300 family caregivers of clinically diagnosed AD patients. Data was collected through structured questionnaires and key informant interviews, including demographic information, clinical status, caregiver burden and non-direct medical cost, and were summarized descriptively. Differences in daily average care time between severity groups were tested using ANOVA. Multivariable linear regression models were used to quantify incremental cost associated with AD severity, accounting for relevant covariates.

Results: Among 300 patient-caregiver dyads, patients averaged 73.8 years and 50% were female; caregivers averaged 51.3 years and 64% were female. Overall, caregivers provided a daily mean (SD) of 8.1 (4.9) hours of family care, ranging from 6.9 (4.2) hours in the MCI to mild group to 9.3(5.2) hours in the moderate to severe group ($P < 0.001$). The mean total annual cost per patient was 235,197 CNY (approx. 32,821 USD). Non-direct medical cost accounted for 93.4 % of this total, comprising 205,843 CNY in indirect cost and 13,907 CNY in direct non-medical costs. Within indirect cost, informal care time (111,996 CNY, 54.4%) and non-market productivity loss of the patients (85,835 CNY, 41.7%) were the top two contributors; within direct non-medical cost, caregiver cost (8,539 CNY, 61.4%) and nutrition cost (3,390 CNY, 24.4%) predominated. Compared to MCI to mild stage, patients with moderate to severe stages show a notable increase in non-direct medical costs with incremental 38,044 CNY ($P = 0.006$), attributable to incurred indirect cost of 31,458 CNY ($P = 0.013$), adjusted for relevant covariates, and incremental 523.1 hours ($P = 0.016$) of annual caregiving time.

Conclusions: This study highlights the substantial non-direct medical burden of AD in China, with caregiving time and associated costs increasing notably as disease severity worsens.

P136**digiDEM Bayern: Gender disparities among informal carergivers–
how do care responsibilities impact employment?**

Ms Lisa Laininger¹, Dr Nikolas Dietzel¹, Prof Thomas Ganslandt², Prof Elmar Graessel³, Prof Peter Kolominsky-Rabas¹

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Topic

Dementia as a public health priority: Economics and value of dementia

Abstract

Aims: Taking care of a person with dementia (pwd) is associated with a multitude of challenges, particularly when the informal caregiver (IC) is still employed. Constant conflict between caregiving duties and professional obligations may result in IC reducing their working hours or leaving their job. Women are especially affected by caregiving activities in their professional lives. Therefor the aim is two highlight the gender specific differences of IC in relation to their work.

Method: Data basis is the multicenter, prospective register study 'Digital Dementia Registry Bavaria – digiDEM Bayern'. The impact of supporting a person with cognitive impairment is assessed using the "Burden Scale for Family Caregivers – short form" (BSFC-s). Absences from work (in hours/30 days) was recorded using Resource Utilisation in Dementia- short version (RUD Lite).

Results: Data was collected from 129 informal caregivers, 74,4 % of whom were women. On average, IC were absent from work for 7.5 hours in the last 30 days. Women were absent for 5.5 hours and men for 13.5 hours. In comparison, the group of women showed a tendency towards higher impact due to the care situation based on the BSFC-s with M: 7.3 points (SD: 5.2) than the men (M: 6.0, SD: 7.2). However, a significant positive correlation between care burden and absence from work could only be found among men ($r = .526$, $p = .002$).

Conclusion: The results show that men are more likely than women to be absent from work due to the perceived impact of care responsibilities. However, women appear to be more heavily affected by the care situation overall. It is therefore crucial to create appropriate support for informal caregivers who continue to work alongside their caregiving responsibilities, ensuring they are able to balance both roles effectively.

P137**Factors influencing informal care for people with MCI and dementia: digiDEM Bayern**

Mr Florian Weidinger¹, Prof Elmar Graessel², Prof Thomas Ganslandt³, Prof Martin Emmert⁴, Prof Peter Kolominsky-Rabas¹

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Topic

Dementia as a public health priority: Economics and value of dementia

Abstract

Aims: The aim of this analysis is to evaluate the extent of time and associated costs in informal care for people with mild cognitive impairment and dementia and to investigate factors influencing informal care.

Method: In a multicenter, prospective register study "Digital Dementia Registry Bavaria - digiDEM Bayern" we documented care time using the "Resource Utilization in Dementia Lite (RUD-Lite)". RUD-Lite is measuring hours for support of activities of daily living (ADL). We used the opportunity cost approach to calculate informal care costs and carried out sensitivity analyses using the replacement cost approach to compare two variants. We conducted multiple linear regression to determine influencing factors on informal care time.

Results: We evaluated 500 informal caregivers. The average monthly informal care time for the support of ADL was 103.4 (SD = 96.2) hours. According to the opportunity cost approach this amounted to estimated average annual informal care costs of €39,756 (SD = 35,814). Using the replacement cost approach average annual costs were lower with €32,564 (SD = 30,121). Significant factors influencing monthly informal care time were functionality in ADL ($b = -1.342$, $p < 0.001$), BPSD ($b = 0.611$, $p = 0.046$), the presence of a care dependency level ($b = 29.602$, $p < 0.001$), employment status of the family caregiver ($b = -33.052$, $p < 0.001$), caregiver burden ($b = 2.479$, $p < 0.001$), and cohabitation ($b = 40.993$, $p < 0.001$).

Conclusion: The results show that various factors influence the extent of informal care for people with mild cognitive impairment and dementia. Family caregivers of people with cognitive impairment who provide informal care need to be supported and educated about available support services. A focus should be placed on family caregivers who live in the same household, report a high caregiver burden, and care for individuals with impaired activities of daily living.

P139**The Economic and Social Impact of Alzheimer's Disease in France – Prevention Strategies and Cost Analysis**

Mr Jeremy Kozick Rigaud, Mrs Christine Tabuenca, Dr Alain Bérard

Fondation Médéric Alzheimer, Paris, France

Topic

Dementia as a public health priority: Economics and value of dementia

Abstract

Alzheimer's disease poses a major public health challenge in France, with **1.2 million affected individuals** and costs exceeding **€30 billion annually**. Projections suggest cases could **double by 2050**, exacerbating strain on an already limited care infrastructure. Currently, **95.5% of cases** occur in individuals aged **65+**, while **nursing home capacity remains insufficient**, with a projected **108,000-bed shortfall by 2030**.

The economic burden is substantial: **diagnostic costs** reach **€833 million/year**, **long-term care** in nursing homes costs **€12.9 billion/year**, and **informal care**—largely provided by families—is valued at **€12–17 billion annually**. Hospitalizations and specialized units further escalate expenses, with **enhanced care units costing up to €65,912/year per resident**.

Despite these challenges, **primary prevention offers significant potential**. Research identifies **12 modifiable risk factors** (e.g., hypertension, inactivity, social isolation) that could **reduce cases by 37%**. Programs like PREVALZ, a prevention program led by the Fondation Médéric Alzheimer—a French adaptation of the FINGER study—cost **€1,810/person/year** but could **prevent 454,000 cases by 2050**, generating **€3.4–9.7 billion in annual savings**.

However, France's healthcare system remains **curative-focused**, allocating only **2.5% of health spending to prevention**—far below the EU average. While initiatives promote **shared housing solutions** (70 units in France vs. 3,700 in Germany), barriers persist, including **underfunding, regulatory hurdles, and undiagnosed cases (50%)**.

This study highlights the **urgent need for policy shifts** toward **primary prevention**, which could **reduce incidence, lower costs, and improve quality of life**. Investing in **early intervention, caregiver support, and scalable prevention programs** is essential for sustainable healthcare in an aging society. Future efforts should prioritize **expanding access, improving diagnostics, and fostering cross-sector collaboration**.

P140**Rethinking dementia and law enforcement: the case for police training****Miss Liz Matthews**

Lehigh University, Bethlehem, Pennsylvania, USA. Association for Frontotemporal Degeneration, King of Prussia, Pennsylvania, USA. Lorenzo's House, USA

Topic

Dementia as a public health priority: Engaging people with dementia and carers in policy

Abstract

Law enforcement exists to protect communities, but what happens when officers are unaware of the presence of younger-onset dementia? In a study of 281 dementia patients, 9% of Alzheimer's disease (AD) and 26% of frontotemporal degeneration (FTD) patients interacted with police. In many cases, law enforcement worsens the situation due to lack of awareness or knowing how to help, at times even resorting to arrest, violence, and/or fatality. This session will explore the case for police training through the lens of one daughter's childhood experience, in which the compassion of a police officer led to her father's younger-onset FTD diagnosis—one that should not rely solely on luck. Any interaction between police and a person with dementia has the potential to further traumatize or heal a family. It is imperative to shift the dynamic towards healing given that many families' futures will be impacted by police handling of their loved one.

The issues surrounding police mishandling of people with dementia are preventable. In order to achieve proper dementia justice, law enforcement must be properly trained on both recognizing symptoms of dementia and having the knowledge and confidence to direct someone exhibiting these symptoms towards medical care.

The goal of this session is to highlight the importance of training police on younger-onset dementia, outline ideas for police training, and provide the audience with a space to feel seen, share stories, and brainstorm novel ways to improve police training in their community.

Goel, R. (2022). Grandma Got Arrested: Police, Excessive Force, and People with Dementia. U. Rich. L. Rev., 57, 335.

Liljegren, M., Waldö, M. L., Rydbeck, R., & Englund, E. (2018). Police interactions among neuropathologically confirmed dementia patients: prevalence and cause. *Alzheimer Disease & Associated Disorders*, 32(4), 346-350.

P141**From Local Voices to National Change: How Inclusive Engagement is Helping Shape Dementia Support in Scotland****Ms SDWG and NDCAN Members**, Ms Thea Laurie

Alzheimer Scotland, Edinburgh, United Kingdom

Topic

Dementia as a public health priority: Engaging people with dementia and carers in policy

Abstract

The Scottish Dementia Working Group (SDWG) and the National Dementia Carers Action Network (NDCAN) are national campaigning and awareness-raising groups led by and for people with lived experience of dementia -SDWG for those living with a diagnosis, and NDCAN for current or former carers. As part of Alzheimer Scotland's Active Voice initiative, both groups are committed to ensuring that people affected by dementia are heard and meaningfully involved in shaping the decisions and policies that impact their lives.

Recognising that national campaigning groups may not suit everyone, SDWG and NDCAN focus on reaching quieter, often unheard voices across Scotland. This is especially vital in the context of growing concern about the 'postcode lottery' in dementia care, where access to services can vary significantly depending on location.

To address this, the groups have been facilitating 'Have Your Say' engagement sessions in Alzheimer Scotland's Brain Health & Dementia Resource Centre's across the country. These sessions offer safe, inclusive spaces for people to share experiences, raise concerns, and highlight good practice locally. The insights gathered inform both the groups' campaigning priorities and Alzheimer Scotland's national policy recommendations.

This engagement work aligns with Alzheimer Scotland's national campaign and associated manifesto, which, ahead of the forthcoming Scottish Election, calls on political parties and candidates to 'stop the cuts', protect dementia services, and build a national, consistent standard of care that ends the postcode lottery for good. It also urges adoption of the 'Dementia Care Pathway Guarantees', outlining the services and support that should be available to people with dementia and their carers throughout the progression of the condition.

This oral presentation will explore how the 'Have Your Say' model is strengthening the Active Voice framework, amplifying the voice of lived experience, and driving meaningful change in dementia policy and practice.

P142**Connecting Policy and Life: A Family Caregiver's Experience with Dementia Care in Taiwan (2016–2022)****Ms Yu Fen Lai**

Chung Shan Medical University Hospital, Taichung, Chinese Taipei

Topic

Dementia as a public health priority: Engaging people with dementia and carers in policy

Abstract

Background: Since the launch of **Taiwan's Long-Term Care 2.0 (LTC 2.0)** in 2017, dementia has been a national care priority. As a family caregiver and healthcare professional, I experienced firsthand how this policy transformation affected daily care. My father developed behavioral symptoms in 2016, was diagnosed with **frontotemporal dementia** in 2017, and passed away in 2022. His illness trajectory mirrored the evolution of Taiwan's dementia care system.

Methods: This narrative is based on my personal caregiving journey, embedded within key policy milestones from **2017 to 2022**. It highlights how hospital-based **Dementia Shared Care Centers**, community dementia service points, and case management supported care continuity.

Results: Before LTC 2.0, services were fragmented and difficult to access.

- The establishment of **case management** and **community dementia service points** enabled stable participation in small group cognitive programs.
- Integration of **discharge planning** with LTC 2.0 reduced care gaps.
- Individualized adjustments (e.g., activity design for younger-onset dementia) created inclusive and meaningful participation.
- Our family experienced stronger community connection — attending theater events, cultural activities, and Run Tomo runs — illustrating how policy translated into lived experiences.
- Challenges remained, including workforce burden, funding constraints, and regional disparities.

Discussion: Our journey reflects the importance of engaging caregivers not only as service recipients but as policy stakeholders. Case managers act as critical bridges between medical and community care. Sustainable funding and equitable service distribution are essential to strengthen this model. Conclusion Dementia policy is more than infrastructure — it shapes lived experiences. By integrating caregivers' voices into policy design and implementation, systems become more responsive, inclusive, and humane. My father's story shows how national policy can meaningfully impact quality of life for both people with dementia and their families.

P143

Building Shared Care: Support Groups as Engines for Triangular Cooperation in Dementia Policy across Argentina, Mexico, and Peru

Mr Diego Aguilar¹, Mr Federico Diaz Marino², Ms Martina Vismara², Dr Nilda Garcia Posse², Mr Julio Picabea²

¹Alzheimer's Disease International, Tucuman, Argentina. ²Fundación León, Tucuman, Argentina

Topic

Dementia as a public health priority: Engaging people with dementia and carers in policy

Abstract

This presentation explores how support groups for family carers of people living with dementia can serve as strategic nodes for triangular cooperation among civil society, governments, and communities in Latin America. Drawing on insights from RADA (Argentine Alzheimer and Dementia Network) and collaborative learning exchanges with FEDMA (Mexico) and APEAD (Peru), the paper reframes the “support group” from a psychosocial intervention to a community-based governance mechanism capable of shaping dementia-care policy.

Rooted in feminist and affective theories of care, the study identifies how gendered logics embedded in caregiving practices—often familial, unpaid, and feminized—can evolve toward models of shared care when groups are empowered to interface with primary-care systems and local authorities. Within a triangular-cooperation pathway, Mexican, Argentine, and Peruvian organizations co-develop adaptable frameworks for caregiver education, peer mentoring, and participatory data generation that inform provincial and national dementia plans.

The approach highlights three levers for change: (1) **local co-production**—support groups as laboratories of context-specific training and policy dialogue; (2) **gender transformation**—using reflective group spaces to de-essentialize caregiving roles and recognize caregivers' citizenship and rights; and (3) **policy transfer through cooperation**—sharing methodologies and monitoring tools across countries to scale sustainable, gender-sensitive community models.

Preliminary evidence indicates increased caregiver literacy, strengthened intersectoral coordination, and formal recognition of NGOs as partners in dementia policy design. The model suggests that investing in peer-led support networks is an efficient, scalable route to integrate dementia within national health and social-care agendas, positioning civil society as both the bridge and the driver of regional policy innovation.

P144**Stop the Cuts: Giving Voice to People Living with Dementia Amid Scotland's Growing Care Crisis**

Ms Marri Welsh, Ms Active Voice Members, **Ms Jess Bruce**

Alzheimer Scotland, United Kingdom

Topic

Dementia as a public health priority: Engaging people with dementia and carers in policy

Abstract

A profound threat to dementia care is emerging in Scotland, and we are sleepwalking towards a crisis. Vital community services that support tens of thousands of people are being cut, including homecare, respite and day care, and post-diagnostic support. The scale of the challenge is immense, with cuts estimated to amount to a staggering £154M – the most severe we have ever seen. In vehement response, we have mounted a landmark campaign to fight them.

This has one objective – to **'Stop the Cuts'**. We are calling for the protection of dementia care through the introduction of a national, consistent standard that guarantees quality of care for everyone who needs it.

There has been no public consultation on these cuts, and no voice for the people most affected. To fight back, our high-profile campaign gives people the chance to be heard – with lived experience insights and perspectives at the heart of our messaging. In June, we started a **petition** to mobilise our community and build a strong, collective opposition. We carried out a coordinated multi-channel blitz, combining social media amplification, a targeted press strategy, dedicated webpage content, and special edition external publications. This created a sense of urgency, driving supporters to sign the petition on our website – which was a straightforward one-click process. The approach produced rapid results. In just thirteen weeks, we gathered **17,692 signatures**, an average of 194 for each day the petition was live.

Representatives from our Active Voice lived experience groups handed the petition to the Scottish Parliament during World Alzheimer's Month, gaining excellent press coverage.

As part of the oral presentation, we will share our 2026 election manifesto, which formalises our demands for Dementia Care Pathway Guarantees – ensuring that those with dementia and their carers have equal priority in the healthcare system.

P145**Living with Dignity: Two Homes for Young People with Dementia A model that puts people at the heart of care, challenging traditional medico-social norms.****Mrs Nathalie Maisons de Crolles Fondation HERVE**

FONDATION OVE, Lyon, France

Topic

Dementia as a public health priority: Ethics, finances and laws of dementia

Abstract

Faced with the growing urgency of early-onset dementia as a public health issue, the Maisons de Crolles – Fondation OVE offers an ethical and human response. This unique facility in France welcomes young people living with Alzheimer's disease or related conditions in a discreetly medicalized, open, and warm environment. No uniforms, no medical carts—just homes where residents are free to go outside, participate, and make their own decisions.

Inspired by the Carpe Diem philosophy, the Maisons de Crolles focus on abilities rather than deficits, promote self-determination, and respect individual preferences. Care is designed to preserve self-esteem, maintain social connections, and reduce behavioral disturbances by adapting the environment to the person's real needs. Professionals trained in this approach are encouraged to step aside from routine, build meaningful relationships, be present, and bring their personal talents into daily life.

This model challenges conventional practices often driven by organizational constraints, and proves that respectful, flexible, and personalized care is not only possible but beneficial. It embodies a culture of kindness, where residents reclaim their place in society and professionals rediscover the meaning of their work.

The Maisons de Crolles are not just places of care—they are places of life. They show that it is possible to support people differently, with dignity, freedom, and humanity

P146

Establishing an Organisational Research Ethics Committee: Challenges, Foundations, and Early Reflections

Dr Alison Ward

Dementia UK, London, United Kingdom

Topic

Dementia as a public health priority: Ethics, finances and laws of dementia

Abstract

Background: As dementia research expands across clinical and social organisations, the need for robust ethical oversight within organisations becomes increasingly important. The journey of establishing an internal Research Ethics Committee within a clinical dementia charity will be outlined, highlighting the practical, cultural, and procedural challenges encountered.

The process of establishing the Research Ethics Committee (REC) began with securing senior leadership support and fostering cross-departmental buy-in, ensuring the committee would be embedded within the organisation's research culture. A suite of core documents—including application forms, terms of reference, and core principles and procedures, were developed that balanced regulatory rigour with accessibility for researchers. A key focus was designing a training pathway to ensure all committee members, regardless of background, achieved a consistent level of ethical literacy and confidence in reviewing proposals. This groundwork laid the foundation for a pilot phase, during which the REC began reviewing submissions and refining its processes through real-world application and feedback.

Pilot Reflections: The REC reviewed multiple studies ranging from service evaluations to qualitative interviews with clinical staff. Early learnings include: The importance of iterative feedback loops between researchers and the committee; The value of lived experience representation in ethical deliberations; Ensuring the process is robust but accessible.

Conclusion: Establishing an organisational REC is both a strategic and ethical imperative. While resource-intensive, the process fosters a culture of integrity, accountability, and inclusivity in dementia research, and supports the organisation to manage risks, ensure compliance with ethical standards, provide support to their research and evaluation active staff, and uphold their institutional values and strategic goals. This presentation will offer practical guidance and lessons learned for others considering similar initiatives.

P147

A Comparative Review of National Dementia Laws and Their Implications

Ms Pei-Hsuan Lee, Ms Ya-Chun Liao, **Ms Yun-Ching Chen**

TADA, Chinese Taipei

Topic

Dementia as a public health priority: Ethics, finances and laws of dementia

Abstract

With an aging population, dementia has become a critical concern for global public health and long-term care, while the protection of the rights of people living with dementia has drawn growing attention. In response to these challenges, several countries have gone beyond developing national dementia strategies and have enacted dedicated legislation to ensure policy stability and systemic implementation. Notably, the United States enacted the National Alzheimer's Project Act (2011), the Alzheimer's Accountability Act (2014), and the Building Our Largest Dementia Infrastructure for Alzheimer's Act (2018). South Korea passed the Dementia Management Act in 2011, Canada passed the National Strategy for Alzheimer's Disease and Other Dementias Act in 2017, and Japan enacted the Basic Act on Dementia to Promote an Inclusive Society in 2023. Through a comprehensive review and analysis of these legislative frameworks, this article identifies several common areas of concern across different institutional designs. At the same time, it highlights how each country has developed distinct policy models and underlying values shaped by its specific social and cultural contexts. This comparative perspective not only deepens our understanding of how different countries address dementia but also provides valuable insights for advancing discussions on dementia-specific legislation in Taiwan, particularly in developing an integrated framework that simultaneously safeguards the rights of people living with dementia and promotes dementia prevention and care.

P148**Understanding the barriers and facilitators to implementing mental capacity legislation in care homes for older adults in the United Kingdom**

Dr Louis Stokes¹, Dr Michelle Maden², Prof Nefyn Williams³, Dr Nina Jacob⁴, Dr Sion Scott⁵, Dr Victoria Shepherd⁴, Dr Cara Gates¹, Dr Liz Jones¹, Ms Sandra Barker¹, Dr Ffion Curtis³, Dr Ruairaidh Hill³, Dr Alys Wyn Griffiths¹

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Topic

Dementia as a public health priority: Ethics, finances and laws of dementia

Abstract

Background and aims: People living with dementia may experience increasing difficulties making decisions as their condition progresses. Mental capacity legislation across the United Kingdom defines when a person is unable to make a decision and provides guidance for supported decision-making. This systematic review aimed to identify barriers to and facilitators of implementing mental capacity legislation in care homes for older adults in the UK.

Methods: A systematic review was conducted following PRISMA guidance. Data were extracted and synthesised using thematic synthesis and mapped to the Capability–Opportunity–Motivation model of behaviour (COM-B) and the Theoretical Domains Framework. The PROGRESS-Plus framework was applied to assess equity characteristics, and assessments of equality and quality were undertaken. Findings were validated through sense-checking workshops with care home staff (n=18) to interpret results within current practice.

Results: From 3,041 identified studies, 13 met the inclusion criteria (11 focused on the Mental Capacity Act 2005; two on the Adults with Incapacity (Scotland) Act 2000). Key barriers included limited access to training, low staff confidence, and a lack of understanding of applying legislation in daily care. Facilitators included in-person, scenario-based training; supportive organisational policies; and embedding person-centred care approaches. Workshop participants highlighted ongoing challenges, including time constraints, limited resources, and a lack of systems to monitor staff training. Reporting of equity characteristics (e.g., sex, ethnicity) was limited across studies.

Conclusions: While care home staff recognise the importance of capacity legislation, inadequate training, time pressures, and organisational barriers hinder implementation. Addressing these issues through accessible, context-specific training and stronger organisational support can enhance the application of mental capacity legislation and promote more person-centred care. Future research should explore effective training delivery and develop best practice guidance for the social care workforce.

P149

Utilising mixed-methods case studies to understand how the Mental Capacity Act is understood, utilised and implemented in care homes for older adults in England and Wales

Dr Louis Stokes¹, Dr Alys Wyn Griffiths¹, Prof Nefyn Williams², Dr Kim Smallman³, Dr Nina Jacob³, Dr Sion Scott⁴, Dr Cara Gates¹, Dr Liz Jones¹, Dr Victoria Shepherd³

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Topic

Dementia as a public health priority: Ethics, finances and laws of dementia

Abstract

Background and aims: The Mental Capacity Act (MCA; 2005) outlines how capacity is assessed and decisions are then made for those lacking capacity in England and Wales. People with dementia, especially in care homes, often rely on its protections. Yet, care staff frequently feel underprepared, reporting limited training and uncertainty in applying the MCA.

To explore how the MCA is implemented in social care organisations, using in-depth mixed-methods case studies including ethnographic observations, interviews, and informal conversations with residents, families and staff.

Methods: Eight social care organisations were identified from a national survey and invited to be case study sites. Sites were selected to reflect good practice, gaps in training, or clear implementation challenges and enablers, alongside geographical and socioeconomic diversity. Within our focused-ethnographic case studies, we are exploring how staff use training to improve the care they deliver. We are observing training being delivered, observing care practices over several days and asking staff, residents, and relatives about their experiences.

We are utilising ethnographically-informed thematic analysis, with iterative interpretation grounded in our theoretical approach. Transcripts and field notes are double-coded and aligned with an evolving framework. Themes will be compared across settings to build contextualised understanding. Verbal and non-verbal interactions will be analysed alongside data collection, enabling real-time refinement. Demographics (e.g., tenure, age, gender) will help identify how individual factors shape perceptions. Site-specific narratives will be created by triangulating all data sources. A convergence matrix will support cross-site analysis, mapping agreement, partial agreement, and dissonance.

Results: We will present preliminary study findings, offering in-depth insight into how the MCA is experienced in care homes, from the perspective of residents, staff, and family members.

Study results will be used in co-production workshops to inform practical guidance around improving MCA training for staff working with older adults in dementia care.

P150**Elderly care in Africa and prioritisation of neurodegenerative diseases: are African health systems ready to tackle the burden of dementia? Insights from British Nigerian health professionals and Implications for the implementation of the WHO action plan on public health responses to dementia in Sub-Saharan Africa**

Dr Emmanuel S Nwofe, Dr Amirah Akhtar, Dr Sahdia Parveen

University of Bradford, Bradford, United Kingdom

Topic

Dementia as a public health priority: Healthcare system readiness

Abstract

Background: The WHO Global Action Plan (2017–2025) on dementia outlines seven action areas, including Action Area 1, which aims for at least 75% of countries to develop or implement national dementia plans (NDPs) by 2025. According to the latest ADI report, no African WHO member states, including Nigeria, have NDPs. Having an NDP strengthens healthcare systems to address awareness, risk reduction, and person-centred care. Understanding the perspectives of British Nigerian clinicians on systemic and cultural barriers can inform strategies for integrating dementia care across Africa.

Methods: We conducted semi-structured interviews with 15 British Nigerian clinicians (GPs, psychiatrists, nurses, surgeons) who previously practised in Nigeria as doctors and nurses. Data were analysed using thematic analysis.

Results: Clinicians described dementia as “textbook knowledge,” rarely encountered in practice. Five themes emerged: Training gaps (Minimal exposure to gerontology and cognitive health in Nigerian medical education, with limited knowledge of dementia management). Health system pressures (Focus on tropical diseases sidelines dementia diagnosis). Cultural framing (Cognitive symptoms are often interpreted as “spiritual attack,” “mental health” issues, or “normal ageing,” reducing biomedical recognition). Data deficiency (Lack of routine dementia surveillance underestimates local burden). Policy inertia (Absence of government funding, awareness campaigns, or national strategies). Clinicians noted that perceiving dementia as rare or “foreign” impedes diagnosis and advocacy.

Conclusions: These insights explain why the WHO’s dementia action framework is largely unimplemented in SSA. Reframing dementia as a culturally relevant public health issue requires enhanced clinician training, community engagement, surveillance systems, and politically supported NDPs. Engaging diaspora clinicians could facilitate knowledge transfer and contextual adaptation of global strategies. Elevating dementia from “textbook” knowledge to actionable policy and practice is critical for equitable dementia care across Africa.

P151

Medication Management among Community-dwelling People with Dementia: A Systematic Review of Intervention Studies

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Topic

Dementia as a public health priority: Healthcare system readiness

Abstract

Background: Medication management is vital for people with dementia, who often have comorbidities. Despite the importance, interventions in this area vary widely and may lack effectiveness and generalizability.

Objective: The aim was to assess the evidence on the effectiveness of medication management interventions for people with dementia living in the community.

Methods: A systematic literature search was conducted from February 2024 to August 2024 across six electronic databases and three trial registries. Studies included interventions of medication management, with a primary focus on adherence, compliance or persistence outcomes, for people with dementia living in their own homes. A quality assessment was performed for all studies using the Cochrane tool to assess the risk of bias.

Results: Out of 13,469 articles, six studies were eligible, conducted across the USA, Canada, Turkey, Brazil, and Taiwan. The studies were heterogeneous in design, intervention, setting, and outcomes. Aspects of medication management targeted medication adherence, compliance, and persistence. Various tools were identified to measure these aspects. Studies identified that pharmacist-led educational interventions and digital health tools, such as electronic pillboxes, have the potential to improve medication adherence and compliance among caregivers of people with dementia, with a lack of attention on the outcomes of persistence.

Conclusion: This review highlights the limited research on medication management interventions for people with dementia, focusing primarily on medication adherence. The findings are mainly from high-income and low- and middle-income countries. Future studies should explore diverse settings to expand the existing literature on this topic.

P152**Evaluation of the Perception of Alzheimer's Disease Among Hospital Staff in Douala, Cameroon**

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Topic

Dementia as a public health priority: Healthcare system readiness

Abstract

Objective: No study has yet assessed knowledge, attitudes, and practices related to Alzheimer's disease in hospital settings in Cameroon. This study aimed to evaluate general healthcare professionals' knowledge and the challenges they encounter in managing Alzheimer's disease.

Methods: A descriptive cross-sectional study was conducted from June to July 2025 among 69 general practitioners across all health districts. The goal was to carry out a pilot assessment that could be replicated in other major cities. Data were collected through an investigator-administered questionnaire.

Results: The sample included 54 women and 15 men, comprising 12% general physicians, 54% nurses, and 34% nursing assistants. Participants reported varied exposure to neurocognitive disorders, but nearly half (48%) stated they could identify at least three common signs. Key challenges identified were lack of public awareness (50%), insufficient training (42%), limited availability of adapted care structures (38%), and high cost of care (33%). Participants expressed clear need to improve management, including training on dementia (44%), increased community awareness (38%), access to simple screening tools (30%), and better networking with specialists.

Conclusion: The findings highlight an urgent need for targeted actions to strengthen the competencies of healthcare workers and establish a professional network dedicated to neurocognitive disorders. Priorities include training, awareness initiatives, and improved access to practical screening tools. These results provide a solid foundation for collaboration with health authorities and for strengthening community-based interventions over the next three years with support from partners.

P153**Establishment Of A Working Group On Successful Ageing In Mauritius - Workshop On Dementia Supervised By Experts Of The Commonwealth Association For Ageing And Representatives Of Association Alzheimer Mauritius During The First International Forum Of International Federation Of Associations For Elderly People And The Commonage In Mauritius 3 October 2022**

Dr Pascale Marie Dinan¹, Dr Hélène Petit²

¹Life Bon Pasteur, rose-hill, Mauritius. ²clinique c care darne, floreal, Mauritius

Topic

Dementia as a public health priority: Healthcare system readiness

Abstract

We present the main points arising from a workshop between mauritian and Commonage experts during the first international forum on successful ageing in Mauritius.

Dementia care competency program trainings are needed for different types of elderly care professionals. The aim is to involve more young people in the transmission of knowledge. Different types of dementia exist with varied management of neuropsychological disorders. An accurate diagnosis must be made by specialists (geriatrician, neurologist, psychiatrist). In the republic of Mauritius, the training of carers and professionals was already included in the 2014 FIAPA (international federation of associations for the elderly) charters on the rights and well being of the elderly. Its implementation must continue with an evaluation of the professional practices. A national dementia plan is imperative, as it exists in so many countries that are part of Alzheimer Disease International organization, of which Republic of Mauritius is also a member. Disability law should include dementia, a disease with high priority socio-economic impact and healthcare cost. Families must be informed of the different stages of legal protection such as guardianship, and the interaction between the legal sector and the attending physician must be known for implementation. The knowledge of the general public on the forms of advanced directives having legal recognition must be deepened for correct application in the end stage diseases. Different types of geriatric establishments are necessary in connection with the post diagnostic management of dementia : day care centers, rehabilitation services, long term care facilities, palliative care services.

P154**Impact of Training Modalities on Participation Trends in Japan's Nationwide Dementia Training Framework: Insights from Two National Programmes – for Dementia Support Doctors (DSD) and Initial-Phase Intensive Support Teams (IPIST)**

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Topic

Dementia as a public health priority: Healthcare system readiness

Abstract

Background: Japan's Ministry of Health, Labour and Welfare (MHLW) has developed a nationwide framework to strengthen the dementia care workforce through structured training initiatives. Two centrally implemented programmes – for Dementia Support Doctors (DSD, launched in 2005) and Initial-Phase Intensive Support Teams (IPIST, launched in 2015) – have played a pivotal role in linking medical, long-term care and municipal sectors. Both programmes have experienced significant shifts in training modalities during and after the COVID-19 pandemic, alternating between on-site, fully online and hybrid formats. Balancing accessibility and interprofessional interaction has become a universal challenge for large-scale professional training, and Japan's experience offers insights for countries developing similar systems.

Objectives: To examine how changes in training modalities have influenced participation patterns and accessibility in the two national programmes, considering participants' professional and institutional backgrounds.

Approach: Administrative data from training records up to FY2024 (with additional data from FY2025 under review) were compared across modalities. Together, the two programmes have trained over 30,000 participants nationwide. Variables include profession, affiliation, regional distribution and age group. Descriptive analysis identified how the choice of training format – on-site, online or hybrid – affected participation rates and participant characteristics.

Results / Outcomes: Preliminary observations suggest that online and hybrid formats enhanced accessibility for rural and diverse participants, while on-site formats promoted deeper interaction and networking. The DSD programme has largely returned to in-person delivery, whereas the IPIST programme continues both formats, reflecting adaptation to participant needs and regional capacity.

Conclusions / Recommendations: Training modalities have distinct implications for engagement and inclusiveness. Japan's experience shows that flexible learning options within a nationally coordinated framework can enhance healthcare system readiness for dementia. These findings highlight shared challenges and offer practical lessons for other countries designing nationwide dementia training systems.

P155

Bridging Sectors for Impact: Advancing Dementia Care Through Intersectoral Collaboration

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Topic

Dementia as a public health priority: Healthcare system readiness

Abstract

Dementia presents a growing global challenge that demands coordinated, inclusive, and innovative responses. Traditional siloed approaches are insufficient to address the complex realities faced by individuals with neurocognitive disorders and care partners. Inspired by Quebec's Alzheimer's policy and plans, a collaborative initiative led by the Alzheimer Society of Montreal brings together stakeholders from policy, research, clinical practice, and community sectors to co-create responsive care pathways and build a cohesive, adapted, integrated, and person-centered care system. .

This model of intersectoral collaboration fosters alignment between national strategies and grassroots realities, emphasizing the transformative power of partnerships. It draws strength from the convergence of essential spheres: public policy, scientific research, and community engagement. Together, they shape a dynamic ecosystem where evidence, lived experience, and strategic direction inform one another to drive meaningful change.

Community health organizations play a pivotal role in bridging gaps by offering culturally sensitive, person-centered services, promoting early detection, and ensuring timely access to care. Their close connection to individuals and families allows them to respond to local needs and contribute to the development and adaptation of policies and strategic plans. By translating lived experiences into actionable insights, they enrich research and service design, ensuring interventions are grounded in reality and aligned with evolving public health priorities.

The initiative promotes multidisciplinary collaboration and evidence-informed decision-making. It supports the co-development of programs tailored to diverse populations and fosters inclusive governance. By integrating insights from research, policy, and community engagement, it ensures interventions are contextually relevant and aligned with principles of active, healthy aging.

This model demonstrates how intersectoral collaboration can enhance quality of life, reduce fragmentation in care, and build sustainable, scalable care systems. It underscores dementia as a public health priority, a major economic burden and a global challenge that must be addressed at every level to generate lasting impact.

P156**Sociodemographic and employment characteristics of participants in the Diploma in Primary Care for Older Adults with Dementia in Mexico.**

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Topic

Dementia as a public health priority: Healthcare system readiness

Abstract

Objective. To determine the sociodemographic and employment characteristics of participants in the Diploma in Primary Care for Older Adults with Dementia in Mexico.

Methodology: Data analysis of the participant registry for the Diploma in Primary Care for Older Adults with Dementia, part of the academic offerings of the National Institute of Geriatrics. The Diploma is aimed at general practitioners and family physicians and is delivered online using Moodle, based on self-paced, case-based learning with case evaluation. Available 24/7, the Diploma is structured into three modules: 1) Introduction to dementia; 2) Assessment of individuals with cognitive impairment and dementia; 3) Treatment and follow-up of individuals with dementia.

Results: A total of 110 participants enrolled in the Diploma; 61% were women, with an average age of 36, and participants ranging in age from 63 to 21. Furthermore, they had a bachelor's degree (37%) and a specialty (37%). The states where the participants worked were Mexico City (22.2%), the State of Mexico (11.1%), and Jalisco (8.6%). 75% of them cared for older adults as part of their work. 29% enrolled to provide better care.

Conclusions: We concluded that the characteristics of the participants respond to the urgent need for training medical professionals in primary care to address the needs expressed in Strategy 1 on the dementia care trajectory of Mexico's National Dementia Plan, an action of the National Institute of Geriatrics as the leader of the national strategy.

P157**IMPACT Salud: Assessing health system readiness for people with dementia and multimorbidity and their caregivers – The Brazilian study protocol**

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Topic

Dementia as a public health priority: Healthcare system readiness

Abstract

Background: Health systems often lack the structural and operational capacity to deliver integrated, person-centred dementia care. Assessing system readiness is essential to inform equitable, sustainable, and technology-enabled interventions that address the growing needs of aging populations.

Aims: This study aims to evaluate the readiness of the Brazilian health system to care for people living with dementia and their caregivers. It also seeks to explore their experiences with diagnosis and treatment, and to assess the willingness of key stakeholders to adopt digital health (mHealth) tools to enhance dementia care.

Methods: This mixed-methods study is part of the multinational IMPACT Salud Consortium, involving Brazil, Peru, Colombia, Argentina, and the United Kingdom. The Brazilian component will be conducted in two cities: Goiânia and Brasília. The study comprises two sub-studies:

- Sub-study 1 applies the Organizational Readiness for Change framework and rapid health system assessment protocols. It includes semi-structured interviews with key informants across macro (policy), meso (management), and micro (service delivery) levels, alongside secondary data analysis across 11 domains of system readiness.
- Sub-study 2 involves in-depth interviews with people living with dementia, their caregivers, and primary care professionals. It aims to map the “patient journey” from symptom onset to diagnosis and treatment, identifying barriers, facilitators, and opportunities for improvement.

Results: Data collection and analysis are currently underway. Preliminary findings will highlight systemic gaps and strengths across different levels of care, as well as the lived experiences of individuals with dementia and their caregivers within the primary health care context.

Conclusions: The study will generate evidence to inform the development of context-sensitive, technology-supported interventions for dementia diagnosis and management in Brazil and other LMICs. These insights may contribute to strengthening person-centred care and enhancing health system preparedness for complex chronic conditions.

P158**A seat at the table: developing a stakeholder identification framework for Alzheimer's disease-modifying therapies - an Irish case study**

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Topic

Dementia as a public health priority: Healthcare system readiness

Abstract

Background: Stakeholder mapping is recognised as essential for healthcare innovation, yet there is limited methodological guidance on how to conduct it systematically and transparently. Existing approaches often fail to identify marginalised or under-represented groups, risking inequitable implementation of novel treatments. With disease-modifying therapies (DMTs) for Alzheimer's disease emerging, we sought to address this gap by developing a practical stakeholder identification framework and testing it through an Irish case study.

Objectives: This study had two aims: (1) to develop a systematic, equity-focused framework for stakeholder identification in healthcare innovation; and (2) to apply and test this framework in the context of preparing for Alzheimer's DMT implementation in Ireland.

Methods: We began with consultations involving people living with dementia, care partners, and healthcare professionals to identify initial stakeholders. This was followed by systematic searches of academic and grey literature. Stakeholders were categorised by sector and level (local, national, international), with particular attention to identifying under-represented groups using PROGRESS-Plus equity criteria. We analysed stakeholders according to their power, interest, and influence, and validated our findings through expert consultation. The process was designed to be transparent and replicable.

Results: We present two outputs: first, a practical framework including search protocols and decision criteria that can be used by other researchers and policymakers; second, a comprehensive map of Irish stakeholders relevant to DMT implementation, spanning clinical services, patient advocacy, health technology assessment bodies, regulators, social care providers, and community organisations. The mapping process identified several groups at risk of exclusion from implementation planning.

Implications: This case study provides a tested, transferable method for systematic stakeholder identification in dementia innovation. The framework addresses a methodological gap in implementation science and offers practical guidance for developing inclusive engagement strategies for Alzheimer's DMTs and other healthcare innovations.

P159**Assessing the value of dementia nurse specialists in the UK: a pilot project**

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Topic

Dementia as a public health priority: Economics and value of dementia

Abstract

Aims: This pilot project seeks to assess the value of Admiral Nurses, specialist dementia nurses supported by Dementia UK, with a focus on community-based services. While Admiral Nurses are recognised for delivering expert, holistic care to families affected by dementia, evidence on their cost-effectiveness and impact across health and care systems remains limited. The study aims to identify areas where Admiral Nurses may contribute to cost savings, provide a basis for economic modelling, and develop practical approaches for demonstrating their overall value.

Methods: We worked in partnership with health economists and Admiral Nurses, alongside a project steering group. The study design combined qualitative engagement with nurses to identify examples of cost-saving activities, alongside the development of tools to capture relevant data. Preliminary data collection focused on describing nurse activity, including prevention of emergency admissions, reduction of primary care appointments, and ongoing family support that may reduce reliance on wider healthcare services. Input from the health economist informed the framework for calculating costs and savings, and guidance was provided on methods of recording data for future modelling work.

Results: Initial findings demonstrate the feasibility of embedding cost-focused data collection into everyday nursing practice. Nurses contributed practical insights into how their work supports individuals with dementia, family carers and the wider system, and reported a willingness to adapt their recording methods to capture outcomes relevant to economic evaluation. Early modelling has identified potential areas of system-level savings, though longitudinal data collection will be required before definitive conclusions can be drawn.

Conclusion: This pilot provides a foundation for building a stronger evidence base around the value of Admiral Nurses. The insights gained will help shape more robust economic evaluations, strengthen conversations with commissioners, and support the ongoing development and sustainability of Admiral Nurse services in community settings.

P166

Brain health lifestyle redesign program

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Topic

Dementia risk reduction: Brain health for life

Abstract

Background: The Brain Health Lifestyle Redesign Program is a 12-week intervention (2 hours per week) designed to promote dementia prevention among older adults. Each session includes 50% lifestyle modification activities, 25% physical exercise, and 25% cognitive training. Homework assignments are provided to reinforce practice at home.

Methods: In 2023, the program was implemented at 12 elder centers in Yilan County, Taiwan. A total of 138 older adults completed the full 12-week program. A control group of 55 older adults from 4 additional elder centers was used for comparison. Pre- and post-intervention assessments were conducted, and quantitative data were analyzed statistically. In addition, qualitative interviews were conducted with all program participants.

Results: Statistically significant improvements were observed among participants in cognitive function, muscle strength, daily living abilities, oral and nutritional health, overall health status, and sense of well-being. Qualitative findings further revealed perceived benefits in six areas: cognitive function, development of healthy habits, physical well-being, emotional state, interpersonal relationships, and sleep quality.

Conclusion: The findings suggest that the Brain Health Lifestyle Redesign Program is an effective, multi-component intervention that can help prevent or delay cognitive and functional decline among older adults. The integration of physical, cognitive, and behavioral strategies shows promise for community-based dementia prevention in Chinese-speaking populations.

P167**Brain Health for Life. Title: LEGO for Golden Years© as a Cognitive and Social Engagement Tool for Seniors with Dementia: A Creative Intervention for Enhancing Well-being and Quality of Life**

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Topic

Dementia risk reduction: Brain health for life

Abstract

As the global population ages, innovative, accessible, and person-centered approaches are increasingly essential in dementia care. This project explores the use of LEGO® bricks as a therapeutic and recreational tool for seniors living with Alzheimer's disease and other forms of dementia.

LEGO for Golden Years© structured yet flexible format engages multiple cognitive domains—visual-spatial reasoning, sequencing, memory recall, and executive function—while promoting social interaction and reducing isolation. For individuals in the early to moderate stages of dementia, the activity offers opportunities for reminiscence, storytelling, and teamwork. For those in more advanced stages, the tactile and visual appeal of the bricks can provide sensory comfort and foster moments of joy and connection.

A diverse group of participants, including those from varied cultural and cognitive backgrounds, demonstrated positive responses, with anecdotal evidence of increased alertness, and improved mood during and after sessions. **4get-me-not' Role**

Complementing the aims of LEGO for Golden Years© as outlined in this study, **4get-me-not** has played a pivotal role in translating theory into meaningful community practice. By integrating LEGO®-based activities into dementia-friendly programs, the social enterprise has advanced a creative, person-centered model of engagement that supports both cognitive and emotional well-being.

During **World Alzheimer's Month**, 4get-me-not organized a series of LEGO for Golden Years© workshops at the **Senior Happiness Center in Al Mamzar, Dubai**, where senior Emiratis and corporate volunteers collaborated in a joyful, inclusive environment. The sessions demonstrated how structured play can bridge generational, cultural, and linguistic divides—transforming LEGO® into a medium for connection and empathy.

Drawing from these successes, 4get-me-not expanded the program to initiatives such as **Ajman Happy Summer**, promoting intergenerational bonding between seniors and children. This initiative exemplifies 4get-me-not's continuing commitment to evidence-based, compassionate ageing practices that enhance social participation, dignity, and quality of life for people living with dementia.

P168

“Exerkines”, motion, and mental might: a review of how exercise powers the brain.

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Topic

Dementia risk reduction: Brain health for life

Abstract

Aims: “Exerkines” are a broad class of molecules released into circulation in response to exercise and include myokines, metabolites, peptides, and microRNAs¹. This review summarizes the impact of exercise and exercise-induced exerkines on cognition, brain health, and the reduction of dementia risk.

Method: A PubMed literature search was conducted in early 2025 using relevant keywords including: exercise, myokines, cognition, Alzheimer’s disease, dementia prevention, BDNF, and neurogenesis. Inclusion criteria were peer-reviewed articles published from 2009–2025, emphasizing systematic reviews, meta-analyses, and recent randomized controlled trials.

Results: Exercise, including aerobic and resistance training, was generally found to be dose-dependently associated with positive structural brain changes (e.g. increased hippocampal volume), improved cognitive functioning, and reduced dementia risk^{2,3,4}. Myokines such as irisin, cathepsin B, and clusterin, and the metabolite lactate, are all released by skeletal muscle in response to exercise, and can cross the blood-brain barrier to modulate neurotrophic signaling, notably upregulating brain-derived neurotrophic factor (BDNF) and promoting hippocampal neurogenesis^{5,6,7,10}. Exercise also influences epigenetic regulation via microRNAs and reduces neuroinflammation⁸. Several studies have found a lower risk of Alzheimer’s Disease with exercise, with one meta-analysis including over 160,00 participants finding that regular exercisers had a 45% lower risk of developing dementia^{9,10}. The prospective EXERT trial showed that moderate-intensity aerobic exercise stabilized cognition over 12 months in individuals with mild cognitive impairment. Comparative analysis confirmed protection from cognitive decline compared to matched Alzheimer’s Disease Neuroimaging Initiative 1 (ADNI-1) controls^{11,12}.

Conclusion: Exercise dose-dependently drives the release of exerkines and can enhance brain health, preserve cognitive function, and reduce risk of dementia. Exercise is a potent, accessible intervention for brain health.

P169

Wake-up call for Dementia prevention: Modifying sleep as a risk factor in young adults

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Topic

Dementia risk reduction: Brain health for life

Abstract

Aims: Dementia prevention strategies have concentrated on midlife and older adults. However, increasing evidence suggests that sleep in young adulthood (18–35 years) is a critical period for shaping brain health throughout life. This review synthesises mechanistic, longitudinal, and public health evidence to explore sleep as a potential early-life prevention target.

Methods: Experimental, cohort, and neuroimaging studies exploring links between sleep and cognitive or biological outcomes in young adults were reviewed, alongside longitudinal work following sleep into midlife cognition and Dementia risk. In addition, this narrative review scoped public health campaigns, digital sleep interventions, and student-focused programmes to assess relevance to dementia prevention.

Results: Emerging mechanistic and imaging studies suggest that sleep disturbances in young adults affect pathways directly implicated in Alzheimer's, including amyloid- β regulation, neurovascular function, and structural brain integrity. Poor or fragmented sleep has been linked with elevated amyloid- β , impaired clearance, disrupted neurovascular coupling, reduced white matter integrity, and accelerated brain-age signatures—all processes associated with dementia pathophysiology. Longitudinal studies show that insufficient sleep in early adulthood is associated with poorer cognitive performance in midlife, a period when Alzheimer's pathology often begins to develop. Public health initiatives, such as NHS Every Mind Matters, World Sleep Day, and NICE-endorsed digital CBT-I (Sleepio), demonstrate that sleep can be improved at scale. Targeted initiatives in universities and workplaces have shown to improve sleep quality, highlighting practical entry points for dementia-prevention messaging. However, none explicitly positions sleep in young adulthood as part of a dementia-prevention strategy.

Conclusions: Sleep in young adulthood remains a neglected but modifiable risk factor for Dementia. Priorities include strengthening longitudinal studies. Leveraging existing digital therapeutics and national campaigns and embedding dementia-prevention messaging into universities, workplaces, and digital platforms should be considered. Taken together, this represents an emerging opportunity to promote Brain Health for Life earlier in the lifespan.

P170

Inflammation and Multimorbidity Combinations as Predictors of Early Dementia and Brain Health Decline—state of the art literature review.

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Topic

Dementia risk reduction: Brain health for life

Abstract

Aim: To understand the current state of research evidence on inflammation and multimorbidity combinations that predict early dementia and decline in brain health.

Method: Inflammation and multimorbidity (the presence of multiple chronic conditions) are both associated with an increased risk of dementia, with some evidence suggesting they interact to further elevate this risk (Grande 2021).

Systematic review: Databases (PubMed, Scopus, Web of Science, Embase)

Search terms: inflammation,” “cytokines,” “immune markers,” “dementia,” “Alzheimer’s disease,” “mild cognitive impairment” “brain health,” “predictors,” “biomarkers,” “combinations,” “patterns,” “inequality”

Inclusion/exclusion criteria: Human studies, longitudinal cohorts, clinical and population-based studies, studies with inflammatory biomarker data, English language.

Data extraction: Inflammatory markers measured, combinations/patterns identified, timing of measurements relative to diagnosis, study populations, and outcomes related to dementia or brain health.

Results: Specific disease clusters, notably those combining cardiometabolic and neuropsychiatric conditions, exhibit the highest risk for early cognitive decline and subsequent dementia. Inflammatory biomarkers like C-reactive protein (CRP), interleukin-6 (IL-6), and neurofilament light chain (NfL) add predictive power. Elevated levels of these markers are frequently observed in individuals with multimorbidity, especially those carrying a genetic susceptibility e.g. APOE ε4 allele. Earlier onset of multimorbidity, particularly age<65, is strongly associated with more rapid brain health decline later in life.

Anti-inflammatory interventions—including diet and targeted therapies—as promising strategies to reduce dementia risk among multimorbid individuals. Models factoring in multimorbidity composition, inflammatory status, and genetic risk can identify high-risk populations for prevention and early intervention

Conclusion: This review supports an integrative risk framework, emphasizing not only the presence of multiple chronic diseases but their specific clustering and associated inflammatory profiles as critical predictors of dementia and cognitive decline. This evolving understanding is essential for guiding personalized risk assessment, screening, and prevention strategies in clinical and public health settings

which NIHR INFLAim (<https://www.inflaim.com/news/>) is developing.



P171**Social Network and its associated factors among older adults living with hypertension in Dhulikhel municipality, Nepal**

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Topic

Dementia risk reduction: Brain health for life

Abstract

Background: Social networks are increasingly recognized as protective factors against cognitive decline and dementia, while hypertension is a well-established modifiable risk factor. However, evidence from low- and middle-income countries (LMICs) exploring the intersection of chronic disease, social connectedness, and brain health remains scarce. This study assessed the social network status and associated factors among older adults living with hypertension in Nepal, providing insights relevant to dementia prevention and healthy ageing.

Methods: A community-based cross-sectional study was conducted among 186 randomly selected hypertensive adults aged ≥ 60 years in Dhulikhel municipality, Nepal, between February and April 2025. Data were collected through face-to-face interviews using the Lubben Social Network Scale-Revised (LSNS-R) to measure social networks and the Mini Nutritional Assessment (MNA) for nutritional status. Multivariable linear regression was used to identify factors associated with social network scores.

Results: The mean LSNS-R score was 36.4 (SD 7.8), indicating moderate levels of social connectedness. After adjusting for potential confounders, social network scores were 4.3 units lower among literate individuals compared to those who could not read or write ($p=0.003$, 95% CI -7.1, -1.4) and 2.8 units lower among those living alone compared to those living with family ($p=0.03$, 95% CI -5.4, -0.2). No significant associations were observed with age, sex, marital status, religion, or nutritional status.

Conclusions: Older adults with hypertension in Nepal exhibit relatively good social networks; however, those who live alone or are literate are more vulnerable to weaker networks. These findings highlight the need for context-specific interventions that enhance social engagement and community participation among older adults with chronic conditions. Strengthening social connectedness in such populations may serve as an important pathway for promoting brain health and reducing dementia risk in LMIC settings.

P172**Evaluation of a co-designed digital brain health game with the public: a mixed methods study in Northern Ireland.**

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Topic

Dementia risk reduction: Brain health for life

Abstract

Aim: Dementia risk reduction through public awareness of brain health is a necessary strategy to address the rising prevalence of dementia. Public awareness of brain health is limited, but the use of serious games has been found to raise awareness and improve attitudes towards dementia. Therefore, this study aimed to evaluate a co-designed a digital serious game on brain health.

Methods: A mixed-methods approach was used to evaluate the impact of a serious game on brain health awareness in the public in Northern Ireland. Participants' knowledge, attitudes, and self-efficacy were assessed using questionnaires completed before and after playing the game. Data were analysed using paired t-tests. Focus groups were conducted after gameplay and analysed using thematic analysis.

Results: Statistically significant improvements were found across all measured domains. Participants' attitudes towards brain health improved ($M_{pre} = 70.95$, $SD = 8.81$; $M_{post} = 77.46$, $SD = 8.99$; $t(110) = 9.19$, $p < .001$, $d = 0.87$), as did self-efficacy ($M_{pre} = 14.92$, $SD = 3.83$; $M_{post} = 16.37$, $SD = 4.17$; $t(110) = 4.44$, $p < .001$, $d = 0.42$), and reported brain health behaviours ($M_{pre} = 23.31$, $SD = 4.24$; $M_{post} = 24.79$, $SD = 5.75$; $t(110) = 2.59$, $p = 0.005$, $d = 0.25$). Participants rated the game as user-friendly and engaging. Thematic analysis of focus groups provided further explanation of these findings with three interconnected themes: (Re)-discovering Brain Health; making Brain Health accessible and moving from knowledge to action. Overall, participants reported greater confidence and agency in supporting their own and others' brain health after playing the brain health game.

Conclusion: A brief public health intervention using a serious game can increase awareness and understanding of brain health encouraging participants to make lifestyle changes contributing towards dementia risk reduction.

P173**Brain Health, Loneliness, and the Built Environment: Key modifiable risks factors and the role of urban design****Mr Thomas Grey**¹, Dr Eoin J. Cotter², Prof Brian Lawlor²¹TrinityHaus Research Centre, Trinity College Dublin, Dublin, Ireland. ²Global Brain Health Institute, Trinity College Dublin, Dublin, Ireland**Topic**

Dementia risk reduction: Brain health for life

Abstract

Introduction: Brain health is affected by the social and physical environment (exposome), resulting in multiple and profound impacts across the life-course. The urban built environment exacerbates these exposures, a situation that is further compounded by increasing urbanisation. The 14 modifiable risk factors for dementia include many built environment related issues - from air pollution and noise to a lack of community interaction. These modifiable factors include cognitive, physical, and social activities, which greatly overlap with the design and management of the urban built environment. Places that do not support these activities often result in social isolation and loneliness, which are now major public health concerns, and a 'wicked' urban design challenge.

Aim: This paper situates social isolation and loneliness within a brain health-urban built environment discussion, and selects some of the most relevant risk factors including cognitive activity (part of 'Less education'), Physical inactivity, and Social isolation. Based on these, we investigate key urban built environment dimensions that contribute to social isolation and loneliness.

Methods: This research involves a mixed-method approach including literature reviews and stakeholder engagement.

Results: A range of key urban dimensions are identified consisting of urban form; movement and mobility; access to open space and nature; safety, security and neighbourhood disorder; functions and facilities; and character/sense of place. We illustrate how each of these influences cognitive, physical, and social activity, and in turn, social isolation and loneliness, and then identify a set of practical and implementable recommendations for brain health supportive urban design.

Conclusions: This paper highlights the role of the built environment, and how urban design can promote cognitive, physical, and social activity to help achieve better brain health. It also highlights how climate change can exacerbate these challenges, but indicates the potential synergies between climate change mitigation, adaptation and resilience, and brain health supportive design.

P174

Beyond the Migrant Advantage: Selection, Exposure, and the Cognitive Aging of Migrants in China

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Topic

Dementia risk reduction: Brain health for life

Abstract

Research consistently finds that migrants tend to exhibit better cognitive health in later life compared to nonmigrants who remained in their place of origins. However, it is uncertain whether these advantages reflect migration selectivity—that is, healthier individuals being more likely to migrate and less healthy individuals being more likely to return—or environmental exposure, whereby destination contexts provide more cognitively stimulating and resource-rich environments. In this study, we examine the selectivity and exposure theses in rural-urban migration and cognitive health in China, using the 2014 life-history and 2011-2020 data from the China Health and Retirement Longitudinal Study. We analyzed 18,754 adults aged 45 and older with rural origins and used the Mini-Mental State Examination to measure cognitive health. Multilevel growth-curve models with inverse probability weighting assessed cognitive differences at age 60 and age-related changes. All migrant groups, including current migrants urban hukou ($b = 1.76, p < 0.001$), with rural hukou ($b = .52, p < 0.001$), and return migrants ($b = 0.35, p < 0.001$) scored higher at age 60 than nonmigrants and showed more favorable cognitive trajectories except for current migrants with rural hukou, who exhibited trajectories parallel to rural nonmigrants, suggesting the detriments introduced by exclusionary urban social policies. Relative to current rural migrants, return migrants, particularly those who returned after midlife, had lower cognitive scores at age 60 ($b = -0.45, p < 0.5$) but experienced slower subsequent decline ($b = .04, p < 0.5$). These results suggest that return migrants were negatively selected on cognitive health, but exposure to the local social networks in rural areas benefits their cognitive health after their return. We are among the earliest to suggest a coexistence of selection and exposure mechanisms in cognitive aging, challenging the notion that urban settings are inherently more beneficial for cognitive functioning.

P175**Addressing emotional trauma and mental health as protective factors for brain health: Developing an integrative neuropsychological program in Costa Rica for people living with mild cognitive impairment or dementia and their care partners****Mrs Mariella Alpizar**

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Topic

Dementia risk reduction: Brain health for life

Abstract

Emotional trauma and chronic stress can disrupt neural integration, emotional regulation, and brain energy metabolism, contributing to cognitive vulnerability and increased risk of dementia (Kim et al., 2023). Research on trauma and the brain highlights that adverse emotional experiences are embodied and can alter neural connectivity and stress responses, emphasizing the need for integrative, mind-body approaches to restore safety, connection, and neuroplasticity.

This project presents the conceptual development of an integrative neuropsychological program designed to address emotional trauma and promote mental health as protective factors for brain health in people living with mild cognitive impairment or dementia and their care partners. Grounded in trauma-informed principles, the model integrates cognitive rehabilitation, mindfulness, psychoeducation on lifestyle factors and self-care, and strategies for emotional regulation, functional adaptation, and sustained independence.

The program is being piloted in Costa Rica following a SMART-goal framework to assess feasibility, acceptability, and perceived benefits. Participants report strong engagement, a deeper understanding of the relationship between emotional and cognitive wellbeing, and renewed motivation to remain active and independent in daily life.

This initiative integrates emotional healing, mental wellbeing, and cognitive rehabilitation to create a culturally adaptable framework that supports resilience, independence, and quality of life for people living with dementia and their care partners. It represents an innovative, person-centred contribution to dementia prevention and rehabilitation.

P176**GetBrainHealthy.org: Development and evaluation of an evidence-based open access platform for brain health promotion**

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Topic

Dementia risk reduction: Campaigns shaping the future of dementia prevention

Abstract

Introduction: Research suggests that over 40% of dementia cases are linked to modifiable lifestyle risk factors, yet existing resources often focus on broad awareness or programmes aimed at older adults (65+) already at risk of dementia. This leaves a gap in supporting younger populations to adopt lifestyle changes earlier. Empowering individuals with knowledge and practical actions can promote healthier choices and potentially decrease the incidence of dementia in the long run. GetBrainHealthy.org was developed to address this gap by providing accessible actions for promoting brain health in everyday life and work.

Methods: Evidence from 200+ studies on cognition, dementia risk, and behaviour change was synthesised into seven brain health dimensions covering Memory, Skills, Emotional Wellbeing, Body, Social, Work Environment, and Focus. Each dimension was linked to categories of behaviour which resulted in a collection of 175+ evidence-informed actions. The platform was designed to target both employees in the workplace and students entering the workforce. The tool was evaluated through an online survey (n=144) exploring both motivations and barriers to adopting brain-healthy behaviours and user experience (UX) of the site.

Results: Survey findings showed strong motivations for change when noticing memory problems (64.5%) or when receiving personalised advice (46.5%). Barriers include a lack of information (47.9%), time (40.3%) and motivation (38.2%) which highlights the importance of providing actionable steps and increasing motivation through quiz functionalities. Preliminary UX feedback indicates participants perceived the website as interesting, engaging, and easy to understand. Users also expressed intentions to revisit or recommend the tool to friends or colleagues.

Conclusion: Early evaluation demonstrates acceptance and potential for GetBrainHealthy to be adapted across both daily living and workplace settings. A hybrid engagement approach that combines online and offline outreach is essential to ensure accessibility and guide individuals toward brain-healthy lifestyles.

P177

'Infographing' Dementia Prevention: A Co-design Approach

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Topic

Dementia risk reduction: Campaigns shaping the future of dementia prevention

Abstract

Background: Designing effective public health messages is challenging, particularly when communicating complex and relatively new health messages such as dementia risk prevention in large scale educational interventions. The communication of evidence-based information might be improved by the use of engaging and appealing visual tools, such as informational graphics (infographics). This research investigated how to enhance the accessibility of these messages, especially for individuals who speak English as an additional language.

Methods: Participants were recruited from the May 2022 iteration of the Preventing Dementia Massive Open Online Course (PDMOOC). Those who resided in Australia, spoke English as an additional language, and were over 18 years old were invited to participate in two co-design sessions to improve initial prototypes of visual dementia prevention messages. Four sessions were conducted in 2022. A further 22 participants were surveyed to evaluate the broader resonance of the infographics.

Results: Three infographics were created during the co-design process. Qualitative data from the co-design sessions were coded using reflexive thematic analysis. Three themes were generated from active engagement with the data: the process - engaging in co-design to inform the creation of tailored health messages, the product - what is said and how it is said, and the purpose - visuals that engage users with the intended messages. Additionally, important design elements reflecting the visual design preferences of participants were identified: co-designed, connection to self, clear, correct, complete, catchy, and easily communicated. Survey results indicated that the resulting infographics resonated with the majority of respondents.

Conclusion: This work supports the value of engaging the target audience via co-design when creating visual messages as meaningful and accessible health educational tools that will resonate with the intended audience. The design elements identified in this research may be applied by researchers to navigate the creation of visual messages across diverse health domains and populations.

P178

Epigenetic Age Feedback as a Catalyst for Sustained Lifestyle Change: One-Year Results from the EU iHelp Study

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Topic

Dementia risk reduction: Campaigns shaping the future of dementia prevention

Abstract

Background: Sustained lifestyle change remains a key challenge in preventive health and longevity research. Unlike fixed chronological age, biological age, measured using DNA methylation-based clocks, offers a modifiable marker of physiological ageing. Second- and third-generation clocks (e.g., PhenoAge, DunedinPoAm) are sensitive indicators of healthspan and mortality risk, linking behaviours to biological ageing.

Objective: The EU-funded iHelp project evaluated whether personalised feedback including epigenetic age, polygenic cancer risk scores, and wearable data could promote behavioural change, health engagement, and knowledge over one year.

Methods: Participants were recruited via the Graham Fulford Charitable Trust (GFCT), which engages individuals in prostate cancer screening and health awareness. Each received personalised reports detailing biological age, genetic risk, and lifestyle scores. Analyses focused on 178 British adults (predominantly men, aged 40–79) who completed baseline and follow-up. A one-year online survey (n = 91) assessed behaviour change, well-being, and perceived impact.

Results: After one year, 72.5% reported feeling healthier. Physical activity increased in 60.4% and diet improved in 47.3%. Fewer changes were observed for smoking (3.3%) and alcohol use (26.4%), reflecting the difficulty of altering entrenched behaviours. Participants identified the combined biomarker and lifestyle feedback as motivating. Knowledge gains were reported by 63.7%, and 31.9% noted greater happiness, highlighting educational and psychological benefits. Framing results around biomarkers made complex science accessible and personally relevant.

Conclusion: Personalised biomarker feedback, integrated with wearable data, is a promising strategy to motivate healthy ageing. Education was key to sustaining engagement, while GFCT recruitment proved effective. These findings informed the EU/UKRI-funded UniMan COMFORTage trial, which expands biomarker assessment, incorporates cognitive and functional outcomes, and tests scalable, AI-supported interventions. As accelerated epigenetic ageing is also linked to cognitive decline and Alzheimer's disease, this approach shows potential not only for cancer and general health prevention but also for dementia risk reduction.

P179

ALZEVIT: Digital home-based APOE genotyping to identify $\epsilon 4/\epsilon 4$ carriers for preventive Alzheimer's therapies

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Topic

Dementia risk reduction: Campaigns shaping the future of dementia prevention

Abstract

Aims: Alzheimer's disease (AD) is the leading cause of dementia. The APOE $\epsilon 4$ allele is the strongest common genetic risk factor, with $\epsilon 4/\epsilon 4$ homozygotes at highest lifetime risk. Population-level APOE screening and registries of $\epsilon 4$ carriers are needed to evaluate disease-modifying therapies (DMTs) before clinical or biological signs of AD appear. ALZEVIT will establish a nationwide, digital-first, home-based APOE registry in France, focusing on $\epsilon 4/\epsilon 4$ carriers for prevention and trial readiness.

Methods: ALZEVIT is a non-interventional, cross-sectional study conducted online. Approximately 50,000 adults aged ≥ 40 years will complete remote consent, receive home saliva kits for DNA collection, and undergo APOE genotyping with the CE-IVDR and FDA-cleared APO-Easy® Genotyping kit. The study will define genotype distributions and build a longitudinal registry of $\epsilon 4$ carriers to support research on age-specific penetrance (40–90+), clinical-trial recruitment, and medico-economic analyses.

Results: The $\epsilon 4/\epsilon 4$ homozygotes represent a distinct, high-risk subgroup with nearly 100% lifetime penetrance and earlier onset (Forte et al., Nat Med, 2024). ALZEVIT will identify ≥ 100 $\epsilon 4/\epsilon 4$ individuals per decade, from ages 40 to 90+ for in-depth phenotyping at memory centres, including proportions of biomarker-positive ("biological AD") with or without cognitive disorders. Feasibility is supported by ApoDiag (NCT06287438) and ADDIA (NCT04031440), which confirmed expected genotype distributions and informed sample size of ALZEVIT registry.

Conclusions: Phase A will build the $\epsilon 4/\epsilon 4$ registry via online recruitment and centralised genotyping. Phase B will deliver precise diagnosis for the 600 $\epsilon 4/\epsilon 4$ individuals as preclinical AD, MCI-AD, and mild AD at memory centres across France; Phase C will follow participants for 36 months using an adaptive design protocol allowing to test preventive approaches, including approved DMTs. The results will be submitted to the regulatory agencies to obtain recommendations on establishing a population screening policy starting from age 40.

P180**From Australia to Philippines: Seniors' Walk "Healthy brain, healthy life!" Campaign****Ms Norminda Forteza**¹, Ms Precy Cruz², Dr Marian Lynn De Laza³¹Australian-Filipino Community Services, Australia. ²Alzheimer's Disease Association of the Philippines, Philippines. ³Senior Adults Ministry, Luzon Convention Southern Baptist Churches Philippines, Philippines**Topic**

Dementia risk reduction: Campaigns shaping the future of dementia prevention

Abstract

Dementia prevalence in the Philippines is increasing. Around 1 million Filipinos are living with dementia. The baseline study in 2011 found a dementia prevalence of 10.6% (Marikina Ageing Study, 2011) which highlights the increasing burden of dementia in the Philippines. One key challenge faced by service agencies and advocates is low public awareness and lack of accessible community resources. Dementia illiteracy in the Philippines is exacerbated by poverty, climate change and natural disasters such as typhoon, earthquakes and the continuing impacts of Covid-19. Australian-Filipino Community Services is a Melbourne-based community service agency that started an outreach work in the Philippines to facilitate knowledge transfer supported by Dementia Australia, the Commission on Filipinos Overseas and Alzheimer's Disease Association of the Philippines.

Filipinos respond well with positive and proactive messages, hence the campaign is called "Seniors walk: Healthy brain, healthy life!" It aims to provide information and raise awareness to reduce the risk of dementia. Two key community resources were introduced and disseminated: "Healthy brain, healthy life", an information booklet written in plain English developed by Dementia Australia and "14 Paraan Paano Maiwasan ang Dementia?" an information card written in Tagalog by Alzheimers' Disease Association of the Philippines (ADAP) based on the 2024 Lancet Commission on Dementia that highlights 14 modifiable risk factors. Since 2017, over 5000 seniors and community members have participated in community information sessions, Annual Seniors Walk (2023-25) and have received free printed information booklets and cards.

The presentation focuses on our story of building strategic partnerships as well as trusting and continuing relationship with key Philippine Government agencies, faith-based groups, and ADAP to impact dementia planning from the grassroots level through community consultations. We will share key learnings and recommendations moving forward from awareness to action bringing together key stakeholders to co-design a sustainable National Dementia Action Plan.

P182

Barriers and Enablers of Hypertension Control in Nepalese Older Adults: Implications for Dementia Prevention

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Topic

Dementia risk reduction: Risk factors

Abstract

Hypertension poses a major public health challenge in Nepal among the aging population, with nearly half of older adults affected and many unaware of their condition. This study explores challenges of hypertension management among hypertensive older adults in Nepal.

Method: We conducted a parallel mixed-method study. We assessed blood pressure control status among 197 hypertensive older adults. We measured BMI, and assessed medication adherence using the Hill-Bone Medication Adherence Scale. We explored challenges of hypertension management using the Capability, Opportunity and Motivation (COM-B) model. We conducted seven In-Depth Interviews and 2 Focus Group Discussion among older patients and caretakers, respectively. We used semi-structured guidelines in Nepali language. We audio-recorded all sessions, transcribed into verbatim, and applied both inductive and deductive coding. We then analyzed the data using a framework approach with Taguette software.

Result: Over half of participants (59.3%) had uncontrolled blood pressure. No associations were found between hypertension control status and the studied variables. When explored through the lens of the COM-B model, a range of behavioral determinants emerged as critical to understanding hypertension management. These include limited physical and cognitive capability, lack of opportunity and reduced motivation. On the other hand, several facilitators played a positive role in promoting blood pressure control such as improved capability through awareness, use of pill boxes, and regular BP monitoring nearby health facilities, community programs, including few other existing services. The fear of complications, perceived benefits, and the desire to stay healthy for family were also identified as facilitators.

Conclusion: The findings highlight the need for a holistic, behavior-centered approach to hypertension management in older adults, integrating both pharmacological and non-pharmacological strategies. Incorporating behavioral frameworks support the development of patient-centered interventions that are sustainable and contextually relevant in low-resource settings like Nepal to minimize the risk of dementia in this population.

P183

Modifiable dementia risk factors by country of birth among South Asian migrants aged 50 or older in Tasmania, Australia

Dr Mohammad Shoaib Hamrah, Prof Jane Alty, Prof Lynette Goldberg, Dr Kathleen Doherty, Mr Alex Kitsos, Mr Aidan Bindoff, Dr Eddy Roccati, Ms Yashi Koirala, Dr Claire Eccleston, Prof James Clement Vickers

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Topic

Dementia risk reduction: Risk factors

Abstract

Aims: South Asian migrants in Australia are a diverse group, with significant differences in history, culture, language, income, education, and other sociodemographic factors. However, these migrants are often studied as one group in health research. The aim of this study was to describe modifiable dementia risk factors in South Asian migrants, ≥ 50 years, from Bhutan, Nepal, Afghanistan, and India.

Methods: A cross-sectional study was conducted with South Asian migrants from four countries, now residing in Tasmania. Data were collected through survey interviews from October 2023 to August 2024. Differences in modifiable dementia risk factors between groups, based on country of birth, were estimated.

Results: 146 South Asian participants completed the survey (mean age 60.7 (SD=10.1); 57.5% female); 54 were from Bhutan, 52 from Nepal, 22 from Afghanistan, and 18 from India. Afghan respondents had higher risks than Indian and Nepali respondents for hypertension (73.5% vs. 2.5%, 1.1%), hypercholesterolemia (74.5% vs. 14.2%, 5.4%), and diabetes (71.3% vs. 14.7%, 6.7%). Bhutanese respondents had higher risks than Indian and Nepali respondents for hypertension (34.1% vs. 2.5%, 1.1%), hypercholesterolemia (61.0% vs. 14.2%, 5.4%), and diabetes (63.6% vs. 14.7%, 6.7%).

Conclusions: A greater proportion of respondents from Afghanistan and Bhutan reported a higher risk of hypertension, hypercholesterolemia, and diabetes than those from India and Nepal. These findings highlight the importance of data stratification within these migrant groups to ensure more precise risk assessment and targeted interventions. For future studies, a co-design approach should be conducted to develop interventions for South Asian migrants.

P184

Dementia mortality in the context of diabetes: age- and sex-specific trends across seven jurisdictions

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Topic

Dementia risk reduction: Risk factors

Abstract

Background: People with diabetes are at increased risk of dementia, yet large-scale data on age- and sex-specific dementia mortality trends in this group remain limited.

Objective: To estimate age- and sex-specific time trends in dementia mortality among individuals with and without diabetes from high-income jurisdictions.

Design: We analysed aggregated mortality and demographic data using registries and administrative sources in Australia, Canada (Alberta and Ontario), France, Denmark, Finland and Scotland from 2000 to 2023. Poisson regression was used to estimate mortality rates for dementia as the underlying cause of death in people with and without diabetes at 60, 70, 80 and 90 years of age.

Results: A total of 114,559 and 589,706 dementia deaths were identified in over 42 and 244 million person-years of follow-up for individuals with and without diagnosed diabetes, respectively. Dementia mortality trends varied by age and jurisdiction but were generally consistent for both sexes. At younger ages (e.g., 60 and 70 years), the dementia mortality trends did not suggest any meaningful increases or decreases except for Scotland, which reported increasing dementia mortality over time only for those with diabetes. At older ages (e.g., 80 and 90 years), however, increases in dementia mortality were observed in most jurisdictions, ranging from 7.6% to 42.4% per five years. The magnitude of the increases was generally greater for those with diabetes. Mortality from dementia subtypes (e.g., Alzheimer's disease and vascular dementia) also increased over time in individuals aged 40 to 89 years, with greater increases in mortality rates for individuals with diabetes, specifically in Australia and Scotland.

Conclusions: Increases in dementia mortality were observed for those aged 80 and above and were most marked for people with diabetes. These findings highlight the growing burden of dementia for health systems.

P185

Screening for potential associations of 16 antibodies to infectious pathogens with incident Alzheimer's disease in a German cohort study

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Topic

Dementia risk reduction: Risk factors

Abstract

Abstract: Background: The infection theory of Alzheimer's disease (AD) development gained more traction in recent years. While the literature remains somewhat mixed, several studies have shown a statistically significant relationship between infectious diseases and AD. However, these conclusions have been reached through cross-sectional designs and rarely from prospective cohort studies.

Methods: Multivariate Cox regression models were used to assess potential associations of 16 antibodies to infectious pathogens levels with AD incidence in a German population-based study aged 50-74 years. In a nested case-control design, antibodies were measured at baseline for 142 study participants who developed AD cases over 17 years of follow-up and 449 randomly chosen controls.

Results: Subjects with titers in the middle or top tertile of the pp150 antibody against human herpes virus 5 (HHV-5) infection had an increased risk for AD (HRs, 95%CI: 1.56 [1.01-2.40] and 1.65 (1.05-2.61), respectively). However, likewise associations of the other 15 antigens, these association did not persist after correction for multiple testing using the false discovery rate (FDR) ($P=0.077$ and $P=0.063$ for the middle and top pp150 tertile, respectively).

Conclusions: Titers of antibodies to infections pathogens were not associated with AD incidence in this population-based cohort study after correction for multiple testing. Interesting findings for HHV-5 might have been obtained by chance because no other associations with herpes viruses were detected (e.g. HHV-6). Findings from previous cross-sectional case control studies may have obtained different results because of reverse causality.

P186**Mayhem, Mellitus, and the Mind: Exploring the Impact of Midlife Stressors on Diabetes and Dementia**

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Topic

Dementia risk reduction: Risk factors

Abstract

Aims: Dementia, diabetes, and stress are highly prevalent conditions with an estimated 771, 939 Canadians living with dementia, and an estimated 5 million living with diabetes. Many of these individuals experience unique health stressors; however, stress is universal and varies in intensity and impact. Though research has examined stress, diabetes, and dementia respectively, they all remain prevalent conditions in Canada and require further research on their interplay.

Method: This study will use data from the Canadian Community Health Survey (CCHS) Cycle 2.1 (2003), as well as information from the 2013 Canadian Institutes of Health Information (CIHI) Discharge Abstract Database (DAD). Participants will be respondents of the CCHS Cycle 2.1 (2003) aged 50 to 65, and their self-reported demographics and stressors will be linked to the CIHI-DAD (2013) via unique identification number to ascertain the outcome variable of diagnosis (neither diabetes or dementia, diabetes only, dementia only, a comorbid diagnosis of diabetes and dementia).

Analyses: A missing data analysis will be conducted prior to further statistical analyses. Exclusion beyond age of participants will be done on a case-by-case basis after examining the pattern and amount of missing data. A series of binary logistic regressions will be conducted to examine if participants who experienced a greater number of midlife stressors will have an increased likelihood of experiencing diabetes or receiving a dementia diagnoses, respectively. A multinomial logistic regression will be conducted to examine whether participants with a comorbid diabetes and dementia diagnosis had experienced a greater number of midlife stressors than those without either diagnosis, or with a single diagnosis.

Implications: Education on stress management, diabetes, and dementia is important for early detection, condition management, and boosting health overall. By investigating the relationship between these conditions, this project will highlight overlapping risk factors and potential preventative measures that address all three conditions.

P187**Cardiovascular health and life expectancy with and without dementia**

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Topic

Dementia risk reduction: Risk factors

Abstract

Aims: While life expectancy has increased in the past few decades, not all of the additional years are spent in optimal cognitive health, particularly among individuals with low socioeconomic status (SES). Identifying modifiable factors, such as cardiovascular health (CVH) that may promote healthy aging and lower dementia risk is critical to extending the cognitive health span. This study therefore aimed to evaluate the association between CVH and life expectancy with and without dementia.

Method: This study included adults aged 65 years and older from the population-based Three City French cohort, initially free of dementia. CVH was assessed using the Life's Essential 8 score, which integrates eight components (diet, physical activity, tobacco/nicotine exposure, body mass index, non-high-density lipoprotein cholesterol, blood glucose, blood pressure, and sleep), combined into a composite score (range 0-100) and categorized into low (<50), moderate (50-80), and high (>80) CVH levels. Life expectancies were estimated using an illness-death model adjusted for sex. Effect modification by SES (education level and neighborhood deprivation) on the association between CVH and life expectancies was also explored.

Results: This analysis included 6,445 participants (mean age, 73.9(5.3) years). Both moderate and high CVH levels were significantly associated with longer dementia-free life expectancy compared to low CVH in men (at age 70, CVHlow: 13.9y (13.3;14.5) ; CVHmoderate: 16.4y (16.0;16.8) ; and CVHhigh:17.8y (16.9;18.5)) and women (at age 70, CVHlow: 16.2y (15.6;16.9) ; CVHmoderate: 18.8y (18.4;19.5) ; and CVHhigh:19.5y (18.4;20.3)). No significant association was observed between CVH and life expectancy with dementia. Additionally, there was no evidence of an SES interaction in the association between CVH and dementia-free life expectancy.

Conclusion(s): Higher levels of CVH were associated with longer total and dementia-free life expectancy, suggesting a relative compression of morbidity. These results were independent of socioeconomic status. Optimal CVH may thus support longer cognitive health span.

P188

Anxiety as a Modifier of Amyloid-Related Cognitive Decline in Preclinical Alzheimer's Disease: Longitudinal Evidence from the ADNI Cohort

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Topic

Dementia risk reduction: Risk factors

Abstract

Introduction: Alzheimer's disease (AD), the most common age-related neurological disorder, affects over 50 million people globally. AD is characterised by a long pre-clinical phase in which amyloid and tau accumulate decades prior to clinical symptoms. Although these pathologies drive cognitive decline, the influence of modifiable factors, such as mental health, are still unclear. Considering the rising prevalence of anxiety, clarifying its role in pre-clinical disease development is crucial for risk modification.

Objectives: This study examines the role of anxiety, APOE genotype, and CSF AB42 on longitudinal cognitive decline. We also assessed interactions between anxiety, CSF AB42, and APOE genotype on cognition.

Method: The sample consisted of N=1332 participants (HC, n=510; SMC, n=73; MCI, n=749) at baseline from the ADNI cohort (mean age 72.25 ± 7.06 ; 48.24% female). Anxiety and cognition were measured over 4 years using the NPI-Q and ADAS-Cog13 scales. Time varying cognition was the primary outcome measure and effect levels, as well as interactions, were assessed using linear mixed effects models.

Results: Across the cohort, higher anxiety levels predicted worse cognition after adjusting for covariates ($\beta = .2192$, $SE = .0587$, $p > 0.001$). Additionally, there was a significant interaction between anxiety and CSF AB42 on cognitive decline ($\beta = -.2854$, $SE = .1127$, $p = 0.011$); post-hoc analyses revealed a significantly stronger effects of higher compared to lower anxiety on amyloid-related cognitive change ($\beta = 0.26$, $SE = 0.12$, $p = .026$). No interaction was established between anxiety and APOE.

Conclusion: Results indicate that anxiety serves as a strong risk factor for both AD-related cognitive decline and healthy aging. We also show that anxiety mediates early amyloid-related cognitive changes with stronger effects at higher anxiety, which suggests anxiety may serve as a potential target for intervention and risk modification.

P189

The characteristics of intracranial atherosclerotic disease and early cognitive impairment: Implications for dementia risk reduction

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Topic

Dementia risk reduction: Risk factors

Abstract

Background: Intracranial atherosclerotic disease (ICAD) is a major yet under-recognized contributor to vascular cognitive impairment. To clarify modifiable targets for dementia risk reduction, we characterized patients with and without dementia within an ICAD cohort and evaluated the short-term effectiveness of a multidisciplinary integrative program.

Methods: Each participant presented with neurological symptoms underwent individualized risk appraisal and multidisciplinary evaluation during a structured five-day hospitalization. Dementia status was ascertained using an electronic health record text-to-SQL workflow that queried ICD-10-coded diagnoses and clinician notes; patients with documented dementia were compared with those without across demographics, index diagnoses, vascular risk factors, and response to the intervention. The care team comprised specialists in neurology, internal medicine, traditional Chinese medicine, pharmacy, nutrition, nursing, and pharmacists. Interventions prioritized early detection and management of cerebrovascular pathology together with patient education and behavior-change counseling. Primary outcomes were within-admission changes in the National Institutes of Health Stroke Scale (NIHSS) and the Barthel Index (BI). Between-group comparisons used χ^2 or Fisher's exact tests for categorical variables and two-sample t-tests for continuous variables (two-sided $\alpha=0.05$).

Results: Sixteen of 120 participants (13.3%) had dementia. The dementia group was older (73.25 ± 6.88 vs 69.35 ± 10.09 years; $p<0.001$) and showed a higher prevalence of dyslipidemia (56.3% vs 29.8%; $p=0.0367$); sex, hypertension, diabetes, arrhythmia, smoking, and alcohol did not differ significantly. NIHSS at admission and NIHSS/BI changes showed no between-group differences. The most frequent index diagnoses were right vertebral artery stenosis (21.7%), transient ischemic attack (20.4%), left vertebral artery stenosis (10.9%), and basilar artery stenosis (6.3%).

Conclusion: In this ICAD cohort, dementia status clustered with advanced age and dyslipidemia but not with baseline stroke severity or functional trajectory over the short admission. These findings support early lipid management and age-attuned surveillance as pragmatic levers for dementia risk reduction within ICAD pathways.

P190**Cognitive performance in elderly patients with late-onset epilepsy – influence of sleep apnea syndrome**

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Topic

Dementia risk reduction: Risk factors

Abstract

Context: Sleep apnea syndrome (SAS) is common and underdiagnosed in older adults and is associated with an increased risk of cognitive decline. However, its specific impact on cognition in elderly patients with epilepsy remains poorly documented. This study aimed to assess the effect of SAS and epilepsy type on cognitive performance in this population.

Methods: A prospective study was conducted in elderly patients with late-onset epilepsy. Cognitive function was assessed using the MoCA score, and SAS was confirmed by polysomnography according to standardized criteria. The influence of SAS and epilepsy type on cognition was analyzed.

Results: The prevalence of SAS was high ($\approx 85\%$). Neither SAS, epilepsy type, nor their interaction showed a statistically significant effect on cognitive performance. However, the lowest cognitive scores were observed in patients with definite epilepsy (mean MoCA 22.7/30 for the SAS +/Epi + group and 23.4/30 for the SAS -/Epi + group). Interpretation remains cautious due to the small sample size and variability between groups.

Conclusion: SAS did not show a significant effect on cognition, whereas definite epilepsy may represent a factor of cognitive vulnerability. Nevertheless, the high prevalence of SAS justifies systematic screening in older adults, whether or not they have epilepsy. Larger prospective studies with comprehensive neuropsychological assessments are needed to clarify the interactions between SAS and epilepsy and to guide individualized care strategies.

P191

Tailored Exercise Interventions for Dementia prEvention (TEIDe): Bridging Research and Primary Care

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Topic

Dementia risk reduction: Risk factors

Abstract

Dementia is a leading cause of disability in older adults. While the first disease-modifying treatments are now entering the market, their effects are still limited to specific disease stages and patient subgroups, and they do not eliminate the need for effective prevention strategies. Early identification of individuals at risk and effective prevention strategies are essential. The TEIDe Consortium aims to translate robust scientific evidence on the role of physical exercise in cognitive health into personalised, feasible, and scalable interventions within primary healthcare settings.

TEIDe brings together nine partners from eight countries (Europe and North America), spanning academia, primary healthcare, patient associations, and industry. Over three years, the consortium will develop and test an integrated framework that combines predictive, precision, mechanistic, and clinical approaches to dementia prevention.

First, TEIDe will create and validate predictive risk scores for all-cause and cause-specific dementia using large epidemiological datasets (over 3 million individuals), focusing on variables that are easily collected in primary care. Second, it will leverage data from eight randomized controlled trials (≈3,000 participants) to determine optimal exercise types and doses according to individual characteristics such as sex/gender, age, education, cognitive status, and APOE genotype. Third, the project will explore the mechanisms linking exercise and cognition at molecular, brain, and behavioural levels.

Finally, TEIDe will conduct a pilot study in a primary care center to assess the feasibility of screening, tailored exercise prescription, and supervised interventions in real-world clinical practice.

By bridging cutting-edge research and healthcare delivery, TEIDe will generate practical tools—risk scores, algorithms, and manuals—for early dementia prevention. This project lays the groundwork for personalised, exercise-based strategies that can be integrated into primary care to delay or prevent cognitive decline at scale.

P192

Indoor air pollution and neurocognitive disorders in younger and older adults in a marginalized district of Lima, Peru

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Topic

Dementia risk reduction: Risk factors

Abstract

Aims: Air pollution is increasingly recognized as a risk factor for neurocognitive disorders (NCDs). However, indoor air pollution effect on cognition in urban-marginalized areas of Latin America is limited. We sought to assess if there is an association between indoor air pollution and cognitive impairment in adults from the district of Puente Piedra, Lima, Peru, a district with one of the highest poverty indices in Lima.

Methods: NCD was measured using the Addenbrooke's Cognitive Examination in younger adults and the Rowland Dementia Assessment Scale (both Peruvian validated versions) in older adults. Exposure to indoor pollution was defined as the use of any pollutant-emitting cooking fuel and the duration of exposure to these fuels. Sociodemographic characteristics and NCD risk factors were obtained through questionnaires and a physical examination. We conducted Poisson regression to estimate prevalence ratios for crude and adjusted models for relevant covariates.

Results: We enrolled 1,052 residents of Puente Piedra: 736 younger adults (30-59 years) and 316 older adults (≥ 60 years). We found 16% of younger adults and 13.3% of older adults were exposed to indoor pollution, and 21.9% of younger adults and 36.1% of older adults were classified with some degree of NCD. No association was found between indoor pollution and NCD (adults: adjusted prevalence ratio [aPR]=1.08, 95% CI=0.81-1.44; older adults: aPR=0.91, 95% CI=0.62-1.34).

Conclusions: We did not find an association between indoor pollution and NCD. However, these findings should be corroborated with objective measures of indoor pollution exposures in future studies.

P193**Co-designing a healthy brain ageing resource to reduce dementia risk: Insights from lived experience and healthcare interest-holders**

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Topic

Dementia risk reduction: Risk factors

Abstract

Aims: Up to 45% of dementia risk is modifiable through lifestyle changes, yet to our knowledge, no risk reduction resource has been co-designed with diverse interest-holders to address this gap. This study aimed to co-design a healthy brain ageing resource, targeting the Australian population, to increase awareness and knowledge regarding modifiable dementia risk factors to support behaviour change.

Method: Participants were recruited through StepUp for Dementia Research, Consumer Engagement Groups, and social media. Six focus groups and two interviews explored: (1) dementia risk factors, target audiences, resource format and design; (2) comparable health promotion and supportive resources (e.g., for depression) and practical aspects of a resource; and (3) perspectives on dementia risk modelling and data use. Data were analysed using reflective thematic analysis.

Results: Twenty-seven participants were recruited (81% women; mean age 65±8.6 years; 76% from metropolitan Perth, Western Australia), identifying with multiple roles: people living with dementia (15%), chronic conditions (37%), care partners (41%), family members of people living with dementia (59%), healthcare professionals (30%), and policy/industry partners (19%). Thematic analysis identified five themes: (i) reducing stigma regarding dementia and ageing; (ii) positive, non-judgmental messaging focusing on “brain health” rather than “dementia prevention”; (iii) accessible, multi-modal formats (i.e., print and electronic) with visual presentation and plain language; (iv) personalised risk assessment with healthcare professional guidance and traffic-light indicators; and (v) incremental, realistic behaviour change approaches individually tailored to life-stage and cultural contexts.

Conclusions: This study engaged diverse interest-holders to inform healthy brain ageing resource development for Western Australia with potential broader application. Key priorities include addressing awareness gaps about modifiable risk factors, using empowering messaging, and integrating resources into primary healthcare. Implementation of these co-designed principles may enhance public engagement with dementia risk reduction and support a holistic approach to healthy brain ageing at the population level.

P194**Assessing the potential for dementia risk reduction across European countries – the Survey of Health, Ageing and Retirement in Europe (SHARE)**

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Alzheimer Europe, Senningerberg, Luxembourg

Topic

Dementia risk reduction: Risk factors

Abstract

Background: A substantial proportion of dementia cases may be preventable by addressing modifiable risk factors. However, more detailed knowledge about the distribution of these factors is needed to effectively inform national and European-level risk reduction strategies. This study aimed to estimate the prevalence of modifiable dementia risk factors across 28 countries: Austria, Germany, Sweden, The Netherlands, Spain, Italy, France, Denmark, Greece, Switzerland, Belgium, Israel, The Czech Republic, Poland, Luxembourg, Hungary, Portugal, Slovenia, Estonia, Croatia, Lithuania, Bulgaria, Cyprus, Finland, Latvia, Malta, Romania and Slovakia.

Methods: We analysed data from 69,447 participants of the Survey of Health, Ageing and Retirement in Europe (SHARE) to assess country-specific prevalence of the following risk factors: low education, hypertension, hypercholesterolemia, diabetes, physical inactivity, obesity, smoking, depression and loneliness. Population attributable fractions (PAFs) were calculated per country to estimate the proportion of dementia cases linked to these risk factors, accounting for their overlap.

Results: Participants had a mean age of 69.4 years (SD= 9.9 years), and 57.4% were female. Across the total sample, prevalence ranged from 13.3% for diabetes to 42.1% for hypertension. Prevalence of individual risk factors varied significantly between countries and based on age and gender. Total country-specific PAFs ranged from 29.6% in the Netherlands to 64.3% in Malta. Physical inactivity, diabetes and hypercholesterolemia accounted for a large proportion of dementia cases across countries.

Conclusions: Our findings indicate a substantial potential for dementia risk reduction across Europe. The variations in modifiable risk factor prevalence and PAFs highlight the importance of tailored, country-specific approaches to risk reduction, involving both individual- and population-level interventions. Our results will be complemented by results of an analysis of national strategies with a focus on risk reduction.

P195

IDENTIFYING EARLY SIGNS OF DEMENTIA AMONG ELDERLY POPULATION OF NALGONDA DISTRICT, TELANGANA, INDIA.

Ms Nethrasri Kodati

NA, India

Topic

Dementia risk reduction: Risk factors

Abstract

Background: Dementia poses a growing public health challenge worldwide, particularly among aging populations. In India, rapid demographic aging has intensified the dementia burden, especially in rural areas where awareness and healthcare access remain limited. This study assessed early dementia indicators and associated risk factors among elderly individuals in the Nalgonda district of Telangana.

Methods: A cross-sectional study was conducted from March to April 2025 among 139 elderly participants aged 60–75 years from 14 villages across seven mandals in Nalgonda. The Early Dementia Questionnaire (EDQ) screened for early cognitive decline, and the Center for Epidemiologic Studies Depression Scale (CES-D) assessed depressive symptoms. Information on dementia-related risk factors, including hypertension, diabetes, sensory impairments, physical inactivity, social isolation, smoking, alcohol use, and education level, was collected. Data were analyzed using descriptive statistics and chi-square tests to explore associations between risk factors and early dementia indicators.

Results: One-third (33.6%) of participants showed possible early dementia (EDQ score >8), and nearly half (48.2%) reported mild to severe depressive symptoms. Modifiable risk factors were widespread: hypertension (18.8%), vision impairment (91.4%), and physical inactivity (36.0%). Significant associations ($p < 0.05$) were found between early dementia and diabetes, hearing loss, social isolation, and depression. Low educational attainment (77.0% with no formal schooling) was linked to alcohol consumption and sensory impairments. Gender differences were observed, with males reporting higher hypertension (26.4% vs. 13.3%) and tobacco use.

Conclusion: The study highlights a high prevalence of modifiable dementia risk factors, with strong associations to early cognitive decline and depression among the rural elderly in Nalgonda district. Community-based interventions focusing on chronic disease management, sensory health, mental health, physical activity, and education are essential to mitigate dementia risk and improve the well-being of aging rural populations.

P196**Neurofilament Light Chain (NfL) as a Marker of Neurodegeneration in Depression: Postmortem Hippocampal Evidence from Suicide Cases**

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Topic

Dementia risk reduction: Risk factors

Abstract

Neurodegenerative diseases are a major public health concern, with mood disorders such as major depressive disorder (MDD) and bipolar disorder (BD) increasingly recognized as potential risk factors. Structural brain changes in these conditions, particularly in the hippocampus, overlap with those seen in dementia. Early detection of biomarkers like neurofilament light chain (NfL, a neurodegeneration marker) and p-tau 231 (marker of incipient A β pathology) may detect early neurodegenerative processes in mood disorders. This study investigated NfL levels in the postmortem hippocampus of MDD, BD and healthy controls (HC), while p-tau 231 in the MDD and HC individuals. Postmortem human hippocampus tissue from 19 MDD individuals, 20 BD and 17 HC were retrieved from the Douglas-Bell Canada Brain Bank. All MDD and 15 BD individuals died by suicide. Biomarkers were assessed using SIMOA SR-X system. NfL levels were significantly higher in the hippocampus of MDD individuals, as compared to HC. No significant differences in NfL was found in BD individuals, nor between BD suicide subgroups. P-tau 231 levels did not differ between MDD and HC. Additionally, an inverse correlation between NfL and p-tau 231 was observed in HC and MDD individuals. Our findings support NfL as a potential marker of early neurodegenerative changes in the hippocampus of MDD individuals who died by suicide, with no similar changes observed in BD. The lack of changes in p-tau 231 levels suggests that tau and A β pathology may not be central in MDD, reinforcing the need to explore molecular mechanisms linking mood and neurodegenerative disorders.

P197**The association between adverse experiences throughout the life-course and risk of dementia in the English Longitudinal Study of Ageing**

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Aims: Previous studies investigating the association between adverse experiences across the life-course and dementia consider a narrow range of experiences, used unrepresentative samples and sum scores which assume each experience has the same impact on dementia risk. To develop a greater understanding of the risk mechanisms behind these associations we considered the timing, type and cumulation of adverse experiences.

Methods: The English Longitudinal Study of Ageing measured adverse life experiences in a retrospective life history interview. Cox proportional hazard models were used to investigate associations between dementia and three types of exposure: sum scores, individual experiences, and broad categories adapted from existing frameworks. We used linear hypothesis testing to assess whether the associations between each experience and dementia differed significantly. Effect modification by sex and childhood economic hardship was examined.

Results: A linear relationship between dementia and number of adult adverse experiences (HR:1.09, 95% CI:1.01-1.16), but not total or childhood experiences, was observed. When different types of adverse experience were considered separately, child abuse was associated with a 74% higher hazard of developing dementia (HR:1.74, 95% CI:1.25-2.43) and adult economic hardship was associated with a 32% higher hazard of dementia (HR:1.32, 95% CI:1.06-1.66). Associations between dementia and adverse experiences in childhood were heterogenous ($p=0.01$). There was limited evidence to suggest associations varied by childhood economic hardship and sex.

Conclusions: Adulthood adverse experiences associate with dementia in a cumulative risk manner whereas in childhood, only abuse was associated with dementia. Use of sum scores to operationalise adverse experiences throughout the life-course may oversimplify associations with dementia, as both type and timing of an experience influence the association. Taking a more nuanced approach enables us to better highlight the importance of acting to reduce the number of people experiencing adverse life events. Work to prevent adverse experiences must span the life-course.

P199

GWAS of Ageing-Related Phenotypes and Dementia Outcomes

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Aims: Dementia is one of the defining health challenges of our century, yet it also offers an important opportunity: to understand ageing not simply as decline, but as a set of pathways that can be modified toward healthier futures. Although many observational studies have identified modifiable risk factors, the causal mechanisms remain insufficiently defined. This limits the development of effective prevention and risk reduction strategies that could incorporate risk prediction tools. Different ageing trajectories arise from distinct processes, such as biological age, familiar through measures like Horvath clocks, and metabolic health, which act as major upstream determinants of dementia by influencing multiple biological and clinical pathways. This study therefore focuses on identifying genetic variants associated with ageing- and metabolic health-related phenotypes through genome-wide association studies (GWAS).

Methods: Leveraging one of the world's largest population cohorts with genome-wide data and deep phenotyping, we will investigate the genetic architecture of complementary ageing and metabolic health measures and their proximity to dementia outcomes. These discoveries will provide the foundation for a causal network, expanded with AI and mapped using causal inference and network-based approaches. Central to the overarching project is recognition that risk factors and genetic architectures differ across ethnic groups, and that models developed primarily in White-European cohorts risk perpetuating inequities in diagnosis, prevention, and care. While the methods reflect how the GWAS fits into the wider research landscape, the conference poster or oral presentation will focus on GWAS findings.

Conclusion: Our overall aim is to create a risk prediction model that is not only validated and functioning but also fair. Equally, our work is committed to dialogue and transparency, working with community leaders, engaging those directly affected, and making findings openly available, so that outputs are rigorous in method and responsive in meaning to the populations they intend to serve.

P200**Association of sleep-wake cycle clusters with cognitive ageing in older adults: results from the Whitehall II cohort sub-study****Mr Sam Vidil**, Dr Séverine Sabia

EpiAgeing, CRESS, INSERM, Paris, France

Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Objective: The sleep-wake cycle (SWC) is altered at older ages, more particularly among those with dementia, including in the preclinical phase. We aim to examine the association between SWC clusters of older adults with a) incident dementia and b) 10-year cognitive trajectories in the Whitehall II cohort.

Methods: Accelerometer-derived 36 metrics related to rest-activity rhythm (RAR), daytime physical activity (PA), sleep, and chronotype were introduced in a principal component analysis, and the eight first principal components selected to derive the SWC clusters using k-means clustering algorithm. These clusters were: 1. RAR++/PA++; 2. RAR+/light intensity PA (LIPA+)/Sleep-; 3. RAR+/LIPA+/Sleep+; 4. Moderate to vigorous PA (MVPA)++; 5. RAR-/Late chronotype; 6. RAR-/PA-/Sleep+; 7. RAR-/PA-/Sleep-; 8. RAR-/PA+/Restless sleep; 9. RAR++/SB++. The association of these clusters with dementia was examined using Cox regression models and with cognitive trajectories using joint models. All analyses were adjusted for sociodemographics, behavioural, and health-related factors.

Results: among the 3,959 participants (median follow-up=10.5y), 329 dementia cases were recorded (mean age at dementia=81.3y). Clusters 7 (RAR+/PA-/Sleep-, hazard ratio (HR)=1.93 (95%CI=1.27-2.93)), and 8 (RAR-/PA+/Restless sleep, HR=1.99 (1.25-3.17)) were associated with a higher risk of incident dementia as compared to cluster 3 (RAR+/LIPA+/ Sleep+, used as reference). HR for cluster 9 (RAR--, PA--) was 1.48 (0.95-2.31) but did not reach significance (p-value=0.08). In the trajectories analyses (N=3,862), clusters 7, 8 and 9 were associated with poorer cognitive trajectory.

Conclusion: Clusters of disturbed SWC were associated with important aspects of cognitive ageing, dementia and cognitive trajectories. These findings suggest SWC alterations to be part of the hallmark of dementia preclinical symptoms that could be used as early marker for identification of preclinical cases and intervention to delay onset of dementia.

P201

Association of sleep-wake cycle dimensions with incident dementia in older adults: results from the Whitehall II accelerometer sub-study

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Aim: The sleep-wake cycle (SWC) is altered at older ages, more particularly among those with dementia, including in its preclinical stage. We aim to examine the association between identified SWC dimensions with incident dementia in the Whitehall II cohort.

Methods: Accelerometer-derived 36 metrics related to rest-activity rhythm (RAR), daytime physical activity (PA), sleep, and chronotype were introduced in a principal component analysis, and the eight first principal components selected were kept (eigenvalues > 1). The association between these dimensions and dementia was examined using Cox regression models, modeled as linear terms, using spline functions, and categorized into three groups (< -1SD, -1SD to 1SD (reference), > 1SD). All analyses were adjusted for sociodemographic, behavioural, and health-related factors.

Results: among the 3,959 participants (26% women; age 60 to 83 years at accelerometer measure), 349 dementia cases were recorded over a median follow-up of 10.6y (mean age at dementia=81.4y). The independent dimensions selected (explaining 87% of the total variance) were identified as: 1. RAR/PA-; 2. Sleep-; 3. Early chronotype; 4. Moderate to vigorous PA (MVPA)-; 5. RAR-/Restless sleep+; 6. Short, low-movement, interrupted sleep; 7. Long sleep interruption; 8. Fragmented PA/Long interrupted sleep. Dimensions 1, 2, 3, 5, 6 and 7 were associated with increased dementia risk (hazard ratio (HR) > 1.11) in the linear association. Groups > 1SD for all dimensions, except 4 and 6, were significantly associated with higher risk of dementia, with HRs > 1.30. No difference in dementia risk was observed between the < -1SD and -1SD to 1SD groups.

Conclusion: Several independent SWC dimensions were associated with higher risk of incident dementia. These findings suggest that specific behaviours related to SWC may be part of the hallmark of dementia preclinical symptoms that could be used as early marker for identification of preclinical cases and intervention to delay onset of dementia.

P202**Role of migration in mitigating the gender gap in late-life cognition among rural-born older adults in China****Dr Wei Ye**, Dr Ying Liu

University of Southern California, Los Angeles, USA

Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Aims: In rural China, women experienced higher dementia risk due to their historically lower schooling and labor participation. Meanwhile, migration was the main way for rural-born men and women to broaden limited educational and occupational opportunities. Little is known, however, the role of migration in mitigating the gender gap in dementia risk. We examined how first migration was associated with later-life cognition across gender.

Methods: Data came from 7262 rural-born adults aged 60-80 in the China Health and Retirement Longitudinal Study (2018) linked to life history survey (2014). First move across counties for at least 6 months was grouped by age and reason as: childhood (aged 0-15), opportunity-seeking (aged 16+ for work or education), family-driven (aged 16+ for marriage or reunion), or other. Standardized tests measured cognition. Weighted regressions predicted cognition by migration types interacting with gender, controlling for age at cognitive assessment, marital status, and parental education.

Results: About 30% (2153) migrated, half (51%) being women. Most men (71%) moved for opportunity, whereas 69% women moved for family. Non-migrant women had lower cognition than men (-0.41 SD, $p < 0.001$). This gender gap disappeared among those who moved for opportunity (0.09 SD, $p = 0.306$) or during childhood (-0.14 SD, $p = 0.290$). Women with such migrations had higher cognition than non-migrant women (0.45-0.69 SD, $p < 0.001$), whereas smaller gain for men despite of statistical significance (0.19 SD, $p < 0.05$). Family-driven migration yielded smaller benefits, leaving a significant gender gap (-0.30 SD, $p = 0.003$).

Conclusions: Migration mitigate the gender disparities in late-life cognition. While many women migrate for family, reduction in their dementia risk is limited. In contrast, childhood and opportunity-seeking migrations provide stronger benefit for women, but only a few are able to leverage these opportunities. Expanding rural girls' access to education and enhancing rural women's vocational training may yield long-term cognitive benefits and reduce dementia risk.

P203

Prevalence of sleep disorders in patients with Alzheimer's disease

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Background: Sleep disorders are a common comorbidity in patients with Alzheimer's disease (AD), with a prevalence ranging from 25% to 54%. Currently, there is the hypothesis of a bidirectional relationship between sleep disorders and AD. Specialized scales, questionnaires, sleep diaries and polysomnography (PSG) are used to diagnose sleep disorders. Patients with AD most often experience sleep-disordered breathing (particularly, OSA), chronic insomnia, excessive daytime sleepiness, and etc.

Methods: The study included 2 groups: 25 patients with the amnesic variant of AD (17 females, mean age 71 years) and 22 cognitively intact volunteers (16 females, mean age 60 years). All participants were evaluated by Montreal Cognitive Assessment (MoCA), Addenbrooke's Cognitive Examination III (ACE-III – total score and memory domain score), the Pittsburgh Sleep Quality Index (PSQI), the Epworth Sleepiness Scale (ESS) and all underwent PSG.

Results: Based on clinical and anamnestic data, specialized scales and questionnaires results, PSG findings, the following sleep disorders were identified (Table 1). Patients with AD have a statistically significantly higher incidence of chronic insomnia, obstructive sleep apnea (OSA) and excessive daytime sleepiness compared to controls (Figure 1-3). An analysis of the cognitive status was performed depending on the presence or absence of sleep disorders. In the presence of chronic insomnia and excessive daytime sleepiness, a statistically significant decrease in MoCA score, ACE-III (total score and score of memory domain) was found ($p < 0.05$) (Figure 4-5). In the presence of OSA, a statistically significant decrease in MoCA score and ACE-III total score was found ($p < 0.05$) (Figure 6).

Conclusion: Sleep disorders are more common in patients with AD compared to controls. The revealed findings suggest the presence of a link between poor night sleep and cognitive decline.

P204

Outcome Measures in people living with Dementia or Mild cognitive Impairment (MCI) who have sleep problems; a scoping review

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Background: A high proportion of people living with dementia (PLwD) or mild cognitive impairment (MCI) experience sleep disturbances. The impacts of these sleep difficulties vary significantly. This contributes to a lack of consensus on appropriate outcome measures to use and is holding back meaningful research in the field. In addition, many of the measures and medical technology that are used devices have issues with acceptability and validity and may not capture the range of presentations. This review aims to identify the measures and technologies employed in clinical trials to quantify impacts and assess their acceptability and appropriateness in research with PLwD, individuals with MCI, carers, and care services.

Methods: A review was undertaken across four databases: PubMed, Embase, PsycINFO, and CINAHL. Randomised controlled trials (RCTs) involving dementia, MCI, or sleep problems across last decade were included and examined. Measures were categorised according to stakeholder priorities, including carer burden, functional independence, and clinical applicability.

Results: Of the 306 RCTs initially retrieved, 126 were included in the final analysis. In studies focusing on MCI, cognitive assessments, particularly the Montreal Cognitive Assessment (MoCA), were more commonly utilised. In dementia studies, neuropsychiatric outcome measures, especially the Neuropsychiatric Inventory (NPI), were most frequently employed. For interventions targeting sleep problems, the Pittsburgh Sleep Quality Index (PSQI) was the predominant measure. While PSQI was the most used tool in studies examining sleep issues in dementia or MCI, its use was only marginally greater than that of other outcome measures.

Conclusion: Despite the high prevalence of sleep problems among people with dementia or MCI, there remains limited consensus regarding the most acceptable and appropriate measures for evaluating the effects of interventions in this population. Further research is needed to establish standardised, acceptable, stakeholder-relevant outcome measures in this field so that trials of interventions can better quantify relevant impacts.

P205

Co-exploring opportunities for dementia risk reduction from a planetary health perspective: A photovoice study

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Aims: Dementia risk reduction and climate action share a common imperative: safeguarding health across generations. About 45% of dementia cases could be prevented through modifiable risk factors, with growing evidence for contributions from environmental and social factors. This study explored how midlife adults perceive the intersections between brain health, daily environments, and ecological change, aiming to identify lived experiences and co-beneficial pathways that connect opportunities for dementia risk reduction with climate action.

Methods: The Co-Explorer Photovoice Project engaged 14 adults aged 40-65 in Auckland, Aotearoa New Zealand, through five participatory sessions. Using photography and narrative reflection, participants documented how their everyday surroundings nurture or undermine lifestyle practices related to brain health. Data from 28 photographs were analysed thematically within a planetary health framework using reflexive thematic analysis.

Results: Four interrelated themes emerged: (1) nature as restorative and protective; (2) the mental burden of pollution, sensory overload, and climate-driven landscape change; (3) the protective role of social connection, community care, and daily routines; and (4) co-benefits of education and mindful, eco-friendly behaviours. The project also included two public health exhibitions to engage communities, policymakers, and other stakeholders, fostering dialogue and dissemination of findings. Beyond research outcomes, participants showed improved dementia literacy at the end of the project.

Conclusions: Participants viewed brain health as deeply intertwined with ecological and social contexts. Findings highlight that dementia risk reduction and climate action can be pursued in tandem, leveraging shared co-benefits. Photovoice provided context-rich, lived insights that can inform holistic dementia risk-reduction strategies. Integrating a planetary health perspective into public health approaches for dementia risk reduction may offer innovative pathways to protect both human and environmental wellbeing in times of climate change.

P206

Establishment of an Online Dementia Registry in Hong Kong: Protocol for Risk Identification and Prevention Targeting Modifiable Factors Beyond the Lancet Commission

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Aim: Dementia is a growing public health issue, with global dementia population projected to triple from 57 million in 2020 to over 150 million, that of Hong Kong to reach 430,000 by 2050. Beyond its impact on cognitive, social, and daily functioning, dementia increases caregiving burden and escalates healthcare and social service demand. While the Lancet Commission reports 14 modifiable dementia risk factors to guide dementia prevention, emerging evidence highlights additional contributors such as sleep quality. Early risk identification enables targeted intervention to delay dementia onset. This presentation outlines the establishment of Hong Kong's first online Dementia Registry to assess and track these risk factors, fostering personalised prevention and informing local policy.

Method: Launched in 2025, this Dementia Registry features a user-friendly online platform where registration and risk factor survey takes less than ten minutes to complete. Participants receive instant, evidence-based health tips on the identified risks. Beyond the 14 modifiable risk factors, the Registry assesses sleep quality (adapted from Pittsburgh Sleep Quality Index) and self-reported cognitive complaint. Annual follow-ups will track risk trajectory, with high-risk cases referred to services like memory clinics. The Registry operates in a three-tiered model: (1) Public education to promote brain health awareness and lifestyle change; (2) Community screening for early detection and intervention; and (3) Research database for longitudinal studies on risk dynamics and participant recruitment in local trials.

Results: The findings are expected to illuminate prevalence and trajectory of expanded risks, including sleep quality and cognitive complaint, among Hong Kong Chinese population, revealing culturally specific pattern to refine global dementia prevention models.

Conclusion: This Dementia Registry promotes digital risk identification, contributes to global dementia studies by adding new insights into modifiable risks and developing culturally specific data, and fosters early identification and intervention, supporting the global call for risk reduction through community-driven innovation.

P207**The Golden Age. A Widespread Festival for Successful Aging**

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Piccolo Principe, Milano, Italy

Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

“Prevention is better than cure!” A well-known aphorism is increasingly being confirmed by science: we can, in fact, reduce the risk of illness by taking care of our health. Healthy lifestyles, healthy environments, and check-ups can protect us from most chronic diseases. By controlling so-called “modifiable risk factors,” we could prevent four out of ten cancers, nearly half of cases of NCD, and a large portion of cardiovascular disease.

Conversely, an unbalanced diet, smoking, alcohol, social isolation, lack of control of conditions such as hypertension and hypercholesterolemia, or exposure to certain pollutants, all increase the likelihood of illness even in people who, genetically, would not be particularly vulnerable.

From these reflections, we created the Widespread Festival for Successful Aging: a multi-domain intervention we are implementing in the Municipality 5 of Milan.

We are engaging residents who attend CSRC (Socio-Recreational and Cultural Centers) and CAM (Multifunctional Community Centers) in a series of structured and scheduled activities throughout the year covering various areas:

- physical, intellectual, and socializing activities
- eating habits

Participants are given a self-completed Longevity Diary, which allows them to monitor their participation in previous activities as well as their habits in the following areas:

- sleep quality
- alcohol consumption
- smoking

Several times throughout the year, residents are also invited to attend meetings organized by ASST (Local Health and Social Services Authority), where the following measurements are taken:

- oxygen saturation
- blood sugar
- blood pressure
- BMI
- vision
- verification of participation in the Lombardy Region's screening and vaccination campaigns.

Finally, participants are raised aware of the prevention of head injuries, distress, high blood cholesterol, and hearing loss, and the importance of pollution in generating disease risks.

P208

Modifiable Risk Factors and Effective Interventions for Dementia Prevention: A Systematic Review

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Topic

Dementia risk reduction: Risk factors beyond the Lancet Commission (e.g. sleep, vitamins)

Abstract

Background: Dementia is a progressive neurodegenerative syndrome that poses a major global health and economic burden. Modifiable lifestyle and environmental factors play a key role in dementia prevention. This review synthesises recent evidence on physical activity, diet, sleep, vaccination, air pollution, and endocrine-disrupting chemicals (EDCs) in relation to cognitive function and dementia risk.

Methods: This review followed PRISMA guidelines and included studies published between 2020 and 2025 in PubMed and Medline, including randomised controlled trials, cohort, and cross-sectional studies that examined cognitive outcomes and dementia incidence were reviewed across these domains. Study quality was appraised using CEBM tools, and evidence strength was graded using the GRADE framework to inform public health recommendations.

Results: A total of 57 studies were included in the review. Multidomain lifestyle interventions showed the strongest cognitive benefits. Programs combining physical activity, diet, cognitive training, and vascular risk management consistently improved global cognition, especially with high adherence. Physical activity produced moderate, consistent cognitive gains, particularly with combined or high-intensity exercise. Better sleep quality and regularity protected against decline, while short or poor sleep increased risk. Vaccination, especially herpes zoster moderately reduced dementia risk; pneumococcal and Tdap/Td vaccines showed smaller benefits. Exposure to PM2.5, NO₂, and black carbon had moderate adverse effects. Diet alone had small, inconsistent cognitive effects; benefits were greater when Mediterranean or MIND diets were integrated with other lifestyle components. Endocrine-disrupting chemicals were associated with cognitive outcomes, but the evidence remains weak due to limited causal support. Higher exposure to phthalates, bisphenols, heavy metals (lead, cadmium), and pesticides was linked to poorer cognition, while selenium and zinc appeared mildly protective.

Conclusions: Regular physical activity, healthy diet, adequate sleep, and vaccination protect against cognitive decline, whereas air pollution and EDCs exposure increase risk. Multidomain lifestyle interventions offer the most effective strategy for dementia prevention.

P209**Exploring the Impact of Tai Chi on Wellbeing and Falls Risk in Older Adults Living in Care Homes****Mrs Naomi Purdie**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Aims: This project explored the impact of weekly Tai Chi sessions on emotional well-being, physical confidence, and social engagement among frail older adults in care homes, including individuals living with dementia.

Methods: A literature review was conducted using CINAHL, MEDLINE, PubMed, Cochrane Library, NICE, and the British Geriatrics Society, which highlighted the benefits of Tai Chi for older adults and informed a 12-month service improvement project in two residential care homes. Weekly instructor-led Tai Chi sessions were adapted for seated or standing participation. Semi-structured interviews with residents, staff, and relatives were analysed thematically. Quantitative data (Timed Up and Go, Functional Reach Test, Timed Unsupported Steady Stand) were collected at baseline, five months, and twelve months.

Results: Thematic analysis generated three key themes: enhanced emotional well-being, reconnection with identity, and restored physical confidence. Participants described increased self-esteem, reduced anxiety, and enjoyment linked to group activity. For many, particularly those living with dementia, the sessions evoked familiarity, pride, and positive emotional responses. Staff reported improved resident mood and greater willingness to engage in other activities. Carers observed more confident movement, increased alertness, and moments of joy.

Participants expressed a renewed sense of self through movement, often recalling previous physical abilities. The structure of the sessions provided routine and reassurance, particularly for those with cognitive impairment. Notably, residents who had previously withdrawn began interacting more with peers and staff.

Quantitative findings supported qualitative observations: TUG scores improved from 18.48s to 17.36s, FRT increased from 4.91 to 5.64 inches, and TUSS performance was maintained or improved. While not clinically significant, these outcomes demonstrated meaningful functional stability in a high-risk population.

Conclusions: Tai Chi was experienced as a therapeutic, inclusive intervention that enhanced wellbeing, physical confidence, and connection among older adults with frailty and dementia. The findings support wider implementation and further qualitative evaluation.

P210**Socioeconomic deprivation and its relationship with dementia in NZ: A modelling study**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Aims: We aimed to estimate the dementia prevention potential associated with neighbourhood deprivation and the subsequent impact of reducing deprivation on prevalence projections over time.

Methods: We calculated the population attributable fraction (PAF) across New Zealand for 13 risk factors, stratified by deprivation and ethnicity. We modelled the impact of reducing deprivation on dementia prevalence over a 30-year period.

Results: PAF increased with deprivation, from 36.0% in the least deprived quintile to 45.8% in the most deprived quintile and there was a similar trend across ethnic groups. Modelled reductions in deprivation were predicted to produce greater dementia prevalence reductions at all time points for Māori and Pacific peoples compared to Europeans.

Discussion: Prevention potential increases with deprivation and the impact of reducing deprivation increases over a 30-year time horizon. Projected benefits are greater in ethnic populations disproportionately residing in areas of higher deprivation.

P211**Occupational Therapy Role in Improving Health and Slowing down age-related declines: A systematic review**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Abstract Background: From a global perspective, aging people from 60 years and over were 962 million in 2017 and it is expected to reach 2.1 billion by 2050. When elderly people are not engaged in daily life, they become physically, socially and mentally impaired. The occupation-based interventions in elderly people improve their health and self-satisfaction in daily activities.

Objective: The aim was to analyze the role of Occupational Therapy in improving health and slowing down age-related declines.

Methods: The study was a systematic review of literature. Information on Occupational Therapy interventions was systematically searched from Cochrane library, MEDLINE and EMBASE database publications. The selection process of the studies was documented using PRISMA guidelines for intervention protocols.

Results: Literature search yielded 68 titles of relevant records. Of these five studies met inclusion criteria. One study explored the difference between group intervention and individual intervention; the results favored group intervention. Comparison of Inter-professional approach with Occupational Therapy, the results favored inter-professional practice in this population.

Conclusions: Occupational Therapy interventions seem to be effective in slowing down age related declines.

P212**MAKS®-kog – a computerized cognitive training for people with mild cognitive impairment (MCI): results from two prospective, randomized-controlled trials**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

interventions for people with mild cognitive impairment (MCI) to reduce the progression to dementia. Their effectiveness is supported by the integration of a learning system to adapt the exercises to the optimal individual performance level. The aim is therefore to evaluate a newly developed, MCI-specific CCT in the context of two RCT studies.

Method: The analysis is based on the BrainFit-Nutrition study (BF-N; n=228) and the MCI-CCT study (n=89). In MCI-CCT, only the iCCT was compared with the active control group (bCCT). BF-N extended the design to include a nutritional intervention (whole food plant based vs. mediterranean diet). The main outcome was cognitive performance on the Montreal Cognitive Assessment (MoCA) after six months. The effects of the CCT on the cognitive performance of people with MCI were evaluated using t-tests for dependent samples or ANOVA and ANCOVA.

Results: In MCI-CCT, both CCTs led to a significant increase in mean global cognition (CG: 0.9 points; IG: 2.2 points). In a multiple regression model adjusted for confounding factors, the interaction between time and group was statistically significant ($F=4.92$; $p=.029$, $\eta^2(\text{partial})=.057$).

In BF-N, there was a significant improvement in cognitive performance across all four groups ($p<.001$) by an average of approximately 2.2 points, with no group differences in the change in cognitive performance. There was also no difference in the direct comparison of the two CCTs, including the combination with a nutritional intervention ($\Delta=0.3$ points, n.s.).

Conclusion: Using a multi-tasking CCT three times a week leads to a significant improvement in cognitive abilities within six months in people with MCI living at home. The use of machine learning increases the effectiveness of the cognitive training. However, when combined with another intervention component, the positive effect on global cognition is similar.

P213**Brain aging and the cognitive, physical, psychological and social factors which compromise the theory the multiple reserves****Dr Robert P Friedland**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

The majority of Alzheimer's disease cases are not caused by genes. Research over the past several decades has illustrated the influence of several lifestyle factors on disease risk. Our group and others have shown that education and higher levels of cognitive activity are protective against late life neurodegeneration. This has led to the concept of cognitive reserve, as proposed by Yaakov Stern and others. Cognitive reserve specifies that high levels of cognitive activity produce enhanced functional reserve, which protects from the effects of disease in later life. This concept of cognitive reserve is certainly valid and important, but there are three other important factors, which critically influences disease risk. I propose a theory of multiple reserves to include these critical elements. Physical reserve involves systemic factors that influence brain function, including hypertension, diabetes, organ function, polypharmacy, nutrition, trauma, the microbiome and others. Psychological reserve involves resilience from depression and stress and effective responses to conflicts and grief. Social reserve is comprised of family resources and social networks, including marriage, occupational and recreational activities and environmental stimulation, engagement or isolation. The four reserve factors cognitive, physical, psychological and social together determine the capacity of the brain to be resilient in the face of challenges which develop with aging. Enhancement of the reserve factors may protect from the development of disease, as well as diminish the severity of impairment. These four reserve factors are all interdependent (e.g., learning to play the piano has cognitive, physical, psychological and social aspects). The concept of the multiple reserves illustrates that age related disease is most often not caused by a single factor acting independently. Furthermore, the theory emphasizes the importance of noncognitive aspects of fitness as critical determinants of aging outcomes.

P214**Addressing modifiable risk factors for dementia in lifestyle intervention trials and real-world settings: Brain health beliefs as facilitators and barriers for lifestyle change in GetBrainHealthy**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Introduction: GetBrainHealthy raises awareness about brain health through research informed communication strategies that empower individuals to adopt brain-friendly lifestyles. The GetBrainHealthy.org platform translates scientific evidence into actionable behaviour cards, designed to promote brain health in everyday life. A pilot survey (N=144) assessing brain health beliefs revealed only moderate awareness of the modifiability of dementia risk (<50% agreement). Frequently perceived barriers included lack of information and time to improve brain health (>40% agreement each).

Methods: To address these beliefs and barriers, the initiative expanded to include co-designed workshops that complement the digital platform through in-person, context-specific engagement. Workshops were developed via a participatory process involving stakeholders from consulting, manufacturing, long-term care, and academia. Each session included semi-structured interviews, needs assessments, and mini-scenarios to explore real-life challenges and preferences. Survey insights informed the design of workshop modules and guided the mapping of intervention content to brain health beliefs.

Results: Half of survey participants were unfamiliar with the concept of brain health, yet 67% perceived it as personally relevant, 74% expressed concern, and only 52% believed they could take action. Seven co-design sessions have defined unique challenges, objectives, and target populations. Frequently requested topics included cognitive health strategies, productivity, digital work/social media, and mental-brain health interplay. One third of groups raised concerns about stigma surrounding brain health.

Conclusion: The co-design process and survey insights have shaped workshop content that is perceived as relevant and engaging. While long-term impact cannot be fully determined yet, this hybrid model—combining online tools with in-person engagement—offers a promising foundation for future brain health promotion efforts.

P215**Addressing modifiable risk factors for dementia in lifestyle intervention trials and real-world settings: A scoping review on characteristics of large multidomain lifestyle intervention trials****Prof Anja Leist**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Since the FINGER trial demonstrated cognitive benefits of a multidomain lifestyle intervention, multiple culturally and locally adapted interventions have been developed. This study aimed at synthesising the current, global state of efforts by reviewing all large (>400 participants) completed and ongoing multidomain lifestyle intervention trials. Study aims were to give a narrative synthesis of characteristics of trials and their addressed domains, give an overview of employed endpoints relevant for cognition and functional limitations, and identify planned and completed subgroup analyses. In a last step, desiderata were formulated to advance knowledge generation and implementation at scale.

The review identified a total of 30 trials, a majority of which (86.67%) enrolled participants with normal or slightly below-average cognition. Interventions most frequently offered physical exercise, cognitive training, and nutritional advice. One third of the completed trials (37.50%) and two thirds of ongoing trials (64.29%) enrolled participants based on increased modifiable lifestyle risk. A total of 16 trials can be analysed with regard to the employed cognitive endpoints such as a global cognitive composite score assessed via neuropsychological test battery, CERAD, MMSE, or MoCA scores, and functional endpoints such as indices of basic and instrumental activities of daily living. Among seven completed trials employing global cognitive composite scores as endpoint, FINGER (after two years of follow-up), MYB (three years), and US POINTER (two years) found significant group x time intervention effects. Effect modifiers most frequently considered in the trials concerned sociodemographic (age, sex/gender) and socioeconomic indicators, APOE4 carrier status, differences in Alzheimer's pathology, and adherence to the intervention.

With a maturing field of dementia risk reduction interventions, some desiderata remain to be addressed, such as funding additional trials enrolling participants with existing cognitive impairment as a strong risk factor of impending dementia, and activating the care ecosystem to facilitate implementation at scale.

P216**Multidomain intervention for preventing cognitive decline among older adults with mild cognitive impairment - Interim results from TINAGE trial**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background: Existing pharmacological treatments have shown only modest benefits, underscoring the need for alternative approaches such as multidomain interventions for preventing cognitive decline among at risk individuals.

Method: A 2 year community based interventional study is ongoing to prevent cognitive decline using a multidomain intervention package among older adults between 60-75 years with mild cognitive impairment. Multidomain package includes nutritional advice, physical activity, cognitive stimulation therapy, management of vascular risk factors and social engagement sessions.

Result: During the one-year follow-up, the intervention group showed a significant increase in mean cognitive scores (Addenbrooke's cognitive examination), rising from 73.94 to 82.32 ($p < 0.001$). The control group also demonstrated a modest but statistically significant improvement, with scores increasing from 72.28 to 74.21 ($p < 0.001$). Notably, there was a significant difference between the intervention and control groups at the end of the one-year follow-up.

Conclusion: The interim results are promising and if found to be effective could be integrated to primary health care in similar settings.

P217

Effectiveness of a Multicomponent Leisure Activity Group Intervention on Chronic Disease Self-Efficacy Among Older Adults at Risk of Cognitive Impairment: A Pilot Study

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background: Taiwan will become a super-aged society by 2025, with nearly two-thirds of older adults living with at least one chronic condition. Among people at high risk of cognitive impairment—including those experiencing subjective cognitive decline, mild cognitive impairment, pre-frailty, and frailty—the ability to manage chronic conditions often decreases due to low self-efficacy. Urbanization has been identified as an independent factor associated with dementia, even after controlling for sociodemographic and health variables.

Methods: A one-group pre-test/post-test design with IRB approval was employed based on Bandura's self-efficacy theory. Forty-five participants were recruited from two community sites (one urban and one rural) using the Integrated Care for Older People (ICOPE) framework in northern Taiwan. The 12-week program comprised weekly two-hour group leisure sessions led by two trained facilitators, integrating cognitive stimulation games, creative art activities, and social interaction—plus individual motivational interviewing sessions. Assessment tools included Mini-Mental State Examination (MMSE), Clock Drawing Test (CDT), 15-item Geriatric Depression Scale (GDS-15), and the Self-Efficacy for Managing Chronic Disease Scale (SES6C), and physiological data (BMI, walking speed, and blood pressure). Data were analyzed using descriptive statistics, paired t-tests, independent t-tests, and chi-square tests.

Results: There were no baseline differences in sociodemographic and health variables between urban and rural participants. Significant improvements were observed in SES6C ($t = -7.581$, $p < .01$), MMSE, CDT, and systolic blood pressure ($p < .05$). Urban participants showed greater gains in SES6C and reductions in BMI and systolic blood pressure compared with those from rural sites ($p < .05$). No significant differences were found in GDS-15 scores, walking speed, or diastolic blood pressure.

Conclusions: This multicomponent intervention enhanced chronic disease management self-efficacy, cognitive function, and selected physiological outcomes among older persons with high risk of cognitive impairment. Findings suggest that program effectiveness may differ depending on regional resources.

P218**Effectiveness of psychosocial and lifestyle interventions in promoting behavior change and reducing dementia risk in older people with SCD or MCI: a systematic review**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Aims: Older adults with mild cognitive impairment (MCI) or subjective cognitive decline (SCD) are at greater risk of developing dementia. Growing evidence indicates that psychosocial and lifestyle interventions represent a promising approach for reducing risk in this population by targeting potentially modifiable risk factors. Although many interventions aim to improve cognitive health by supporting positive behavior change, mechanisms of action remain unclear. This systematic review explores the effectiveness of these interventions and their underlying behavior mechanisms.

Method: Once PROSPERO registration was complete (ID CRD420250654192), five databases were searched for randomized controlled trials (RCTs) of interventions aimed at reducing cognitive decline in older adults with MCI or SCD. Studies were included if their primary mechanism was behavior change (i.e., addressing physical and/or psychosocial risk factors), and if behavior-and dementia-related outcomes were assessed. Cochrane ROB 2 was used to assess risk of bias. A narrative synthesis will assess intervention effectiveness and explore behavioral mechanisms using the COM-B model.

Preliminary results: 23 papers report on 20 intervention studies, including 13 multidomain interventions, five exercise interventions, one dietary intervention and one psychosocial intervention. Seven interventions with lower risk of bias improved both behavior- and dementia-related outcomes, and were largely multidomain (n=6), targeting physical health (exercise: n=7; diet: n=5) and psychosocial health (social activity: n=1; mindfulness: n=1). In lower risk of bias RCTs that improved both cognition and lifestyle, common behavior change mechanisms were education (increasing knowledge), training (imparting skills), and environmental restructuring (changing the physical or social context). The narrative synthesis is ongoing, with full results expected by November 2025.

Conclusion: This systematic review synthesizes current evidence on the effectiveness of psychosocial and lifestyle interventions in promoting healthier behaviors to reduce dementia risk in this population. By examining the behavioral mechanisms underpinning these interventions, the findings may inform future strategies for dementia prevention.

P219**Addressing modifiable risk factors for dementia in lifestyle intervention trials and real-world settings: Results of a public awareness campaign for dementia risk reduction****Prof Sebastian Köhler**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Aims: A considerable proportion of dementia cases is theoretically attributable to modifiable risk factors, but risks are distributed unequally in the population. People with low socio-economic status or migration background have higher risk and less well addressed in prevention programs. We adapted and updated the previously successful public health campaign 'We are the medicine ourselves' to be more inclusive and rolled it out in early 2025.

Methods: The work is part of Netherlands Dementia Prevention Initiative (NDPI), a national consortium funded within the Dutch National Dementia Plan. We used a mixed-methods approach of interviews, focus groups and survey research of the target group, together with a quantitative evaluation of eight previous out-rolls of the campaign to identify mechanisms of effect and failure for further development and update of the campaign, in co-creation with the target group. The campaign started in two municipal health regions in the Netherlands in early 2025 (South Limburg and Groningen) and two local communities with indicators for health disparities. A pre-campaign survey studied baseline awareness and knowledge of dementia risk factors. The post-campaign survey (in March 2026) will test the reach and effect of the campaign in increasing awareness and knowledge and motivation to engage in brain-healthy behaviours.

Results: The study will provide knowledge whether population-based public health interventions are effective for increasing awareness and improving knowledge and motivation for dementia risk reduction at the individual level, as well as barriers and facilitators. Results will premier at ADI 2026..

Conclusion: Results will inform future real-world, inclusive dementia risk reduction approaches.

P220

Contextual Determinants of Dementia Risk and the Africa-FINGERS Paradigm: Expanding Prevention Potential Through Multimodal Interventions in Africa

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background: With global dementia cases expected to triple by 2050, and over 60% in low- and middle-income countries (LMICs); addressing contextual risk factors is essential to achieving equitable prevention. We recently demonstrated that tackling risk factors prevalent in the “majority world”, including cardiometabolic disease, poverty, undernutrition, and psychosocial stressors, could **increase global dementia prevention potential by up to 65%**. The Africa-FINGERS program, anchored within the Aga Khan University Brain and Mind Institute, and its multi-country research network, represents a transformative regional framework that integrates cognitive, clinical, and bio-psychosocial data for precision dementia prevention in African populations.

Methods: Using data from epidemiologic cohorts across Nigeria and Kenya, we applied advanced analytical approaches, including deep learning and multimodal biomarker profiling (neuroimaging, blood, and saliva), to identify early dementia risk signatures. Complementary ethnographic studies and qualitative community mapping have identified **contextual resilience and vulnerability factors**, such as multidimensional poverty, food insecurity, lack of social safety nets, perceived stress, and reduced spiritual connectedness. The **Africa-FINGERS multidomain intervention model** extends traditional FINGER-based frameworks by incorporating **stress management, spirituality, and financial health interventions** to address these culturally salient determinants.

Findings: Analyses reveal that addressing regionally relevant risk domains, particularly hypertension, malnutrition, chronic stress, and social isolation; substantially enhances dementia prevention potential. Moreover, underdiagnosis of cardiometabolic conditions remains a major challenge, emphasizing the need for integrated, community-based detection and prevention systems.

Conclusions and Policy Implications: The Africa-FINGERS paradigm demonstrates that dementia prevention must go beyond biological risk factors to include **socioeconomic, spiritual, and stress-related dimensions** of health. Embedding interventions within broader public health and economic frameworks enables this model to provide evidence-based guidance for **policy co-investment** in brain health, social protection, and poverty reduction across LMICs. This approach not only accelerates dementia prevention in Africa but also offers a scalable framework for achieving global brain health equity.

P221

Addressing modifiable risk factors for dementia in lifestyle intervention trials and real-world settings: the Luxembourg Programme Dementia Prevention (pdp)

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background: The Lancet Commission on Dementia suggests that almost half of dementia cases could be prevented by addressing modifiable risk factors. We present the current state of knowledge on dementia risk reduction by describing insights from a lifestyle intervention trial, the implementation of a lifestyle intervention programme in integrated healthcare, and a brain health education programme for office workers and care professionals, to assess and reflect on state-of-the-art dementia risk reduction in lifestyle intervention trials and real-world settings, and in both healthy and clinical populations.

Aims: The aim of the “Programme Dementia Prevention (pdp)” in Luxembourg is to identify individuals at-risk of dementia across Luxembourg and to offer them tailored lifestyle interventions, making it the only structured nationwide preventative initiative of its kind.

Method: Participants with a suspected SCD or MCI undergo a comprehensive neuropsychological evaluation and a dementia risk factor assessment. Based on the results, participants receive personalized multidomain interventions incentivized via “voucher activities”. Those are free of charge and may include cognitive training, physical activity programs, psychological counseling, nutritional guidance, or social engagement strategies.

Results: To date, out of 962 referrals, referred by 164 physicians, 827 participants (mean age = 68.4 years; SD = 11.3) have been enrolled. 54% of all participants identifies as female. Among all participants, 711 (86%) presented with MCI, and 91 (11%) with SCD—both falling within the target group. Out of 2580 vouchers issued, the most were issued for cognitive training (114) nutrition (599), and physical activities (538).

Conclusions: Our results demonstrate the feasibility and high acceptance of a nationwide dementia prevention initiative and the successful recruitment of the intended target group. By systematically addressing modifiable risk factors and offering evidence-based lifestyle interventions, the program lays the groundwork for prevention in novel integrated healthcare pathways that goes beyond dementia.

P222**A pilot virtual cognitive behavioral therapy for insomnia intervention improves sleep and emotional health in persons living with dementia–caregiver dyads**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract**Introduction:**

Sleep disturbances are common among persons living with dementia (PLwD) and their caregivers, increasing the risk of adverse health outcomes and reduced quality of life. Cognitive Behavioral Therapy for Insomnia (CBTi) is an evidence-based intervention targeting insomnia symptoms; however, its use among PLwD–caregiver dyads remains limited. This study examined the effects of a 4-week virtual CBTi intervention on sleep quality, mood, and functional outcomes in these dyads.

Materials and Methods: Twenty-three dyads (23 PLwD and 23 caregivers) participated in a 4-week CBTi intervention delivered virtually in weekly one-hour sessions. Sleep outcomes were assessed using the Pittsburgh Sleep Quality Index (PSQI) and Insomnia Severity Index (ISI). Depressive symptoms were measured with the Center for Epidemiologic Studies Depression Scale (CES-D), and health-related quality of life with the RAND 36-Item Short Form Health Survey. Mixed-effects regression models were used to assess changes over time.

Results: PLwD were predominantly male (75%) with a mean age of 75.45 years (SD = 9.50). Caregivers were primarily female (85%) with a mean age of 69.05 years (SD = 7.53). Immediately post-intervention, PLwD reported modest but nonsignificant improvements in ISI scores ($\beta = -2.0$, $p = 0.12$). Caregivers experienced significant improvements in sleep, with reductions in PSQI ($\beta = -3.3$, $p < 0.001$) and ISI ($\beta = -5.2$, $p < 0.001$), and a decrease in depressive symptoms ($\beta = -6.0$, $p < 0.001$). Emotional health showed a positive trend ($p = 0.10$). At 3-month follow-up, PLwD continued to improve (ISI: $\beta = -3.0$, $p = 0.024$), and caregiver improvements in sleep and mood were sustained.

Conclusions: A brief, virtual CBTi intervention significantly improved and maintained caregivers' sleep and mood, with modest sleep improvements among PLwD. These findings highlight the potential of CBTi as a scalable behavioral approach to support sleep health and emotional health in PLwD–caregiver dyads.

P223**Making Memory Cafés Attainable in Any Community with the Glenner Certified Memory Café Program Training, Support and Consultation: A Best-Practice Approach to Dementia Risk Reduction Through Lifestyle Interventions**

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George G. Glenner Alzheimer's Family Centers, Inc., Chula Vista, USA

Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background/Objectives: George G. Glenner Alzheimer's Family Centers have provided innovative care and support for people living with dementia and their care partners for 43 years. In 2017 with a founding grant, Glenner began facilitating Memory Cafés across San Diego County. With roots in the Netherlands, Dr. Bere Miesen introduced the Memory Café concept in 1997, which spread throughout Europe and eventually the world. Memory Cafés provide opportunities to reduce dementia risk by engaging in purposeful brain-stimulating activities, offering lifestyle modification ideas, and decreasing social isolation.

Methods: Glenner methods for a successful Memory Café for dementia risk reduction include three pillars: reminiscing/socialization, brain engagement, and brain health education. The Glenner Memory Café Certification Program includes virtual training of one Certified Site staff member as a Memory Café Facilitator, one hour of phone consultation quarterly with Glenner Memory Café Program Coordinator and email support as needed for curriculum review and monthly programming support to achieve optimal risk reduction and embrace the cultural diversity of each Memory Café Certified Site.

Results: At the program's peak, Glenner offered seven different Memory Café locations with 13 meetings monthly, engaging an average of 160 care partners and people living with dementia each month. This program evolved into the Glenner Memory Café Certification Program, offering training, methods, and ongoing consultation to organizations who are interested in starting a Memory Café at their site, allowing for practical replication of the successful Glenner Memory Café model. There are currently three Glenner Certified Memory Café locations in San Diego County.

Conclusion/Implications: The Glenner Certified Memory Café Program is a fee based, high impact, lifestyle intervention that facilitates Certified Sites to upskill care partners and individuals living with dementia by increasing brain engagement and brain health awareness all while reducing social isolation with practical national and international scalability.

P224**Voices from the Field: Health Professionals' Practices and Perspectives on Dementia Prevention in Chile.**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Aims: While international research demonstrates the potential benefits of lifestyle modification programs for dementia risk reduction, gaps remain in understanding local adaptation needs and engagement readiness in the Chilean context. This study explores how Chilean healthcare professionals currently support older adults with Mild Cognitive Impairment (MCI) or Subjective Cognitive Complaints (SCC) and their perspectives on future prevention strategies.

Method: In collaboration with Chilean and international professionals working with older adults, we co-designed a mixed-method survey to collect data on demographics, current practices, and perspectives on future interventions. One hundred and ten Chilean healthcare professionals (31.8%, n=35 women) completed the survey. We conducted a deductive qualitative framework analysis using the Consolidated Framework for Implementation Research.

Results: Participants practiced in the Metropolitan Region (41.8%; n=46), Central-South (16.4%; n=18), South (14.5%; n=16), Central (10.9%; n=12), North (10%; n=11), and Austral (6.4%; n=7) macro-zones; most saw patients meeting MCI (42.4%; n=25) and SCC (54.2%; n=32) criteria at least weekly. Most participants were "likely" (44.5%; n=49) or "very likely" (34.5%; n=38) to discuss dementia risk with MCI patients, compared to SCC patients (33.6%; n=47, and 20.9%; n=23 respectively). The most discussed prevention topics were social contact (always discussed: 85.5%; n=95), cognitive stimulation (80.0%, n=88), and physical activity (77.3%, n=85).

Convergent analysis revealed four domains influencing future lifestyle intervention success: Broader Systemic Factors, Care Environment Challenges, Patient-Level Considerations, and Intervention-Specific Requirements. Essential strategies include shifting societal attitudes, reducing inequalities, and reinforcing policy. Within care settings, addressing resource and workforce gaps and improving links were highlighted. At the patient level, prioritising meaningful goals and strengthening social support were highlighted.

Conclusion: Lifestyle interventions must be evidence-based, multimodal, and flexible to adapt to regional needs. However, effective strategies require multi-level approaches targeting broader contextual barriers to ensure successful implementation and sustained engagement across all Chilean regions.

P225

Digital engagement and cognitive trajectories in older adults: A 9-Month cohort study leveraging WHO's ICOPE framework

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background: While prior cross-sectional studies using self-reported data suggest digital engagement may benefit cognition in older adults, critical gaps persist: no research has objectively quantified digital usage or established temporal links to cognitive trajectories. Existing app categorization systems also fail to align with geriatric care frameworks, limiting clinical relevance. Addressing these evidence gaps, we conducted the first longitudinal study using device-logged digital metrics and introduced an app classification system mapped to WHO's Integrated Care for Older People (ICOPE) domains.

Methods: 1,185 adults aged ≥ 60 were tracked for nine months with quarterly cognitive assessments (Hong Kong 5-minute MoCA). Cognitive trajectories were identified via growth mixture modeling. Device-logged usage data from 182 apps—classified into ICOPE-aligned categories (psychological, cognitive, locomotor capacity; medical services)—were analyzed across trajectory groups.

Findings: Four trajectories emerged: persistently impaired/worsening (1%), persistently normal (60.5%), impaired-to-normal (17.9%), and improving-but-persistently impaired (20.6%). The impaired-to-normal group showed significantly higher engagement with psychological capacity apps vs. other categories (duration: OR=1.40, $p<0.01$; frequency: OR=3.51, $p<0.01$), adjusted for demographics and baseline digital literacy. Frequency of use outperformed duration in predicting optimal trajectories.

Interpretation: Our findings redefine digital engagement's role in cognitive aging: frequent interaction with psychological capacity apps (e.g., mood trackers, social platforms)—not just cognitive training tools—may drive cognitive recovery. This challenges prevailing app-design paradigms focused solely on “brain training.” Crucially, frequency of engagement matters more than duration, suggesting brief, regular interactions better stimulate neuroplasticity. While digital exclusion remains a barrier, our results provide empirical support for WHO's ICOPE strategy, advocating digital literacy programs as a scalable non-pharmacological intervention. Policymakers and developers should prioritize accessible, ICOPE-aligned app ecosystems to amplify cognitive resilience in aging populations.

P227

What are the cultural barriers to engaging in dementia risk reduction strategies? A scoping review

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background: The risk of developing dementia is higher for people from minority ethnic groups, however, very few national dementia strategies make recommendations for considering diversity, equity, or inclusion of people from under-represented cultures and ethnicities. Therefore, current risk reduction strategies and campaigns may not be relevant for people from culturally and ethnically diverse populations. In the current absence of a cure, it is vital to understand how the risks of developing dementia may be reduced. It is estimated that up to 40% of cases may be preventable through 14 potentially modifiable risk factors, therefore understanding the cultural barriers and facilitators to engaging in dementia risk reduction strategies is crucial.

Method: We conducted a scoping review of published research to identify the barriers and facilitators to engaging in dementia risk reduction strategies in cultural, ethnic and linguistic minority populations. The review was conducted according to the Joanna Briggs Institute (JBI) scoping review methodology (Peters et al., 2020) and adhered to the PRISMA-ScR guidelines (Tricco et al., 2018). Database searches were conducted in February 2025 and included: ASSIA; CINAHL; Embase; PubMed; PsycINFO; Scopus; Web of Science

Results: Preliminary findings indicate a number of barriers: lack of awareness; beliefs about dementia; religious and spiritual beliefs and practices; distrust; access to and use of technology; advertising methods; language, translation and Western terminology; and financial constraints. Facilitators include provision of culturally sensitive advice; assistance to learn new technology; referrals from people of trust; creating social opportunities; running sessions in a friendly environment; and disseminating information via preferred media platforms.

Conclusion: The results of this work identify barriers and facilitators to target for improving uptake of dementia risk reduction strategies in cultural and minority ethnic populations, and more broadly provide recommendations for improving policy, practice and public health messaging.

P228

From co-design to trial: A qualitative evaluation of the MindCare peer-delivered dementia risk reduction program for multicultural communities

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background & Aims: Dementia is the leading cause of death in Australia. Dementia prevention has been identified as a key research priority among culturally and linguistically diverse (CALD) communities. MindCare aims to improve self-efficacy, health literacy and knowledge of modifiable lifestyle factors through co-production and delivery of a brief educational dementia risk reduction program by community peer educators directly to CALD consumers (Greek, Vietnamese, Arabic, Hindi). This paper reports on the qualitative evaluation of MindCare following a national cluster randomised controlled trial (RCT), from the perspectives of participants, educators, and partner-organisation representatives.

Method: Design: Cross-case qualitative study nested within the RCT conducted across four states in Australia in collaboration with 8 multicultural partner organisations.

A subset of the trial participants (n=202) participated in brief semi-structured interviews; n = 34 (Participants =25; Educators = 7; Partner-organisation representatives = 2). Thematic analysis was conducted to identify convergent and divergent patterns in the data.

Results: Across sites, participants described the program as informative, culturally relevant and engaging — “good for most community members” with participants highlighting that wider roll-out would benefit their communities. Several participants reported positive behaviour changes (e.g. increased exercise, dietary modifications), though sustaining change and family support were ongoing challenges. The balance between didactic and hands-on activities maintained engagement, but some educators highlighted that more practical and/or discussion-based activities could further reinforce learning. Still, educators and partner-organisation representatives reported strong participant satisfaction.

Conclusion: MindCare’s co-produced, peer-delivered model was highly acceptable across diverse CALD communities. Cross-case analysis highlights key areas for program optimisation; balance didactic content with experiential learning, streamline repeated material, and, where culturally relevant, seek ways to actively involve families to sustain positive changes in health behaviours. Our findings provide tangible advice for development and implementation of dementia risk-reduction programs with multicultural communities in Australia and beyond.

P229

Co-Design and User-Testing of a Dementia Risk Reduction Program for CALD Communities in Australia: The MindCare Study

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background: Dementia is a growing public health concern, with rates expected to rise significantly among Culturally and Linguistically Diverse (CALD) communities. Despite over 30% of Australians being born overseas, dementia prevention programs often overlook multicultural populations' worsening health disparities.

The MindCare study addresses this gap by co-designing a sustainable dementia risk reduction program for Arabic, Greek, Hindi, and Vietnamese-speaking communities.

Methods: The MindCare program was developed based on current evidence, particularly from the 2024 Lancet Commission report. With input from multicultural consumers, experts, and service providers, it was refined through co-design workshops, then translated and culturally adapted using the Nominal Group Technique to ensure cultural appropriateness. Final adjustments were made following user-testing interviews, which gathered feedback on clarity, language, and visuals via the Think-Aloud method.

Results: A total of 89 participants-including 65 consumers aged 40+ from Arabic, Greek, Hindi, and Vietnamese-speaking backgrounds living in metropolitan areas-participated in three phases:

- **Co-design:** The initial MindCare prototype was refined through six English-language workshops involving 34 participants. Key improvements focused on flow, visuals, stigma reduction, and dietary guidance.
- **Cultural Adaptation:** The program was translated into four bilingual versions and adapted through seven workshops and ten consultations with 55 participants. Adaptations included culturally relevant foods and activities. Balancing evidence with cultural preferences involved negotiation, but consensus was generally reached.
- **User Testing:** Feedback from 11 participants during interviews led to 15 refinements, including simplifying content and terminology and adjusting group activities. Participants described the program as culturally appropriate, visually engaging, and easy to follow.

Conclusion and Implications: Collaboration with multicultural communities and key stakeholders ensured the program was pragmatic, and responsive to the specific cultural, linguistic, and health priorities of the targeted CALD groups. The "By-the-community, For-the-community" approach offers a promising model for developing culturally responsive health programs that address inequities across Australia's diverse communities.

P230

MindCare4Women: Co-designing a Culturally and Gender-Responsive Dementia Prevention Program for Multicultural Women in Australia

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Background

Dementia is the leading cause of death in Australia, with women disproportionately affected. Multicultural communities also face a higher disease burden, yet few dementia prevention programs are tailored to their needs—and none have focused specifically on women. MindCare4Women aims to address this gap by co-designing an evidence-based dementia risk-reduction program with and for Arabic, Greek, Hindi, Punjabi, Swahili, and Vietnamese-speaking women.

Method: Using a participatory co-design framework, MindCare4Women integrates research evidence, clinical expertise, and community knowledge to ensure cultural and gender relevance. Phase 1 comprised expert interviews to identify core priorities for a community-led education program tailored for multicultural women. These priorities supported the development of materials for co-design workshops with women to articulate needs and preferences. Data from the co-design workshops will inform the development of in-language prototypes, drawing on the best available evidence on modifiable risk factors and dementia risk reduction. Additional expert interviews will then verify content validity, followed by cultural-adaptation workshops to finalise the MindCare4Women program.

Results: Interviews were undertaken with eight experts on dementia, and/or women's health. Interviews underscored the need for a self-care module, framing prevention through family wellbeing, and inclusion of brief information on menopause and hormonal changes. Embedding cultural norms and local expressions of wellbeing was viewed as essential to promote engagement and sustainable behaviour change. These insights are informed key questions for national co-design workshops currently underway with Arabic, Greek, Hindi, Punjabi, Swahili, and Vietnamese-speaking women.

Conclusion: MindCare4Women is among the first gender- and culture-responsive, community-led dementia-risk reduction initiatives. Using participatory co-design that engages women from each target community at every stage, it identifies and implements core elements that are culturally and linguistically tailored and translate evidence into practical, everyday brain-health actions. The program answers calls for prevention and goes further by explicitly focusing on multicultural women.

P231

The APPLE-Tree (Active Prevention in People at risk of dementia through Lifestyle, bEhaviour change and Technology to build REsiliEnce) remote, lower-intensity multidomain lifestyle intervention for subjective cognitive decline or MCI: randomised controlled trial

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Aims: Trials of high-intensity, multidomain interventions show modifying lifestyle and psychological risk factors can slow cognitive decline. We aimed to evaluate if a lower-intensity, personally-tailored dementia prevention programme could improve cognition in adults with subjective cognitive decline (SCD) or mild cognitive impairment (MCI).

Methods: We conducted a two-arm, single-masked, multi-site, randomised, clinical trial recruiting older adults with SCD or MCI in England. Participants were randomly assigned (1:1) to the 12-month APPLE-Tree intervention or control (usual care plus brief written dementia prevention information). Randomisation was blocked and stratified by site, with allocations assigned via a remote web-based system. The intervention promoted healthy lifestyles, social connections, enjoyable activities, and self-management of long-term conditions. It comprised ten, 1-hour group video-call sessions over six months, supplemented with alternating video-call 'tea breaks' and individual goal-setting calls between sessions. From months 6-12, participants continued with monthly online 'tea breaks'. The primary outcome was cognition (Neuropsychological Test Battery [NTB] score) at 24-months, analysed using an intention-to-treat approach.

Results: Between October 5, 2020, and December 31, 2022, we assessed the eligibility of 1287 participants and randomised 746 who were eligible and consented: 374 to the intervention (177 [47%] women) and 372 to the control (173 [47%] women). The primary outcome analysis included 635/746 (85%) participants. Mean NTB scores increased in both groups over time, with greater improvement in the intervention group (mean [standard deviation] 24-month NTB: 0.33 [0.67] versus 0.21 [0.75]; adjusted mean difference: 0.06 [95%CI -0.00-0.13], $p=0.055$). Serious adverse events occurred in 35 (9.4%) intervention and 30 (8.1%) control participants; none were intervention related.

Conclusions: APPLE-Tree is an accessible intervention, associated with small improvements in cognition of marginal statistical significance, indicative of potentially meaningful benefits. With remote delivery by non-clinical facilitators, it is optimised for broad implementation.

P232**Evaluation of Mediterranean Diet Adherence for the Protection from Cognitive Decline and Dementia in Elderly Patients with Chronic Diseases: A cross-sectional study****Dr Abeer Alhatab**

Abeer Memory Cafe, Dubai, UAE

Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Introduction: In recent decades, dementia-related disorders have become increasingly common. The Mediterranean diet has neuroprotective properties on the brain.

Objectives: This study evaluated the association between levels of Mediterranean diet adherence with dementia and cognitive status in patients 50 years or older with a history of chronic diseases.

Methods: A cross-sectional study was conducted in 2 centers in Dubai. The patients who gave informed consent were included. The (MEDAS, DSM III, and SMMSE scores were used to assess the levels of adherence to the Mediterranean diet (MD), dementia, and cognitive status respectively.

Results: A total of 150 patients were enrolled in the study. Forty one patients (27.3%) had “suspected or confirmed dementia, while 48 individuals (32%) were categorized as having “moderate to severe cognitive decline”. Strong adherence to Mediterranean diet was reported among 55 (36.7%) patients while the rest reported moderate (n=57, 38%) or poor adherence (n=38, 25.3%). Patients who reported moderate to strong adherence to the Mediterranean diet had significantly lower dementia score (7.0 ± 3.8 vs. 17.6 ± 5.1) and higher cognitive (25.4 ± 3.8 vs. 8.6 ± 7.2) scores compared to those patients (n=38, 25.3%) who reported poor adherence to MD diet .

Conclusion: Patients suffering from chronic diseases who strongly adhered to Mediterranean diet had a significantly lower dementia score and better cognitive status.

P233**Promoting and Organizing Alzheimer's Disease Prevention**

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Fondation Médéric Alzheimer, Paris, France

Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

Research has identified **14 modifiable risk factors** for Alzheimer's disease. Controlling these factors could theoretically **reduce the number of cases by 45%**. Additionally, delaying the onset of the disease by **5 years** could decrease the number of affected individuals by **41%** and cut related costs by **40%**.

To raise awareness and demonstrate that Alzheimer's is not inevitable, the Fondation Médéric Alzheimer is taking action on multiple fronts:

Public Awareness Campaigns We create campaigns to inform the general public about prevention and shift societal perceptions of the disease. Our first campaign, launched in late 2022, was widely disseminated across France—on television, online, in the Paris Metro, and at bus and train stations. A follow-up campaign is planned for early 2026.

Outreach to Affected Individuals We engage directly with people in public spaces like markets and train stations to share ways to delay the onset of Alzheimer's disease.

Prev'Alz: Our Prevention Program Inspired by the FINGER study, **Prev'Alz** adapts and updates its findings to the French context, incorporating management of depression, uncompensated hearing loss, and uncompensated vision loss. The program leverages existing prevention networks (prevention centers, "Mon Bilan Prévention").

Based on individual needs identified during a prevention assessment, participants can access:

- **Adapted physical activity sessions**

Nutritional support (dietary assessments, cooking workshops)

- **Cognitive stimulation sessions**

Participants can benefit from up to **36 flexible sessions over 6 months**. Every two months, a **motivational assessment** will be conducted to track progress and engagement.

P234**Innovating for dementia risk reduction and societal impact: The SPIN Dementia Network+ experience**

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Topic

Dementia risk reduction: Risk reduction and prevention (including clinical trials and lifestyle interventions)

Abstract

The Sustainable Prevention, Innovation and Involvement for Dementia (SPIN-D) Network+, launched in 2024, is funded by the Economic and Social Research Council (ESRC), the National Institute for Health and Care Research (NIHR), and the Alzheimer's Society. The network aims to reduce dementia risk and enhance the experiences of people living with dementia by supporting new projects, engaging with communities, and building international collaborations. It operates through four interconnected workstreams — Understand, Exchange, Innovate, and Implement — designed to foster collaboration and accelerate progress in dementia research and practice.

The Innovate workstream supports the development of new ideas through a flexible funding mechanism. This approach mobilises the strength of the network through stakeholder involvement — including early career researchers, research leaders, people with lived experience of dementia, and those who support them — as committee members and project application reviewers. This ensures diverse representation throughout the funding process. The inclusive decision-making model has funded projects within two categories: Inclusion in Practice, building sustainable links between organisations and individuals to improve dementia understanding and care; and Proof of Principle, providing seed funding for new research areas offering potential for innovative solutions in dementia research and care.

The funded projects span themes including the use of data science and artificial intelligence to identify dementia risk factors and support individuals to adapt their lives, the role of active lifestyles in dementia prevention, improving care and support for those with early stages of dementia and advancing understanding of brain health and dementia risk. Together, these projects reflect the aims of the workstreams by generating knowledge, strengthening partnerships, and promoting the sharing and application of insights across society.

SPIN-D is exploring the impacts arising from this work, including the social return on investment, to demonstrate how these co-produced, network-driven initiatives can drive meaningful change in dementia research, policy, and practice.

P237**Behavioral Signals: Decoding Behavior to Address Unmet Needs in Dementia Care**

Dr Deepa Vinoo, Dr Howard Finger

NY City Health +Hospitals/Coler, NY, USA

Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Behavioral and Psychological Symptoms of Dementia (BPSD) are common in individuals living with dementia, often resulting from unmet needs, difficult to communicate due to their cognitive decline. In dementia care, behaviors often act as primary forms of communication. Finding and addressing these unmet needs through person-centered care can significantly reduce BPSD, improving these residents' quality-of-life and easing the strain on caregivers.

This session will focus on a 150-bed memory care unit (MCU) at a large public nursing home in New York City, serving a culturally diverse population, with two-thirds of residents belonging to ethnic-racial minority groups. It will present an innovative, person-centered care model, which focuses on the connection between unmet needs and BPSD. Key discussion points include leadership structure, staff training, communication strategies, behavioral health interventions, clinical ethics and quality metrics.

The session also examines strategies for identifying and addressing physical, emotional, social, and environmental unmet needs of these residents, via comprehensive assessments, enabling caregivers to proactively identify and manage the antecedents of BPSD. A comfort-focused care model illustrates how a compassionate, individualized approach, and supportive environment can reduce reliance on medications.

Unmet needs may relate to pain, loneliness, dehydration, sleep deprivation, incontinence, undiagnosed infections, lack of meaningful social contact, environmental discomfort, or insufficient sensory stimulation. Such needs often go unrecognized due to their communication impairments and cognitive limitations, along with their limited ability to navigate their environment effectively.

Identifying and addressing unmet needs are key to effective care planning, offering non-pharmacological interventions. Our person-centered care approach illustrates how dedicated, well-trained staff can offer on-demand snacks, a "fresh air" program, music therapy, virtual family visits, one-on-one engagement, enhanced dining experiences, coffee socials, birthday celebrations, a student volunteer program, observance of cultural festivals, a "bathing without battle" program, and a Sensory Room, geared to improving their quality-of-life

P238**A realist synthesis of strategies to support safe wandering in care homes for older adults: what works, for whom, and in which circumstances?**

Dr Mary Gemma Cherry¹, Dr Emma Stefania Hock², Dr Bryony Waters-Harvey², Dr Alys Wyn Griffiths², Dr Reena Devi¹, Dr Emily Fisher², Ms Iria Cunha³, Dr Tamara Backhouse⁴, Prof Andrew Booth², Dr Sion Scott⁵, Prof Karen Spillsbury³, Dr Liz Jones²

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Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Up to 60% of people with dementia living in care homes will 'wander' at some point, and this has typically been seen by staff as something that is challenging to support. However, when asked, people with dementia report walking for enjoyment, purpose, habit, socialisation and exercise, and with the adoption of person-centred care, perceptions have shifted. A range of non-pharmacological interventions and strategies have been tested to support or prevent wandering. Despite recent innovative practices, an emphasis on reducing or preventing wandering remains. To uphold residents' independence and well-being, exploring strategies that enable safe wandering is crucial. We conducted a realist review to explore strategies for supporting people with dementia in wandering safely in care homes and the circumstances in which they lead to successful outcomes. We considered what works, in which circumstances, for whom, when supporting wandering. We scoped the literature to develop programme theories, which were refined with stakeholder input. Systematic searches based on the programme theories were conducted, with results reviewed at the title/abstract and full-text stages. Studies were assessed for relevance, richness and rigour before being synthesised into stakeholder-prioritised programme theories. Analysis of 83 papers and grey literature documents identified key strategies within five refined programme theories: 1) personalised care, 2) monitoring of residents, 3) navigation around the care home, 4) managing access to different areas, and 5) supporting hydration and nutrition. Strategies to support residents included placing wayfinding cues in corridors, dementia-friendly signage, and incorporating residents' life history into decisions. A ongoing trade-off between safety and freedom raised ethical concerns regarding resident privacy, exploitation, deception and autonomy. Our findings emphasise the need for person-centred approaches delivered by staff within supportive environments. These strategies ensure that residents can walk safely while maintaining autonomy and well-being, subsequently improving staff well-being and work conditions.

P239

Care Partners' Experiences and Strategies for Managing Dementia Behavioural and Psychological Symptoms: A Qualitative Study from a Neurology Clinic in Lima, Peru

Ms Belen Custodio

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Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Background: Supporting a person living with dementia (PLWD) involves multiple responsibilities, particularly when responding to changes in behaviour and psychological symptoms, which can be emotionally demanding for care partners. Despite this, research exploring how care partners in Latin America experience and respond to these changes remains limited.

Aim: To understand how care partners of people living with dementia experience and adapt to changes in behaviour and psychological symptoms.

Methods: A qualitative study was conducted in Lima, Peru. Semi-structured interviews were carried out with 17 care partners of PLWD experiencing changes in behaviour and psychological symptoms, recruited from a neurology clinic. Data were analysed using reflexive thematic analysis.

Results: Three main themes were identified: (1) caregiving as an emotional challenge, (2) the role of adaptation and flexibility in responding to changes in behaviour and psychological symptoms, and (3) building the care partner's emotional well-being to support care. Care partners reflected on the challenges that arose from changes in behaviour in the PLWD, noting how these shifts sometimes influenced relationships and emotional well-being. At the same time, they highlighted how they adapted, through more flexible communication, thoughtful adjustments in the house environment, choosing to de-escalate potential conflicts, and prioritising their own well-being; demonstrating resilience and creativity in their support role.

Conclusion: Supporting a person living with dementia in Lima, Peru, involves navigating emotionally demanding situations. Care partners actively develop and apply strategies to respond to these situations, demonstrating resilience. These findings provide novel insights into dementia care in underrepresented populations in Latin America and underscore the importance of understanding care experiences within diverse cultural contexts.

P240**Systematic Review and Meta-Analysis of Psychological and Behavioral Symptoms in Alzheimer's Disease and Their Impact on Professional Caregiver Burden**

Dr Aline Muhigwa, Dr Sandrine Kalenzaga

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Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Background: Alzheimer's disease is a progressive neurodegenerative disorder associated with cognitive decline and psychological and behavioral symptoms (PBSA), which significantly impact both patients and professional caregivers. Despite their central role in managing PBSA, limited research has evaluated caregivers' knowledge of these symptoms and the burden they experience. Understanding caregivers' perceptions and the intensity of PBSA is essential to improving care quality and caregiver well-being.

Methods: A systematic review and meta-analysis were conducted following PRISMA guidelines. Databases searched included PubMed, PsycINFO, and Google Scholar up to December 2024. Of 918 identified records, 56 studies met inclusion criteria. Data extraction was conducted using CADIMA, and statistical analyses were performed with R. Pooled effect sizes of mean Neuropsychiatric Inventory (NPI) subdomain scores were calculated to assess symptom intensity. A mixed-effects meta-regression examined whether sample size influenced caregiver burden variability.

Results: Agitation (pooled mean = 2.90; 95% CI [0.64, 5.17]), depression (15.92; 95% CI [8.89, 22.96]), apathy (9.40; 95% CI [3.48, 22.28]), anosognosia (15.92; 95% CI [8.89, 22.96]), and anxiety (1.72; 95% CI [0.98, 2.46]) were the most intense symptoms. Formal caregivers' knowledge varied across studies, with pooled means of 2.67 (95% CI [2.02, 3.31]) for symptom knowledge and 6.24 (95% CI [5.02, 7.31]) for treatment knowledge. Substantial heterogeneity was present ($I^2 > 90\%$). Meta-regression revealed that sample size was not a significant moderator of caregiver burden (-0.017 , $p = 0.804$), with residual heterogeneity remaining high ($I^2 = 99.85\%$).

Conclusion: This review highlights the high prevalence and intensity of PBSA in Alzheimer's care and underscores the variability in caregiver knowledge and burden. Sample size does not account for differences in reported burden, suggesting the influence of other contextual or organizational factors. These findings emphasize the urgent need for structured education and support programs tailored to formal caregivers to enhance symptom management and reduce burden.

P241**A Longitudinal Analysis of Gender Differences in BPSD - results of a population-based registry: digiDEM Bayern**

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Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Aims: Behavioural and psychological symptoms of dementia (BPSD) are considered core symptoms of Alzheimer's disease and related dementias. This study aimed to investigate gender differences in the manifestation and progression of behavioral and psychological symptoms of dementia (BPSD) among individuals with dementia living at home over 12 months.

Methods: Data were obtained from the multicentre, prospective register study 'Digital Dementia Registry Bavaria – digiDEM Bayern'. BPSD were assessed with the Neuropsychiatric Inventory (NPI) at baseline and after 12 months. Data was analysed using a mixed ANOVA, adjusting for covariates including age, severity of dementia and level of education.

Results: 310 subjects were included in the analysis (46,8% women). At baseline, women were on average older (80.5 vs. 78.9 years), less educated (8.9 vs. 9.8 years) and had slightly lower MMSE scores than men (22.2 vs. 22.4). Mean NPI score increased from 8.77 to 11.01 over 12 months. Women showed higher NPI scores at baseline (9.1 vs. 8.5), while after 12 months the female NPI score was lower than the male one (10.8 vs. 11.2). Mixed ANOVA revealed significant main effects for time ($p = .011$) and gender ($p = .027$), but no significant interaction.

Conclusion: Our findings suggest that gender differences in BPSD among people with dementia living at home may be partly explained by age, education, and disease severity. This highlights the importance of considering sociodemographic factors when studying gender-related symptom profiles. Longer follow-up and domain-specific analyses are needed to clarify the interplay between gender and disease progression.

Funding: The project is funded by the Bavarian State Ministry of Health, Care and Prevention (StMGp) as part of the funding initiative 'BAYERN DIGITAL II' (funding: G42d-G8300-2017/1606-83).

P243**Pragmatic Approaches to Managing Behavioral and Psychological Symptoms of Dementia (BPSD) in an in-patient setting in Chennai, India****Ms Shreenila Venkatesan**^{1,2}, Dr Sridhar Vaitheswaran²¹University of Reading, Reading, United Kingdom. ²Schizophrenia Research Foundation, Chennai, India**Topic**

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Background: Behavioural and Psychological Symptoms of Dementia (BPSD) affect up to 97% of individuals with dementia, often leading to hospitalization due to the distress they cause. In India, there is limited data on BPSD management in hospital settings. This study aimed to investigate management strategies for BPSD in an inpatient setting and its outcomes in a tertiary care dementia friendly hospital.

Methods: The study utilizes an observational descriptive design with a mixed-methods approach. It includes a prospective case-record study and qualitative methods. Data collection encompasses patient characteristics, scores from the Neuropsychiatric Inventory (NPI) and the Behavioural Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD), potential causes of BPSD and various BPSD management styles adopted. Additionally, semi-structured interviews were conducted with 12 healthcare professionals (HCPs) to gather qualitative data on their experiences of managing BPSD in an in-patient setting.

Results: Fifty people with dementia were admitted to the tertiary care hospital over eight months. The study found that BPSD, particularly aggression, is the leading cause of admission. Both medications and psychosocial interventions are typically used together. The results show that admission to a tertiary care centre has positive effects on BPSD management indicated by a significant reduction in overall NPI and BEHAVE-AD severity scores at discharge. Interviews from HCPs identified three key themes for managing BPSD: being prepared for dementia-related challenges, the necessity of acute pharmacological management, and the importance of concurrent assessment and management of BPSD.

Conclusion: Effective BPSD management in an in-patient setting involves three levels. First, the environment and staff must be equipped to handle BPSD. Second, initial management relies on existing information and assessments. Third, a comprehensive and continuous process of BPSD assessment, management, and evaluation is essential. This heuristic approach could ensure a structured and practical method to address BPSD in an in-patient tertiary hospital setting.

P244**The impact of the Dementia Team Care Promotion Training on people with dementia in long-term care facilities: A qualitative analysis**

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Tokyo Center for Dementia Care Research and Practices, Tokyo, Japan

Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Aims: This study aimed to clarify changes in people with dementia resulting from care provided by long-term care facility staff who completed a specialized training program in Japan. The program focused on a team-based care process, including objective evaluation of behavioral and psychological symptoms of dementia (BPSD), systematic assessment, collaborative care planning, and unified implementation with regular reviews.

Method: A nationwide mail and email survey was conducted with 7,099 long-term care facility staff who completed the training program. This analysis utilized free-text responses from the survey, describing observed changes in people with dementia. After examining word co-occurrence through text mining, content analysis was conducted to generate categories. The study was approved by the Ethics Committee of the Tokyo Center for Dementia Care Research and Practices (No. 5_2024).

Results: Qualitative data from 2,043 of the 4,334 valid responses were analyzed. Eight categories of changes in people with dementia were identified: (1) increased time spent in a calm state, (2) reduced agitation and desire to go home, (3) decreased BPSD, (4) enhanced sense of security, (5) improved daytime activity and motivation, (6) increased opportunities for communication, (7) greater emotional stability, and (8) engagement in roles and social interactions.

Conclusions: Implementation of this training program not only reduces BPSD but also promotes activity and social participation and fosters a sense of security and emotional stability among people with dementia. These effects suggest that the program may contribute to their enhanced well-being.

P245**Exploring self-harm, suicidal ideation and suicidal behaviour following a dementia diagnosis: perspectives of people with dementia and family members**

Dr Alys Wyn Griffiths¹, Ms Charlotte Nicholls², Ms Helen Tormey², Dr Cara Gates¹, Dr Laura Phalp³, Dr Sarah Butchard^{2,3}

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Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Dementia is a progressive condition which often presents various challenges to those receiving a diagnosis. Existing research consistently highlights receiving a dementia diagnosis as a risk factor for self-harm, suicidal ideation and suicidal behaviours, particularly in the first six- twelve months following diagnosis. Little is known however about this experience from the perspective of people with dementia and their family members.

Seven people with dementia and thirteen family members participated in qualitative interviews about their experiences. Interviews were adapted to ensure that people with dementia were able to participate in a meaningful way. Findings reflected how a multitude of factors can contribute to self-harm and suicidal ideation in people living with dementia, often underpinned by societal stigma related to both dementia and suicide. Family members were required to find out and make sense of suicidal thoughts and behaviours, leading to a range of emotional reactions. People with dementia reflected on finding and losing hope amongst suicidal ideation, whilst family members worried whether they were doing the right thing, whilst caring for their relative.

The study highlighted the need to provide people with dementia and their families with adequate support in coming to terms with their dementia diagnosis, including time to process and discuss the emotional impact of the diagnosis. Although people with dementia often felt supported by family, at times their responses could unintentionally exacerbate suicidal ideation, and family caregivers require adequate support to support their relative. Clinicians would also benefit from support to identify and respond to behaviours associated with suicidal ideation.

Further, longitudinal research with dyads of people with dementia and their family members is needed to understand how their experiences change, develop and are responded to over time. This will allow more appropriate and timely care to be provided to those affected by dementia and suicidal ideation.

P246**An exploratory study on the use of shared decision-making in person with behavioral and psychological symptoms of dementia (BPSD)**

Ms Hsin Ling Chung, Ms Ying Jhen Wu

Kaohsiung Municipal Siaogang Hospital, Kaohsiung, Chinese Taipei

Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Background: Since 1982, the promotion of shared decision-making (SDM) has aimed to encourage collaboration between healthcare professionals and diagnosed with dementia through evidence-based treatment options, helping diagnosed with dementia and care partners understand the condition and make informed treatment choices.

Behavioral and Psychological Symptoms of Dementia (BPSD), such as delusions of theft and sleep disturbances, changed behavior which increase care partner's life changing.

In 2023, our data showed that 87.3% of newly diagnosed with dementia exhibited BPSD. To help physicians, diagnosed with dementia, and care partners make informed treatment decisions, we revised our SDM tool titled "When a person diagnosed with dementia has behavior disturbances, is medication the only solution?" aiming to reduce care partner's stress and improve communication between medical staff and care partners.

Method: Given that 64% of our diagnosed with dementia have an education level below elementary school, we developed SDM tools that are simple, portable, and visual.

In addition to printed handouts, we provided video explanations via waiting room TVs and tablets to help care partners better understand treatment choices.

Results: After implementing the dementia shared decision making (SDM) tool in our hospital, we conducted a statistical analysis using the care partner's stress scale developed by the Ministry of Health.

Among newly diagnosed with dementia in 2024, 87.7% chose a combination of pharmacological and non-pharmacological Intervention. Of these, 64.1% of care partners reported a reduction in care partner's life changing, particularly with mild to moderate dementia.

Conclusion(s): SDM tools, especially when paired with visual aids, help care partners understand care options, enhance communication with medical staff, improve treatment quality, and reduce care partners' stress.

P247**A Person- Centred Trauma Informed Care Approach to changed behaviours (BPSD) In Dementia****Mr Paul Edgar Pickering**

Morling College, Sydney, Australia

Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

This presentation will focus upon the need for a Trauma Informed Care approach when supporting a person with dementia who is experiencing changed behaviours (BPSD).

It will address the importance for supporters or Aged Care staff taking a Person-Centred Approach to behaviour management that is trauma aware. This involves being a non-anxious presence, with the eyes of a detective, looking for occurring patterns, triggers and what can be modified. A simple behaviour management model will be discussed, that fits with Australian Strengthened Aged Care Standards August 2025, implemented November 2025.

Australian studies show that more than 70% of older people will have experienced at least one traumatic life event. This may still have impact upon their emotional state, their relationships and behaviour. Behaviour will always be communicating something.

Trauma Informed Care underpins actions that create an environment where people feel safe and supported physically and emotionally. It is an environment where trust is high, choice is encouraged, diversity respected, and staff understand how past trauma can affect behaviour especially when combined with dementia.

P248**Is It Dementia or Is it Undiagnosed ADHD? Or Is it BOTH?
Cognitive Testing Concerns for Dementia and ADHD May Cause
Misdiagnosis, Mistreatment and Rights Restrictions (Comparative
Analysis of MMSE, MoCA vs CAARS, and WURS)**

Prof Laura Tamblyn Watts^{1,2,3}, Ms Allison Chang¹

¹University of Toronto: Factor Inwentash Faculty of Social Work, Toronto, Canada. ²CanAge: Canada's National Seniors' Advocacy Organization, Toronto, Canada. ³AGE-WELL, Toronto, Canada

Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Standardized screening for dementia and standardized screening for attention deficit hyperactivity disorder (ADHD) both probe key domains such as attention and concentration, executive function, memory, language, visual-spatial skills. There is growing recognition of ADHD in older adults (≥ 55 years), with up to 60% of childhood cases persisting into adulthood (Callahan et al., 2017). A diagnosis of dementia can lead to reduced rights and autonomous decision-making. Misdiagnosing ADHD as dementia can have significant consequences for patient care and treatment outcomes while potentially impacting legal rights.

Research has uncovered considerable challenges when trying to differentiate ADHD from dementia. This presentation will address these challenges associated with the diagnosis of each disorder and the potential implications for a person's rights by addressing the following objectives:

- to provide an overview of ADHD in older adults and dementia;
- to provide an overview of diagnostic criteria, including limitations to current ADHD criteria;
- to review current assessment tools for each disorder;
- to review and discuss the complicated overlap between ADHD and dementia symptoms, co-morbidities, and risk factors; and
- to discuss the legal challenges involving autonomy and decision-making, human rights, advanced care planning, safety concerns, policy and legislation, and financial burdens.

P249**Characteristics associated with agreement between informant and clinician reporting of neuropsychiatric symptoms**

Dr Mary Sano, Dr Carolyn Zhu

Icahn School of Medicine at Mount Sinai, New York, USA

Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Background: To accurately detect neuropsychiatric symptoms (NPS) in patients with dementia, reports from informants/caregivers and assessments from clinicians are both important. However, informant/caregiver reports and clinician assessments of patients' NPS often differ. Here we examined agreement between informant/caregiver and clinician report of NPS and their relationships with patient and informant characteristics.

Methods: Data are from the National Alzheimer's Coordinating Center Uniform Data Set in the US. At each annual visit, informants reported NPS using the Neuropsychiatric Inventory questionnaire (NPI-Q); Study clinicians provided clinical assessment per study protocol. Agreement between informant report and clinician judgment were assessed using Cohen's kappa. Associations between agreement in reporting for each NPS and participant/informant characteristics were examined using mixed-effects logistic regressions.

Results: Analysis included 27,225 participants age ≥ 50 at baseline with MCI or dementia. Average age = 72.9 ± 9.4 , 49% male, 76% non-Hispanic White, average education = 14.8 ± 3.6 years, follow-up = 4.0 ± 2.5 years. Informants were 63.7 ± 13.2 years old, 31% male, with 15.4 ± 2.8 years of schooling. The most common symptoms reported by both informants and clinicians included apathy (36.6%, 34.1%), depression (37.9%, 32.9%), and irritability (36.6%, 27.8%), respectively. Informants were more likely than clinicians to report the presence of most NPSs. Cohen's kappa on agreement between informant report and clinician judgment ranged from 0.37 to 0.62. Agreement was lower in patients with more severe dementia. Over time, agreement between informant and clinician reports of apathy increased. Several participant and informant characteristics were associated with agreement between informant and clinician reports.

Conclusions: Understanding differences between informant and clinician reports of NPS in dementia is essential in obtaining a more complete, accurate picture of behavioral challenges patients face. Considering patient and informant characteristics and dynamics between them would help clinicians better understand potential biases that may affect the accuracy of reported NPS and manage/treat symptoms.

P250

Management of Disruptive BPSD in Lewy Body Dementia

Dr Aníbal Gutiérrez-Torres

Global Brain Health Institute, Dublin, Ireland. Hospital Germans Trias i Pujol, Badalona, Spain

Topic

Dementia diagnosis, treatment, care and support: Behavioural and psychological symptoms of dementia

Abstract

Clinical Case Presentation

An 83 year old patient was brought to the hospital by his daughter in because of disruptive BPSD in a patient living with Lewy Body Dementia. He became aggressive at home, presenting threats, hallucinations, and escape attempts saying he wished to go “home”. He also tried to leave every morning to “go to work”. He began having erratic behavior and wandering around the house. When confronted about him already being at home or being retired, he became more aggressive. During an acute episode, he grabbed his daughter by the neck and upon this he was transferred to our institution.

He used to be a welder and never got formal education. He did not know how to read or write. His daughter mentioned that the patients’ mother died from complications of dementia. He currently lived with his wife (also an older person), and two daughters who are his caregivers.

His medical history included former tobacco use and occasional alcohol consumption. He also had a history of HF, Hypertension, Dyslipidemia, CKD, AF, Hyperuricemia, Thrombocytopenia and glaucoma.

He reported no intercurrent infectious symptoms, no dyspnea, no fever, no chest pain, no constipation and no urination symptoms, during his medical work up, no organic cause for the agitation was diagnosed.

We started the patient on Quetiapine 25 mg BID in the initial episode with partial improvement. During his hospital stay we started the patient on Rivastigmine Patches 4.6 mg QD and Mirtazapine 15 mg PO QD, with an extra dose of Quetiapine as needed.

We began a process of educating the Caregivers and giving them Non-pharmacological treatment for BPSD. Upon a week the patient was stable and he was discharged home.

Upon the follow visit the next month the patient remained with improvement and the disruptive BPSD were resolved.

P251

Early prediction of cognitive decline by inflammation-related marker panel

Dr Suk Ling Ma

Tung Wah College, Hong Kong

Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Aim: We aimed to investigate if differential expression for genes involved in the inflammatory pathway was associated with cognitive decline and can predict cognitive decline in 2-years.

Method: Gene expression data was retrieved from Gene Expression Omnibus (GEO) database containing normal controls and Alzheimer's disease. Differentially expressed genes (DEGs) were identified by a linear regression model using the R/Bioconductor limma package. DEGs associated with inflammatory pathways were selected as components of the inflammation-related marker panel. 142 non-demented older adults were recruited from the community and cognitive assessments were performed at baseline and 2-year follow-up. RNA were extracted from blood samples collected at baseline and qPCR was performed to quantify the gene expression for inflammation-related marker panel. Regression analysis was performed to identify genes associated with cognitive decline.

Results: 16.9% of the participants experienced cognitive decline (as defined by 1 SD drop in HK-MoCA). Our result showed some genes (such as TNF- α , CARD5, IFN- γ and NEK7) in the inflammation-related marker panel were significantly associated with cognitive decline ($p < 0.05$).

Conclusion: Our result suggested that inflammation pathway played an important role in cognitive decline. The inflammation-related marker panel can be used to identify older adults with high risk of cognitive decline and can be further developed into diagnostic tool for early prediction of cognitive decline.

P252

Handwriting in Alzheimer's Disease: Biomarkers and Cognitive Support Therapy

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Handwriting is a uniquely human skill that integrates complex cognitive and motor functions—including language, memory, and executive control. As such, it can serve as a sensitive indicator of early cognitive decline, particularly in Alzheimer's disease (AD). While previous studies have identified individual handwriting features associated with AD, these isolated indicators are insufficient for reliable identification. This underscores the need for a comprehensive and systematic assessment of handwriting as a potential biomarker.

To address this, the AD-HS instrument—developed and validated in several studies—captures 41 handwriting-related features and 3 linguistic parameters. It provides an objective and quantitative framework for analyzing handwriting impairments, offering the potential for earlier and more precise screening or detection of cognitive changes.

Beyond its value for monitoring, handwriting may also serve a therapeutic function. Since handwriting is not purely a motor task but also deeply cognitive, it can support cognitive therapy, particularly in the early stages of dementia. Therapeutic exercises should not be limited to isolated words or phrases but should encourage patients to write longer, meaningful texts.

Two handwriting-based interventions show particular promise. First, **expressive writing**, which activates memory, language, attention, and executive function—areas typically affected in AD. This practice can help reduce anxiety, foster emotional expression, and enhance interpersonal connection. Second, **writing with the non-dominant hand**, which stimulates alternative neural pathways and promotes interhemispheric communication, offering cognitive and motor engagement.

To evaluate therapy progress over time, the AD-HS instrument can be integrated with AI-based tools, enabling continuous assessment of handwriting and providing feedback throughout the therapeutic process.

P253

CSF and Plasma Biomarkers as Predictors of the Progression of Mild Cognitive Impairment to Alzheimer's Disease

Mr Jiayuan Xu¹, Mr Rao Ali Hasan², Prof Andrew J. Doig³, Dr Sofia Michopoulou^{4,5}, Dr Petroula Proitsi^{6,7}, Dr Fumie Costen¹

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Aims: Mild Cognitive Impairment (MCI) is frequently considered a prodromal stage of Alzheimer's Disease (AD), with an annual conversion rate of 10–15%. Timely identification of individuals at risk of progression is essential for early intervention and treatment. However, conventional diagnostic tools such as PET and MRI scans are costly and often inaccessible in resource-limited settings. This study aimed to evaluate the utility of cerebrospinal fluid (CSF) and plasma biomarkers, alongside complementary data, in predicting MCI-to-AD conversion.

Method

We developed an ensemble machine learning model incorporating demographic, genetic, biomarker, cognitive, and functional assessment data. To assess robustness, we systematically tested different combinations of predictors, simulating scenarios with incomplete or limited datasets. Model performance was evaluated using stratified cross-validation.

Results: The proposed model demonstrated strong predictive capacity, achieving an accuracy of 0.83 ± 0.01 , precision of 0.81 ± 0.05 , F1-score of 0.55 ± 0.04 , and an area under the curve (AUC) of 0.89 ± 0.02 . Importantly, predictive performance remained stable even when restricted to subsets of biomarkers and clinical features, underscoring the model's adaptability to varying data availability.

Conclusions: These findings highlight the potential of biomarker-driven machine learning models as cost-effective tools for early detection of AD. By reducing reliance on expensive neuroimaging techniques, such models may facilitate timely diagnosis and intervention in both high-resource and resource-limited settings.

P255**The importance of Centiloid Score Reporting for Amyloid Pet scan in deciding Anti Amyloid treatment- A case Illustrated.****Dr Syed Shahul Hameed Wahab**

SINGHEALTH, SINGAPORE, Singapore. DUKE-NUS MEDICAL SCHOOL, SINGAPORE, Singapore

Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Case Report : 76 Years old Retired Engineer, presented with 2-year history of short-term memory loss, with a gradually declining profile. Memory difficulties included occasionally forgetting prospective tasks and forgetting incidental and casual conversation information. He is able to recall information when attending to it. Both basic and functional ADLs were intact.

He lives with his wife. No past medical illness. Family history of dementia in his mother at the age of 80 .

On further Neurological exam was within normal limits. On neuropsychological examination he was showing impairments in few domains

He underwent Routine bloods and MRI BRAIN - both were within normal limits

He was diagnosed as Mild Cognitive Impairment

During his followup in a year time he was noted progressive drop in his MMSE score of 3 points from 28 to 25 and family observed his short term memory and mood was not in good shape.

He underwent Amyloid PET BRAIN scan(F18 Flutemetamol Brain Scan) - which was reported as follows : There is mild grey matter enhanced pattern in right frontal and right lateral parietal lobes, as well as the right posterior cingulate/precuneus. There is normal sulcal pattern in rest of the brain. The scan appearances are suggestive of a mildly positive amyloid scan.

The patient and family was keen for Anti Amyloid treatment after reading from news paper.

The case was discussed with reporting Nuclear medicine consultant and asked for Centiloid Score for that scan -The centiloid score was retrospectively calculated and it was 28.5.

Based on that low score of centiloid below 30 Anti Amyloid treatment was not offered and advised to continue our followup and cognitive rehabilitation.

Discussion : Centiloid scoring in amyloid- PET is important because it provides a standardized, measure of cerebral amyloid-beta burden that is directly comparable across different tracers,scanner and analysis methods.

P256

Amnesia without medial temporal lobe atrophy: more common than expected in a memory clinic cohort.

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Aim: Hippocampal atrophy plays an important role as an accessible biomarker to support a diagnosis of Alzheimer's Disease. An association has been claimed between medial temporal lobe (MTL) atrophy and a specific type of amnesic syndrome. However, clinical practice suggests that many patients presenting this amnesic syndrome do not show MTL atrophy on routine brain imaging. The aim of this study was to explore factors beyond MTL atrophy in this subset of patients.

Method: This is a retrospective study of 274 consecutive patients aged between 46 and 89 years ($M = 72.8$, $SD = 10.1$) assessed in the Memory Clinic between 01/2014 and 11/2018. In the cohort, 31% ($n = 85$) showed the amnesic syndrome without the associated MTL atrophy. Diagnoses included: Alzheimer's Disease (54.1%), vascular dementia (38.8%) and Lewy body dementia (7.1%). Declarative memory was assessed with the cueing index from the Free and Cued Selective Reminding Test (FCSRT). Brain imaging was performed within six months of the neuropsychological assessment. Atrophy was estimated using visual rating scales: MTL - Scheltens, Global cortical atrophy (GCA) - Pasquier, and parietal atrophy - Koedam. Spearman's rho correlations were calculated between the FCSRT cueing index and atrophy scores.

Results: The FCSRT Cueing index showed a moderate correlation with GCA ($rs(83) = -0.272$, $p = 0.012$), as well as with frontal atrophy, both for the left ($rs(83) = -0.307$, $p = 0.004$) and the right hemisphere ($rs(83) = -0.318$, $p = 0.003$).

Conclusion: The findings suggest that frontal atrophy can contribute to the amnesic syndrome of the MTL type. This is compatible with declarative memory being supported by a large-scale neuronal network. The frequent mismatch of MTL atrophy and amnesia needs to be acknowledged in the differential diagnosis of cognitive disorders.

P257**Effects of Repetitive Transcranial Magnetic Stimulation in Patients With Mild Cognitive Impairment****Prof Vasileios Papaliagkas**

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Background: Mild cognitive impairment (MCI) is a transitional stage between normal aging and dementia, often preceding Alzheimer's disease. Repetitive transcranial magnetic stimulation (rTMS) has been proposed as a non-invasive intervention to enhance cognitive function by modulating prefrontal cortical networks. The aim of the current study is To evaluate the efficacy of high-frequency rTMS on cognitive performance in patients with MCI.

Methods: We conducted a randomized, double-blind, sham-controlled trial with 36 patients diagnosed with amnesic MCI (mean age 68.4 ± 6.1 years, 58% female). Participants were randomized to receive either active rTMS (10 Hz, 100% resting motor threshold, left dorsolateral prefrontal cortex, 20 sessions over 4 weeks) or sham stimulation. Cognitive outcomes were assessed at baseline, post-intervention, and 3-month follow-up using the Montreal Cognitive Assessment (MoCA), Rey Auditory Verbal Learning Test (RAVLT), and Trail Making Test (TMT).

Results Compared with sham, the active rTMS group showed significant improvements in global cognition (MoCA, +2.1 points, $p = 0.01$) and verbal memory (RAVLT delayed recall, $p = 0.02$). Executive function (TMT-B) also improved significantly ($p = 0.04$). These effects were maintained at 3 months. No serious adverse events were reported, and treatment was well tolerated.

Conclusions High-frequency rTMS targeting the left dorsolateral prefrontal cortex improved memory and executive function in patients with MCI, with sustained benefits over 3 months and good safety. These findings support the therapeutic potential of rTMS in delaying cognitive decline in MCI.

P258**Policy priorities for implementing Alzheimer's blood biomarkers: Insights from the Accurate Diagnosis Community of Practice**

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Davos Alzheimer's Collaborative, Wayne, USA

Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Aims: The Davos Alzheimer's Collaborative Healthcare System Preparedness (DAC-SP) multi-site Accurate Diagnosis project aims to identify barriers and facilitators to real-world implementation of Alzheimer's blood biomarker (BBM) tests for timely and accurate diagnosis.

Methods: The DAC-SP Accurate Diagnosis project convenes a monthly virtual community of practice (CoP) for sites to discuss emerging learnings and collaborate on global challenges. At an in-person CoP meeting (June 2025), sites identified policy and practice priorities to accelerate the adoption of BBMs in clinical care.

Results: To date, sites have trained more than 280 providers and ordered over 1,800 BBM tests. Emerging findings highlight barriers to implementation and policy considerations for local practice change. The US sites focused primarily on structural and practice-level factors, while the EU, UK, and Japan sites concentrated on the evidence and policy change needed to meaningfully influence local clinical practice.

EU, UK, and Japan sites emphasized the importance of demonstrating the clinical utility of BBMs, including clinically meaningful outcomes and impacts on patient management. They highlighted the need for health economics evidence, including reductions in referrals to tertiary memory clinics and utilization of higher-cost diagnostic tests. These sites identified key barriers to BBM adoption, including outdated clinical guidelines that are not supportive of biomarker use, and reduced urgency for diagnosis in countries where disease modifying therapies are not available.

Conclusion: As the first global implementation study of BBMs in real-world settings, the DAC-SP Accurate Diagnosis project is generating evidence and practical resources to transform clinical practice in Alzheimer's and related dementias. Workflows, tools, and guidance will be made publicly available through the DAC-SP Early Detection Blueprint to support healthcare systems worldwide. Evidence generated across sites will inform advocacy and policy efforts to advance the routine integration of Alzheimer's biomarkers so that patients and families benefit from timely and accurate diagnosis.

P259**Towards a Low-Cost Olfactory Biomarker for Early Alzheimer's Detection: Structural and Behavioral Evidence from the CIMA-Q Cohort**

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Early and specific detection of Alzheimer's disease (AD) remains a clinical priority. Olfactory dysfunction—particularly odor identification deficits—emerges early and may serve as a scalable, low-cost biomarker. Leveraging the Consortium for the Early Identification of Alzheimer's Disease–Québec (CIMA-Q), we synthesize complementary structural and behavioral evidence linking olfaction and episodic memory across the AD continuum. In a neuroimaging study ($n = 166$; 34 cognitively healthy controls, 92 subjective cognitive decline [SCD], 40 mild cognitive impairment [MCI]), gray-matter volume analyses revealed smaller volumes within olfactory-related limbic/medial-temporal regions in MCI—specifically piriform cortex, amygdala, entorhinal cortex, and left hippocampus—relative to SCD and controls, with effects localized to olfactory subregions rather than non-olfactory areas. Notably, the left hippocampal olfactory subregion volume was positively associated with episodic memory performance (multiple-comparison corrected). In a complementary behavioral study ($n = 93$; 48 SCD, 45 MCI), odor identification measured with the University of Pennsylvania Smell Identification Test (UPSIT) significantly predicted Rey Auditory Verbal Learning Test (RAVLT) total and delayed recall. Adding UPSIT increased explained variance from ~9% to ~19% (total recall) and from ~8% to ~20% (delayed recall). Odor identification alone discriminated MCI from SCD with 69% accuracy, characterized by higher specificity (79%) than sensitivity (58%). Together, these findings support a mechanistic bridge between structural compromise in olfactory limbic/temporal regions and measurable odor identification deficits that track with episodic memory. Incorporating olfactory identification into routine cognitive assessment may enhance early risk stratification for AD in primary care and community settings, providing a non-invasive and cost-effective complement to neuroimaging and biomarker workflows.

P260

APOE Genotypes and Short-Chain Fatty Acids: Insights on Cognitive Ageing from the AGELESS Cohort

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Background: The apolipoprotein E (APOE) gene, particularly its $\epsilon 4$ allele, an established risk factor for Alzheimer's disease, may modulate gut microbiota composition and metabolic outputs. This study investigated the relationship between APOE genotypes, gut microbiota, and short-chain fatty acid (SCFA) concentrations among AGELESS cohort participants.

Methods: APOE genotyping was conducted using TaqMan SNP assays on DNA from 183 participants (age, mean $\pm$ standard deviation = 69.72 $\pm$ 6.1 years). Stool samples of these 183 individuals, the gut microbiota profiles were determined with 16S rRNA sequencing and processed using the DADA2 pipeline in R. Alpha (Shannon, Inverse Simpson) and beta (Bray–Curtis) diversity metrics were compared across APOE genotypes. Microbial taxa differences were identified via LEfSe, while SCFAs (acetic, propionic, butyric, valeric acids) were quantified and analysed using Kruskal–Wallis and Spearman's correlation.

Results: Alpha diversity did not differ significantly across all six genotypes ($p > 0.3$). Beta diversity showed mild clustering, with wider dispersion in $\epsilon 4$ carriers ($n = 23/183$). LEfSe indicated enrichment of Lachnospiraceae in $\epsilon 3/\epsilon 3$ individuals ($n = 129/183$). Butyric acid levels were lowest in $\epsilon 4$ carriers (40.11 $\pm$ 36.88 $\mu\text{mol/g}$) compared to $\epsilon 2$ (93.93 $\pm$ 100.24 $\mu\text{mol/g}$) and $\epsilon 3$ (70.23 $\pm$ 60.44 $\mu\text{mol/g}$) carriers ($p = 0.061$), with a negative correlation between genotype and butyrate ($r = -0.199$, $p = 0.028$).

Conclusion: Carriers of APOE $\epsilon 4$ displayed a less favourable gut-metabolite profile characterised by reduced butyrate, a metabolite vital for intestinal and neural health. The enrichment of Lachnospiraceae among $\epsilon 3/\epsilon 3$ carriers suggests a more beneficial microbial signature. These findings highlight potential microbiome–genotype interactions that may inform future interventions targeting cognitive resilience in ageing populations.

P261

Investigating tongue strength as a possible indicator of risk for Alzheimer's disease

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Aims: Alzheimer's disease (AD) risk can be estimated before symptoms appear. Concentration of blood-based phosphorylated-tau (p-tau), subjective cognitive complaints, and frailty are recognised as at-risk states for AD. Decreases in grip strength and muscle mass are key domains of frailty, heightening the risk for AD. Decreased tongue strength is a recognised component of oral frailty. Our recent scoping review documented an association between decreased tongue strength and Mild Cognitive Impairment in older adults. We sought to investigate whether decreases in tongue strength could assist in identifying older adults at-risk for AD in the earlier stages.

Methods: We recruited 168 adults 50+ years (125 cognitively healthy; 43 with Subjective Cognitive Impairment; mean age 69.3 [$\pm$ 6.6] years, 75.6% female). All completed tongue and handgrip strength measures, level of p-tau181, and nutritional health including hydration, measured by the Mini-Nutritional Assessment-Short Form and Bioelectric Impedance Analysis. The phase angle (PhA) of bioelectric impedance was used as a measure of muscle quality. Pearson correlations, t-tests, and multivariable linear regression were used for data analyses.

Results: Tongue strength was associated with handgrip strength, but not with p-tau181 in both groups. There was no significant difference in tongue strength between the two groups, but SCI participants had significantly higher p-tau181 levels ($t(159) = -4.78$, $p < 0.001$) and poorer nutritional health ($t(166) = 2.45$, $p = 0.01$). Interestingly, 14 cognitively healthy participants with significantly lower tongue strength had higher p-tau181 levels. A positive association was found between Intracellular Water and PhA, stronger in participants with high p-tau181 levels ($\beta = 6.67$, 95%CI (0.5, 12.8)).

Conclusions: The association between tongue and handgrip strength, recognised measures of frailty, suggests tongue strength measurement may provide insight into the underlying relation between physical and oral frailty and the risk of AD.

P262**Non-invasive early differentiation of Alzheimer's and Lewy body dementia via APOE genotyping and urine metabolomics**

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Aims: Accurate early detection of Alzheimer's disease (AD) and dementia with Lewy bodies (DLB) is difficult due to overlapping clinical presentations and limited biomarker specificity. Here we used the **FDA-cleared APO-Easy® kit**, which enables standardized and accurate APOE genotyping in clinical practice, to assess the added diagnostic value of APOE when combined with urine metabolomics.

Methods: Urine from 78 participants (35 healthy controls [HC], 30 mild AD [miAD], 13 DLB) was profiled with the Biocrates AbsoluteIDQ® p400 HR kit, covering 408 metabolites. APOE genotyping was determined with the **CE-IVDR APO-Easy® kit**, allowing reliable detection of all six APOE genotypes. LASSO models were trained with and without APOE. A one-vs-rest classification assessed how well each diagnostic group could be distinguished from the others. AUC and confusion matrices have been generated to assess the performance. Variable importance was derived from standardized regression coefficients.

Results: The AbsoluteIDQ® p400 HR kit allowed quantification of 100 metabolites. The combined model integrating APOE **genotype with number of metabolites used for the best model metabolomics data** achieved the highest classification accuracy, outperforming either input alone (**Table 1**). **ROC analysis confirmed that the inclusion of APOE improved discrimination** and, in particular, reduced misclassification of early AD cases. Four genotypes of APOE, especially APOE ε4 carrier status, ranked among the top discriminating features, supporting their utility in separating AD and DLB (**Figure 1**).

Conclusions: We show that integrating **urinary metabolomics with APOE genotyping using the FDA-cleared APO-Easy® kit** offers a non-invasive, strategy for early differential diagnosis of AD and DLB. The combined model enhances predictive performance and is well suited for clinical translation.

P263

High-accuracy baseline detection of Alzheimer's disease through large-scale serum metabolomics and APOE integration

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Aims: Alzheimer's disease (AD) diagnosis relies heavily on invasive or costly biomarkers (CSF, PET). We aimed to identify a **reproducible blood-serum metabolite signature**, integrate it with APOE genotype, and evaluate its predictive capacity for AD detection in a **large, well-characterized cohort**.

Methods: We analyzed baseline serum metabolomics from **594 participants** in the **Alzheimer's Disease Neuroimaging Initiative; ADNI** (237 AD, 357 cognitively normal controls). Metabolite profiling was performed using the Biocrates MxP[®] 500 HR kit, quantifying **623 metabolites** after quality control. Feature selection employed least absolute shrinkage and selection operator (**LASSO**) regression. Machine learning models were trained with **repeated cross-validation** and evaluated on a **held-out test set**, comparing metabolomics-only, APOE $\epsilon 4$ -only, and combined datasets. Performance was assessed via receiver operating characteristic-area under the curve ROC-AUC, precision-recall, sensitivity, specificity, and predictive values.

Results: A **LASSO-optimized 151-metabolite panel** achieved strong classification (**AUC=0.90 cross-validated; AUC=0.91 test set; accuracy=0.87**), outperforming APOE genotype alone (**Figure_1**). **Integration of APOE status significantly improved prediction** ($\Delta\text{AUC}=+0.16$ vs. APOE-only, $p<0.001$), yielding **sensitivity=0.92, specificity=0.84**, and a negative predictive value of **0.94**. Key discriminative metabolites included **lipid species** (sphingomyelins, phosphatidylcholines, diglycerides), **bile acids** (chenodeoxycholic acid), **amino acid derivatives** (4-hydroxyproline), and acylcarnitines, reflecting diverse metabolic alterations in AD. **Clinical and imaging validation confirmed diagnostic group separability**, ensuring **biological robustness of metabolomic findings**.

Conclusions: Integrating serum metabolomics with APOE genotype **enables highly accurate, non-invasive** detection of AD, with performance comparable to or exceeding some imaging-based diagnostics. The **identified multi-class metabolite panel** provides a cost-effective, scalable alternative for early disease screening. High negative predictive value supports clinical use for ruling out AD, potentially reducing dependence on invasive or expensive tests in **primary care**. Future **validation in diverse cohorts** and **longitudinal settings** is warranted to advance **clinical translation**.

P264

Metabolic signatures involving lipids, dopamine, and amino acids as urinary biomarkers enable early differentiation of Alzheimer's and Lewy body dementia

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Aims: Early differentiation of Alzheimer's disease (AD) and dementia with Lewy bodies (DLB) remains challenging due to overlapping early clinical features and limited biomarker specificity. We aimed to identify reliable and non-invasive urinary metabolite signatures reflecting disease-specific pathophysiology and to access their utility in combination with the APOE genotype.

Methods: Urine from 78 participants (35 healthy controls [HC], 30 mild AD [miAD], 13 DLB) was profiled using the Biocrates AbsoluteIDQ® p400 HR kit. APOE genotyping was determined with the **CE-IVDR APO-Easy® kit**. After quality control, multinomial LASSO regression with leave-one-out cross-validation was applied to evaluate (i) metabolites only, (ii) APOE only, and (iii) combined models. A one-vs-rest strategy was used to assess how well each diagnostic group could be distinguished. Performance was measured by AUC and confusion matrices. Variable importance was derived from standardized regression coefficients.

Results: Metabolite-only models showed strong discrimination (AUC 0.87 DLB, 0.72 HC, 0.65 miAD). Adding APOE genotype improved accuracy (AUC 0.84 DLB, 0.85 HC, 0.81 miAD), reducing miAD misclassification (**Figure 1**). Key metabolites included **acylcarnitines (C5, C8)** implicating mitochondrial energy metabolism; **phosphatidylcholines and sphingomyelins** linked to membrane and neurodegenerative processes; **dopamine** reflecting dopaminergic deficits in DLB; and **ornithine and trans-4-hydroxyproline (t4-OH-Pro)** indicating nitrogen and vascular remodeling pathways (**Figure 2**). APOE alone had limited predictive power (AUC≤0.67).

Conclusions: This study identifies a novel urinary metabolite panel spanning energy, lipid, neurotransmitter, and vascular pathways that distinguishes miAD, DLB, and HC. Combining metabolomics with APOE enhances classification, supporting a non-invasive approach for early differential diagnosis. Importantly, this biomarker panel will undergo independent extended validation in the large **German DELCODE cohort (DZNE)**, ensuring reproducibility and translational potential for future clinical application.

P265**Association between Cognitive Declines Following Lecanemab Treatment and Cerebrospinal Fluid Biomarkers Prior to Treatment Initiation****Dr Takashi Tokashiki**

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

The advent of anti-A β antibody therapy has brought changes to treatment strategies for dementia, particularly Alzheimer's disease.

At our institution, we determine treatment eligibility based on cerebrospinal fluid (CSF) results.

We initiated lecanemab treatment and are evaluating its therapeutic effects. Between April 2024 and September 2025, we initiated lecanemab in 38 patients.

MMSE scores at baseline, 6 months, and 12 months were 25.3 ± 2.5 , 24.2 ± 2.9 , and 22.9 ± 2.8 , respectively. At this conference, we will report on the association between pre-treatment cerebrospinal fluid (CSF) biomarkers (e.g., CSF A β 40/42 ratio, CSF p-Tau/A β ratio) and cognitive function progression.

P266**Florbetaben binding to amyloid plaques is unaffected by amyloid-targeting antibodies lecanemab and donanemab**

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Aims: Amyloid PET imaging enables the in vivo visualization and quantification of amyloid-beta (A β) deposits in the brain. In research and clinical settings, it is also used to monitor amyloid burden and the biological response to disease-modifying therapies. Amyloid-targeting monoclonal antibodies (mAbs) such as lecanemab and donanemab were designed to reduce brain amyloid burden. If the PET tracer and the mAbs would bind to the same site, the PET signal may be impacted in patients undergoing therapy. The aim of this study was to investigate whether lecanemab or donanemab interfere with the binding of the amyloid PET tracer florbetaben (FBB) to aggregated A β deposits in vitro.

Methods: Human Alzheimer's disease (AD) brain tissue from the FBB phase 3 study and from the Netherland Brain Bank was used to assess potential interactions between FBB and lecanemab or donanemab. Three complementary approaches were used to confirm target binding and to study potential interactions: (1) competitive immunohistochemistry (IHC), (2) competitive autoradiography (ARG), and (3) ligand binding assays (LBA).

Results: Across all three sets of experiments, no evidence of competition or inhibition of FBB binding to A β deposits by lecanemab or donanemab was observed. Autoradiography demonstrated robust tracer binding to A β plaques that was unaffected by pre- or co-incubation with excess antibody. Similarly, IHC and LBA experiments confirmed that FBB and the tested mAbs target distinct binding sites on A β aggregates.

Conclusions: These results demonstrate that neither lecanemab nor donanemab interfere with florbetaben binding to A β plaques in vitro, which is further validating its use in this setting. While the current data are limited to in-vitro experiments, they further support the use of florbetaben PET for monitoring amyloid changes during treatment with amyloid-targeting therapies.

P267

VeraBIND Tau: a novel assay for testing tau “activity” in plasma

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Topic

Dementia diagnosis, treatment, care and support: Biomarkers

Abstract

Background: Plasma assays targeting tau phospho-epitopes (e.g., pTau217) are frequently used in the context of detecting amyloid- β pathology (A+). Developing plasma assays associated with tau aggregation (T+) is an unmet challenge. Here, we present results on the VeraBIND Tau test, a plasma assay measuring how hyperphosphorylated tau (HPT) binds to normal tau, i.e., testing whether HPT in the plasma sample is pathologically active.

Method: One hundred forty-five (145) participants were recruited from an ongoing study at UCLouvain, Belgium, including 79 cognitively unimpaired (CU) and 66 cognitively impaired (CI). A+ status was determined using either CSF ($A\beta_{42} \leq 544 \text{ pg/mL}$) or amyloid-PET (Centiloid ≥ 20). F18MK6240 tau-PET status was determined visually as negative (Braak-like stage 0) or positive (Braak-like stage 1-6). Plasma pTau217 was quantified using Lumipulse.

Result: Using tau-PET as ground truth for AD tau pathology, VeraBIND Tau detected 58 of 61 A+T+ participants (sensitivity=96.7%) and excluded tauopathy in 59 of 61 A-T- participants (specificity=95.2%) with PPV-CU 70.1%, NPV-CU 99.6%, PPV-MCI 93.9% and NPV-MCI 97.4% using 10% prevalence of tau-PET positivity in CU, and 43% in MCI (Moscoso A. et al., 2025). In Braak-like stages 1-3, VeraBIND Tau demonstrated cumulative AUC 0.940, while Lumipulse pTau217 (threshold 0.235 pg/mL with 90.7% specificity) demonstrated cumulative AUC 0.735 (with 25% sensitivity). Among 21 A+ individuals with Braak-like stage 0-3, VeraBIND Tau ($p=0.0067$) was more strongly associated with entorhinal tau SUVR than pTau217 ($p=0.0830$), and among 67 A- individuals with Braak-like stage 0-3 VeraBIND Tau ($p=0.0069$) was more strongly associated with entorhinal tau SUVR than pTau217 ($p=0.6661$).

Conclusion: Whereas pTau217 is more closely associated with amyloid- than with tau-PET results, VeraBIND Tau is highly sensitive to early tau-PET positivity, indicating detection of active tau aggregation at the early stages of the propagation process, with or without amyloidosis.

P270**Expanding Access to Music for People Living with Dementia: The Global Work of the International Music and Dementia Advocacy Coalition (IMDAC)**

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Music can enhance the lives of people living with dementia, bring joy to carers and help everyone to see the individual despite their diagnosis. Yet globally most older people with dementia have little or no access to music of their choice. Barriers include ageism and stigma surrounding dementia. Many are digitally excluded, particularly in residential or hospital settings, while carers may lack knowledge and training on the benefits of music for people with dementia.

Research in Europe, North America and Australia has built a strong evidence base for integrating music as part of everyday dementia care. Music interventions have been shown to reduce anxiety, depression, agitation, and loneliness, while improving speech, sleep, appetite, gait, social connection, and overall quality of life. With input from skilled music therapists and community musicians, capacity to provide music has grown in some countries. There has also been an explosion in digital resources: websites, training courses, videos etc. However, such benefits remain largely inaccessible to many communities worldwide.

The International Music and Dementia Advocacy Coalition (IMDAC) was established in 2022 to address these global inequities and to harness expertise, experience, and resources to reach those most excluded. IMDAC has members from 14+ countries, including Costa Rica, China, Colombia, Argentina, Germany, Brazil, Italy, Norway, India, Nigeria, Canada, USA, UK, and Australia. We aim to establish a robust digital platform in multiple languages to share best practice and facilitate knowledge exchange, supporting champions for music in dementia care wherever they live. We have already mapped music access across global contexts and translated our Manifesto into 12 languages.

This presentation will: review the evidence base for music in dementia care, share the mapping study findings; present our Manifesto and invite delegates to join our global effort to ensure equitable access to music for all people living with dementia.

P271

Digital Reminiscence Therapy in Dementia Care: A Systematic Review and Meta-Analysis

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Background: Dementia is a major neurodegenerative condition with limited treatment options, making non-pharmacological interventions increasingly important. Reminiscence therapy (RT) has shown benefits in dementia care, and its digital formats—delivered via virtual reality, mobile applications, or multimedia—may offer greater personalization, accessibility, and flexibility in clinical practice. However, evidence of their effectiveness remains fragmented and requires systematic synthesis.

Methods: We conducted a systematic review and meta-analysis to evaluate the efficacy of digital RT in dementia and mild cognitive impairment (MCI). Eligible studies included randomized controlled trials (RCTs) and one-arm pre-post studies. Outcomes assessed were cognition, mood, behavioral and psychological symptoms of dementia (BPSD), quality of life (QOL), communication, and engagement. RCTs were pooled in meta-analyses, while pre-post studies were narratively synthesized.

Results: Meta-analysis of RCTs suggested that digital RT may provide symptomatic benefits, particularly in reducing BPSD. Findings for other domains were less consistent, likely reflecting heterogeneity in intervention formats, delivery methods, and outcome measures. Narrative synthesis of pre-post studies indicated positive trends across several domains, although their small sample sizes and lack of control groups limit certainty. Across both study types, greater social interaction and personalized content consistently appeared to be associated with more favorable outcomes.

Conclusions: Digital RT appears promising for managing BPSD and may serve as a scalable adjunct to dementia care. However, the current evidence is limited by small sample sizes and methodological variability. These findings underscore the urgent need for large-scale, multicenter, high-quality RCTs using standardized outcome measures to reliably establish its overall clinical effectiveness.

P272

The use of table tennis as therapy to reduce symptoms of Alzheimer's, related balance, focus and memory

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Table tennis, also known as ping-pong, is emerging as a promising non-pharmacological therapy for individuals suffering from Alzheimer's disease. Its dynamic nature offers a unique combination of physical, cognitive, and sensory stimulation, making it especially suitable for addressing core symptoms such as motor impairment, reduced focus, and memory decline. The sport involves rapid variations in speed, spin, surface contact, and short-distance reactions, which demand continuous engagement of the brain-muscle connection. These neurological demands have shown to stimulate multiple regions of the brain simultaneously, contributing to neuroplasticity and improved cognitive performance.

This therapeutic approach is structured around three key areas: Balance, Focus, and Memory. Balance exercises incorporate postural adjustments and controlled footwork while playing, directly enhancing coordination and reducing the risk of falls. Focus-based drills require players to track unpredictable trajectories and respond with precise timing, thus improving sustained and selective attention. Memory-targeted exercises are designed to stimulate both short-term and long-term recall through patterned sequences and rule-based play, pushing the brain to retain and retrieve information in real-time.

Innovative table tennis exercises, specifically developed for this therapy, have shown unprecedented improvements in individuals with Alzheimer's, offering a novel intervention where traditional therapies often fall short. The interactive and enjoyable nature of table tennis also fosters social engagement and emotional well-being, further supporting the holistic management of the disease. By integrating the sport into therapeutic practice, a new frontier opens in Alzheimer's care—merging physical activity with cognitive rehabilitation through a scientifically grounded and highly adaptable medium.

To support the understanding and practical application of this intervention, we present a set of specific exercises for each of the three therapeutic areas—Balance, Focus, Memory. These exercises are designed to illustrate and enhance the effectiveness of the proposed methodology, serving as practical examples of how it can be applied in daily life.

P273

The relation between people living with dementia's verbal output and cognitive outcomes in virtual Cognitive Stimulation Therapy: An initial investigation

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Aims: To investigate the relationship between verbal output of people living with dementia (PLwD) in virtual cognitive stimulation therapy (VCST) measured at different time points and their cognitive functions before/after therapy.

Method: The current study was based on a secondary analysis of pre-recorded videos of VCST sessions. Twenty-nine Cantonese-speaking PLwD were involved (8 male, Mage = 81.14, SD = 7.23). In each VCST session, a 10-minute recording was orthographically transcribed while the number of syllables produced by each participant was counted. The Montreal Cognitive Assessment 5-Minute Protocol Hong Kong Version (MoCA-5) measured before/after therapy served as cognitive outcome. Pearson correlation analyses were conducted between: the total number of syllables produced in the first three therapy sessions and 1) pre and 2) post MOCA-5 scores; the total number of syllables produced in the last three therapy sessions and 3) pre and 4) post MOCA-5 scores; total number of syllables produced in all sessions and 5) pre and 6) post MOCA-5 scores.

Results: Table 1 illustrates participants' verbal output measured at different time points in VCST and their cognitive outcomes pre-/post-therapy. Significant correlations were observed between variables, as shown in Table 2.

Conclusions: PLwD's verbal outputs were more closely connected with their time-matched MOCA-5 scores as compared to the cross-lagged correlations, indicating that a PLwD's level of verbal engagement during sessions closely reflects their concurrent cognitive ability. This finding aligns with previous findings on the associations between speech and dementia symptoms (1). It may facilitate the simultaneous observation of PLwD's cognitive functions in therapeutic settings and contribute to nuanced adjustments accordingly in dementia care.

Reference 1. Klimova B, Kuca K. Speech and language impairments in dementia. *Journal of Applied Biomedicine*. 2016; 14(2):97–103.

P274**Non-pharmacological therapy of Alzheimer's disease in Morocco.
Experience of the Alzheimer's Day Center of Rabat**

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Background and aims: More than half of people leaving with dementia live in low- and middle-income countries. In Morocco the number is estimated to 200,000 cases. The majority of care is provided by families with a high burden. We present the experience of the Alzheimer's Day Center of Rabat, the first one dedicated to Non-pharmacological treatment of patients with Alzheimer' disease (AD) in Morocco.

Methods: We studied the cases of 101 people living with dementia who attended the Alzheimer's Day center of Rabat between September 2017 and June 2025.

Results: Among the 101 patients, there were 65 women and 36 men. The mean age was 73.5 years (± 8.07 years), 74.7 years (± 8.09 years) for women and 71.3 years (± 7.67 years) for men. The mean education level was 9 years [5.0-12.5 years] for women and 16 years [12.25-17.0 years] for men. The mean duration of attendance at the center was 6 months [3.00-15.5]. There majority of patients had Alzheimer' disease (AD), 56 cases had mild AD, 32 cases moderate AD and 11 cases mild cognitive impairment (MCI). All patients received cognitive stimulation, speech therapy and physical training. Several participated in cooking and music therapy. The majority of patients had stabilization of their cognitive disorders and improvement of their psychological and behavioral state.

Conclusions: Combination of non-pharmacological therapy in day centers offer people with dementia the opportunity to improve cognitive and behavioral functioning, preserve social relations and reduce the burden of Caregivers.

P274**Prescription of virtual travel as prevention of behavioural disorders****Dr Florence Bonte**

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

The Memory and Frailty Rehabilitation Day Hospital welcomes individuals with progressive neurocognitive disorders and, following a multidisciplinary assessment, offers a treatment program focused on non-drug therapies. As a site for assessing and preventing crisis situations or those at risk of crisis, art therapy is integrated into the treatment plans. Encouraged by the work carried out at the Museum of Modern Art in NYC, by scientific data on neuroaesthetics, and associated since 2013 with a vast program of modeling visits adapted to people with Alzheimer's disease, our program entitled "Art and Me" has been in place for 8 years. A true journey to the heart of Museum collections, calling on sensory and emotional capacities, combined with Art therapy workshops, this 10 sessions program tries to fight against "social death" often reported by our patients.

With the Covid health crisis and the closure of museums, we transformed the Art and Me program into a virtual tour. Our first experience in 2021, centered around the exhibition "Journey on the Kisokaïdo Road" at the Cernuschi Museum, was particularly successful. Based on prints made along the Kisokaïdo Road, which connects Tokyo to Kyoto via the mountains, the art therapy workshops explore, in turn, the art of travel in Japan, the art of landscape design, calligraphy, and even the art of Japanese flower arrangement.

At the end of this tour and this new experience for all participants, we will remember their complete satisfaction, their interest, and their constant commitment to all the interventions of the cycle, and the impact reported by the caregivers of this program on their mood. The feeling of escaping on a trip to Japan is widespread, as highlighted by this testimony from one participant at the end of the program: "This is truly an escape, I was somewhere else..."

P275**Melody Memory Project: Heritage Music for Inclusion and Dementia Care in Dutch-Indies and Indonesian Communities**

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Background: The ageing population within Dutch-Indonesian, Moluccan, and Indonesian communities in the Netherlands faced both opportunities and challenges. While many older adults remained socially active, others experienced health problems, loneliness, and limited access to support due to linguistic and cultural barriers. The Melody Memory Project (MMP) addressed these issues by organizing intergenerational encounters centered on music from the past. Through the integration of music, photography, and film, the project fostered cultural connectedness, strengthened social inclusion, and passed intangible heritage to younger generations, thereby enhancing well-being and access to social networks.

Aim: MMP aimed to promote social inclusion among older adults with dementia by using intangible cultural heritage to encourage participation in community life, reduce loneliness, and transmit cultural heritage across generations.

Activities: Between September 2024 and July 2025, MMP Nederland organized seven music gatherings in dementia care centers across Gelderland (Rumah Kita, Rumah Saya), North Holland (Patria), South Holland (Leilinde), and Groningen. Rooted in Indo-Dutch heritage music, these events stimulated intercultural and intergenerational exchange. The experiences were documented by a Moluccan photographer and an Indonesian filmmaker, culminating in Melody Memory in Frame, an exhibition of portraits and short films.

Results: The project brought together older adults, families, and younger generations through shared musical memories, fostering recognition, joy, and social connection among people with dementia. It also raised public awareness of Dutch-Indonesian, Moluccan, and Indonesian cultural heritage. An Amsterdam exhibition (June–August 2025) showcased the outcomes, advancing heritage and dementia awareness. Presented later in Indonesia, the initiative inspired similar community-based projects there.

Conclusion: Through a culturally attuned, music-centered approach, MMP enabled older adults to express themselves, strengthened intergenerational bonds, and safeguarded intangible heritage. It also created meaningful spaces for families and care professionals to better understand the emotional experiences of seniors with dementia, benefiting both individuals and communities.

I

P276

Effectiveness of a Medical-Social Collaboration Intervention in Enhancing Well-Being of Hospitalised People Living with Cognitive Impairment and their Care Partners

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Aim: Hospitalisation is prevalent among people with cognitive impairment, while it is associated with higher mortality rate, prolonged stay, and physical and cognitive deconditioning. Non-pharmaceutical intervention promoting positive well-being may improve the overall well-being of inpatients with cognitive impairment; however, heavy hospital staff workload limits the capacity of intervention delivery. This study investigates the effectiveness of a medical-social collaboration model in hospital setting to improve the well-being of people with cognitive impairment for better post-discharge care.

Method: This study adopts a mixed research design comprising single-arm pretest-posttest study design, observational study design, and cross-sectional survey design. 250 inpatients with cognitive impairment admitted to a hospital in Hong Kong, their family care partners, and 30 hospital staff will be recruited. The intervention, adapted from the Tailored Activity Program for Hospitalised Patients, comprises two 1-hour sessions over two weeks, focusing on positive psychosocial activities such as art therapy, music therapy, and reminiscence, delivered by NGO staff to avoid burdening hospital personnel. Care partners receive two sessions of support for post-discharge needs. Primary research outcome is quality of life of the inpatients with cognitive impairment; secondary outcomes include agitation, delirium changes, hospital stay length, and care partner self-efficacy. Data will be collected via interviews, intervention observation, and from medical records. The research started from June 2025, lasting for 48 months.

Results: The results are anticipated to provide evidence to the intervention effect on reducing negative outcomes such as delirium and agitation, fostering positive outcomes such as caregiving competence, and to explore the feasibility of incorporating this medical-social collaboration model in hospital setting for better synergy between pharmaceutical and non-pharmaceutical interventions.

Conclusion: This innovative model leverages NGO expertise for in-hospital therapy, potentially stabilising the condition of inpatients with cognitive impairment, promoting ageing in place and facilitating scalable collaboration without straining medical resources.

P277**Demented Cinema: Disrupting dementia through art and film****Mr Graham Galloway**¹, Mr Ron Coleman¹, Mr Ian Bustard²¹Meeting Centre Scotland, Kirriemuir, United Kingdom. ²Underground Cinema, Dundee, United Kingdom**Topic**

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Demented Cinema will feature two new films, followed by an after-screening discussion. The films were made over the last two years, and both feature Ron Coleman, a creative artist living with dementia who self-identifies as "The Demented Poet". Ron reclaims the word "demented" as an act of pride and protest, using it to challenge stigma and assert his right to define his own story. BAFTA-winning director Ian Bustard directs both films.

The Demented Poets is a documentary about a filmmaker who embarks on a personal journey after discovering that his father has dementia. He meets Ron Coleman, who proudly calls himself "The Demented Poet" and uses creativity to express and challenge how he lives with his condition. We meet other artists living with dementia and witness Scotland's first Dementia Arts Festival. The film demonstrates how creative practice can sustain identity, foster relationships, and promote community, while also challenging stigma. It is an inspiring and moving personal story about family, creativity, connection, love, and humanity.

Caught in This Moment of Time (Short Film) - A writer with dementia struggles with writer's block. His only companion is the AI system Alexa, who looks after him. Ron Coleman plays himself in this powerful film, which explores creativity, self-care, and mortality, shot on the Isle of Lewis. The film was based on the play by Ron Coleman and adapted to the screen by Ron Coleman and screenwriter Simon Macallum.

This submission offers concrete examples of creative methods that respect dignity, challenge stereotypes and build supportive communities around people living with dementia and their families. We aim to equip participants with ideas, tools and contacts to replicate similar arts-and-discussion formats in their own settings.

Trailer for The Demented Poets: <https://www.youtube.com/watch?v=XQ5CHYQHVP0>

P279**Innovative Programs Based Upon the Blue Zones, and US POINTER Study Approach to Living**

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

The implementation of research into a daily practice is a continuous lifestyle approach to live each day to the highest expectation of the best health outcomes. When a participant starts at a day program or moves into a residential care community, the implementation is fortified into the daily life enrichment programs to meet the needs of the individual. If a community is located in a Blue Zone, (Loma Linda , CA) the expectation is continuous and often results in a lasting change. The US POINTER study results of July 2025 have demonstrated the renewed need for programs that focus on lifestyle principles no matter the age or diagnosis. This session or poster will share the innovative programs that were created in an adult day and various residential communities based upon the Blue Zones philosophy of the Power 9, Lifestyle focus on nutrition, activity and most importantly purpose with person centered values in creative practice.

Innovative programs were implemented by applying the values and interests of residents and day club participants that will be shared from survey results and specific qualitative program outcomes. Examples include the following- resident performing choir and artist programs; incorporation of nutritional super foods and wholesome foods; implementation of continuous service projects selected by residents, are just a few examples of putting research into daily practice to benefit the day club participants and the residential care residents living with dementia. Having purpose in activities such as gardening, multiple exercise and movement, the incorporation of family and belonging to a tribe of individuals are also essentials for living a longer happier life made possible even with a dementia diagnosis. The Incorporation of the US POINTER study principles into daily program for day club residents and senior living has achieved positive results and resulted in higher family satisfaction.

P280**Origami as a cognitive stimulation tool for persons living with dementia and their care partners**

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Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Origami is the art of paper folding. The Japanese word means “fold” (oru) and “paper” (kami). It has been around since the 2nd century, but in the last 50 years, it has developed considerably and is now used in science, education, design, and art. Origami has been used to solve mathematical theorems for geometry, build nanorobots in medicine, apply it to furniture and fashion design, and use it in education and therapy.

Cognitive stimulation through the practice of origami is a non-pharmacological treatment alternative that can be used in people living with dementia, extended to their care partners for therapeutic purposes, and to older adults without cognitive impairment as a measure to prevent cognitive decline.

The purpose of this work is to present a proposal for using origami as a cognitive stimulation tool, as outlined in the book “Origami Manual as a Cognitive Stimulation Tool for Adults” (Izquierdo & Ruiz, 2019), as well as to reflect on the interdisciplinary research evidenced in this initiative.

It is an example of interdisciplinary research in that it proposes addressing a specific problem through the integration and synergy of diverse disciplinary knowledge: education, visual arts, design, psychology, and neuropsychology. The book includes original designs specifically designed for persons with cognitive impairment, in which the difficulty of the models can be adapted to the patient's level of impairment. From a neuropsychological perspective, the cognitive processes involved in origami are analyzed: different attentional components, visuospatial gnosis, constructive praxis, oral and written language comprehension, executive functions, as well as its ability to foster creativity and distract attention to the point of reducing stress in a care partner.

The initiative is beginning to be implemented in Mexico with persons living with dementia and their care partners, with results expected in the short term.

P281

Indigenous Virtual Reality Storytelling: A Culturally Responsive Path to Connection in Acute Care

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UBC IDEA Lab, Canada

Topic

Dementia diagnosis, treatment, care and support: Dementia therapies (Music, dance, art etc.)

Abstract

Aims: Indigenous patients in acute care often face cultural disconnection and distress due to separation from their community. Virtual reality (VR) offers new pathways for cultural engagement, yet Indigenous-specific content is limited. This project aims to co-create immersive Indigenous VR experiences and to evaluate their impact on cultural connection and well-being, with an emphasis on fostering interconnectedness between Indigenous and non-Indigenous peoples.

Methods: Using a Participatory Action Research framework, Indigenous partners and researchers co-created VR stories filmed at the UBC Museum of Anthropology and within Indigenous communities. Three rapid learning cycles were conducted with 10 older adult patients (five Indigenous and five non-Indigenous), 3 Indigenous residents living in long-term care, and 6 frontline staff. Patients and residents viewed the VR stories using headsets or projectors. Staff members also watched the stories, and semi-structured interviews captured the experiences of participants and staff, cultural resonance, and perceived well-being.

Results: Indigenous participants reported enhanced feelings of recognition and belonging. Non-Indigenous participants expressed curiosity and respect for Indigenous traditions, highlighting VR as a bridge for intercultural understanding. Staff identified VR storytelling as a meaningful engagement tool that could foster rapport and facilitate cultural conversations otherwise absent in regular care. The co-creation process strengthened partnerships, with Indigenous and non-Indigenous team members describing the work as relationally and emotionally impactful.

Conclusions: Indigenous VR storytelling is a feasible, culturally responsive approach that nurtures interconnectedness in acute care by supporting cultural identity, enhancing engagement, and building bridges across communities. Future work will inform refinement and guide implementation in both hospital and community settings.

P283

Subject-level Instabilities in Deep Learning for EEG-based Alzheimer's and Dementia Detection: A Call for Caution

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aim: EEG-based artificial intelligence (AI) models are gaining popularity for aiding in the diagnosis of Alzheimer's disease. While many such studies report promising accuracy rates, these results are typically shown as group averages. This study shows how such models may give an illusion of success, while failing to reliably detect Alzheimer's and dementia in specific individuals, limiting generalizability in real-life clinical settings.

Method: We chose and trained a Hopfield-based deep neural network using EEG recordings from 88 individuals—including those with Alzheimer's disease (A), frontotemporal-dementia (F), and healthy-controls (C). Data was split into 30-second windows and evaluated using a Leave-One-Subject-Out (LOSO) validation protocol. LOSO is a standard validation protocol for testing the trained AI models, especially in Medical AI. In LOSO, each patient's data is used to test/validate AI model that has been trained on the data from all other patients.

Results: Results suggest that Hopfield-network is a potential candidate to develop AI tools for Alzheimer's and dementia detection using EEG. However, deeper analysis reveals that high average performance can be misleading and may not reflect reliability at individual subject-level. While overall recognition results appeared strong (e.g., >80% for A vs C), we observed unexpected patterns. Some patients were classified with 100% accuracy before training began, indicating data-idiosyncrasies rather than model learning. Others showed 0% accuracy throughout training, and in several cases, accuracy for individual patients declined as training progressed—suggesting poor generalizability.

Conclusion: Standard performance reporting can conceal serious weaknesses in model generalization—posing a risk if such models are used in clinical decision-making. For clinical use, AI systems must be evaluated and reported at the patient level to ensure consistent generalizability. Hopfield-based deep learning architectures show promise in modeling EEG data, but their use must be accompanied by robust validation practices and transparent reporting before clinical deployment.

P284

The Erlangen Test of Activities of Daily Living – Chinese version (E-ADL-CN): Intercultural adaption and validation of a short performance test to measure activities of daily living in people with mild to severe dementia

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Impairments in activities of daily living (ADL) are essential for defining dementia. Conventional assessments – whether self- or proxy-rated – are biased and may not accurately reflect their actual abilities. The study aims to validate the Chinese version of the Erlangen Test of Activities in Daily Living (E-ADL-CN), a culturally adapted, performance-based assessment of ADL and IADL capabilities in people with mild to severe dementia.

Method: This is a cross-sectional observational validation study involving 120 residents of nursing homes with dementia in Shenyang and Dalian (China). The E-ADL-CN combines some ADL tasks (based on items from the E-ADL test; Graessel et al., 2009, International Psychogeriatrics 21:103-112.) with some IADL tasks (based on items from the ETAM; Luttenberger et al., 2016, BMC Geriatrics 16:111). The culturally adapted tasks are (1) making honey water, (2) peeling eggs, (3) handling finances, (4) sorting pills, (5) folding clothes, rated on a 7-point-scale (0–6). The total score ranges from 0 to 30 with higher scores indicating higher capabilities in performing ADL/IADL. Cronbach's alpha if item deleted, difficulty level and discriminatory power are calculated as item characteristics. An exploratory factor analysis is performed to clarify the item structure. Reliability is assessed through interrater (n=30) and test-retest reliability (n=30; 14-day interval). Validity is tested via correlations (convergent and divergent validity).

Results: The study is ongoing. The results for the parameters mentioned in the methods section will be reported.

Conclusion: The E-ADL-CN has the potential to improve functional assessment in people with dementia in Chinese care settings by providing a performance-based measurement of ADL/IADL capabilities. This should be less biased than self- and proxy-rating.

P285

Two sides of the same coin – is there a relationship between mild cognitive impairment (MCI) and mild behavioral impairment (MBI) in people with mild cognitive impairment?

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Mild cognitive impairment (MCI) and mild behavioral impairment (MBI) are both considered risk factors for the development of dementia. To date there is limited information on the effects of MBI on cognitive performance in individuals with MCI. Therefore, the aim was to investigate whether there are associations between MCI and MBI in people with MCI.

Method: The analysis was conducted using the baseline data from the double-blind, prospective, randomized-controlled MCI-CCT study. The current cognitive performance of persons with MCI was measured using the Montreal Cognitive Assessment (MoCA). MBI was assessed using the newly developed and validated, self-rating MBI short scale (MBI-S; Hinkl et al., 2025, *Annals of General Psychiatry* 24:35). Pearson correlations were used to examine the descriptive correlations between MBI and MCI score and its cognitive dimensions. Group differences (e. g. gender) were examined using t-tests for independent samples or Welch tests. At scale level, binary logistic regressions were performed for each MBI item.

Results: Neither in the total sample nor in the gender-specific analysis was a significant correlation between the current MoCA and MBI-S scores. After a median dichotomization of cognitive performance, significant correlations between MBI and MCI were found in individuals with lower MoCA scores. At the level of MCI dimensions, several significant correlations between MBI-S items and MoCA dimensions were found.

Conclusion: In people with MCI, we found a significant association between cognitive and behavioral impairment when the cognitive impairment was more pronounced. Therefore, the hypothesis of whether the relationship between MBI and MCI is stronger the more the cognitive impairment develops towards the dementia stage should be examined in future research. As part of this, it should be investigated how strong the predictive effect of MBI for the transition to dementia in people with MCI is.

P286

Development and validation of an inventory for posttraumatic stress disorder in dementia: the posttraumatic stress disorder with neurocognitive disorder inventory (PNI)

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aim: Recent literature has increasingly examined posttraumatic stress disorder (PTSD) in older adults, particularly in those living with dementia, also called neurocognitive disorder. Identifying PTSD in this population remains challenging due to symptom overlap and the limited suitability of existing validated instruments. This study aimed to develop and standardize a new instrument specifically designed to identify PTSD for people with dementia.

Method: We included 150 participants with dementia who had been exposed to a traumatic event. PTSD was evaluated using both self-report and hetero-assessment. In addition, care partners completed hetero-assessment focusing on their relative's behavioral and psychological symptoms in dementia.

Results: Analyses demonstrated that the new inventory showed good psychometric properties, with sensitivity of 0.88 and specificity of 0.78. Using DSM-5 criteria, an optimal cut-off score of 39 was identified (AUC = 0.879). The inventory showed good global internal consistency ($\alpha = 0.74$; $\kappa = 0.799$).

Conclusion: The Posttraumatic stress disorder with Neurocognitive disorder Inventory (PNI) appears to be a promising tool for identifying PTSD in the context of dementia. These findings emphasize the need for further research into PTSD and delayed-onset PTSD in this population, which remains underrepresented and lack adequate tailored care when comorbidity is present. Improving PTSD identification will enhance provided care for both care partners and their relatives.

P287

Ecological and Innovative Assessment of Prospective Memory in Virtual Reality in Mild Cognitive Impairment and Alzheimer Disease: a new task in Virtual Reality

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Missed appointments or upcoming events, or difficulties following medication treatment are common complaints reported during neuropsychological assessments in the context of a suspected neurodegenerative. These difficulties refer to a prospective memory (PM) impairment which corresponds to the ability to remember to perform an action at a specific moment in the future, a function that is crucial for preserving autonomy in everyday life. PM involves encoding, storing, and retrieving at the appropriate time a previously formulated intention, which is expressed through a future action. Despite the obvious interest in studying PM in populations with Alzheimer Disease (AD), neuropsychological assessments only very rarely include PM tasks.

This study aims therefore to question the precocity of PM disorders in early AD. It will consist in developing a tool allowing to test PM in an ecological way, adapted to patients with Mild Cognitive Impairment (MCI) and AD.

To this end, we have adapted an immersive VR-based PM task for use with patients with MCI and AD. Using a head mounted display, participants are immersed in a virtual city where they must perform previously learned prospective actions : event-based actions (triggered by external cues) and time-based (requiring self-initiated responses at the appropriate moment).

We will present this novel task along with preliminary results from healthy older adults and a pilot sample of patients with MCI or AD. We expect to observe an early impairment of PM, particularly in TB recall. This would suggest that PM deficits are linked to self-initiated processes and therefore cannot be solely attributed to retrospective memory. Finally, that this immersive, ecologically PM task will be sensitive to early impairments in MCI and early-stage AD. This approach holds promise for earlier diagnosis, a deeper understanding of the impact of PM deficits on everyday functioning, and the development of new VR-based remediation methods.

P288**Spotlight on anhedonia – Using event-based modelling to refine the early and accurate diagnosis of frontotemporal dementia**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Apathy is a core diagnostic feature of behavioural-variant frontotemporal dementia (bvFTD) but is also common in other dementias, including Alzheimer disease (AD), limiting its diagnostic specificity. Mounting evidence suggests that anhedonia (i.e., a reduced capacity to experience or pursue pleasure), may be more specific to FTD and represent a sensitive early marker. We applied event-based modelling to determine when apathy and anhedonia emerge across the bvFTD disease course, with the aim to improve early diagnosis and guide clinical screening processes.

Methods: We recruited 127 participants, including individuals with clinically probable bvFTD (n=59), clinically probable AD (n=27), and controls (n=41). Participants completed standardised assessments of cognition (Addenbrooke's Cognitive Examination-III), behavioural change including apathy (Cambridge Behavioural Inventory-Revised) and anhedonia (Temporal Experience of Pleasure Scale). These measures were incorporated into separate event-based models for each clinical group.

Results: Event-based modelling revealed distinct symptom profiles in each group. In bvFTD, anhedonia and apathy were the earliest clinical features, preceding changes in memory, attention, and verbal fluency. In AD, apathy emerged first, followed by a similar profile of cognitive decline as observed in bvFTD. Crucially, anhedonia was the final symptom to emerge in the AD model. This pattern highlights the early and specific emergence of anhedonia in bvFTD.

Conclusions: Anhedonia is an under-recognised yet clinically significant early feature of bvFTD. In contrast, apathy shows poorer discriminative utility between bvFTD and AD, especially in early stages of disease. Systematic screening for anhedonia has the potential to improve early and accurate diagnosis, inform interventions, and improve quality of life for both people with dementia and their carers. A priority for the field will be to embed clinical screening of anhedonia into routine practice and to develop targeted interventions to support meaningful engagement for people living with dementia.

P289

Facial emotion recognition in primary progressive aphasia: Insights from static and dynamic tasks

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Emotion recognition difficulties are increasingly recognized in primary progressive aphasia (PPA; Fittipaldi et al., 2019). Although dynamic tasks are recommended for their ecological validity, combining static and dynamic tasks has the potential to reveal distinct profiles underpinned by different mechanisms. This study therefore aimed to analyse static and dynamic emotion recognition performance in the three PPA variants: non-fluent (nfvPPA), semantic (svPPA), and logopenic (lvPPA).

Method: Twelve individuals with nfvPPA, 14 with svPPA, 11 with lvPPA, and 53 healthy controls (HC) were included (Table 1). Participants completed a static emotion recognition task (Ekman 60) and a dynamic task (TASIT). Group comparisons were performed using Kruskal–Wallis and Dunn's post-hoc tests. Within each group, static versus dynamic performance was then compared using Wilcoxon signed-rank tests.

Results: Compared with HC, individuals with nfvPPA showed reduced performance only on the static task, individuals with lvPPA showed reduced performance only on the dynamic task, and individuals with svPPA performed worse across both tasks (Figure 1). No differences were observed across the PPA groups on either task. Within-group analyses revealed reduced performance in the static vs dynamic condition in nfvPPA, and the reverse pattern (dynamic < static) in lvPPA. In contrast, no task difference was present in svPPA and HC.

Conclusions: Although all three PPA groups showed emotion recognition difficulties, their task-specific profiles differed, suggesting distinct underlying cognitive mechanisms. The absence of a modality effect in svPPA points to a primary emotion recognition deficit (Irish et al., 2013), whereas improved performance in the dynamic condition in nfvPPA suggests that difficulties are secondary to other cognitive impairments (Kumfor et al., 2011). Worse performance in lvPPA on the TASIT raises the question of the additional cognitive demands imposed by dynamic tasks. These distinct profiles underscore the importance of comprehensive assessment and may inform tailored interventions in PPA.

P290**The road to young-onset dementia diagnosis in Australia**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: The diagnosis of young-onset dementia (YOD) is frequently delayed due to its atypical symptoms and the limited awareness. This study aimed to explore the diagnostic experience in Australia, from multiple perspectives.

Methods: This sub-study of the Joint Solutions project utilised a mixed-methods design. Surveys and focus groups were conducted with individuals living with YOD, their caregivers, and clinicians across Australia. Quantitative data were analysed using descriptive statistics and comparisons, while qualitative data underwent thematic analysis.

Results: A total of 313 participants completed the surveys (majority female, 45% having lived experience). A subset (n = 47) also took part in focus groups. The mean age of symptom onset was 55.8 years, and the mean age at diagnosis was 57.9 years. Key positive findings included relatively timely diagnoses and involvement of specialised healthcare professionals, who highlighted the importance of thorough history-taking and a multifaceted diagnostic approach. However, participants noted several challenges, including geographical barriers, inconsistent diagnostic delivery (with some well-managed and others less so), and a need for improved caregiver education.

Conclusion: While improvements in diagnostic timelines have been observed, there remain significant barriers related to limited knowledge of YOD and unequal access to services. To enhance early diagnosis and care, increasing public awareness, improving clinician training, and streamlining referral processes are crucial.

P291

Early Language-Based Markers of Mild Cognitive Impairment in Italian-Speaking Population: Implications for Timely and Equitable Access to Dementia Diagnosis and Treatment

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Background: The development of new pharmacological treatments for dementia requires sensitive and accessible tools to early differentiate Mild Cognitive Impairment (MCI) from healthy aging. Linguistic analysis is emerging as a non-invasive, cost-effective, and scalable method for detecting MCI, facilitating timely access to second-level diagnostic investigations, ultimately enabling earlier pharmacological interventions. Yet, the majority of studies investigates English-speaking populations. This study focuses on early language-based MCI markers in Italian, an underrepresented language with different phonological and morphosyntactic properties than English, highlighting the role of language-specific properties in MCI detection.

Methods: Thirty-four Italian-speaking participants (13 healthy, 21 MCI) with no differences in age (mean=65.05 years; $p=0.073$) or education (mean=11.64 years; $p=0.842$) underwent the Mini-Mental State Examination (MMSE) and described the Cookie Theft picture (mean duration=69 seconds). Language samples were digitally recorded. Two experts in clinical linguistics analyzed phonetic-phonological, semantic-lexical, and morphosyntactic variables using the Screening for Aphasia in Neurodegeneration to detect differences in linguistic performances among groups and correlations between MMSE and linguistic measures.

Results: Compared to the healthy controls, MCI showed significantly higher number of pauses ($p=0.012$), pauses/words ($p<0.001$), morphosyntactic and phonolexical errors ($p=0.042$; $p=0.018$), and slower speech-rate ($p=0.005$). Significant correlations between MMSE and number of pauses ($r_s=-0.445$; $p=0.005$), pauses/words ($r_s=-0.562$; $p<0.001$), reformulation/sentences ($r_s=-0.393$; $p=0.029$), morphosyntactic and phonolexical errors ($r_s=-0.412$; $p=0.021$; $r_s=-0.436$; $p=0.014$), and speech-rate ($r_s=0.425$; $p=0.017$) revealed a progressive linguistic decline from healthy to MCI. Qualitatively, MCI showed weaknesses in referential abilities.

Conclusions: Linguistic analysis is a promising tool for early MCI detection and, consequently, timely treatment. Identifying Italian language-based MCI markers (morphosyntactic and phonolexical errors) promotes global equity in dementia care. Implementing linguistic analysis, also through Large-Language-Models, to timely detect at-risk individuals represents a key-future direction.

P292

Discrimination of subjective cognitive decline (SCD) in older adults using a quality of life measure: a cross-sectional study with cluster analysis using the CASP-19

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: This study aimed to identify patterns of Quality of life (QoL) in Cognitively unimpaired (CU) and Subjective cognitive decline (SCD) older adults using CASP-19.

Method: The sample consisted of 183 participants (80 CU, 103 SCD) from the CompAS, with a mean age of 66.46 years (range: 53–85). A two-step cluster analysis was cross-sectionally performed: hierarchical clustering (Ward's method) to determine the optimal number of clusters, followed by k-means for refinement. The distribution of CU and SCD participants across clusters was analyzed.

Results: Two clusters emerged: Cluster 1 (n=129) showed higher scores across nearly all CASP-19 items, reflecting higher perceived QoL; Cluster 2 (n=54) displayed consistently lower scores in almost all CASP-19 items. Differences between clusters were statistically significant for most items, except item 16 ("I choose to do new things"). Cluster 1 was significantly associated with CU participants, whereas Cluster 2 was predominantly composed of SCD individuals. Overall, 64.5% of participants were classified in accordance with their clinical diagnosis rising to 81.3% for CU and 37.9% for SCD, respectively in Cluster 1 and Cluster 2, with the proportion of correctly classified participants being statistically significant.

Conclusions: CASP-19 discriminates between CU and SCD older adults without objective cognitive impairment showing greater specificity than sensitivity in detecting diagnostic groups. Items from Self-realization, Pleasure, and Control domains of the CASP-19 were particularly relevant for the differentiation. Cluster analysis suggests that psychosocial indicators of QoL could be useful for distinguishing participants with CU and SCD.

P293**Implementation and Lessons Learned from the Co-design of a Dementia Registry in Canada****Ms Shawn Paron**¹, Ms Christa Studzinski²¹The Alzheimer Society of Ontario, Toronto, Canada. ²The Ontario Brain Institute, Toronto, Canada**Topic**

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

In anticipation of disease-modifying therapies (DMTs) for dementia, the Alzheimer Society of Ontario (ASO) and the Ontario Brain Institute (OBI) partnered in 2024 to investigate the feasibility and implementation of a dementia registry for Canada. The registry aims to: (1) provide complementary evidence to fill gaps in understanding the journey of people living with dementia (PLWD), particularly at earlier stages; and (2) establish observational cohorts to evaluate the real-world validity of screening, diagnosis, monitoring, and supportive interventions.

The project followed a phased approach. A jurisdictional scan of 235 studies across 18 registries in high-income countries identified promising practices and informed the development of a proposed minimum dataset. In the co-design phase, ASO and OBI engaged clinicians, researchers, PLWD, care partners, and other stakeholders to shape implementation strategies and standardized data elements. An expert advisory group continues to provide guidance on registry infrastructure, health equity, and culturally safe practices, including Indigenous participation.

Implementation began in three Ontario communities: Durham Region, Sault Ste. Marie & Algoma, and Sudbury–Manitoulin–North Bay. Among the first 124 participants (ages 35–94), Montreal Cognitive Assessment scores ranged from 7–29/30 (mean = 21), reflecting a wide range of cognitive function. Data collected include cognitive, functional, psychological, demographic, and quality-of-life measures, alongside health card data for linkage to administrative datasets. Six-month follow-up surveys capture diagnostic status, treatment planning, support networks, and gaps in care.

This community-based registry is one of the first in Canada to capture real-world data from individuals earlier in their dementia journey—a population underrepresented in existing registries. By prioritizing the lived experiences of PLWD and their care partners, the registry strengthens readiness for DMTs and contributes to a robust evidence base to inform dementia care pathways, equity-focused interventions, and future research.

P294

Advanced Biosensing Technology for Ultrasensitive Detection of Neurofilament Light Chain in Plasma Samples

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Early diagnosis of Alzheimer's disease (AD) remains a major challenge in dementia care. Current diagnostic tools, such as cerebrospinal fluid (CSF) analysis and neuroimaging, are invasive, costly, and unsuitable for large-scale or repeated screening. Blood-based biomarkers, including glial fibrillary acidic protein (GFAP), tau, and neurofilament light chain (NfL), have emerged as promising alternatives that reflect underlying neurodegeneration. Among these, NfL is a sensitive marker of axonal injury, yet its extremely low plasma concentration demands highly sensitive analytical platforms. We report the use of graphene-based field-effect transistor (G-FET) immunosensors for the ultrasensitive detection of NfL in plasma samples. The atomic-scale thickness of graphene enables direct transduction of biomolecular interactions into measurable electrical signals. To enhance device performance, the surface chemistry was optimised by increasing the coverage of linker molecules, thereby improving receptor immobilisation. To further mitigate Debye screening effects, antibody fragments were employed instead of whole IgG molecules. The use of fragments resulted in a fivefold improvement in the limit of detection, attributed to the closer proximity of antigen binding to the graphene surface. The G-FET platform demonstrated robust and reproducible performance in both spiked and clinical plasma matrices, maintaining high sensitivity and stability. Notably, the G-FET platform successfully quantified NfL levels in clinical samples from individuals with AD, yielding good recovery rates compared with the established SIMOA analytical method. This work highlights the potential of graphene-based biosensors as a rapid, minimally invasive tool for early AD diagnosis and monitoring.

P295

Unmet needs of people with probable dementia living at home in a rural region in Germany at their first contact with a network of health care stakeholder

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Background: Dementia Care Management is a guideline-based, person-centered approach designed to support people with dementia and their caregivers. The RoutineDeCM project aimed to implement and evaluate this model under real-world conditions in the region of Siegen-Wittgenstein, Germany.

Methods: In the prospective cohort study, n = 93 individuals with dementia or cognitive impairment and their primary caregivers were recruited through four regional providers (day care, physicians' network, hospital, counseling service for informal caregivers). Data were collected at baseline, 6 and 12 months by trained Dementia Care Managers during home visits. Assessments covered unmet needs (care management system, primary outcome), cognition (DemTect), frailty (EFS), quality of life (EQ-5D), and caregiver burden (ZBI-7).

Results: At baseline, participants were on average 78 years old; 55% were female and 71% had a formal dementia diagnosis. On average, 20.5 unmet needs per person were identified, mainly related to medical care, nursing support, and social services. Gender-specific differences emerged: women were more often living alone and reported poorer health, while men showed greater functional limitations but less subjective burden. Recruitment setting also shaped the sample: participants in day care were older and frailer, while those recruited via counseling services were more often formally diagnosed and higher educated.

Conclusion: Baseline findings highlight the substantial unmet needs of people with dementia and the heterogeneity of the target group. Dementia Care Management enables tailored care planning and improves visibility of service gaps. Diverse recruitment pathways proved essential to reach a broad and heterogeneous population.

P296

Interprofessional Collaboration: A Primary Care-Based Intervention for Standardized Dementia Diagnosis and Integrated Support

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: A HK local study in 2022 showed 40% of newly diagnosed dementia waited >48 months for GP consultation. This study aims to develop a sustainable medical-social collaboration model facilitates timely consultations with General Practitioners (GPs) and fosters diagnosis of dementia and Mild Cognitive Impairment (MCI). This intervention seeks to overcome identified gaps including stigma, denial and inadequate clinical training in diagnostic processes, by standardizing pre-diagnostic assessment protocols and continuity of comprehensive post-diagnostic support to link clinical decisions with established social support networks.

Method: A cross-sectional study design is used to record diagnostic process utilizing NGO professionals mainly Social Workers/Nurses to proactively refer undiagnosed elderly with cognitive decline failing the standardized package including pre-diagnostic assessments of MoCA(≤ 16 th), FAST(Stage>2), GDS-4, NPI-Q and 2 times of GP consultation with CT-brain and 9 blood tests. A core component is the provision of an 8-hour GP training focused on implementing consistent validated assessments and investigation items covering cognitive functioning and behaviors. The information is crucial to inform the consultation process for dementia/MCI differentiation, and prepare post-diagnostic support by NGO resources.

Results: 186 participants were referred after failing the standardized package, 97.3% (n=181) were diagnosed with dementia/MCI, the percentage was high and it is also remarkable that this model successfully sends screened clients to visit GPs within 60 days with diagnosis. The implementation of this model demonstrated the feasibility of achieving systemic integration.

Conclusion: The implemented medical-social collaboration model provides a strong, replicable blueprint for reinforcing health systems widely to meet the imperatives of timely dementia diagnosis and integrated post-diagnostic care. By standardizing protocols and embedding collaborative professional training alongside tailored NGO support, this initiative resulted in high diagnostic rate offers a practical strategy for enhancing diagnostic equity and significantly improving the process of newly diagnosing people living with dementia.

P297

Urban-rural disparities in dementia diagnosis – results of a population register: digiDEM Bayern

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Timely diagnosis of dementia is crucial for initiating adequate treatment and care. People from rural areas face particular barriers in accessing diagnostic services. Therefore, this analysis aims to examine potential differences in mild cognitive impairment (MCI) and dementia diagnostic rates between urban and rural areas in Bavaria.

Method: We conducted a cross-sectional analysis using baseline data from the multicentre, prospective register study 'digiDEM Bayern'. Participants were categorised into 'predominantly urban', 'semi-urban', or 'predominantly rural' according to the classification of the Federal Institute for Research on Building, Urban Affairs and Spatial Development (BBSR). A logistic regression model was used to examine the association between the urban-rural classification and the presence of a formal MCI or dementia diagnosis. Key covariates, such as age, sex, education level, and cognitive status, were included to adjust for potential confounding factors.

Results: The analysis included 1,576 participants (mean age: 80.1; 59.1% female). At baseline, 559 (35.47%) had received a formal diagnosis. The results revealed significant disparities in diagnostic rates between predominantly urban (51.74%), semi-urban (30.37%), and predominantly rural (20.03%) areas. Living in a predominantly rural area was associated with lower odds of receiving a diagnosis.

Conclusion: The results show an urban-rural divide in dementia diagnosis. These disparities may exist due to differences in healthcare access and variations in symptom awareness among primary care physicians and the general public in rural areas. The findings highlight the urgent need for targeted strategies to improve diagnosis in rural areas and ensure equitable access.

Funding: The project is funded by the Bavarian State Ministry of Health, Care and Prevention (StMGp) as part of the funding initiative 'BAYERN DIGITAL II' (funding: G42d-G8300-2017/1606-83).

P298**A Solution for Today: Project ECHO and How It Can Equip Every Community to Provide High Quality Dementia Care**

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Alzheimer's Association, USA

Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Across the globe, critical workforce shortages limit access to specialized Alzheimer's and dementia diagnosis and care, particularly in underserved and rural communities. Project ECHO is a groundbreaking, evidence-based initiative designed to address this gap by creating virtual learning networks that connect community-based health workers with dementia experts. Through technology-enabled collaborative learning, Project ECHO empowers local health workers to deliver high-quality, culturally competent care within their own communities.

The ECHO model facilitates real-time learning and ongoing support, allowing health workers to build expertise in complex care delivery by engaging in iterative case-based discussions and guided mentorship. This approach builds knowledge and confidence while expanding access to care for individuals and families in areas where care and services are limited or nonexistent.

Since 2018, the Alzheimer's Association has been at the forefront of offering Project ECHO programs for health workers across the care continuum. These programs have reached over 2,400 health workers, equipping them to deliver earlier and accurate diagnosis, manage care effectively, and support individuals living with Alzheimer's or another dementia – and their families – in communities across the U.S. In 2024, the Association became a Global Dementia ECHO Superhub, enabling it to train and mentor organizations globally to launch their own dementia-focused ECHO programs.

Despite its low implementation costs and proven effectiveness, few countries outside the U.S. have adopted the ECHO model for Alzheimer's and other dementia care. To address this gap, the Alzheimer's Association continues to champion its global expansion, envisioning a future where every community is dementia-capable – equipped with empowered professionals, coordinated care systems, and the resources needed to support individuals and families. This session will provide an overview of Project ECHO, share the Association's experience implementing the model, and explore how the Association can help develop dementia ECHO programs in countries around the world.

P299

Huddling to Survive: Improving Efficiency, Morale, Training and Patient Care by Streamlining Dementia Services in the Post-COVID Era. A Quality Improvement Project

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

IntroductionThe COVID-19 pandemic forced many NHS services to adopt digital solutions, often in ad hoc and inefficient ways. Staff became inundated with emails and administrative tasks, reducing time for patient care and contributing to burnout.

Methods: We monitored email flow to the consultant and surveyed staff before and after a complete redesign of our Multi-Disciplinary Team (MDT) processes. Changes included: a hybrid weekly MDT with clear remit and agenda, and a structured, optional daily virtual “huddle” with the consultant and resident doctors on non-MDT days. Medical and nursing students were also invited to attend.

Results: Post-implementation, 100% (7/7) of respondents reported improved productivity, and 83% (5/6) felt the changes saved time. Perceptions of the MDT improved markedly: 100% (7/7) rated it well organised, up from 50% (5/10) before, and all respondents agreed (1/7) or strongly agreed (6/7) that it was efficient and effective, compared with only 30% (3/10) pre-intervention. Free-text comments highlighted easier access to timely advice, better planning of nursing visits, and enhanced teaching opportunities. Despite rising referrals and workload, emails to the consultant fell by ~19% in the year following implementation.

Conclusions: Thoughtful use of technology can transform NHS services, improving efficiency, morale, and training. However, like any sharp instrument, it must be applied carefully to avoid unintended harms. This project shows that small, targeted changes can deliver significant benefits, offering a practical model for post-pandemic service improvement.

P300

VeraBIND Tau: A novel plasma assay to detect active tau pathology in asymptomatic patients for clinical trial recruitment

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Background: Considering recent data demonstrating the development of symptomatology within ≤ 5 years of tau-PET positivity, there is a large unmet need for a less invasive, affordable, and scalable method of detection. Current plasma-based assays such as pTau217 are more reflective of amyloidosis rather than tau pathology and are only indicated for symptomatic patients. VeraBIND Tau, a novel blood-based assay, detects the presence of pathologically active hyperphosphorylated tau (HP-tau) in patients with and without symptoms of cognitive decline. As an alternative to tau-PET imaging, this assay provides actionable insights into early Alzheimer's disease tau pathology detection, trial enrichment, and disease progression monitoring.

Methods: Plasma samples (N=145) from individuals who were cognitively unimpaired, had MCI or AD dementia were examined for HP-tau activity by VeraBIND Tau. Amyloid status was determined using either CSF or amyloid-PET, ¹⁸F-MK6240 tau-PET status was determined visually as negative (Braak 0) or positive (Braak ≥ 1), and plasma pTau217 was quantified using Lumipulse.

Results: VeraBIND Tau strongly correlated with ¹⁸F-MK6240 tau PET and demonstrated robust differentiation between tau-positive cognitively unimpaired individuals and those with MCI or AD dementia (overall accuracy 95.9%, AUC 0.951). Importantly, VeraBIND Tau identified at-risk individuals earlier than clinical diagnosis and outperformed plasma p-tau217 in predicting early-stage pathology (Braak-like stages I-III, VeraBIND Tau AUC 0.940 vs. pTau217 AUC 0.735). Internal modeling of trial enrollment scenarios shows incorporating VeraBIND Tau as a pre-screen can reduce tau PET screening significantly: identifying those who are most likely to progress, reducing both enrollment and overall clinical trial timelines and costs. Longitudinal tracking using the VeraBIND Tau Score may also provide utility for monitoring therapeutic responses.

Conclusions: VeraBIND Tau represents a clinically viable, scalable blood test for tau pathology that may improve trial participant identification, reduce tau PET utilization, and enable more precise evaluation of drug effect on tau pathology.

P301**Progranulin and neurodegeneration: genetic and neuropsychological profiles**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract**Aims:**

Mutations in the progranulin gene (GRN), located on chromosome 17, are predominantly found in Northern Italy and are associated with a wide range of clinical phenotypes within the spectrum of neurodegenerative disorders.

Materials: We retrospectively identified patients carrying GRN mutations who were evaluated at the Cognitive Neurology Clinic of AUSL-IRCCS Reggio Emilia between 2015 and 2024 (n = 20).

Methods: Clinical data were collected, including age at symptom onset and age at diagnosis. Neuropsychological test results were analyzed across specific cognitive domains (executive functions, attention, language, memory, visuospatial and visuoconstructive abilities) to outline cognitive profiles. Additional data included neuroimaging findings (brain MRI, FDG-PET) and cerebrospinal fluid biomarker analyses for dementia.

A subset of 12 patients who completed a full neuropsychological assessment was selected for the analysis. Another group of 8 patients with the same clinical phenotypes but no known genetic mutations has been chosen for comparison.

Results: Preliminary findings revealed two clinical phenotypes within our cohort: non-fluent variant primary progressive aphasia (nfvPPA; n = 12) and behavioral variant frontotemporal dementia (bvFTD; n = 8). Our analysis identified three main findings:

- i) Distinctive neuropsychological profiles emerged among GRN mutation carriers compared to non-carriers with nfvPPA or bvFTD, highlighting a greater cognitive impairment associated with GRN mutations;
- ii) Phenotype-specific cognitive differences were observed: GRN mutation carriers with nfvPPA showed more pronounced executive function deficits, while those with bvFTD exhibited predominant visuospatial deficits;
- iii) Cognitive-imaging correlations revealed that neuroimaging patterns mirrored clinical profiles: bvFTD cases displayed marked right-sided atrophy and hypometabolism, whereas in nfvPPA, atrophic and hypometabolic changes were mainly lateralized to the left hemisphere.

Conclusions: This study aims to provide a detailed characterization of the neuropsychological features associated with GRN-related nfvPPA and bvFTD, contributing to the understanding of genotype-phenotype relationships in frontotemporal lobar degeneration.

P302**Validation of an assessment tool for dementia diagnosis and cognitive tracking in persons with intellectual disability living in Singapore**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Individuals with intellectual disability (ID) are now living longer. With this extended longevity, diagnosing prodromal dementia in people with ID is a major challenge. Consensus criteria for both dementia and MCI established for neurotypical older adults are of limited applicability for adults with ID, given their pre-existing cognitive impairments. Early diagnosis will continue to be of growing importance, both to support symptomatic or disease-modifying treatments and to prevent irreversible neuropathology when future medical interventions are available to buffer the disease progression. The increasing number of individuals with ID who are at risk of developing dementia highlights the need to use measures with strong psychometric properties for the screening, assessment and diagnostic process. There is an unmet need for empirically based assessment methods and classification criteria for diagnosing MCI and dementia in adults with ID. We present pilot study data in establishing the psychometric properties of a selected set of diagnostic tools intended to assess dementia and MCI, and to prospectively track cognitive progression, in adults with ID living in Singapore. While several assessment tools are available globally, few have been specifically customized or standardized for this population and provide comprehensive information regarding reliability and validity. This pilot study also aims to establish local norms for cognitive changes expected with "healthy aging" in the ID population. We anticipate that the findings from this study could potentially support future studies to determine if subtypes of MCI (amnesic vs. non-amnesic) can be reliably identified in adults with ID and how best to characterize their distinctive features. We further investigate ways to mitigate floor effects of such assessment methods in individuals with severe or profound ID. More accurate assessment of diagnostic thresholds is needed across the spectrum of intellectual disabilities.

P303

Construct Validity of the RTI-E in Assessing Functional Cognition of People Living with Dementia

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Introduction: Understanding how changes in cognition affect daily life is essential for supporting people living with dementia in maintaining participation and autonomy. The Routine Task Inventory – Expanded (RTI-E) provides a person-centred assessment of everyday functioning through three complementary perspectives: the person's self-report, the care partner's report, and the therapist's direct observation of the same routine tasks. This multidimensional approach helps identify how cognition is expressed in real-life activities.

Objective: To examine the construct validity of the RTI-E by analysing its relationship with cognitive measures.

Method: Correlations were calculated between the RTI-E (in its three reporting formats) and the Cambridge Cognitive Examination (CAMCOG), the Mini-Mental State Examination (MMSE). Pearson's coefficients were analysed for the RTI-E subscales of Basic Activities of Daily Living (BADL), Instrumental Activities of Daily Living (IADL), Communication, and Readiness for Work.

Results: The RTI-E showed strong correlations with both cognitive measures when completed by the care partner or observed by the therapist, particularly for the IADL scale ($r = 0.91$; $p < 0.001$). The self-report version demonstrated moderate correlations, which may reflect reduced insight or memory limitations in people living with dementia. The Readiness for Work scale did not show significant correlations. Similar patterns were found when comparing the RTI-E to the Lawton & Brody scale: strong correlations for care partner and therapist versions, and moderate correlations for self-report.

Conclusion: Findings support the construct validity of the RTI-E as a person-centred measure of functional cognition in people living with dementia. By integrating information from the person, their care partner, and direct observation, the RTI-E captures real-world abilities and challenges, providing valuable guidance for occupational therapy interventions aimed at supporting daily participation and quality of life.

P304

Associations of a Novel Sleep-Mediated Neuropsychological Battery to Plasma Biomarkers of Neurodegeneration

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Sleep-mediated cognitive processes, especially episodic memory and executive function, are associated with brain neurodegeneration. Leveraging fast and easy sleep-mediated cognitive tests in clinic may lead to improved diagnosis, prognosis, and treatment response assessments. Here, we examined whether a novel Sleep-Mediated Neuropsychological Battery (SM-NP) can predict neurodegenerative brain burden, as represented in plasma biomarkers.

Method: We recruited 45 older patients with either cognitive or sleep disorders and non-impaired controls (Age 66.5 ± 9.9 ; F:M 24:21) through our center. Participants underwent structured clinical examinations, within-day neuropsychological testing, actigraphy, polysomnography, pre- and post-sleep plasma analyses (p-tau217, total Tau, A β 40, A β 42, GFAP, NFL, insulin, cortisol), and the 12-minute-long SM-NP containing a 9-item learning task and a phonemic fluency task. We explored associations between pre- and post-sleep plasma biomarkers and SM-NP metrics through parametric correlations and partial correlations, and applied 5-fold linear discriminant analysis using SM-NP metrics to classify people into high vs. low likelihood of Alzheimer's disease (AD) pathology using p-tau217 as the gold standard (<0.4 or >0.63 pg/mL). Multiple comparisons were addressed with Holm–Bonferroni correction.

Results: Learning, recall, and recognition metrics were associated with pre- and post-sleep p-tau217 and GFAP ($r = -0.53$ - -0.69 ; $p < 0.0001$), whereas only pre-sleep phonemic fluency was associated with pre-sleep p-tau217 ($r = -0.54$; $p = 0.0001$), suggesting that executive difficulties are accentuated at night in people with neurodegeneration. SM-NP classification accuracy was 80.5%, with episodic memory metrics having the highest loadings (-0.66 - -0.79), age having a lower loading (0.55), and sex and phonemic fluency having the lowest (-0.13 - 0.09). Pre- to post-sleep p-tau217-based AD grouping changed in 14.3%, with morning values being larger.

Conclusions: The SM-NP is easy-to-administer and fast and is both correlated to and accurate in predicting neurodegeneration-associated plasma biomarkers. Furthermore, different timing of blood collection modifies the sensitivity and specificity of plasma p-tau217.

P305

APOE Genotype Distribution and Its Association with Cognitive Performance Among Older Malaysian Adults in the AGELESS Cohort

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Background: Cognitive frailty, characterized by the co-existence of mild cognitive impairment and physical frailty, is a key precursor to disability, dependence, and dementia. The apolipoprotein E (APOE) gene, essential in lipid metabolism and neuronal repair, exists as three major alleles: $\epsilon 2$ (protective), $\epsilon 3$ (neutral), and $\epsilon 4$ (a major genetic risk factor for Alzheimer's disease, particularly in homozygotes). This study investigated the distribution of APOE genotypes and their association with cognitive function, assessed using the Montreal Cognitive Assessment (MoCA), among participants in a Malaysian ageing cohort (AGELESS).

Methodology: A total of 585 participants (mean age $\pm$ SD = 72.4 $\pm$ 6.3 years) were genotyped using TaqMan SNP assays targeting rs429358 and rs7412. MoCA scores were available for all 585 at baseline and for 253 at two-year follow-up. Genotypes were grouped as $\epsilon 2$, $\epsilon 3$, and $\epsilon 4$. Group comparisons employed ANOVA, Kruskal-Wallis, and chi-square tests ($p < 0.05$). MoCA score changes were categorised as decline (≤ -2), stable (-1 to $+1$), or improvement ($\geq +2$). Sociodemographic factors, including age, sex, and ethnicity, were analysed for genotype distribution.

Results: At baseline, 76.0% of participants scored ≥ 26 on the MoCA, suggesting normal cognition. Across both time points, $\epsilon 3/\epsilon 3$ carriers represented the largest proportion of individuals with lower MoCA scores (≤ 25), followed by $\epsilon 3/\epsilon 4$ & $\epsilon 4/\epsilon 4$, $\epsilon 2/\epsilon 2$ & $\epsilon 2/\epsilon 3$, and $\epsilon 2/\epsilon 4$ groups. Median follow-up MoCA scores ranged from 29 (IQR 3) to 25.5 (IQR 3), with no significant group differences ($p = 0.251$). Cognitive decline (≤ -2 points) occurred most frequently in $\epsilon 3/\epsilon 3$ carriers (68.5%) and least in $\epsilon 2/\epsilon 4$ (2.2%), while overall changes across genotypes were non-significant ($p = 0.581$).

Conclusions: Consistent with global data, $\epsilon 3/\epsilon 3$ was the most common genotype. While descriptive trends linked $\epsilon 2/\epsilon 4$ to poorer cognitive outcomes, significance was not reached. This study enriches regional understanding of APOE-related cognition and provides groundwork for future longitudinal and mechanistic research in Malaysian ageing populations.

P306**COGSOC-AM battery for the assessment of social cognition in older Mexican adults****Dr Adela Hernández Galván**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Introduction. Social cognition (SC) is a multidimensional construct that includes emotional and reasoning processes for responding to complex everyday social situations. SC is one of the cognitive domains affected in dementia; however, in neuropsychology, instruments for its objective assessment remain scarce, especially in Spanish-speaking, middle-income countries such as Mexico.

Aims: To design a valid and psychometrically appropriate battery for the assessment of SC in older Mexican adults.

Method: An Instrumental study in which the COGSOC-AM battery was created and tested. This battery assesses three dimensions of SC: social reasoning, social perception, and decision-making with six subtests (Identifying Absurdities, Understanding Causal Relationships, Judgment Ability, Recognizing Emotions in Faces, the Decision-Making Scale, and the Iowa Gambling Task). The internal validity study was conducted in 70 older Mexican adults with no cognitive impairment. Their mean age was 71.6 years (SD=6.4), their average education was 9.4 years (SD=4.1), and their average Mini-Mental Score was 28.4 (SD=1.3). Participants had no neurological or psychiatric illnesses, nor depression, according to the Yesavage Geriatric Depression Scale (mean score 2.1, SD=1.7). Psychometric analysis of the items was performed using Iteman 4.2.1 software. Cronbach's alpha was calculated for each subtest and for the entire battery. The internal structure of the battery was confirmed by an exploratory factor analysis.

Results: After eliminating psychometrically weak items, the following reliability coefficients were obtained: Identification of Absurdities (0.82), Understanding Causal Relationships (0.75), Judgment Capacity (0.65), Naming of Emotions (0.86), and Decision-Making Assessment Scale (0.90). The total Cronbach's alpha was 0.96. Factor analysis confirmed three factors: Social Reasoning (31.8% of explained variance), Emotion Recognition (22.5%), and Decision-Making (13.4%).

Conclusions: The psychometric indicators of all subtests are acceptable. The COGSOC-AM is appropriate for use in research with the Mexican population. Future studies will confirm the instrument's ability to distinguish between individuals with and without cognitive impairment.

P307

NeuroDeGene 2.0: targeted NGS genetic variant panel and machine learning models for differential diagnosis of dementia

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: NeuroDeGene 2.0 is a targeted capture NGS panel for precision medicine applications such as early detection, risk prediction, and patient stratification across 19 neurodegenerative diseases (NDs), with a primary focus on Alzheimer's disease (AD). A central goal is improved differential diagnosis by jointly modelling variants across diseases.

Methods: The panel includes 15,533 curated coding and non-coding variants from GWAS, ClinVar, and expert curation. Whole-blood DNA from 788 participants in the multicentre ADDIA cohort (NCT03030586) was sequenced on NovaSeq X and processed with an in-house variant calling pipeline (FiraGene). Analyses included univariate odds ratios, polygenic risk scores (PRS) from five AD GWAS, and machine-learning models integrating APOE, PRS, and targeted variants. External validation used the ADNI cohort.

Results: In AD, APOE remains the main driver of genetic risk, and the expanded panel refines effect size estimates for established loci. In ADDIA, a PRS derived from Schwartzentruber et al. best explained disease-group separation and served as baseline. Machine-learning models combining APOE, PRS, and panel variants achieved further gains in discrimination (AUC 0.82), with consistent performance in ADNI. The cross-disease design supports differential diagnosis, separating AD from other dementias, highlighted by the ability to distinguish AD from FTD (AUC 0.90) more reliably than single-disease signatures.

Conclusions: NeuroDeGene 2.0 translates broader genetic coverage into practical gains for early detection and differential diagnosis, while providing insights into the genetic underpinnings of NDs. By bringing disease-specific and cross-disease genetic variants into a single assay, it supports clinical triage and trial enrichment and fits pre-screening workflows for disease-modifying therapies such as lecanemab and donanemab. The potential for integration with other biomarkers, such as blood-based biomarkers and imaging, promises to further enhance its clinical utility.

P308

Integration of MRI Features and APOE Genotype Improves Early Alzheimer's Disease Classification

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: To assess whether structural MRI data can discriminate mild Alzheimer's disease (miAD) from healthy controls (HC) using a Least Absolute Shrinkage and Selection Operator (LASSO) model, and to evaluate the added predictive value of the APOE genotype.

Methods: The study included 188 HC and 104 miAD participants. Cortical thickness and volumetric MRI features were standardized for analysis. APOE genotyping was performed using the **APO-Easy**® Genotyping kit (Firalis S.A., France). A LASSO logistic regression model with 10-fold cross-validation (100 repetitions) was used for feature selection and performance assessment. The most stable MRI predictors were identified based on variable importance and selection frequency. Model performance was evaluated by comparing accuracy, sensitivity, specificity, and AUC, with and without APOE integration.

Results: MRI-based classification achieved an accuracy of **84.3% (95% CI: 75.0–91.1%)**, with sensitivity and specificity of **78.1%** and **87.7%** (Kappa = 0.66, balanced accuracy = 82.9%). Adding APOE genotype information improved the model's accuracy to **88.8% (95% CI: 80.3–94.5%)**, with sensitivity of **81.3%** and specificity of **92.9%** (Kappa = 0.75, balanced accuracy = 87.1%). The integration of genetic data enhanced both classification accuracy and model robustness, reflecting the complementary contribution of APOE to MRI-based discrimination.

Conclusions: LASSO-based modeling identified a stable set of MRI features capable of distinguishing patients suffering from mild Alzheimer's disease from healthy controls. Incorporating APOE genotype further improved classification performance, supporting the utility of multimodal approaches that combine neuroimaging and genetic biomarkers for early diagnosis and risk stratification in Alzheimer's disease.

P309

Artificial Intelligence and Machine Learning in the Early Detection and Prediction of Alzheimer's Disease

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Artificial Intelligence and Machine Learning in the Early Detection and Prediction of Alzheimer's Disease

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Introduction: Alzheimer's disease (AD) is a major global health challenge characterised by progressive cognitive decline and limited therapeutic options. Early diagnosis is essential for disease modification, yet current methods detect AD only after significant neurodegeneration has occurred. Artificial intelligence (AI) and machine learning (ML) offer the potential to identify subtle, multimodal biomarkers before clinical symptoms emerge. This abstract presents findings from an ongoing study currently under peer review, exploring how AI-driven models can enhance early detection and risk prediction in AD.

Materials and Methods: We conducted a systematic synthesis of studies published between 2015 and 2024 examining the application of AI and ML to neuroimaging, genetic, electrophysiological, and clinical datasets. Data were extracted from PubMed, IEEE Xplore, and Scopus. Studies were evaluated for model type, data modality, performance metrics, and validation methods.

Results: Deep learning and ensemble ML models demonstrated superior diagnostic accuracy in distinguishing early AD and mild cognitive impairment compared to conventional techniques. Integrating multimodal data, MRI, PET, CSF biomarkers, and cognitive tests significantly improved sensitivity and predictive power. However, challenges persist regarding dataset heterogeneity, reproducibility, and algorithmic interpretability.

Conclusions: AI and ML approaches show strong potential to redefine early detection and prognosis in Alzheimer's disease. Multimodal, transparent, and clinically validated models could transform diagnostic workflows and support precision-guided interventions. Future research should prioritise ethical governance, cross-cohort validation, and real-world clinical integration to ensure equitable and responsible adoption.

P310**Integrative analysis of loss-of-function mutation with mr volumetric feature for identification of early mild cognitive impairment condition**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Existing research has established CR1 as an important genetic factor in the risk of Alzheimer's disease (AD). Previous studies focused only on genetic features or volumetric features separately that leaves the genotype-phenotype relationship underexplored in EMCI. To address this gap, the impact of both CR1-LoF mutation and MRI-measured ventricle volume in Early Mild Cognitive Impairment (EMCI) and healthy controls (HC) has been carried out, to determine the association in each group.

Methods: Structural MR Images and genetic data have been collected from the ADNI database for 61 EMCI and 60 HC subjects. The MR images have been processed using FreeSurfer software, and volumetric features for the Lateral Ventricles have been extracted. Genetic data has been pre-processed with the SnpEff tool to extract protein-coding, and to get the percentage of CR1 gene mutations that cause a LoF. A Correlation analysis of LoF percentage and volumetric features has been carried out using Spearman's correlation. Then, Fisher's Z-transform has been applied to convert the correlation coefficient into values that have a normal distribution and stable variance. Cohen's q has been calculated to quantify differences between groups and to find the strength of the relationship in each group.

Results: A positive correlation has been observed between CR1 LoF percentage and lateral ventricle volume in people with EMCI, with a Spearman's coefficient of 0.291 and a p-value of 0.024. A negative correlation has been observed in HC. A Cohen's q of 0.49 with pdiff < 0.02 indicates structural changes in the Ventricles are closely associated with LOF mutational changes in CR1.

Conclusion: Significant correlation is observed between CR1 LoF percentage and the lateral ventricle volume. It infers that a combination of genetic and brain imaging features can be used as biomarkers for identifying the EMCI condition.

P311

A graphene-based point-of-care decision support tool for Alzheimer's disease blood-based biomarkers

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Blood-based biomarkers (BBBs) have introduced a significant step towards delivering a less invasive and reliable diagnostic method for Alzheimer's Disease (AD). This is especially crucial for providing access to new treatment options. However, current diagnostic equipment lies primarily in dedicated labs, it is rather expensive and time-consuming, making it inaccessible to the wider population in need. The aim of our research (under the EU-funded 2D-BioPAD project – GA 101120706) is to introduce a faster, more cost-effective, reliable, and digitally enabled Point-of-Care (PoC) decision support tool, capable of measuring the concentration of several AD-related BBBs in one test strip, directly in the hands of the healthcare professional.

Method: The research employs graphene-based biosensing technologies together with antibodies and aptamers as bioreceptors and magnetic nanoparticles for sample purification, flow control, and signal amplification. The performance of the device has been evaluated in plasma solutions and is planned to be tested with 60 plasma samples, 30 control (clear of all biomarkers) and 30 AD positive (at least A β positive and a clinical diagnosis of Mild Cognitive Impairment or AD) from three European clinical centers, before progressing to evaluation in real world clinical settings. Benchmarking will be performed for all samples with the latest clinical standard practices for BBBs.

Results: Preliminary results have showcased picomolar sensitivity with newly developed GFAP and NfL aptamers, as well as commercial A β 1-40 and A β 1-42 antibodies in plasma. Testing for p-Tau217 is ongoing. Continuous improvements are evaluated, including additional bioreceptors, to further lower the limit of detection.

Conclusion: Graphene-based biosensors showcase promising potential for introducing a more cost-effective alternative for PoC testing of BBBs for AD. Further improvements are required to reach the level of detection required for AD-related BBBs. Performance evaluation with benchmarks will provide further evidence on performance.

P312

NeuroDeGene®: An innovative AI-driven genetic diagnostics tool for precision medicine applications in neurodegenerative diseases

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Neurodegenerative diseases (NDs) such as Alzheimer's disease (AD), non-AD dementias, Parkinson's disease (PD), and amyotrophic lateral sclerosis (ALS) represent a major and increasing health burden. The NeuroDeGene consortium has developed an innovative genetic diagnostics platform designed to enhance characterization and clinical management of individuals affected by these disorders. The NeuroDeGene® panel aims to support precision medicine initiatives, including earlier and more accurate diagnosis, patient stratification, identification of disease progression profiles, and prediction of therapeutic responses.

Methods: NeuroDeGene® is a next-generation sequencing (NGS)-based panel coupled with a fully automated bioinformatics workflow (FiraGene®), detecting 15,533 genetic variants across both coding and regulatory regions. The platform integrates AI-derived polygenic risk scores (Ai-PRS) to strengthen predictive performance and facilitate clinical interpretation. Validation is currently being conducted on 3,200 patient samples with comprehensive clinical datasets. The project's goal is to achieve regulatory qualification as an in vitro diagnostic (IVD) device under CE-IVDR and De Novo FDA frameworks, covering six dementia-related conditions (AD, DLB, FTD, PSP, CBD, PDD), PD, and ALS.

Results: Analytical validation demonstrated that the NeuroDeGene® panel captures over 99% of known variants linked to ND susceptibility, offering superior genomic coverage compared to conventional NGS solutions. The integration of AI-based models significantly improves risk prediction and enables more refined stratification of dementia subgroups. Current developments include specific Ai-PRS models for early PD detection and algorithms for distinguishing slow versus fast ALS progressors. Clinical validation efforts are being extended through WGS dataset analyses.

Conclusion: NeuroDeGene® outperforms traditional WGS-based approaches in comprehensive variant detection, providing a more efficient and cost-effective solution for genetic profiling in NDs. The integration of Ai-PRS paves the way for actionable precision medicine, supporting earlier diagnosis, personalized disease monitoring, and optimized patient stratification. Ultimately, this tool may help improve clinical outcomes and advance preventive strategies for individuals affected by NDs.

P313

Patient-centered priorities for enhancing neuropsychological practice in neurocognitive disorders: a two-stage study from the SIGNATURE initiative

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Background: In the evolving landscape of the diagnosis and care of neurocognitive disorders (NCDs), neuropsychology has assumed a renewed and expanded role. Emerging models of patient-centered care emphasize the importance of incorporating the experience of people living with NCDs and their caregivers into the development of assessment protocols. However, their perspectives on the design of neuropsychological practices and protocols remain largely underrepresented.

Objective: This work describes a two-stage project within Phase 3 of the SIGNATURE initiative aimed at identifying patient-centered set of needs and priorities that are meaningful for the improvement of neuropsychological examination in clinics.

Methods: As a first step, we conducted an online survey among European caregivers of people living with NCDs for the evaluation of the perceived utility of neuropsychology examinations, and the accessibility and clarity of assessment reports. Then, we conducted two focus groups among clinical experts and representatives of European caregivers and patient associations to elicit a comprehensive list of needs and priorities for the improvement of neuropsychological examinations. Focus group activities were analyzed using a thematic analysis approach.

Results: A total of 198 caregivers (mean age 57±12; 69% female) completed the online survey. 35-38% of respondents rated neuropsychological reports as unclear, emphasizing the importance of improving accessibility through clearer terminology, explanatory legends, and alignment with caregivers' everyday understanding. Thematic analysis identified three overarching themes, namely patient and family engagement, healthcare literacy and translational psycho-education.

Discussion: This study highlights the need to bridge communication gaps with professionals translating clinical information into practical guidance to support daily functioning and caregiving to foster shared understanding, empowerment, and collaboration throughout the diagnosis and care management of people with NCDs.

P314**LANGaware: Validation of speech-based cognitive assessment using PET-Scan Diagnosed English-Speaking Cohorts**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Neurodegenerative disorders such as dementia and mild cognitive impairment (MCI) often present as subtle speech and language alterations, detectable even in early disease stages. The present work extends previous investigations by providing an evaluation within an English-speaking population characterized by highly reliable, PET-confirmed clinical diagnoses from the New IDEAS study, underscoring the robustness, generalizability, and translational potential of the LANGaware approach.

Methods: Participants from diverse regions across the United States completed a standardized battery of 18 verbal elicitation tasks via the LANGaware digital platform. Among them, 46 participants from the New IDEAS study consented to join the LANGaware add-on, contributing 569 recordings within a total of 2,621 analyzed tasks. The AI-driven multimodal framework jointly analyzed audio and transcripts, extracting over 600 proprietary biomarkers encompassing vocal, lexical, syntactic, semantic, and pragmatic dimensions. These biomarkers trained gradient-boosting classifiers to distinguish three cognitive categories: normal control (NC), mild cognitive impairment (MCI) and severe cognitive impairment (SCI), with performance validated through nested 5-fold cross-validation, ensuring methodological rigor, transparency, and generalizability.

Results: Analysis of the aggregated dataset enabled the development of a robust multiclass classification model. Across all sources, LANGaware achieved weighted F1-scores of 80.40% (SCI), 76.85% (MCI), and 83.47% (NC). When benchmarked against PET scan-based clinical labels from the New IDEAS subset - comprising primarily MCI and SCI participants - LANGaware achieved F1-scores of 83.87% (SCI) and 90.00% (MCI), demonstrating high concordance with imaging-based diagnoses and consistent performance across populations and validation folds.

Conclusion: LANGaware demonstrates strong discriminative capability in assessing cognitive status through non-invasive biomarkers, showing alignment with PET-confirmed diagnoses from New IDEAS. These findings highlight its potential as an accessible, scalable, and low-cost screening solution, easily deployable across diverse clinical environments—from specialized memory clinics to primary care setting to enable early identification of cognitive impairment and timely referral for comprehensive diagnostic evaluation.

P316**Mitigating urban-rural disparities in dementia diagnosis and later-life cognition in China: Does internal migration help?**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: Rural residents experience higher burden yet poorer detection of dementia, but knowledge is lacking on how urban-rural disparities are attributable to one's earlier- versus later-life access to resources including healthcare. We leveraged the massive rural-to-urban migration in China – since 1980s – to examine the role of Hukou (household registration) on dementia risk and detection.

Method: Data came from a nationally representative longitudinal panel, China Health and Retirement Longitudinal Study (2018). Participants aged 60+ were grouped into rural, urban, and rural-to-urban Hukou-holders. Cognition was assessed using standardized tests, with self-reports on whether being diagnosed for Alzheimer's or Parkinson's disease or memory-related problems. Linear regression first predicted cognition using Hukou groups and covariates (demographics and self-rated health). Logistic regression then predicted likelihood of receiving dementia diagnoses using the interaction between cognition and Hukou groups.

Results: Among 8,709 individuals with a median age of 67 (IQR=63,73), 6,715 (77%) held rural Hukou and 1,181 (14%) converted to urban Hukou. Older age, lower education, and poorer health ($p<0.001$) were associated with poorer cognition, and rural-to-urban converters' average cognition was 0.11 SD lower ($p<0.001$) than urban Hukou-holders, but 0.27 SD higher ($p<0.001$) than rural Hukou-holders. Further, poorer cognition, older age, higher education, and poorer health ($p<0.005$) were associated with receiving dementia diagnoses. However, rural-born residents with poor cognition were diagnosed at a similar rate ($p>0.05$), for instance, about 13% when cognition was 1.5 SD below the mean – a frequently used threshold for probable dementia - whereas a higher rate of 32% for urban Hukou-holders ($p=0.009$).

Conclusions: Migrating from rural to metropolitan areas may reduce one's dementia risk, but fail to mitigate their hindered access to memory care. Even though change in Hukou type might make them eligible to similar benefits as city dwellers, other reasons, such as harmful health beliefs and stigma, could undermine their actual access.

P317**Pragmatic Imaging Phenotypes and Cognitive Profiles in Cognitive Ageing**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Aims: This study seeks to identify clinically relevant structural brain imaging phenotypes using routine CT and MRI reports and to examine their associations with cognitive profiles in older individuals living with or without dementia. Specifically, we aimed (i) to identify distinct phenotypes of structural brain abnormalities, such as global and regional atrophy, white matter lesion presence, and infarcts, and (ii) to study differences in cognitive function between them.

Methods: We retrospectively analyzed data from over 500 individuals referred to a university-based old-age psychiatry outpatient clinic who underwent either CT or MRI as part of the routine diagnostic workup of cognitive complaints. Imaging features are extracted from clinical radiologist reports and include binary and lateralized indicators of atrophy (frontal, temporal, medial temporal, parietal, occipital), presence and topography of white matter lesions (periventricular, deep, basal ganglia, cerebellar), ventricular enlargement, infarcts, and other reported structural abnormalities. These data were integrated with performance on the Montreal Cognitive Assessment (MoCA), the Cognitive Telephone Screening Instrument (COGTEL)- total and domain scores. Data-driven clustering and regression models are being applied to identify imaging phenotypes. Quantitative analyses are ongoing to determine the relationship between imaging features and cognitive performance.

Results: Quantitative analyses are currently underway. Preliminary analysis trends suggest the emergence of three imaging phenotypes: a predominantly atrophic pattern, a vascular pattern characterized by white matter lesions and infarcts, and a mixed one. Early findings indicate the vascular pattern is predominantly associated with reduced executive functioning, while the atrophic one appears to align with memory-, language- and visuospatial deficits.

Conclusion: This study illustrates the usefulness of routinely available radiologist-reported imaging features to derive phenotypes of structural brain abnormalities and their relationship with cognitive profiles.

P318**Why Lewy Body Dementia Takes Longer to Diagnose: The Role of Anticholinergic Burden and Frailty**

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Introduction: Lewy body dementia (LBD) and Alzheimer's disease (AD) are the two most common neurodegenerative dementias but differ in diagnostic complexity. LBD is characterised by fluctuating cognition, visual hallucinations, and parkinsonism, which can overlap with AD features and contribute to delayed recognition. Because LBD patients are highly sensitive to anticholinergic medications, cumulative **anticholinergic burden** may obscure or intensify symptoms, prolonging diagnosis. **Frailty and comorbidity** may also shape medication use and clinical presentation.

Aim: To examine whether **anticholinergic burden mediates** the relationship between **dementia type (LBD vs AD)** and **diagnostic delay**, and whether this indirect effect is **moderated by frailty**.

Methods: A **retrospective chart review** included **109 patients** (59 LBD, 50 AD) from the Memory Clinic (St James Hospital, Dublin). Anticholinergic burden was computed using the **Anticholinergic Burden Calculator (ABC)**, and **frailty** was indexed as the proportion of documented chronic conditions and symptoms (out of 104). The **primary outcome** was **time to diagnosis** (first symptom to definitive diagnosis). Analyses used **PROCESS** in SPSS, controlling for age and gender.

Results: Compared with AD, **LBD patients had higher anticholinergic burden** ($b = -0.58$, $p < .001$) and **longer diagnostic delays** ($b = -0.27$, $p = .02$). Across groups, **greater burden predicted longer delay** ($b = 0.24$, $p = .03$). The **group $\times$ frailty** interaction was **marginal** ($b = 0.18$, $p = .06$), indicating weaker group differences at higher frailty. The **index of moderated mediation** was nonsignificant (0.04, 95 % CI [-0.01, 0.12]), showing that frailty did **not** alter the indirect effect.

Conclusion: LBD patients experienced greater anticholinergic exposure and longer diagnostic delays than those with AD. Although frailty modestly reduced group differences, it did not change how medication burden related to diagnostic delay. These findings suggest that assessing anticholinergic burden and frailty in routine practice may help reduce diagnostic delays and improve recognition of LBD

P319

Developing a clinician-based approach to 10/66 dementia diagnosis for non-informant participants

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Topic

Dementia diagnosis, treatment, care and support: Diagnosis, diagnostic tools and cognitive assessments

Abstract

Background: The 10/66 dementia protocol is widely applied in epidemiological studies globally. Its algorithmic diagnosis requires both participant and informant data. 10/66 dementia epidemiological studies often exclude individuals without informants because an algorithmic diagnosis cannot be generated, which potentially biasing prevalence estimates.

Objective: To evaluate the diagnostic accuracy and inter-rater reliability of clinician consensus diagnoses based on 10/66 case summaries compared with the standard 10/66 algorithmic diagnosis, and to assess whether clinician-based diagnosis could permit inclusion of participants without informants in future 10/66 prevalence studies.

Methods: Fifty participant cases with complete 10/66 data (including informants) were randomly selected from a dementia prevalence study. Three clinicians (a specialist geriatrician, an old age psychiatrist, and a general practitioner with geriatric expertise) independently rated each case as dementia, no dementia, or uncertain using structured 10/66 case summaries. Discrepancies and uncertain ratings were resolved in a consensus meeting to produce a single agreed research diagnosis (dementia vs no dementia). Pairwise inter-rater reliability was assessed using Cohen's kappa, and diagnostic performance of the consensus diagnosis was evaluated against the 10/66 algorithm.

Results: Inter-rater agreement among clinicians was moderate to substantial, with kappa values ranging from 0.46 [95% CI: 0.26–0.66] to 0.67 [95% CI: 0.49–0.85] (observed agreement 64–80%). Consensus diagnosis demonstrated good alignment with the 10/66 algorithm (sensitivity = 0.76 [95% CI: 0.59–0.93]; specificity = 0.80 [95% CI: 0.64–0.96]; overall accuracy = 0.78 [95% CI: 0.67–0.85]). All kappa scores between raters were statistically significant ($p < 0.001$), indicating that clinician ratings were highly consistent.

Conclusions: Clinician consensus diagnosis based on 10/66 summaries showed high agreement with the 10/66 algorithm. The findings support the potential use of clinician-based diagnosis for participants without informants in future 10/66 epidemiological dementia studies, and therefore enhancing inclusiveness and completeness of prevalence estimates.

P320

Cognitive and sensory approach at the end of life: a co-construction between caregivers and family for the overall comfort of patients with neuro-evolutionary diseases

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Topic

Dementia diagnosis, treatment, care and support: End of life and palliative care

Abstract

Context / Aim: Adapted cognitive stimulation is possible at all stages of neuro-evolutionary diseases. This personalised sensory approach, developed jointly with the family, aims to maintain cognitive alertness at the end of life. It also engages the care team in a non-drug approach focused on the overall comfort of the person.

Method: Population: 3 patients with a neuro-evolutionary disease, at the end of life and institutionalised in a care home.

Equipment: LED projector with Bluetooth speaker, USB key, essential oil diffuser.

Procedure: A multidisciplinary team will discuss and define the frequency of the process based on residents' needs, rhythms, and clinical conditions. Subsequently, a discussion with the family will co-construct an individualized cognitive project, identifying the most suitable sensory stimuli (e.g., music, essential oil scents).

Results: The results show varied individual responses to the sensory stimuli chosen according to the patients' preferences and the time of day, across the cognitive, thymic, behavioural and somatic spheres.

- Patient 1: classical music, scent of green tea, projection of green light, used late morning. Effects observed: relaxation and muscular loosening, reduction in signs of anxiety, sustained attention to stimuli, reduction in spasticity.
- Patient 2: French pop music, eucalyptus scent, blue light projection, used early evening and at night during moments of wakefulness. Effects observed: general relaxation, reduced psychomotor agitation, improved alertness, reduced apparent sensation of pain.
- Patient 3: classical music, lavender scent, alternating blue/green light projection, used late morning and during family visits. Effects observed: general relaxation, emotional reactivation, smiles, sustained attention in the presence of loved ones, reinforcement of non-verbal communication.

Conclusion: This individualised approach creates a comforting sensory ritual, enhancing overall well-being during end-of-life care. It empowers families to actively participate in the process and offers cognitive and relational support to staff until the very end.

P321**CARIAD and Specialist Nursing in Care Homes: Integrating Palliative Support for People Living with Dementia and Their Care Partners; Insights from Hospice of the Valleys.**

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Topic

Dementia diagnosis, treatment, care and support: End of life and palliative care

Abstract

Hospice of the Valleys Blaenau Gwent, Wales, has developed two innovative palliative services: (1) CARIAD, a multidisciplinary community support programme for people living with dementia and their care partners and (2) a Clinical Nurse Specialist (CNS) service providing palliative care within local care homes. Both aim to enhance quality of life through holistic, person-centered support.

Method: CARIAD combines the expertise of dementia specialists and a social worker to provide condition-specific palliative interventions. These include assessment of complex needs (non-pharmacological approaches, navigating wider support systems, signposting), weekly activity groups (music, art, reminiscence, movement, social engagement), future care planning (lasting power of attorney, preferred place of care and death), and tailored care partner support (anticipatory grief groups, respite, education, peer support).

The CNS service delivers specialist palliative care in local care homes, including symptom management, emotional and spiritual support, practice advice, future care planning, and improved coordination between health and social care providers.

Results: Evaluation demonstrates that people living with dementia benefit from reduced symptoms, more opportunities for meaningful engagement, and improved wellbeing by pursuing “what matters to them”. Care partners report feeling more supported, better informed, and less isolated. CNS involvement in care homes has been linked to improved comfort, reduced anxiety for care partners, and strengthened collaboration between professionals.

Conclusions: These services highlight the value of integrated, holistic approaches that combine clinical expertise with psychosocial and care partner-focused support. Both demonstrate originality in blending specialist nursing input with community-based provision. Ethical practice is upheld through person-centered care and active involvement of people living with dementia and their care partners. The findings show strong potential for wider application, with future work focusing on formal outcome measurement and scaling across communities.

P323**Heart's Desire or Reluctant Choice? A Qualitative Study of the Motivations and Meanings of Dying at Home for People with Dementia in China**

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Topic

Dementia diagnosis, treatment, care and support: End of life and palliative care

Abstract

Aims: Dying at home is common among people with dementia in China, but its underlying motivations and meanings remain insufficiently explored. The study is part of a broader investigation into home-based end-of-life care for people with dementia in China, aiming to explore how key stakeholders, including people living with dementia, family caregivers, and healthcare providers, perceive the motivations and meaning of dying at home for people living with dementia.

Methods: This study used focused ethnography as the methodology. Between October 2024 and March 2025, semi-structured face-to-face interviews were conducted with 26 stakeholders (people living with dementia, n=7; family caregivers, n=8; healthcare providers, n=11). Interviews were audio-recorded, transcribed, and thematic analysis was supported by NVivo software to identify recurring themes.

Results: Analysis identified five themes: (1) Heart desires: the ideal of a “good death” culturally; (2) Constrained choices: home death as the only accessible path; (3) Moral and social discipline; (4) Institutional transfer of responsibility; (5) Dying at home ≠ a good death.

Conclusion: The practice of dying at home among people living with dementia in China is a complex social phenomenon, reflecting both a cultural norm and an adaptive strategy under resource constraints and insufficient social support. Therefore, it is difficult to single out the motivations behind dying at home as “desire” or “reluctant.” Importantly, the results challenge the assumption that dying at home equates to a good death. For some people living with dementia, dying at home is less about continuous, compassionate care; and more about following tradition through symbolic acts or rituals such as the deceased leaving from their home for burial for example. Therefore, the results also highlight the need to avoid over-glorifying dying at home when promoting home-based end-of-life care for people living with dementia.

P324**Treatment Preferences in Advanced Dementia: Insights from care partners, healthcare professionals, and healthy older adults in India**

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Topic

Dementia diagnosis, treatment, care and support: End of life and palliative care

Abstract

Background: In persons living with advanced dementia, making complex medical decisions can be a challenge, as clinical realities, belief systems, socio-economic, and cultural issues play a crucial role.

Aims: To understand treatment preferences in specific clinical scenarios related to advanced dementia among care partners, healthcare professionals, and healthy older adults in India, and to explore the perceived needs and values influencing these decisions.

Methods: We conducted a cross-sectional study with 60 participants (20 healthcare professionals, 20 care partners, 20 healthy older adults) selected through purposive sampling. Using case vignettes with five different scenarios representing common decision points in advanced dementia, including feeding, bladder care, infection management, hospitalisation, and resuscitation, participants chose their preferred course of action from a list of multiple options. They also explained the reason for their choices. We descriptively and qualitatively analysed the responses.

Results: Most of the healthcare professionals chose non-invasive interventions for all the scenarios [16 (80 %)], while 15 (73 %) healthy older adults and only 11 (56%) care partners chose non-invasive options. Across all groups, hand-feeding and diaper care were the most commonly preferred methods. Some healthy older adults preferred invasive care options, such as PEG feeding and urinary catheterisation, as they believed this would reduce the impact on their care partners. Among care partners, the emotional weight of responsibility, combined with cultural values surrounding the importance of sustaining life, and the absence of consistent advance care planning in India, influenced their decisions.

Conclusion: While healthcare professionals prioritise palliative values, such as comfort and non-invasive care, caregivers and healthy older adults often navigate decisions with limited information and emotional uncertainty. These findings underscore the need for culturally sensitive advance care planning and education to align decision-making in dementia care in India.

P325**Factors influencing emergency department (ED) use at end-of-life among people living with dementia in Australia**

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Topic

Dementia diagnosis, treatment, care and support: End of life and palliative care

Abstract

Aims: Emergency department (ED) visits in the last 30 days of life can be distressing and may reflect gaps in end-of-life support, especially for people with dementia. Identifying factors linked to these visits is crucial for improving care planning. This study examined drivers of ED use in the last 30 days of life among individuals who died with dementia in New South Wales (NSW), Australia.

Method: We conducted a retrospective cohort study using linked administrative datasets covering hospitalisations, ED visits, and death records. The cohort included individuals who died between 2015 and 2020 with dementia as the underlying cause. The primary outcome was ≥ 1 ED visit in the last 30 days of life. Associations between sociodemographic, clinical, and service-related factors and ED use were estimated using generalised linear models with a Poisson link.

Results: Of 28,253 people who died from dementia (10,443 males; 17,810 females), 32% had ≥ 1 ED visit (6% ≥ 2 visits) in the last 30 days of life. Mean age at death was 87.4 (SD=7.8); 60% lived in long-term care prior to the last 30 days of life. ED use was higher among males (adjRR=1.20, 95%CI: 1.16–1.24), those with more comorbidities (Charlson Index ≥ 3 vs 0: adjRR=3.01, 95%CI: 2.84–3.19), and individuals born in South-East Asia (adjRR=1.54, 95%CI: 1.40–1.69), North-East Asia (adjRR=1.64, 95%CI: 1.51–1.78), and Southern/Eastern Europe (adjRR=1.40, 95%CI: 1.34–1.46) compared to Australian-born. Protective factors included prior receipt of palliative care (adjRR=0.58, 95%CI: 0.52–0.65), long-term-care residence (adjRR=0.82, 95%CI: 0.79–0.85), and older age (95+ vs <75 years: adjRR=0.89, 95%CI: 0.85–0.93).

Conclusions: ED visits are common at end-of-life for people with dementia and may indicate unmet care needs. Younger individuals, those living in the community, and people from culturally diverse backgrounds may benefit from targeted support to reduce potentially avoidable ED use.

P326

Implementing Social Worker-Driven Advance Care Planning for Persons with Early Dementia: A Six-Year Effectiveness Analysis at Taipei City Hospital.

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Topic

Dementia diagnosis, treatment, care and support: End of life and palliative care

Abstract

Background: Advance Care Planning (ACP) enables individuals to articulate preferences for future medical care, thereby promoting autonomy, dignity, and strengthening family resilience. People living with dementia (PLWD) are particularly vulnerable due to progressive cognitive decline, making timely ACP engagement essential. Social workers, situated at the interface of health care, family, and community, are well-positioned to facilitate ACP and ensure equitable access. **Objectives:** This study investigated the feasibility and characteristics of social worker-led ACP among PLWD compared with non-dementia participants, with a focus on demographic, cultural, and motivational factors relevant to person-centered dementia care.

Methods: We conducted a six-year retrospective analysis (2019–2025) of ACP cases at Taipei City Hospital. A total of 992 participants were included: 20 PLWD (2.0%) and 972 non-dementia participants (98.0%). Demographic variables (sex, age, religion), caregiving experience, and motivations for ACP were compared using Chi-square tests and independent t-tests.

Results: PLWD were significantly older than non-dementia participants (78.5 ± 6.7 vs. 57.7 ± 14.7 years, $p < 0.001$) and predominantly female (70.0%). Religious affiliation patterns showed predominance of folk religion (40.0% vs. 47.2%) and Buddhism (15.0% vs. 22.3%), while absence of religious belief was more frequent among PLWD (25.0% vs. 19.3%). Motivations for ACP among PLWD were primarily dignity and life planning (65.0%), personal health or illness experience (19.4%), and consideration for family well-being (10.3%). Caregiving experience did not differ significantly between groups (45.0% vs. 38.3%). Overall, PLWD represented only 2.0% of ACP uptake, underscoring underutilization despite demonstrated feasibility.

Conclusion: Social worker-led ACP for PLWD is both feasible and culturally relevant, yet participation remains limited. Motivations centered on dignity, life planning, health-related concerns, and family considerations strongly influenced ACP engagement. These findings highlight the need for earlier initiation, culturally sensitive counseling, and family-inclusive approaches to optimize ACP in dementia care.

P327**Integrated palliative care for people with dementia in a movement disorders service: a retrospective service evaluation**

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Topic

Dementia diagnosis, treatment, care and support: End of life and palliative care

Abstract

Background: Dementia commonly accompanies Parkinson's disease and related disorders (PDRD), either on presentation or developing over the course of the condition. Individuals with PDRD and dementia, along with their care partners, often experience significant palliative care needs. However, access to specialist palliative care remains inconsistent. To address this gap, a monthly integrated palliative care multidisciplinary meeting (MDM) was established within our Movement Disorders service.

Aims: To evaluate the impact of a monthly palliative care MDM on place of death (PoD) for people with PDRD and dementia.

Methods: We conducted a retrospective review of case notes of patients with dementia discussed in the PDRD palliative care MDM.

Results: 42 patients discussed in the PDRD palliative care MDM had a confirmed diagnosis of dementia (average age 77.8, 74% male). The majority (27; 64.3%) were not known to specialist palliative care services prior to MDM discussion. 26 patients (61.9%) died during the follow up period, with an average time between discussion and death of 193.8 days. The most common place of death was nursing home (53.8%), followed by home (23.1%) and hospital (7.7%) with no deaths occurring in hospice.

Conclusion: The initiation of an integrated palliative care service within a Movement Disorders team was a sustainable way to widen access to specialist palliative care services for those with PDRD and dementia. PoD is a surrogate marker for good palliative care. It has been proposed that integrated palliative care may influence PoD in dementia, this is supported by our findings - compared with UK national averages, patients discussed in the MDM were more likely to die at home (23.1% vs 15.3%) and less likely to die in hospital (7.7% vs 31.27%) (Tay et al., 2024; Wilson et al., 2024). The extremely low rates of death in hospital are intriguing and warrant further prospective study.

P328

Using Appreciative Inquiry to Co-create a Virtual Reality Program with and for Older Adults with Dementia in a Hospital Setting

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Topic

Dementia diagnosis, treatment, care and support: Living alone with dementia: research, innovation and support

Abstract

Background: Involving older adult patient partners, family caregivers, and staff in developing gerontechnology is considered best practice, yet this approach is rarely used in hospitals. Appreciative Inquiry is a strength-based approach consisting of four principles-Discovery, Dream, Design and Destiny. Appreciative Inquiry offers a collaborative framework to engage relevant users, leveraging their expertise and lived experiences for innovation.

Objective: To explore the contribution of Appreciative Inquiry in engaging patient partners, family caregivers, staff and leaders in hospitals in co-creating a VR program for older adults with dementia.

Method: Appreciative Inquiry principles guided our data collection. Between June 2023 and September 2025, we conducted six focus groups and interviews with 56 participants. We performed regular site visits to two dementia care units in a hospital in British Columbia, Canada. including 8 hospitalized older adults living with dementia, 5 community-dwelling patient partners with living experiences of dementia, 12 family caregivers, 19 frontline staff members and 12 care leaders. We adopted reflexive thematic analysis for data analysis.

Results: We identified four themes: 1) Participants meaningfully contributing to the design process; 2) Participants' insights informing the iterative development and refining the VR program; 3) Appreciative Inquiry fostering a sense of ownership among participants and challenging assumptions about dementia care; 4) Multi-partner collaboration promoting positive interactions and experiences in the process.

Conclusions: Appreciative Inquiry elicits authentic engagement, captures actionable perspectives, and promotes appropriate design. It nurtures sustainable partnership in gerontechnology program development and increases the opportunity for the developed program to meet real-world needs. Future studies should explore co-design methods across diverse cultural and organizational contexts with diverse older adults and other partners, and examine their acceptability in care delivery to older adults with dementia in hospitals.

P329

Challenges to the management of medications among racially and ethnically diverse older adults living alone with cognitive impairment in the United States

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Topic

Dementia diagnosis, treatment, care and support: Living alone with dementia: research, innovation and support

Abstract

Aims: Over one-fourth of older Americans with cognitive impairment (CI) live alone. These individuals often lack support for medication management and face a high risk of medication-related harm. Our goal was to elucidate the perspectives and experiences of older adults living alone with CI and their social contacts (defined as family members or other familiar persons) regarding medication management.

Methods: Participants of this qualitative study conducted May 2016 to February 2024 in California, Louisiana, and Michigan included adults ≥ 55 years with CI from diverse racial/ethnic backgrounds and social contacts. Participants' perspectives were elicited via semi-structured interviews conducted in English, Spanish, Cantonese, or Mandarin. Participants were interviewed on average 4 times, mostly in their homes. We used combined inductive/deductive content analysis to examine discussions specific to medication management.

Results: A total of 116 older adults living alone with CI (86 [74.1%] women; median age, 74.0 years [range, 57-103]) and 38 members of their social circle (33 [86.8%] women; median age, 58.6 years [range, 29-89 years]) were interviewed. We identified 4 themes: (1) Cognitive barriers and unreliable information; (2) Resistance to medications; (3) Limited therapeutic alliance with professionals; and (4) Navigating logistical difficulties. Participants emphasized unique barriers to medication management in the setting of living alone—in particular, lacking external medication reminders, fearing drug side effects that induce sleepiness or confusion when alone, withholding information from clinical providers to maintain a sense of independence, and encountering logistical difficulties sans advocate.

Conclusions: Findings highlights the significant challenges older adults living alone with CI face in managing their medications, including memory deficits, limited understanding of prescribed therapies, resistance to medications, and logistical difficulties. Detection of overlapping CI and living-alone status should spur targeted efforts to overcome medication-related challenges in this population, in conjunction with policies bolstering home- and community-based services.

P330**Enhancing dementia care in the United States via the groundbreaking new payment model “Guiding an Improved Dementia Experience” (GUIDE): Focus on older adults living alone**

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Topic

Dementia diagnosis, treatment, care and support: Living alone with dementia: research, innovation and support

Abstract

Aims: Approximately one-fourth of older adults with dementia live alone in the United States (about 1.7 million people), often with limited or no caregiver support, making them a particularly challenging population to care for healthcare providers. It remains unknown whether the national demonstration model, “Guiding an Improved Dementia Experience” (GUIDE), can effectively support older adults with dementia who live alone with limited supports from caregivers, as the GUIDE model primarily emphasis supporting patient/caregiver dyads. To address this knowledge gap, we elicited the perspectives of national dementia experts on the GUIDE model’s ability to meet the needs of older adults living alone, with emphasis on those with limited caregiver support.

Method: From October-November 2024, teleconference interviews were conducted with 10 national dementia policy experts working in research, consulting, and advocacy institutions. Interview transcripts were analyzed using a combined inductive and deductive content analysis approach.

Results: All experts concurred that the potential benefits of the GUIDE model for older adults living alone with dementia with limited supports remains uncertain due to 5 reasons: 1) No equivalent caregiver respite benefits (\$2,500 per year) for this population. 2) Monthly reimbursements of \$215 may not be sufficient to provide adequate care for this high-needs population. 3) GUIDE-related medication plans may be impractical. 4) Navigators mostly available via telephone rather than providing in-home support. 5) Evaluation ignores living arrangements and includes only interviews with caregiver/patient dyads.

Conclusions: Findings underscore the importance of developing comprehensive care interventions to effectively support older adults with dementia who live alone with limited caregiver support.

P331**Late-Stage Dementia: A Design-Led Approach to Dignity and Connection**

Mrs Sharon Grace Daltrey, Mr Christopher Philip Daltrey

Timeless Presents Ltd, Sheerness, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

In late-stage dementia, connection and engagement are often overlooked, dismissed as impossible and framed as futile. The prevailing narrative suggests the person is already lost. But when we reach out with emotional intelligence and design that protects dignity, the benefits are real: reduced distress, enriched relationships, and moments of engagement that restore humanity to care.

At Timeless Presents, we reframe this stage not as a decline to be endured, but as a chapter still full of meaning.

Our social enterprise designs dementia-inclusive activities grounded in emotional safety, intuitive recognition, and cultural adaptability. Deceptively simple—puzzles, colouring books, fidget activities—but shaped by deep insight into sensory ability, cognitive load, and the need for connection beyond memory and verbal communication.

We believe good design is not a luxury in care. Thoughtful, intentional tools bring curiosity, validation, and joy, even in the most advanced stages of dementia.

This presentation shares our lived, practical approach to late-stage care—that doesn't require formal training to work, but invites understanding through use. Our products are used in NHS hospitals, care homes, and family settings. Our core products have been accredited by Dementia Services Development Centre at the University of Stirling, recognising their usability for people living with a dementia.

But the real story is in the moments they unlock: recognition, connection, and the realisation that a person still resides behind the confusion and memory loss.

In a global context where late-stage dementia is often equated with absence or decline, we offer a different view: what if dignity isn't about managing loss, but nurturing what remains—curiosity, rhythm, touch, shared culture?

We'll reflect on how we built trust and traction from the ground up, and how culturally responsive, emotionally resonant design can extend inclusive care across communities—without gatekeeping, and without delay.

P332**Caring Differently: An Inspiring Model to Support People under 65 year old with Dementia, respecting Dignity and FreedomA care approach that reinvents support by placing the person at the heart of an ethical and personalized model.****Mrs Nathalie Hervé**

FONDATION OVE, LYON, France

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Early-onset dementia, particularly Alzheimer's disease in younger individuals, is a major public health challenge. In response to the limitations of traditional care structures, the Maisons de Crolles offers an innovative, deeply ethical, and person-centered model. This unique facility in France welcomes around thirty individuals in a discreetly medicalized, open, and warm setting, where everyone is free to move and actively participate in daily life.

Inspired by the Carpe Diem philosophy, this model emphasizes abilities over deficits, promotes self-determination, and respects individual preferences. Support is designed to preserve self-esteem, maintain social connections, and reduce behavioral disturbances. Professionals trained in this approach are encouraged to build relationships, be present, and adapt their posture to each resident's needs.

The architectural environment, designed as a family-style home, plays a key role in care: open kitchens, shared spaces, free access to outdoor areas, and sensory cues—all are thoughtfully arranged to support autonomy and well-being. This setting fosters trust, rich social interaction, and a strong sense of belonging.

The Maisons de Crolles demonstrates that respectful, flexible, and personalized care is not only possible but beneficial. This inspiring model restores meaning to the caregiving profession and offers young people with dementia a dignified, humane, and truly vibrant alternative.

P334**Enhancing Quality of Life and Caregiver Well-Being Through an Evidence Based Adult Day Program**

Mrs Susannah Dwyer, Mrs MaryBeth Watson, Mr Christopher Coelho

Abe's Garden Community, Nashville, USA

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

For more than a decade in Nashville, TN, Abe's Garden Community, a 501(c)(3) nonprofit organization, has pursued its mission to establish a replicable model for senior life focused on brain health, wellness, and purposeful living. This model centered on the "I'm Still Here" approach emphasizes dignity, engagement, and community by focusing on individuals' remaining abilities. Research demonstrates its measurable impact: communities implementing the model have achieved up to 42% reduction in anxiety, 41% reduction in depression, and 32% reduction in neuropsychiatric symptoms. The adult day program at Abe's Garden Community served fewer than 10 members in its first year; by 2025, weekly enrollment had tripled to over 30, with more than 15 attending daily.

The program also delivers critical support to caregivers, providing at least six hours of daily respite—time shown to lower stress, reduce anger, and alleviate depressive symptoms. One spouse shared, "I'm so happy that we have found Abe's Garden. The staff is amazing. My husband is happy again and more outgoing—which makes life so much better for both of us. We have really benefitted from his time at Abe's." Another family member reflected, "We are so happy and relieved that my father-in-law is enrolled in the Abe's Garden Day Program. He is thriving and finally getting the mental stimulation and socialization he needs. Thank you to your tremendous staff!"

The program's growth reflects an urgent need in Tennessee, where 129,000 older adults live with Alzheimer's and 386,000 family caregivers provide 675 million hours of unpaid care annually. Ranked 40th nationally for long-term care services, Tennessee faces rising demand. Abe's Garden is currently addressing this need locally and regionally by expanding their adult day centers beyond Nashville into surrounding counties with plans to reach more underserved rural and suburban communities.

P335**Every patient matters: Developing and implementing best practise, person-centred care for patients with dementia across a multi-site hospital network in Australia.**

Mrs Suzie Hooper, Mrs Wendy Villella, Ms Suzanne McArthur

Epworth HealthCare, Melbourne, Australia

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Hospitalisation can be challenging for individuals with dementia, often exacerbating symptoms and increasing the risk of harm, including falls, pressure injuries, and occupational violence. Despite existing processes at Epworth, care strategies to reduce risk and increase dementia awareness were inconsistently utilised. In 2023 a project aimed at creating an evidence-based culture of care for patients with dementia and delirium, at Epworth was commenced.

Epworth HealthCare partnered with Dementia Australia's BIRCH Consultancy to co-design a person-centred model of care. The project team, including staff from three pilot wards, allied health, educators, and consumers utilised the BIRCH methodology, to identify key areas for improvement and implement targeted strategies to enhance care quality and positively influence changed behaviour associated with hospitalisation.

Key interventions included:

- Development of protocols and associated screening and assessment tools
- Mandatory dementia care education for clinical staff
- Tailored training for key clinical and support staff in the pilot wards.
- Access to Dementia Australia's 'Dementia Support in Hospitals' eLearning course for staff
- Adoption of the Sunflower Tool to support person centred individualised care
- Development of resources to engage patients and care partners in their care
- Environmental modifications

The initiative led to increased staff awareness, improved patient communication, and a more consistent and compassionate approach to care for patients with dementia and delirium. The project highlighted the importance of embedding dementia-friendly practices and fostering a system-wide understanding of dementia related changed behaviour.

In 2025 the model was implemented across Epworth's multi-site hospital group, facilitated by a dedicated project lead. With the model now fully implemented across Epworth, outcome data is being collected to demonstrate the effectiveness of the interventions group-wide, including rates of incidents associated with changed behaviours in hospital. Early data demonstrates the value of collaborative, evidence-informed approaches to improving care for patients living with dementia whilst in acute hospital settings.

P336**Evaluating the Care Effectiveness of Community-Based Dementia Care Centers in Rural Taiwan**

Dr Naiyen Wang, Mrs Wenting Tseng, Mrs Yu-Ting Chang, Mrs Li-Hui La

Mennonite Christian Hospital Shoufeng Branch, Hualien, Chinese Taipei

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Purpose: In 2025, Taiwan became a super-aged society, with an estimated 386,000 people living with dementia has a prevalence rate of 7.99%. Two community dementia care centers were established in Shoufeng, a rural area of Taiwan, to address the higher risks and limited medical care faced by rural populations. Our study evaluated the effectiveness of a dementia care program implemented in the community centers.

Method: The program offered activities four days a week, with daily three-hour morning and afternoon sessions including cognitive enhancement, reminiscence, occupational rehabilitation, horticultural therapy, and fitness. Daily nutritionally planned lunches by dietitians were provided, with a protein supplement like soy milk or milk in the afternoon.

We assessed the cognitive function (MMSE), physical performance (SPPB), nutritional status (MNA), and grip strength of the people living with dementia. We collected and analyzed from three measurements in November 2024, February 2025, and May 2025.

Result: A total of 14 people living with dementia were enrolled. The cohort consisted of 4 males (28.6%) and 10 females (71.4%), with a mean age of 82.8 years (range: 78.4–87.8). The clinical dementia rating (CDR) scores were distributed as follows: CDR 0.5 (n=5, 35.7%), CDR 1 (n=8, 57.2%), and CDR 2 (n=1, 7.1%).

Cognitive Function: MMSE scores showed a statistically significant difference between the first and second measurements ($t=1.87$, $p=0.042$).

Grip strength: Significant improvements in grip strength were observed across all time points. A significant difference was found between the first and second ($t=2.37$, $p=0.017$), second and third ($t=3.23$, $p=0.003$), and first and third ($t=7.36$, $p=0.000$).

Participants' physical performance and nutritional status remained stable, with no statistically significant changes observed throughout the study period.

Conclusion: Cognitive function and grip strength showed short-term improvement or stability, and physical performance and nutritional status remained stable. Long-term monitoring is needed to fully understand their trajectories.

P337

Comprehensive Assessment of Need After Discharge in Dementia

Mrs Hannah Reilly, Prof Martin Orrell, Dr Orii McDermott

University of Nottingham, Nottingham, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Hospital readmissions are associated with adverse outcomes for patients (NHS, England). People with dementia are at a higher risk of 30-day hospital readmission than those without a dementia diagnosis (Kamdar et al 2023) and some of these readmissions could have been prevented (Ma, Bao et al. 2019). The purpose of this study is to identify what patient characteristics and after discharge needs predict which patients with dementia remain at home at 6 months after an acute hospital admission.

Primary Objective 1. Identify the predictors of remaining at home at 6 months following a hospital admission. 2. To establish the lived experiences of persons with dementia or their family when discharged from an acute hospital.

Methods: The Camberwell Assessment of Need for the Elderly (CANE), quality-of-life lifestyle questionnaire (EQ-5D) and patient demographic questionnaire to be completed within 30 days of discharge. The CANE consists of 24 items to measure met and unmet needs, taking in the views of family/friends and the patient. At 6 months following discharge, outcome measures to establish changes in living arrangements and readmission status shall be completed. 30 semi-structured dyadic interviews of persons with dementia and their personal consultees. 15 readmitted and non-readmitted patients will be interviewed. Interviews will be completed between 1-6 months post-discharge and will provide a qualitative insight into hospital discharges.

Results: The results of the CANE, EQ-5D, demographic questionnaire and the interviews shall then be reviewed initially by the studies patient and public involvement group to draft guidelines. These guidelines shall be presented to stakeholders to finalise guidelines which can be rolled out within the trust.

Conclusions: This study aims to provide insight into what patient characteristics prevent readmission for people living with dementia. The findings will identify patients at most risk of readmission and where interventions to reduce readmission should focus.

P339**Hospital Readmission in Dementia Care: Prevalence, associated risks and preventing avoidable readmission; narrative synthesis of reviews.**

Mrs Hannah Reilly, Prof Martin Orrell, Dr Orla McDermott

University of Nottingham, Nottingham, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Hospital readmissions are associated with adverse outcomes for patients, with the 30-day readmission rate being a healthcare quality indicator (NHS, England). People with dementia are at a higher risk of 30-day hospital readmission than those without a dementia diagnosis (Kamdar et al 2023) and some of these readmissions could have been prevented (Ma, Bao et al. 2019). This review of reviews investigates whether people with dementia are at an increased risk of readmission and risk factors, and what might help to prevent readmission.

Methods: These electronic databases were searched on 11th April 2025: CINAHL (EBSCO), EMBASE (OVID), Medline(OVID), PsycINFO (OVID), Cochrane Library and Google Scholar. The final search terms were a combination of dementia and readmission, and review.

Inclusion: reviews involving acute hospital readmission for patients with dementia in English since 2015. In total, 304 articles were found, 64 duplicates were removed, 214 were removed at the titles and abstract screening phase, and 12 at full text screening, 14 reviews were included. Popay's (2006) four stages to narrative synthesis were followed.

Results: Readmission rates in people with dementia were higher in people with dementia. Risk factors for readmission were identified as comorbidities, psychosocial behaviour such as behavioural management challenges and depression, person characteristics (age, gender, ethnicity and support network) and care provision/ transitions. However, several of these areas had limited evidence within the reviews. Readmission reduction interventions focused on case management, liaison, communication and physical health with positive impact.

Conclusions: Inconsistencies in readmission rates were identified, but overall rates for people living with dementia were increased. Readmission rates were higher in those with certain patient characteristics, comorbidities or exposure to risk factors. Interventions were positive to reduce readmission, but the breadth of their focus makes it difficult to depict where to focus for optimum readmission reduction.

P340**Demand of Day Care Facilities for Persons with Dementia in Mauritius****Dr Ameenah Sorefan**

Association Alzheimer& Dementia, Quatre-Bornes, Mauritius

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Mauritius has an Ageing Population, persons over 60yrs representing 22%; increased of all risk factors for NCDs and dementia.

The only one Day Care Facility for Dementia and Alzheimer's Disease is run by the Association Alzheimer & Dementia (AAD) since 2010. It can only accommodate 15 persons with Dementia Daily during the week.

With Awareness increase over the last 10yrs and accessibility to diagnosis is the interest to be consulted (Data will be Provided)

The demands of trained carers has increased both in Residential Care Homes and in private Households, which prompted us to develop programs for training of both formal and Informal Carers. (MITD part-time course on Caring for persons with Dementia and Alzheimer's Disease)

The need to have a larger Day Care and other smaller branches around the island has been on our agenda for past 10yrs , but there were constraints: Trained Resource persons to run the Day Cares;. Availability of Building and all logistics; Funding and maintenance costs; Partnerships with other Associations Day Care.

New Project Day Care & Resource Centre was developed 8 yrs ago and a request for a state land from the Government of Mauritius, so as to build the centre.

The requirements are for a 2 Storey Building:

- Ground Floor with activities spaces, common living and eating areas, open spaces , Gardens, Physical activity , Rehabilitation, Cognitive stimulation, Library , IT lab , Consultation rooms, Therapy rooms etc...
- Upstairs will be the Training Unit for 30 persons , Administrative offices, Board room, Conference room for 100 persons

Last July a State land of 1A75 has been leased by the Ministry of Lands & Housing to AAD

The consultants are working on the design and construction plan to start building March 2026 and a Funding strategy has been put in place. Expected Delivery and Opening in September 2027

P341**Barriers to Sustain At-Home Care After Transitional Care Intervention for People with Dementia: Care Partners' Perspectives on Model Improvement**

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Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Aim: Family care partners of people with dementia face challenges in providing at-home care post-hospital discharge, often leading to nursing home placement. Transitional care intervention aims to mitigate caregiving challenges and enhance care partners' capacity to sustain home-based care, however, care recipients may transition to nursing homes despite support from intervention, suggesting gaps in intervention effects. This study explored the barriers to sustaining at-home care post-intervention, and identified enhancement areas to optimise transitional care model for prolonged care continuity and delayed nursing home placement.

Method: A qualitative study design was used. Family care partners of people with dementia who participated in a post-discharge transitional care intervention and were subsequently admitted to nursing homes within nine months post-discharge were recruited. Semi-structured in-depth interviews were conducted between September 2023 and April 2024. Data were analysed using thematic analysis to identify reasons for placement, barriers to at-home care, and areas of model improvement.

Results: Fourteen family care partners were interviewed, they were mainly adult children (n=10, 71.4%), followed by spouse and siblings (n=2, 14.3% respectively). Nursing home placement was driven by caregiving burden or constraints (78.6%), care recipient's deterioration (71.4%), hospital readmission, and home environment constraints (14.3% respectively). Barriers were categorised as (1) predisposing factors: advanced care partner age, insufficient support, and progressive dementia symptoms; and (2) precipitating factors: unmet expectation of sustained improvement, heightened worry over crisis, and inadequate intervention duration. Suggested model enhancement includes prolonged respite care, training for extended care partners, comprehensive exit assessment with detailed transition briefing, and post-intervention support to bridge care gaps.

Conclusion: Transitional care model should address both hospital-to-home and intervention-to-home transition as critical timepoints. The predisposing factors inform personalised care planning, while the precipitating factors highlight the need for enhanced stress reappraisal coaching, care partner empowerment, and sustained post-intervention support to optimise at-home care sustainability.

P342

The Decision-making Process of Family Members in Choosing Care Models for People Living with Dementia

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Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Introduction: Taiwan implemented the Ten-Year Long-Term Care Plan 2.0, which expanded eligibility for services to individuals aged 50 and above diagnosed with dementia. Although the policy provided a range of care options, including home-based, community-based, and institutional care to meet different needs, family caregivers still face significant challenges in making care decisions due to limited guidelines available to support them.

Objectives: This study aimed to explore the processes and factors influencing how families of people with dementia select care models.

Methods: In-depth interviews followed by content analysis were conducted with eight family members of people living with dementia.

Results: The result showed that families initially based decisions on immediate needs, such as physical care, social participation, safety and companionship, and caregiver respite. Additional determining factors included the condition of the person with dementia, distance and transportation, care costs, and family support. Stable service use was associated with patient willingness, familiarity, friendly environment, and trust in service providers.

Conclusions: The study suggests that long-term care services should not only provide information about available resources but also guide families in identifying needs with a life course in mind and evaluating relevant factors to choose the most suitable care model. Moreover, the feelings and willingness of people living with dementia are key factors in ensuring stable service use. Dementia care should therefore be distinguished from general disability care, with a dedicated focus in long-term care policy and practice.

P343**Social and Economic Impact Study: Exploring Dementia Village Model of Care through Environmental Scan using PESTEL Framework**

Dr Winnie Sun, Ms Glory Gabel, Dr Brenda Gamble, Dr Manon Lemonde, Ms Gillian Barrie

Ontario Tech University, Oshawa, Canada

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Background: As aging populations grow worldwide, innovative long-term care (LTC) solutions are urgently needed to address rising healthcare demands. The Dementia Village Model of Care offers a community-centered approach that promotes autonomy, social engagement, and specialized support for individuals living with dementia.

Methods: This study evaluated the feasibility of implementing such a model in Durham Region, Canada, through an environmental scan using the PESTEL (Political, Economic, Social, Technological, Environmental, and Legal) framework.

Findings: The environmental scan revealed several factors influencing the viability of a Dementia Village. Politically, zoning laws and the absence of dementia-specific LTC policy frameworks present barriers. Economically, housing affordability has declined by 65.4% since 2016, and caregiver shortages strain service delivery. Socially, Durham's older adult population (15.9%) and growing racialized communities (36.3%) highlight the need for inclusive, culturally responsive care. Technological advancements, such as virtual reality therapy, AI monitoring, and sensory engagement tools offer promising enhancements to dementia care. Environmentally, older adult population clusters, climate resilience needs, and accessibility gaps inform site selection. Legally, under-coding in emergency departments and limited secure dementia beds underscore systemic challenges.

Conclusion: While focused on Durham Region, the findings reflect broader global trends in dementia care and offer transferable insights for international dementia village planning. Strategic investments in infrastructure, workforce development, and improved policies are essential to support dementia villages worldwide. This study contributes to a growing international dialogue on person-centered, sustainable, and culturally grounded dementia care.

P344**Hospitals and Dementia Care: Challenges and Opportunities for Change**

Ms Francesca Arosio, **Mr Mario Possenti**

Federazione Alzheimer Italia, Italy

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Despite institutional recommendations to strengthen community-based dementia services, hospitals remain a central point of care for people with dementia. However, hospitalization is often characterized by limited dementia awareness, organizational barriers, and, at times, stigma.

To investigate these challenges, Federazione Alzheimer Italia, the leading national non-profit organization on dementia, promoted and coordinated a working group that disseminated two surveys. The first targeted hospital professionals ($n \approx 170$), while the second collected experiences from family caregivers ($n \approx 800$) related to Emergency Department access and/or hospital admission.

Findings highlight a shared perception of insufficient preparation in both practical and organizational aspects. Key issues include: the need for a larger and specifically trained workforce (indicated by nearly 80% of respondents); clearer and more comprehensive information on community services at discharge (60%); and greater flexibility in visiting hours to ensure caregiver support and continuity of care (50%).

From the multiplicity of voices, experiences, and factors, it emerges that there is no single, simple solution to managing a person with dementia in hospital. A multifactorial approach is necessary. This approach has led the Italian Alzheimer's Federation and its working group to develop Italian guidelines (by the editorial staff with publication scheduled for march 2026) with the aim of making hospitalization as painless as possible and significantly reducing complications.

Based on these dimensions, an intervention program was developed comprising eight steps. For each step, specific objectives, actions, expected outputs, and monitoring indicators were defined. The pathway ranges from early screening at admission to protected discharge, emphasizing continuous staff training and active caregiver involvement.

This work underlines the urgent need to transform hospitals into dementia-inclusive environments where the condition is not an obstacle but a challenge to be addressed with competence, humanity, and innovation.

P345**Dragonfly® certification – a path to a better quality of life with dementia****Ms Miluše Margarjanová**

Czech Alzheimer Society, Prague, Czech Republic

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

The increasing prevalence of dementia worldwide necessitates the development and implementation of robust quality standards in care services. The Czech Alzheimer Society (ČALS) has established the **Dragonfly® Certification (Vážka®)** as a national quality mark for organizations committed to providing dignified, professional, and compassionate care for people living with dementia in Czechia. This certification is a critical tool for promoting, developing, and validating a high standard of care in both residential and outpatient settings.

Initiated by ČALS, the Dragonfly® Certification stems from a deep commitment to human values, particularly dignity, quality of life, meaningful activity, and continuity of life. The certification is symbolically represented by the dragonfly, which has historically symbolized fragility and the need for protection and support, reflecting ČALS's core values since 1997.

The development of the certification process began in 2006, involving a team of experts and volunteers who created the quality standards. A key foundational document was the **Code of Rights for Patients with Alzheimer's Disease and Other Forms of Dementia**. The first audits were conducted in 2009. The certification is open to registered social and healthcare organizations that view high-quality care for people living with dementia not merely as a professional obligation but as a profound mission.

Achieving Dragonfly® Certification highlights an organization's dedication to valuing each person's life story, ensuring a safe and respectful environment. It's a long-term commitment requiring teams to reflect on services and their impact on dignity. The presentation will assess 15+ years of certification experience and summarize key findings from nearly 500 audits. Dragonfly® Certification models how a national association drives sustainable improvements in dementia care services.

P346**Barriers and facilitators to the operationalisation of the Care Fit for VIPS Framework in dementia care homes - commercial or cultural?****Mrs Suzanne Mumford**

University of Worcester Association of Dementia Studies, Worcester, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Developed by Professor Dawn Brooker (2007), the Care Fit for V-I-P-S Framework (CFFV), sometimes referred to as the VIPS Practice Model (VPM) is a person-centred dementia care toolkit that can be used to assess an organisations current level of dementia care. The toolkit supports practice improvement by focussing on the care of people with dementia **V**aluing them as individuals, recognising their **I**ndividual needs, recognising their **P**erspective, and creating a supportive **S**ocial environment.

Purpose: this scoping review seeks to understand common barriers and facilitators to the application of CFFV in dementia care homes and to identify whether these are influenced by commercial or cultural factors.

Methods: an international scoping review of studies published in English between January 2006 and July 2025 that utilised CFFV or VPM to deliver person-centred care in dementia care homes. The scoping review was used to identify themes that were either barriers or facilitators to operationalisation and if these themes were cultural or commercial.

Results: 39 articles reviewed reported the use of CFFV or VPM in small scale qualitative studies, these explored the effectiveness of the use of the model to reduce the use of antipsychotic medication, and improve the delivery of person-centred care (PCC). Common themes were identified.

Conclusion: CFFV has been adapted and operationalised internationally in small numbers of organisations in developed countries. Common barriers to operationalisation include: insufficient time and resources resulting in task orientated care, lack of education and therefore understanding of PCC, preconceived negative perceptions of the needs of people living with dementia in care homes. Facilitators include positive person-centred leadership, recognition of the complex needs of people living with dementia and operational support, education and resources. There is a gap in understanding how organisational culture and a commercial willingness to invest affect the consistent delivery of PCC using CFFV.

P347

Relational Care in Practice: How Aged Care Staff Understand and Implement Relationship-Based Frameworks

Miss Eman Shatnawi, Dr Celia Harris, Dr Ruth Brookman

Western Sydney University, Sydney, Australia

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Relationship Based Care (RBC) frameworks recognise the importance of relational connection in aged care, yet there is a limited understanding of how different aged care staff define and interpret these frameworks. Given the growing diversity of roles within residential aged care and the growing emphasis on relationships between people receiving aged care and staff, there is a need to understand how relational principles and frameworks are understood and implemented in practice.

An exploratory qualitative design was applied to understand how staff across a variety of roles define RBC. Sem-structured interviews were conducted with participants across roles such as nursing, admin, lifestyle, hospitality and senior management. Data was analysed thematically to identify conceptual understandings of RBC from the perspective of aged care staff.

Participants across roles, emphasised knowing the person, building trust, having a shared history, empathy and the importance of the model in their care. They also emphasised having family like, friend like and close relationships to improve care and to shift away from task-based care. Interpretations of the frameworks varied according to the priorities of the different roles.

Early findings suggest that RBC is sometimes perceived as an extension of person-centred care with a greater focus on relationships, mutual sharing and humanisation of residents. Barriers to relational based care included participant characteristics such as a diagnosis of dementia and systematic barriers including lack of time, managerial support and peer relations. The study highlights the importance of recognising the contributions of different roles when it comes to implementing relational frameworks, and the need for consistent organisational support and staff training to streamline relational practices and framework implementation across diverse roles in residential care.

P348

Advance Care Planning in Dementia: A Global Bibliometric Review of Research Trends and Knowledge Gaps

Miss Jinghan Qi, Prof Mingxia Zhu

KIANG WU NURSING COLLEGE OF MACAU, Macao

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Objective: To map the global landscape, evolving hotspots, and knowledge gaps of advance care planning (ACP) research in dementia, informing subsequent empirical studies and policy.

Methods: We searched the Web of Science Core Collection (citation index: All), restricted to articles and reviews in English, yielding 1,278 records. Bibliometrix R (v5.1.1) and CiteSpace 6.4R1 were used to analyze journals, authors, institutions, countries, and keywords for productivity, impact, co-citation/co-occurrence, and thematic evolution. Source and author productivity were assessed using Bradford's and Lotka's laws.

Results: High-output journals included the Journal of the American Geriatrics Society, Palliative Medicine, and the Journal of the American Medical Directors Association (top 10 in Bradford's core zone). At the author and team levels, Jenny T. van der Steen, Susan L. Mitchell, Lieve Van den Block, and Luc Deliens showed high local citations and betweenness centrality; institutions such as Harvard University and countries led by the United States were central hubs. Keywords clustered around "advance care planning," "palliative care," "advance directives," "nursing home," and "end-of-life care." Thematic evolution indicates a shift from long-term care and nursing home settings toward standardized processes, randomized controlled trials, and serious-illness communication. Burst references and topics suggest improving methodological rigor, yet notable gaps remain in cultural adaptation, young-onset dementia, caregiver engagement, cross-national comparisons, and evidence from non-English contexts.

Conclusion: ACP research in dementia features high-impact journal clusters and collaboration networks centered in Europe and North America, with a transition from descriptive work to interventions and implementation science. Future priorities include multicenter randomized trials, culturally contextualized tools, structured caregiver-patient shared decision-making pathways, and evidence expansion in low- and middle-income countries and multilingual settings.

P349

Pre-testing the Culturally Adapted Taylored Activity Program Brazilian Version (TAP-BR) for Telehealth

Mrs Patricia Cotting Homem de Mello^{1,2}, Prof Márcia Novelli¹

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Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Introduction: The Tailored Activity Program - Brazil (TAP-BR) is an evidence-based occupational therapy intervention designed to optimize the daily functioning and Quality of Life of people living with dementia and their care partners through individualized activity plans. In Brazil, a cross-cultural adaptation of TAP-BR was conducted to address semantic, idiomatic, cultural, and conceptual equivalences, adapting the program to the virtual environment. To ensure the suitability for remote delivery, a pre-test of the telehealth version was carried out.

Methods: The pre-test involved three dyads, each comprising a person with dementia and their care partner, and was delivered by two occupational therapists through videoconferencing. Sessions followed the TAP-BR structure, adapted for telehealth, including assessment, activity tailoring, environmental adaptation, and caregiver training. Therapists documented implementation challenges, participant feedback, and points requiring refinement using structured observation and reflective field notes.

Results: Overall, care partners and therapists accepted the adapted TAP-BR telehealth program. Participants engaged meaningfully in sessions, and care partners demonstrated good comprehension of therapeutic strategies. Authors identified adjustments were identified to optimize telehealth practice: simplifying and digitizing some materials to facilitate online use; enhancing visual aids and screen-sharing strategies; providing additional guidance to caregivers for environmental setup before sessions; and refining instructions to improve pacing and clarity during remote delivery.

Discussion: The pre-test highlighted the feasibility and acceptability of delivering TAP-BR through a virtual environment, while also revealing practical areas for refinement that are crucial to maintaining intervention fidelity in remote contexts.

Conclusion: Conducting a structured pre-test was essential to refining the TAP-BR virtual program, ensuring both scientific rigor and clinical applicability. These results inform subsequent implementation phases and contribute to advancing evidence-based occupational therapy interventions for dementia care in telehealth settings.

P350**Making Utopia a Reality (ODISSEA)**

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Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

This research project focuses on the study of ODISSEA: a participatory, intergenerational and supported housing project in Angers (France) that aims to offer six couples, consisting of carers and people diagnosed with dementia, the opportunity to live together for as long as possible in new, low-rent accommodation.

An alternative to nursing homes (EHPAD), this living space is supported by a team of activity coordinators, volunteers from France Alzheimer 49. It is part of a larger complex (Le Bourget) which includes a micro-nursery, a youth residence (for young workers and single parents with young children) and apartments for seniors.

The aim of the study is to examine, through a multidisciplinary approach (sociology, anthropology, geriatrics, management sciences, etc.) the circumstances that contributed to the creation of this device, how it works, its impact in terms of well-being for carers, its therapeutic impact on people living with dementia, but also on the social perceptions of people living in Le Bourget and the neighbourhood and medical perceptions of healthcare professionals. Strategically, we will also establish the economic cost of this type of housing compared to other types of care.

Ultimately, the aim is to extract operational and strategic insights for other associations that wish to replicate this concept and influence public policy.

P351**Modified partnered care conceptual frameworks tailored to individuals and care partners with neurocognitive conditions.****Dr Christina R. Morris**

CSULA, Los Angeles, USA

Topic

Dementia diagnosis, treatment, care and support: Models of care (including residential, end of life and day care)

Abstract

Current research indicates that approximately 40% of the population over 55 years of age will develop some form of neurodegeneration. In 2021, The World Health Organization estimated 57 million people living with dementia worldwide. Further evincing this emerging threat, the global financial impact is forecasted to exceed \$2.8 trillion USD by 2030, with approximately 50% of these costs will be directly attributed to the cost of care. Though daunting, the fiscal impact is not the sole determining influence guiding future commitments to the individuals and families impacted by neurocognitive conditions. The preservation of dignity, family, and wellness should be key the prioritizing factors. This is a call for compassionate care.

Partnered care models are systematic approaches involving multilevel collaborations amongst those living with dementia, care partners, healthcare professionals, community, and support systems. They empower, promote understanding, provide resources, and support active participation in care planning activities. Application of foundational concepts from frameworks such as the Patient Care Model (PCM), the Collaborative Care Model (CCM), and the Value-Based Care Model (VBC) build resilience and can be monumental within the dementia care delivery system. Tailored partnered care frameworks can render benefits to individuals and care partners affected by neurodegenerative conditions. The rapidly increasing incidence of neurocognitive conditions demands exploration of suitable care modalities that preserve wellness and dignity, while maintaining sustainability for a growing aging population.

P352**Non invasive digital early eye detection of dementia for better managing care in the community****Prof Warren John Harding, AM**

Macquarie University, Sydney, Australia. Alzheimer's WA, Perth, Australia. Curtin University, Perth, Australia. Akkodis, Perth, Australia

Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

The EyeMind project aims to transform early detection of Alzheimer's disease, the most common cause of dementia, accounting for 60–70% of cases. EyeMind analyses the velocity, amplitude, constriction and re-dilation as the pupil responds to light to identify early signs of cognitive decline—often before noticeable symptoms arise. This supports timely diagnosis, enabling people to access new mono-clonal antibody treatments which are most effective at early stages and address lifestyle risk factors earlier.

EyeMind is a low-cost, smartphone-based technology designed to detect early signs of Alzheimer's disease. The system uses Gen AI to analyse the eye's response to a flash of light, combined with lifestyle data, to predict an individual's risk of developing Alzheimer's over the next 5–10 years. It provides a non-invasive, objective, and accessible alternative to costly scans and is designed for use in community, primary care, and aged care settings, reducing reliance on costly PET or MRI scans or invasive CSF tests.

We have developed and clinically tested, following SCGH ethics approvals, key components of EyeMind at the Osborne Park Memory Clinic with MCI or AD participants. Data capture and video recording were completed through a custom app, and analysis has so far been done separately using AI models developed with our technology partners.

The technology's current stage includes a validated video capture app (developed with Curtin University) and predictive AI models (developed with Akkodis). We have completed pilot data collection at Osborne Park Memory Clinic in Western Australia, with full ethics and governance approvals. The separate components have shown promising results, and the next phase focuses on integrating these into a single platform:

- Integration of video capture and AI analysis into a single app (Months 0–6)
- Large-scale clinical validation trial (Months 6–12)
- Preparation and submission for Australian TGA regulatory approvals (Months 12–18)

P353

Feelings experienced before and after the diagnosis in people with mild cognitive impairment or dementia due to suspected Alzheimer's disease: A qualitative study

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aims: There are currently no studies that systematically investigate the experiences of people diagnosed with mild cognitive impairment or mild dementia due to suspected Alzheimer's disease (AD) (people with early symptomatic AD), especially their journey from first consultation/diagnosis to disclosure of their condition to the community. This study aims to clarify the key concepts of feelings experienced by people with early symptomatic AD and their flow throughout this journey.

Method: Face-to-face semi-structured interviews were conducted with people diagnosed with early symptomatic AD approximately 1 year ago. Using the Steps for Coding and Theorization, concepts of feelings were developed, and the pathway from consultation to disclosure was schematized over the course of time using the Trajectory Equifinality Model. This study was conducted per local ethical guidelines.

Results: This study included 17 participants (9 females) from 5 regions in Japan, the mean time from diagnosis to interview was 14.1 months (range: 2-42). Before consultation/diagnosis, the concepts of "recognition of their own suspicions of dementia" and "willingness to consult without resistance" were identified. Immediately after diagnosis, "lack of sense of being diagnosed," "shock," and "anxiety about the progression of symptoms" were identified. "Ensuring opportunities for continued social communication" and "avoidance of relying on family" were linked to acceptance of living with the condition. While "adaptation to challenges" and "recognition of the need for support from outside the family" led to disclosure to the community, "lack of urgent needs" and "conflict between expectations of gaining support and fear of losing credibility through disclosure" led to non-disclosure. The longer the time since diagnosis, the more people tended to disclose their condition to others.

Conclusion: This study provided valuable insights into how people with early symptomatic AD perceive their condition, and the support they need before and after receiving diagnosis, including decisions around disclosure.

P354

The Dementia Antibody Therapy Journey as a Lens: Autonomy, Shared Decision-Making, and Systemic Challenges

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aim: The advent of antibody-based disease-modifying therapies (DMTs) for Alzheimer's disease has transformed expectations for dementia care. Clinical experience in Tokyo shows these therapies reveal diverse and shifting care needs across the dementia journey. This study aimed to clarify pre- and post-diagnosis support needs of those receiving DMTs.

Method: Qualitative analyses of semi-structured interviews with 42 participants—patients, families, and health care professionals—were conducted.

Results: Before treatment, many experienced uncertainty and difficulty accessing reliable information. At informed consent, decisions were shaped not only by clinical eligibility but also by psychosocial realities—such as side effects, caregiving responsibilities, or repeated hospital visits. During the infusion period, patients and families reported heightened anxiety about safety and daily adjustments.

Initiating DMT also raised ethical concerns: families were positioned as “expected caregivers,” a role shaped by both external expectations and internalized norms. They accompanied patients to hospital visits and carried the implicit responsibility of monitoring daily life and health. Some families reported psychological stress from expectations of cooperation, whereas for some, time shared through treatment was positive, strengthening bonds. Yet some patients worried the obligation might strain relationships, while family members felt pressure that reluctance could affect treatment choices.

Beyond initiation, post-diagnostic support was inconsistently provided and often left to institutions lacking expertise or linkages to meet broader needs.

Conclusion: DMT provision represents not a single clinical challenge but a spectrum of medical, psychological, social, and ethical needs along the dementia journey. Because DMTs require patients' active cooperation, they highlight the need to listen to patients' voices. This aligns with principles of autonomy and shared decision-making, which should apply broadly—not only to those receiving DMTs or living with dementia, but across older persons' care in general. DMT thus serves as a lens, illuminating pathways to respect autonomy and enhance collaborative care.

P355**Landscape and National Policy Framework for Dementia in Taiwan**

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

The prevalence of dementia among people aged 65 and above in Taiwan is 7.99%. By the end of 2025, Taiwan's population with dementia exceeded 380,000. In response, Taiwan government launched Long-Term Care Plan 2.0 expand the target population include individuals over the age of 50 with dementia. To conform with international expectations, Taiwan Ministry of Health and Welfare (MOHW) announced the "Taiwan Dementia Policy: A Framework for Prevention and Care 2.0" references the "Global Action Plan on the Public Health Response to Dementia 2017-2025" proposed by WHO.

In an effort to strengthen community-based service capacity for people with dementia, the MOHW has established more Support Center for People with Dementia and their Families (SPDF) while taking various measures such as cognitive promotion, training courses on care partners and support groups. In 2024, announcement was made on the "Pilot Program for Designated Support Center" The hospitals will process the application for the dedicated service and on the BPSD people with dementia. It is hoped to draw on medical expertise to provide multi-faceted support to the clients and care partners. In addition, the MOHW has established Integrated Dementia Care Center (IDCC) in the hopes of assisting suspected dementia clients diagnosed, addressing the diverse care needs at different stages, offering consultation and referral services, and connecting them with related medical care.

Taiwan improving dementia care resource allocation, providing support for dementia care partners, and raising dementia awareness and friendliness to achieve the Dementia Friendly Taiwan 777 goals by 2025 (70% care partners supported available, 70% diagnosed with dementia , 7% population dementia-aware).

People of all ages with dementia have been included in the long-term care service targets since 2026 so that can strengthen the care for younger onset dementia. We also want to delay the disability of individuals with dementia across all age groups.

P356

Dementia FC: Scoping novel national provision of dementia support through football (soccer) organisations in the United Kingdom

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aims: Football (soccer) is the national sport in the UK and the most popular sport globally. For many, it is at the heart of the community, bringing a sense of belonging and identity. Football organisations can support people living with dementia and their families through initiatives to help keep people active and promote social inclusion. These initiatives often attract men and people from socially disadvantaged communities; who are underrepresented within more traditional forms of community dementia support. This provision is important amidst significant pressures on health, social and voluntary services.

This research comprises three work packages to explore: current provision in England; in depth case studies of different models; co-developing best practice guidelines for current and future providers.

Methods: Mixed methods were used to better understand current provision (work package 1) through a review of online information; qualitative interviews with national organisations, individual football clubs and foundations (n=16); quantitative survey of 92 clubs and foundations across all English professional football leagues.

Interviews were analysed thematically and online survey data provided descriptive statistics plus thematically analysed free text. Interview and survey data were integrated to inform subsequent work packages.

Results: Football organisations in England provide a broad range of support benefitting local communities and former professional footballers living with dementia and their families. Activities support physical, cognitive and emotional wellbeing, and include football and sports-related activities as well as more general activities and support. Staff and volunteers are not usually specialists in health or dementia and may have training needs around dementia awareness and support. A collaborative approach and flexible service delivery are key, however there can be complexities around funding. Initiatives are inclusive but need to be able to better connect with diverse populations.

Conclusion: Preliminary findings highlight the multiple positives of dementia support through football organisations with international relevance.

P357**Implementing evidence based dementia care management within a network of health care stakeholders in a rural region in Germany - evidence from an implementation trial**

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Background: Dementia Care Management is a guideline-based, person-centered intervention supporting people with dementia and their caregivers. The RoutineDeCM project examined its implementation and effects under routine conditions in the region of Siegen-Wittgenstein, Germany.

Methods: A prospective cohort study was conducted with n = 93 people with dementia or cognitive impairment and their primary caregivers. Participants were recruited via four regional providers (day care, physicians' network, hospital, counseling service for family caregivers). Dementia Care Managers conducted assessments at baseline, 6 and 12 months during home visits. Outcomes included unmet needs (care management system, primary outcome), cognition (DemTect), frailty (EFS), health-related quality of life (EQ-5D), and caregiver burden (ZBI-7).

Results: Unmet needs decreased significantly from 20.5 at baseline to 13.9 at 6 months and remained stable at 14.2 at 12 months, indicating a lasting effect of DeCM. Cognitive function showed a slight, non-significant decline. Frailty improved significantly over time, reflecting stabilization in daily functioning. Subjective health remained stable, with men reporting slightly more positive ratings. Health-related quality of life remained stable at a moderate level. Caregiver burden showed no significant changes. Differences across recruitment settings persisted: participants in day care remained older and frailer, while those from physicians' networks were functionally more independent.

Conclusion: Follow-up results demonstrate that Dementia Care Management effectively reduces unmet needs and helps maintain stability in health-related outcomes over 12 months. The intervention proves feasible in routine care and highlights the importance of diverse recruitment strategies to reach heterogeneous populations.

P358**The psychological experiences of living with co-morbid dementia and cancer: A narrative analysis**

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Around 1 in 13 people aged 75 and over in the UK live with co-morbid dementia and cancer (CDC). People living with dementia are more likely to experience barriers in cancer treatment, leading to later diagnosis and lower survival rates than people without dementia. To date has not primarily explored individuals' psychological experiences of CDC from symptoms to end of life. This study focused on how people process and adapt to receiving and living with these diagnoses concurrently.

Twelve people participated in narrative interviews; five people living with CDC (PLWCDC) and seven caregivers. Narrative analysis was utilised, focusing on multiple levels of people's experiences, including the personal, interpersonal, positional, and ideological. Participant feedback and reflections were embedded into individual narratives.

An overall meta-narrative was developed. Stories of psychological experiences across six overarching areas were told from obtaining a diagnosis, undergoing treatment, navigating healthcare services, living with CDC, evolving relationships, to the prospect of an uncertain future. Results highlighted the influences of these experiences on processing and adapting to CDC. Although participant's narratives are presented chronologically, their journey was not always linear. PLWCDC and their caregivers experienced frustration, anger, upset, low self-confidence, insecurity, and stress. Dementia and cancer diagnoses were processed differently. Dementia demanded a steeper learning curve for monitoring and managing fluctuating symptoms. With the contrast between dementia and short-term curative cancer treatment, psychological adjustment to dementia appeared more challenging

To provide better care to this population healthcare professionals must understand the psychological experiences of patients and caregivers living with CDC. Increased understanding of the impact of dementia on decision-making support in cancer care is required. Dementia services should routinely offer accessible resources alongside person-centred conversations with professionals, to support people processing and adapting to CDC. Future research collecting longitudinal narratives will further develop our understanding of living with CDC.

P359**High Challenges in Support for Care Partners are Linked to Oral Health Risks in People with Dementia: Nationwide Survey, Japan**

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aims: Oral health problems in people with dementia can trigger pain, infection, malnutrition, and aspiration pneumonia, yet often remain invisible in community care settings. This study clarified the relationship between oral health maintenance in people with dementia and the challenges of support on their families.

Method: This nationwide web-based survey targeted family care partners of adults aged ≥ 65 years certified care needs in Japan's Long-term care insurance system. The questionnaire covered demographics, care arrangement, Zarit Burden Inventory–Japanese short version, BPSD, oral hygiene, and responses to oral health issues. Of 1,412 responses (72.6%), 1,190 complete cases were analyzed. Participants were classified into three groups: high challenges, moderate challenges, and low challenges in support. Difficulty in maintaining oral healthcare was subsequently compared across these three groups using the Chi-square test. Care partners' perspectives on the oral health of people with dementia were gathered and analyzed using thematic analysis.

Results:- Care partners were 54.2% male, 63.1% co-residing, and 57.4% providing care ≥ 5 days/week. Care recipients were most often mothers (54.8%) or fathers (19.4%). Care partners reporting high challenges in support were significantly associated with the care recipient not brushing teeth voluntarily ($P=0.003$), reduced daily oral care despite prompting ($P=0.004$), more oral problems ($P<0.001$), greater perceived need for dental visits ($P=0.024$), and lack of available consultation resources ($P<0.001$). Their perspectives revealed urgent unmet needs: "I don't know what is wrong," "Pain starts suddenly," "The mouth is in poor condition because they won't open it; I fear aspiration due to not chewing."

Conclusions: These findings indicate that high challenges in support are related to increased oral health risks in people with dementia. We recommend promptly integrating oral health resources into home and community dementia care to reduce preventable complications and alleviate care partner distress.

P360

Dementia Rarely Travels Alone: Rethinking Care for People Living with Dementia and Multimorbidity

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aims: To assess strategies used by health and care providers to support the management and delivery of dementia care in people living with one or more other long-term conditions (LTCs). It explores how services are adapted to meet the complex needs of this population and identifies opportunities for more integrated, person-centred care.

Methods: A scoping review methodology was used. Systematic searches were conducted across five databases: PubMed, Web of Science, Scopus, CINAHL, and PsycINFO, with citation tracking to identify additional relevant studies. Inclusion criteria were: English-language publications involving adults (18+) living with dementia and at least one other LTC, across any health or care setting, and all study designs and publication types. Data were charted and thematically analysed to identify patterns in care strategies, barriers, and outcomes.

Results: Eighteen studies met the inclusion criteria. The literature revealed a growing recognition of the need for integrated care models, but limited implementation in practice. Effective strategies included personalised care planning, continuity of care through a single point of coordination (e.g., a GP or care navigator), and active involvement of family carers in decision-making. Practical adaptations, such as, longer appointment times, medication reviews, and flexible care pathways were associated with improved patient and carer satisfaction, reduced treatment burden, and better health outcomes.

However, persistent barriers were identified: fragmented health information systems, lack of interoperability between services, insufficient training for staff in managing dementia alongside other LTCs, and the exclusion of carers from care planning. These challenges often led to disjointed care, increased risk of hospitalisation, and unmet needs.

Conclusions: To improve outcomes for people with dementia and multimorbidity, care systems must move beyond siloed, disease-specific approaches. Integrated, person-centred models that connect services, involve carers, and prioritise what matters most to individuals are essential for delivering safe, effective, and compassionate care.

P361**Nursing Practices in Post-Diagnostic Support for Older People Living with Dementia and Their Families in Japan: A Literature Review**

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Objective: In Japan, early diagnosis and early intervention for dementia are being promoted; however, a “support gap” often emerges between the time of diagnosis and the initiation of long-term care services. This study aimed to clarify the professional nursing practices required within multidisciplinary post-diagnostic support and to obtain foundational insights for developing future nursing practice guidelines.

Methods: A literature review was conducted using Ichushi-Web, CiNii Research, and J-STAGE. The keywords “dementia,” “post-diagnosis,” “nursing,” and “older people” were used. Eligible articles included original papers and case reports describing nursing practices in post-diagnostic dementia support; those without relevant descriptions were excluded. Data were summarized according to publication type, nursing affiliation, practice setting, nursing practices, and practical challenges. Nursing practices were categorized by thematic similarity.

Results: A total of 132 studies were identified, and one additional article was obtained through hand-searching. Twelve papers met the inclusion criteria, including three original studies. Research on nursing practices in post-diagnostic dementia support in Japan was limited, with most reports being descriptive. Reported nursing practices included: (1) respect for the dignity and autonomy of older people living with dementia, (2) continuous and holistic management of daily living and medical care, and (3) management to promote the psychological stability and continuity of care among family caregivers. Reported challenges included limited knowledge and communication skills, low confidence in care, and the need for dementia-specific support.

Conclusion: Nurses contribute to the stability of life for older people living with dementia and their families during the “support gap” period through professional assessment and continuous care management. However, empirical research remains scarce. Systematic studies are needed to clarify the professional expertise of nursing in post-diagnostic dementia support. Based on this expertise, strengthening nurses’ knowledge and skills, establishing educational systems, and developing and validating standardized nursing practice guidelines through interprofessional collaboration are essential.

P362**The Food Glorious Food project: Investigating the role of food in community-based group support for those living with dementia**

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aim: Food can be important to how we live our lives, and at the heart of opportunities to socialise, maintain skills, celebrate culture and reminisce. Community groups supporting people with dementia often offer food or refreshments, or involve food in their activities. However, there are significant challenges to working with food. Past studies regarding people with dementia and food have tended to focus mainly on nutrition in institutional settings or have recorded food provision as incidental, without analysis of its implementation or impact. The Food Glorious Food study has aimed to learn about the benefits and difficulties of involving food in community group support, to understand what works or doesn't work for different people in different circumstances.

Method: This realist evaluation has investigated practices at six community groups, each involving food in a different way, with data collected via a mix of interviews and ethnographic observation. Study sites included semi-rural Meeting Centres and Dementia Cafes serving a mainly White British population; an inner-city support group serving people of mainly Black Caribbean heritage; and support groups serving an urban South Asian community.

Results: Eight categories of activity were found in a cross-case analysis: Providing food (including hot/culturally appropriate meals); Providing refreshments; Asking people to bring a meal (e.g. a packed lunch); Bringing food to share; Managing dietary/support needs; Creating a supportive environment and routines (including for supporting cultural identity); Involving people in food practices; and Using food with other activities. Benefits, risks, facilitators and challenges were found for each category, with a range of realist Context-Mechanism-Outcome statements created under each.

Conclusions: Including food in community group support for people living with dementia has significant and multiple potential wellbeing benefits. However, these come with complex challenges attached, requiring careful consideration in decision making, adequate resourcing and sensitive management when implementing.

P363

Barriers to Social Media Engagement Among People with Dementia: An Online Survey

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aims: Social media can offer benefits for people with dementia, including social connectivity, peer support, and access to information. However, digital exclusion remains an issue, and little is known about factors that deter engagement. This study explored barriers to engagement with social media from the perspectives of people with early-stage dementia who do not use social media and the unpaid carers supporting them.

Method: 227 participants (n=179 carers; n=48 people with dementia) completed an online survey containing closed and open-ended questions about attitudes towards social media. Reflexive thematic analysis was applied to responses.

Results: Six themes were produced: 1) "Perceived value of social media" – many participants questioned its relevance to the lives of people with dementia, often preferring offline or private digital interactions; 2) "Generational differences and age-limiting beliefs" – people with dementia were positioned, by both themselves and carers, as 'too old' for new technologies, with dementia compounding age-related barriers; 3) "Digital access and literacy" – limited device access, outdated technologies, complex platforms, and low digital confidence hindered engagement; 4) "Perceived (un)safety of social media" – carers, in particular, viewed social media as 'too risky' due to cybercrime, misinformation, and potential abuse; 5) "Symptoms of dementia" – memory, concentration, and behavioural challenges prompted concerns about sustained engagement and preservation of dignity; 6) "Heavy caring loads" – carers reported that supporting engagement would require extensive time and supervision that was unmanageable alongside their existing responsibilities.

Conclusion(s): Social, cognitive, and technological factors perpetuate exclusion from social media among people with dementia. These barriers could be addressed through interventions that focus on improving digital access, literacy, and online safety, while also raising awareness of the potential benefits of social media. Social media platforms should also be designed to be more inclusive of people with dementia and supportive of carers facilitating engagement.

P364**Māori family caregiver experiences caring for someone with dementia**

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aim: This study aimed to explore the experiences of Māori (Indigenous population of New Zealand) family caregivers who care for relatives with dementia and to examine the economic and psychosocial costs of caregiving within Māori families. The research sought to better understand how caregiving for Māori with dementia may differ from caregiving for Māori elderly without dementia.

Method: A mixed-methods, Māori-centred approach was employed.

Qualitative phase: In-depth interviews were conducted with eight Māori family caregivers caring for individuals both with and without dementia. Thematic analysis was used to identify key experiences and values underpinning caregiving.

Quantitative phase: Ongoing data analysis ($N \approx 50$) is assessing the economic and psychosocial impacts of caregiving among Māori families, comparing dementia and non-dementia caregiving groups.

Results: Qualitative analysis revealed several themes shared across Māori caregivers, as well as themes specific to those caring for family members with dementia. Notably, Māori caregivers did not describe their caregiving role as a burden, despite acknowledging significant challenges. Instead, caregiving was viewed as a valued expression of whanaungatanga (connectedness) and cultural responsibility. Quantitative data collection is currently underway to complement these findings by quantifying the economic and psychosocial impacts of this role.

Conclusions: This study highlights the culturally grounded nature of caregiving among Māori families and challenges deficit-based narratives around caregiver burden, within the context of dementia care. The results provide insight into the unique economic and psychosocial dimensions of Māori caregiving for dementia, informing the development of culturally appropriate support systems and policies that uphold Māori values and wellbeing.

P365**Beyond the Diagnosis: Younger Onset Dementia and the Power of Connection - The Reggio Emilia Projects (2022–2024)**

Dr Chiara Codeluppi, **Dr Cecilia Tonon**

AimA Associazione Italiana Malattia di Alzheimer Reggio Emilia ODV, Reggio Emilia, Italy

Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Between 2022 and 2024, in Reggio Emilia (Northern Italy), an innovative and integrated care model was developed to address the specific needs of people with Younger Onset Dementia (YOD) and their families. During this period, the Cognitive Neurology Clinic of the Local Health Authority of Reggio Emilia (AUSL-IRCCS) made 89 new diagnoses of YOD, highlighting the urgent need for a targeted, multidimensional territorial response focused on these families' specific needs.

This context led to the development of a dedicated psychosocial network throughout the Reggio Emilia area, strengthened by the collaboration between AUSL-IRCCS and the Alzheimer's Association of Reggio Emilia (AimA Reggio Emilia).

The most significant initiative was Caffè Incontro - a project inspired by Meeting Centers and Alzheimer's Cafés - specifically designed for people with YOD and their caregivers, co-developed by AimA Reggio Emilia, AUSL-IRCCS Reggio Emilia, and the local Social Services. The project meetings offer dynamic activities tailored to this population's real needs, focusing on cognitive stimulation, the use of new technologies, and the active engagement of young caregivers through a dedicated project ("Sharing is Caring"). From 2022 to 2024, Caffè Incontro recorded a total of 1,169 attendances.

Since 2023, a psychological support group for caregivers has been added, providing a safe space for emotional expression and sharing of daily challenges, with 115 total attendances.

The support network was further strengthened by Più Vicini ("Closer") project, which includes the regular presence of AimA volunteers within the Cognitive Neurology Clinic to facilitate access to services and create a direct link between diagnosis and care. The project also offers psychological consultations, including home visits, ensuring personalized and continuous support.

This experience emphasizes the value of a collaborative, interprofessional, and community-based network that promotes social inclusion, proximity, and improved quality of life for people living with YOD and their families.

P366

Familial Factors Shaping Dementia Care Trajectories: Longitudinal Evidence from Hong Kong

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Aims: Multiple family care partners are often involved in dementia care, yet little is known about how families collectively respond to evolving care needs. Guided by family stress theories, this longitudinal study aimed to: (1) examine changes in care demands, use of formal and informal care resources, and care partner wellbeing over time; and (2) identify familial factors contributing to adaptive responses.

Methods: We conducted two rounds of telephone interviews with care partners of community-dwelling persons living with dementia (PLwD) in Hong Kong in 2021 and 2025. Data were analyzed using repeated measures and multiple regression.

Results: Over four years, 106 PLwD (43%) remained in the community, 40 (16%) transitioned to residential care, and 98 (40%) passed away. Among those remaining in the community (n=106; 74% female; mean age = 83.7±9.3 years), declines in ADL and IADL led to a substantial increase in informal care time (from 497 to 817 hours/month), typically shared by two stable care partners per family. Despite increased use of live-in domestic helpers (36% to 51%) and community care services (34% to 59%), care partners (87% female; 25% spouses; mean age = 59.5±12.4 years) reported increased care burden and reduced health-related quality of life. After controlling for functional decline, an increase in informal carers was associated with non-spousal caregiving relationships, higher family functioning, higher family preparedness for care, and concurrent caregiving for other family members. Greater use of formal services was linked to higher satisfaction with family support.

Conclusion: Families with enmeshed dynamics, misaligned care expectations, and multiple members requiring care are less likely to seek both informal and formal support. Post-diagnostic services should assess family functioning and dynamics to identify needs and deliver targeted support.

P367**Meeting Centers for people with dementia and caregivers - 10 years of experience in Poland and Italy.**

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

The Meeting Centers Support Programme (MCSP) is a community-based model of psychosocial support for people with dementia and their caregivers, originally developed in the Netherlands. Since its introduction in Poland and Italy in 2015 within the European MEETINGDEM project, both countries have continued to implement and adapt the model in diverse local contexts.

This presentation reflects on ten years of experience with Meeting Centers in Poland and Italy, focusing on the process of adaptation, sustainability, and integration into existing care systems. It explores to what extent the health and social care systems in both countries were prepared in 2015 to adopt such an innovative, person-centered approach, and how this readiness evolved over the years.

Through the analysis of practical implementation, collaboration among professionals, and community engagement, we discuss facilitators and barriers to embedding Meeting Centers in national dementia care strategies. The discussion highlights differences in policy frameworks, funding mechanisms, and local community structures that influenced the development of the model.

Finally, we draw lessons from a decade of practice, emphasizing the importance of flexibility, advocacy, and cross-country learning in sustaining community-based dementia support.

P368

Adaptation of the “Care Ecosystem” Model to the Peruvian Context: A Qualitative Study with Caregivers of People with Dementia

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Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

Background: Dementia is a growing public health challenge in Peru, where an estimated 420,000 people live with the condition (Alzheimer's Disease International, 2021; INEI, 2023). Access to timely diagnosis, treatment, and caregiver support remains limited. The IMPACT Salud project aims to improve the quality of life of people with dementia (PwD) and their caregivers through innovative, technology-based interventions tailored to the Peruvian healthcare system.

Aim: This study aimed to understand the perceptions, experiences, and suggestions of caregivers of PwD in Peru. The insights gathered were used to guide the cultural and contextual adaptation of the Care Ecosystem program within the IMPACT Salud project.

Method: A descriptive qualitative study was conducted with 30 family caregivers of PwD from four cities in Peru (Lima, Huancayo, Iquitos, and Tumbes). Data were collected through focus groups and individual interviews between June and August 2024. Transcripts were analyzed thematically, following grounded theory principles, using ATLAS.ti software.

Results: Most participants were women (87%), mainly daughters or spouses of PwD, and 70% were aged 50 years or older. Caregivers valued core components of the Care Ecosystem, such as regular phone-based counseling, emotional support, and guidance on dementia care, as highly useful. However, elements relying on digital literacy and automated messaging required further adaptation to local contexts. Participants trusted phone communication but raised concerns about the chatbot's empathy and privacy. They recommended ensuring that counselors are empathetic, using clear language, and offering flexible schedules.

Conclusions: The adapted Care Ecosystem was perceived as useful and feasible to strengthen family support and caregiver well-being through remote assistance. A feasibility study will assess its implementation within the IMPACT Salud project.

P369

Integrated Support Model for Younger-Onset Dementia Families in Taiwan: Experience of TADA

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TADA, Chinese Taipei

Topic

Dementia diagnosis, treatment, care and support: Post diagnostic support for people with dementia and carers

Abstract

In Taiwan, over 380,000 people live with dementia, among whom an estimated 14,000 are aged 30–64 with younger-onset dementia (YOD). Due to their life stage roles and responsibilities, YOD families face distinct psycho social and economic challenges. However, current formal support systems are not differentiated, resulting in heavier burdens on these families. Since 2012, TADA has been the only organization in Taiwan providing integrated services specifically for YOD families. Based on over 3,500 helpline consultations and the experience of providing community-based care services to more than 300 families, TADA identified key challenges including limited dementia awareness, delayed diagnosis and intervention, insufficient employment and financial support, imbalance in caregiver roles, loss of autonomy, and low public understanding of YOD. In response, TADA developed a comprehensive, person-centered service model emphasizing continuity of care and social participation. Core components include multi-dimensional cognitive and physical training programs for function maintenance, supported decision-making groups, caregiver support services, support programs for children under 18 of people with YOD, workplace counseling and vocational guidance, and Young Coffee—a cafe that provides employment and social participation opportunities for people with younger-onset dementia. Beyond direct services, TADA has advanced public awareness and advocacy through seminars, workshops, and nationwide outreach to more than 120 companies, promoting workplace inclusiveness and dementia-friendly practices. This integrated model emphasizes continued social participation, family-centered support, and public awareness promotion, aiming to foster a dementia-friendly society, reduce caregiver burden, and improve the overall quality of life for families living with younger-onset dementia.

P370**Bridging the gap: A scoping exercise to explore feasibility of Mild Cognitive Impairment (MCI) register for monitoring MCI in primary care**

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Introduction: MCI is an early stage of dementia with a 10–12% annual conversion rate. It is often diagnosed in secondary care, but subsequent management guidelines are scarce. Many patients are discharged without structured follow-up, delaying the detection of cognitive decline and deprived of brain health interventions. We propose a collaboration between primary and secondary care services to maintain an MCI register, aiming for early detection of dementia and early implementation of brain health interventions and advice.

Method: We screened 35 MCI patients from a West Staffordshire general practice using a brief phone questionnaire to check for cognitive decline impacting daily activities. Those reporting decline underwent repeat ACE-3 testing. Based on results, they were referred for neurocognitive review or included in an MCI register for primary care intervention.

Results: Out of 35 patients, 13 had dementia diagnoses. Among 22 remaining patients, 8 reported worsening cognition affecting daily life; 7 were tested again, with 6 showing significant score declines, leading to referrals.

Discussion: Structured monitoring of MCI in primary care involves establishing an MCI register. This approach allows for regular reassessments that can facilitate early detection of dementia and timely access to services. Additionally, brain health interventions may help to potentially delay the onset of dementia.

P371

Co-development of core competences for working therapeutically with families affected by dementia

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Background: Psychotherapeutic interventions show promise for people with dementia. Current competence frameworks for therapists offer little guidance on delivering therapy to people with dementia and their families, and this is not often prioritised in training. We aimed to develop core competences.

Methods: We used a participatory approach that centred the voices of people with dementia and their families. We brought together data from 50 interviews with individuals with dementia, relatives, and therapists, analysed using reflexive thematic analysis, to develop areas of focus for the competences. We conducted three World Café workshops using to explore in-depth the questions that matter to families affected by dementia. We incorporated a range of inclusive methods to foster creativity, including LegoSeriousPlay, drawing, writing and speaking.

Results: Thirty-five people participated in workshops. Through discussions we found that a more humanistic approach should be adopted by therapists when working with people with dementia, including being more sensitive to dementia and the challenges associated with the diagnosis, and considering feelings of loss and grief. We developed an initial set of core competences, which were refined with people with dementia and therapists. These focused on four areas; (1) knowledge of dementia and how this may impact communication and therapeutic experiences, (2) therapeutic skills and techniques for working with people with dementia, (3) specific considerations required when developing and maintaining therapeutic relationships, and (4) broad competences around scope of practice. The competences are separated by three levels; generic competences (for all people working therapeutically), specialist competences (for people working therapeutically with people with dementia) and leading, (for people supervising or managing people working therapeutically, or who lead, deliver or commission services).

Discussion: The development of these competences offer a clear framework for improving delivery of psychotherapy to families affected by dementia. We will test implementation of the competences within practice.

P372

Music and Dementia: A Trial of Evidence-Based Guidelines and Training for Aged Care Staff

Dr Sandra Garrido, Dr Anita Connell

Western Sydney University, Australia

Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Introduction: While musical engagement has been widely researched and shown to provide significant benefits for people with dementia, barriers exist to its effective implementation in long-term aged care settings. Our previous research has shown that a significant barrier is the lack of staff knowledge and engagement with music-based interventions, limiting both program uptake and overall effectiveness. This research aimed to evaluate a training and support package for care staff in aged care facilities, to help them provide targeted, personalised music listening for people living with dementia.

Method: Evidence-based guidelines and an online training program were co-designed with aged care staff and people living with dementia. A mixed-methods trial was conducted with 32 dyads (caregiver - resident pairs) across aged care facilities.

Results: The findings demonstrate improvements in mood and behaviour for people living with dementia, including reduced agitation and enhanced engagement and communication. Caregivers reported challenges of workload and access to technology when implementing the program in residential aged care. However, these barriers were outweighed by the skills development gained from the program training.

Discussion: The program enabled caregivers to transition from using music as a pleasant diversion to incorporating personalised music playlists as purposeful elements of care plans, demonstrating the value of targeted training and support for aged care staff.

P373**Exploring systemic therapy as post-diagnostic support for people living with dementia and their families**

Dr Alys Wyn Griffiths¹, Dr Louis Stokes¹, Dr Bryony Waters-Harvey¹, Dr Sophie Jeffery², Dr Florrie Gullion³, Dr Peter Ball⁴, Dr Emily Fisher¹, Ms Esther Whittlesea Reed¹, Dr Cara Gates¹, Dr Gemma Ryan¹, Ms Marie McGovern⁵, Prof Divine Charura⁶

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

People living with dementia often receive care and support from their families as their condition progresses. However, communication challenges can cause relationship strain. Psychotherapy, particularly systemic therapy (sometimes called family therapy), may be beneficial for people with dementia and their families. However, we know very little about this experience for people with dementia. We aimed to explore the perspectives of people living with dementia and their families during systemic therapy, and therapists supporting them. We conducted focused ethnographic observations of therapy sessions for 10 families affected by dementia. We held in-situ conversations with people with dementia, and semi-structured interviews with family members and therapists to gather insights about therapy and explore perceived changes in relationships. We triangulated data from observations, in-situ conversations, interviews, and medical records, using ethnographically-informed thematic analysis. Therapists supported families to navigate the session in their own way, but disagreements often arose with the person with dementia. People with dementia expressed dismay through facial expressions, verbally, or by leaving the room. A range of adaptations to therapeutic techniques were used, for example using a slower pace, 'gamifying' therapy, using prompts and printed documents to support participation, or significant recapping of previous sessions. These adaptations allowed people with dementia to meaningfully engage with therapy. Therapists often sought permission from the person with dementia to explore sensitive topics, or to speak further with family members. People with dementia experienced positive outcomes for their relationships with family members such as reduced conflict. Therapists described issues in establishing referral pathways for families affected by dementia, and service managers reflected on the delicate balance of maintaining a commissioned service in an ever-changing NHS. Our results have implications for the delivery of systemic therapy, including how well families understand the purpose of this prior to attending, and could help to reduce inappropriate referrals.

P374**Encouraging independent use of an online cognitive rehabilitation manual for people living with dementia****Mr Reinh Guss**¹, Miss Anna Williams²¹Oxleas NHS Foundation Trust / British Psychological Society, Canterbury, United Kingdom. ²Oxleas NHS Foundation Trust, London, United Kingdom**Topic**

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

In the UK dementia awareness and support have improved greatly over the past 15 years, leading to a wider understanding that people with dementia can and do live well. A range of psychoeducational programmes and psychological interventions have been developed to support and enhance the quality of life in those living with dementia. One such programme is cognitive rehabilitation which utilises personally meaningful goals to maintain skills and independence. Clare et al (2019) have shown this to be a promising therapy. Performing a randomised-control trial on cognitive rehabilitation in dementia, they found significant positive results in goal-attainment.

Bromley Memory Service, like many in the UK Health Service is mainly funded to provide dementia diagnosis, with little resource to provide aftercare. We therefore aimed to develop a short version of this programme, encouraging clients to independently use the online manual created by Clare et al. The My Life, My Goals (Exeter University., 2021) manual and the Bangor Goal-setting interview (Clare et al., 2020) were used to guide sessions, offering 3 appointments lasting around 60 minutes each.

Outcome measures consisted of The My life questionnaire for quantitative analysis and a feedback questionnaire for qualitative analysis. We hope that positive results from this will yield further post-diagnostic support and enable further resource distribution into programmes such as cognitive rehabilitation. Our presentation will show the background to this initiative in evidence base and in the local services, the set-up including resources used, and summarise outcome measures and feedback received from participants.

P375

The Almage common thread: how does a key theme, highlighted throughout the year, create a new dynamic within the care home activities plan?

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Contexte / Purpose:

This interventional study evaluated the effect of the “common thread,” a core component of the Almage Method, on institutional dynamics within care homes. This annual system introduces a unifying theme to refresh professional practices and strengthen the purpose of therapeutic interventions.

Method :

- **Population:** 547 residents across 6 “Alzheimer Centres” care homes.
- **Materials:** Therapeutic workshops and activities based on the “Olympics” theme.
- **Theme:** Promotion of adapted physical activities, scientifically recognized for their effectiveness in neuro-evolutionary diseases.
- **Evaluation criteria:** Monthly highlights, creation or adaptation of new workshops, involvement of residents, staff, and families, and new external partnerships related to the theme.

Results: On average two “common thread” workshops were held monthly, encompassing sports introductions, conferences, and outings. Existing workshops were modified to include body awareness, cognitive quizzes, and sports press reviews. Families and professionals facilitated sessions based on their sporting expertise, such as fencing, judo, and golf. Resident evaluations indicated high satisfaction and a desire for continuation.

Discussion: The common thread annually introduces a novel activity challenge, fostering the creative spirit of both staff and families through new engagements. Its broad thematic scope (e.g., music, the five senses, theatre, animal mediation, intergenerational activities) sparks diverse memories in residents, rekindling their curiosity and providing motivation for movement.

P376**MAKS®: Scientific results from two randomized-controlled trials on the effectiveness of the multimodal, psychosocial MAKS® intervention for people with mild to moderate dementia in nursing home and day-care setting in Germany**

Prof Elmar Graessel¹, Prof Yu Liu², Ms Regina Altena³, Dr Margit Gausdal Strandenæs^{4,5}, Ms Sabine Henry⁶, Prof Eileen Goller⁷, Mr Martin Schmitt¹, Dr Julia-Sophia Scheuermann¹, Prof Carolin Donath¹, Dr André Kratzer¹

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: The aim of any dementia therapy is to influence the progression of symptoms as effectively as possible and for as long as possible. This applies to both pharmacological and psychosocial interventions. Based on the bio-psycho-social health model, four intervention components can be derived to positively influence cognitive abilities: promoting cognitive, motor and everyday practical skills in a social context (group therapy). These four components are the basis of the MAKS® intervention.

Method: Two randomized-controlled trials involving 98 dementia patients of all severity levels in 5 nursing homes and 362 dementia patients with mild to moderate dementia 32 in daycare centers were conducted over a period of 12 months (in nursing homes) or 6 months (in daycare centers). The intervention group (IG) received MAKS® and the control group (CG) received usual care. Cognition, ADL and BPSD were central outcome variables.

Results: Cognition and ADL, each measured double blinded in performance tests, remained at the baseline level on average during the observation period in both the nursing home study (Graessel et al., 2011, BMC Medicine 9:129) and daycare study (Straubmeier et al., 2017, Deutsches Ärzteblatt International 114:815-821). BPSD improved on average in IG (Luttenberger et al., 2012, Journal of the American Geriatrics Society 60:830-840). In the daycare center study, the effectiveness of MAKS® was also demonstrated outside the RCT for a further 18 months (Gräbel et al., 2022, Das Gesundheitswesen 84:1154-1157). In this setting, MAKS® proved to be cost-effective (Steinbeisser et al., 2020, The European Journal of Health Economics 21:825-844).

Conclusion: MAKS-m for people with mild to moderate dementia (m), which was performed in a group of up to 12 people by two trained therapists at least twice a week for about 1.5 hours per session, was shown to be effective for the core symptoms of dementia syndrome in different settings.

P377**Results of an online survey of MAKS® therapists on the influence of certified MAKS® therapy courses on the participants and on the organizational structure of the facility**

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: In psychosocial interventions, the primary focus is on the effects on dementia patients themselves. However, it is equally important to find out what effects training courses on such interventions have on therapists and their working environment.

Method: In April 2025, all 2146 MAKS® therapists who were listed in the database of the ClarCert certification institute as trained (certified) MAKS® therapists and who were known to currently perform MAKS® therapy ("active" therapists) were contacted by email. They were asked to participate in an anonymous online survey. Topics included experiences with MAKS® training course and institutional effects of MAKS® therapy.

Results: Responses from 355 MAKS® therapists were analyzed (16,5 % response rate). The 3-day MAKS® therapy course was rated as useful ($M = 4.3$; $SD = 0.9$) and an increase in knowledge was perceived ($M = 4.4$; $SD = 0.6$). The response options ranged from 'completely disagree' (1.0) to 'completely agree' (5.0). After the MAKS® therapy course, an improvement in teamwork was observed in 39% of the cases; in 58% of the cases there was no change and in 3% of the cases there was a deterioration. 56% agreed that they had noticed changes in the workplace in terms of work motivation and job satisfaction. Of these 56%, 44% stated that the attractiveness of their employer had increased since the introduction of MAKS® therapy in the facility.

Conclusion: The results of the cross-sectional survey show that the curricular MAKS® training course for nursing staff and care workers has a positive impact not only on the trained individuals, but also on the team and thus on the organizational structure of the care facility.

P378

MAKS® in Norway: Intercultural Adaptation of the psychosocial MAKS® intervention to the Norwegian Care Context – Empirical Findings from a Qualitative, Focus Group-Based Cross-Sectional Study on Facilitating and Inhibiting Factors for Implementation in Day care designed for people with dementia

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aim. MAKS® is a multicomponent intervention developed in Germany. It is a well-documented method with the potential to become a valued intervention for use in day care services designed for people with dementia. The aim of this study is to adapt, implement, and evaluate the feasibility of the MAKS® intervention under Norwegian conditions, in day care designed for home-dwelling people living with dementia.

Method: This is a 10-months ongoing study (January-October 2025) conducted in four Norwegian day care services designed for people living with dementia. The study has a qualitative design using focus groups interviews for data collection. Four focus groups, comprising a total of 11 staff members, will be conducted at the end of the study to explore experiences with the MAKS® intervention and identify facilitating and inhibiting factors for its implementation.

Results: The results from the focus groups will be available in 2026. Preliminary feedback from staff indicates that implementing MAKS® requires considerable planning during the initial phase. However, following three days of training and practical experience, the intervention becomes easier to implement in day care. Staff have expressed enthusiasm for learning the intervention and reported that it has helped them engage with participants in new ways, while also increasing their awareness of how structured activities can promote health and quality of life. Flexibility and local adaptation have been emphasized as key to successful implementation

Conclusion: We anticipate that the intervention will be transferable to Norwegian conditions and serve as a valuable supplement to existing day care services designed for people living with dementia.

P379**MAKS® in China: Cultural adaption, implementation and evaluation of the psychosocial MAKS® intervention (“SinoMAKS”) for people with mild to moderate dementia in Chinese nursing homes**

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: Due to the increasing number of people with dementia in China (currently around 15 million), there is a need for effective interventions to slow the progression of dementia and improve behavioral and psychological symptoms of dementia (BPSD). The psychosocial, multimodal MAKS® therapy, which has proven effective in Germany. It reduces the negative effects associated with dementia. Thus, the main objective is to test the effectiveness of a culturally adapted MAKS® therapy (“SinoMAKS”) and its implementation in people with mild to moderate dementia in Chinese nursing homes by conducting a randomized-controlled trial.

Method: In the prospective, multicenter, randomized-controlled SinoMAKS study, N=252 eligible persons with mild to moderate dementia from 20 nursing homes in the regions of Dalian, Nanjing and Shenyang were included. The participants were randomized to intervention (IG) and control group (CG). While participants in the IG receive SinoMAKS for 6 months three times a week, participants in the CG continue to receive the care as usual. The follow-up data collection is carried out after 6 months. The primary outcome measure is cognition (ACE-III). Secondary outcome measures are ADL (E-ADL-CN), BPSD (CMAI-SF) and Clinical Global Impressions (CGI-S&CGI-I).

Results: The study is currently in the intervention and data collection phase.

Conclusion: If the results for SinoMAKS are comparable to those for MAKS® in Germany, several million patients in China could potentially benefit in the future from the advantages of the SinoMAKS intervention. This could also encourage further international dissemination of the MAKS® therapy and thus make a relevant contribution to reduce the progression of dementia worldwide.

P380**Existe MAKs® también para nosotros? (Is there MAKs® also for us?): cultural adaptation of MAKs® to the Latin-American culture (“LatinoMAKS”) and implementation of guided online therapy groups**

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: The psychosocial, multimodal MAKs® therapy has proven its effectiveness in several randomized-controlled trials. However, there has not been a publication reporting the transfer of MAKs® to non-western culture. The aim of this presentation is to report how cultural adaptation of MAKs® to the Mexican culture (“LatinoMAKS”) was performed and how MAKs® groups can be carried out online.

Method: A cultural adaptation of the manualized intervention was necessary for the modules “social stimulation”, “cognition” and “activities of daily living”. It had to be considered that Mexico is a country having cultural roots both in Catholicism and indigenous, native spiritual beliefs. The adapted manual was implemented and pilot-tested in three groups. Furthermore, the experiences of MAKs® therapists with online groups are reported.

Results: Examples of the cultural adaptation will be presented for illustration such as including the festivity of “Día de los Muertos” into the social module. Further examples will be given concerning adaptation of the cognitive tasks’ material or how activities of daily living are trained by shopping ingredients for a local recipe and preparing it (e.g. “Taqitos”). Due to the large distances in the country of Mexico together with lack of public transfer and security aspects it was also necessary to develop one version of LatinoMAKS that is suitable for online implementation. Examples of the modules that are delivered online will also be presented.

Conclusions: It was feasible to adapt the existing manualized psychosocial MAKs® therapy to the Latin-American culture and it is furthermore well accepted and economic to deliver LatinoMAKS online.

P381**MAKS®-s: Scientific results from a prospective, multicenter, cluster-randomized controlled trial on the effectiveness of the multimodal, psychosocial MAKS®-s intervention for people with severe dementia in nursing homes in Germany**

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: Non-pharmacological, psychosocial interventions are considered effective in the treatment of people with dementia. However, there is a lack of evaluated group concepts for individuals with severe dementia. This study aimed to adapt the proven MAKS® therapy (originally for mild to moderate dementia) for individuals with severe dementia (MAKS®-s) and to evaluate its effectiveness in nursing homes across Germany.

Method: A cluster-randomized controlled trial was conducted in 26 German nursing homes (13 in intervention and control group) from June to December 2020, involving 152 individuals with severe dementia. MAKS®-s combines motor training ("M"), activities of daily living training ("A"), cognitive training ("K") in a social-communicative setting ("S"), specifically adapted to the need of people with severe dementia ("s"). It was implemented three times a week in line with a standardized manual. Primary outcomes included quality of life (QUALIDEM) and neuropsychiatric symptoms (NPI-NH). Secondary outcomes were activities of daily living (ADCS-ADL-sev). Data were analyzed via mixed ANOVA. A 12-month follow-up was conducted, during which former control homes could voluntarily implement the intervention. Psychosocial benefit was rated by 51 trained therapists and analyzed through multiple regression.

Results: The initial randomized controlled trial revealed no significant differences between groups. In the 12-month follow-up, however, therapists reported observable improvements in emotional well-being, social behavior, and activities of daily living among residents receiving MAKS®-s. Significant predictors of psychosocial benefit included adherence to the intervention manual and lower psychosocial burden due to the COVID-19 pandemic. Other variables, such as perceived benefit by therapists or institutional factors, were not statistically significant predictors.

Conclusion: While the pandemic may have limited the measurable effects during the trial, the follow-up data suggest that structured, manual-based conduction of MAKS®-s can provide psychosocial benefits to individuals with severe dementia. These findings highlight the value of standardized, non-pharmacological interventions.

P382

Royal Victoria Hospital Dementia Meeting Centre: Psychosocial Community Dementia Support in a Hospital Setting

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Background: Hospital stays can be distressing for people with dementia, leading to increased anxiety and prolonged admissions. Meeting Centres Scotland has developed a model embedding a Dementia Meeting Centre within the Royal Victoria Hospital, Dundee, to provide structured, therapeutic support for patients, families, and staff. This initiative also serves as a training spoke for students, offering real-world experience in dementia-inclusive care.

Objectives:

- Improve hospital experiences for people with dementia through tailored support.
- Offer respite, peer support, and resources for families and care partners.
- Enhance staff wellbeing and confidence in dementia care.
- Provide hands-on dementia care training for students, fostering a skilled workforce.
- Evaluate the Meeting Centre's impact on hospital stays and reduction of distress.

Methods: The Meeting Centre will operate within the hospital, offering structured activities, including cognitive stimulation, physical exercises, creative arts, and social engagement. It will integrate with hospital staff to support multi-disciplinary teams.

Evaluation will include:

- Hospital metrics: length of stay, readmission rates, and instances of stress and distress.
- Standardised wellbeing assessments.
- Qualitative feedback from participants, families, staff, and students.
- Case studies demonstrating individual impact.

Results & Conclusion:

Expected outcomes include:

- Reduced distress and improved wellbeing for people with dementia in hospital.
- Greater resilience and support for care partners.
- Enhanced staff confidence, improving retention and care quality.
- A skilled cohort of healthcare professionals with dementia care experience.
- A replicable model for integrating Meeting Centres within hospital settings.
- The Royal Victoria Hospital Dementia Meeting Centre & Training Spoke presents an innovative, inclusive approach to dementia support in hospitals, transforming experiences for people with dementia, empowering care partners, and supporting healthcare professionals.

P383

The effect of psychosocial and healthcare interventions on hospitalisation in people with dementia: an umbrella review

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: To evaluate the efficacy of psychosocial and healthcare interventions on reducing hospitalisation rates in people with dementia

Methods: Umbrella review of existing systematic reviews and meta-analyses (pre-registered: PROSPERO 2024 CRD42024604296). We searched four databases to November 2024 for keywords and medical subject headings. We included peer-reviewed systematic review with or without meta-analyses of the effect of any psychosocial or healthcare intervention compared to a suitable control group on a measure of hospitalisation in people with dementia. Two reviewers assessed eligibility, and eligible papers were grouped into categories and appraised by two reviewers using A Measurement Tool to Assess Systematic Reviews (AMSTAR) version 2. GRADE ratings assessed the certainty of evidence.

Results: The search identified 21 systematic reviews, comprising 71 unique primary studies (45 randomised control trials, 26 non-randomised studies of interventions), with a total of 502,026 participants. Facilitation of advance care planning, along with written directives, was shown to significantly reduce hospital admissions by 55% and length of stay ($p=.026$). Input from clinical pharmacists in multidisciplinary teams resulted in a reduction in hospitalisation ($p=.03$) with low certainty of evidence, but this was limited to 30-day drug-related readmissions. High-quality evidence suggests that exercise programs do not reduce hospitalisation, and case management has no effect on hospital admissions, but demonstrates minor short-term reductions in length of stay. The remaining psychosocial and healthcare interventions were supported by low- to critically low certainty of evidence.

Conclusions: The current evidence for psychosocial and healthcare interventions in reducing hospitalisation in dementia is insufficient to make strong recommendations for their use. Advance care plans and written directives appear to reduce hospitalisation, and clinical pharmacists in multidisciplinary teams might reduce drug-related readmissions. However, future research must address the significant heterogeneity across interventions and outcomes and conduct more robust and high-quality RCTs to improve the certainty of evidence.

P384

To Know Me is to understand me: Digital life stories in residential dementia care

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: To Know Me is to Understand Me is an innovative, person-centred intervention which aims to rapidly and easily improve health and aged care staff knowledge of the person with dementia, thereby increasing holistic, person-centred care and quality of life.

Methods: Healthcare students conducted 16 weekly reminiscence sessions with people with dementia in Residential Aged Care Facilities and produced a four-minute digital life story video, to share with health and aged care staff. The stories contain information about the person's values, preferences and key life events, shared on a summary poster with a QR code link to the video. The study is a prospective mixed method, pragmatic, randomised, controlled trial comparing the Know Me stories to usual care and reminiscence sessions only.

Results: In qualitative interviews, staff who watched the digital stories reported knowing more about the resident's previous life. They reported being more easily able to begin conversations with the resident and were hopeful this information would enable more individualised care in the future. Most felt the stories provide richer and more engaging information than existing written life story summaries. However, many reported barriers to accessing the stories including a lack of time and a quiet space to watch the video, and difficulty using the QR code and password to access the video.

Conclusions: The Know Me package enables health and aged care staff to more easily and quickly learn about a resident, which translates to avenues for improved person-centred care.

P385**Upscaling dementia care volunteer training: Partnerships and perseverance in the face of challenges are key**

Dr Katrina Anderson^{1,2}, Ms Catherine Bateman¹, Ms Annaliese Blair^{1,2}, Prof Sue Kurrle³, Ms Elaine Todd¹

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

In 2009, a Clinical Nurse Consultant and colleagues developed and piloted a volunteer training program to ensure cognitively impaired older patients had companionship, meaningful activity, and assistance with eating, drinking, and walking where appropriate. The aim was to reduce the risk of delirium and adverse events such as falls and death, for cognitively impaired patients. The 15-year journey from pilot trial to national online training and lessons learned will be outlined in the presentation.

In 2014 the NSW Agency for Clinical Innovation funded the development of an implementation and training resource. This resource was used to implement the program in another 7 NSW rural hospitals and other hospitals nationally and internationally. However, funding for volunteer coordination and face-to-face training availability were ongoing challenges.

In 2020 the hospital resource was transplanted for residential aged care via co-design with consumers, clinicians and government regulators. Outcomes included an increase in resident quality of life, and satisfaction by staff and families, increased companionship, calming effect, and reduced loneliness and staff care burden. However, face-to-face training and availability of volunteers due to COVID-19 hampered scalability.

In 2023 in partnership with Dementia Training Australia (DTA) the face-to-face content was converted into an interactive, online training course. In the first 9 months, there has been 1986 enrolments and 1078 completions nationally, dramatically increasing the reach of the training.

Conclusions: This journey shows how prolonged persistence, broad partnerships, and harnessing online technologies can sustain and build on research and practice change initiatives.

P386**Tallored ManagEment of Sleep (TIMES) for people with dementia or mild cognitive impairment – A Cluster Randomised Feasibility Trial results**

Prof Chris Fox¹, Dr Jayden Horick¹, Prof Gill Livingston², Prof Ian Maidment³, Dr Aidan Aryankhesal⁴, Prof Niall Broomfield⁴, Prof Louise Allan⁵, Prof Antonieta Medina-lara¹, Prof Lee Shepstone⁴, Dr anne killett⁴, Prof Geoff Wong⁶, Dr Alpar Lazar⁴

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

For individuals with dementia or mild cognitive impairment (MCI), poor sleep is a major challenge that can increased dependence and accelerate dementia. The underlying causes are varied, complicating treatment in primary care. A key barrier is that these sleep issues often go unnoticed or unreported by the people affected or their families, so they aren't addressed. Even when they are, long-term use of sleep medications is risky, and non-drug treatments are limited.

Aims: To overcome these challenges, we worked with patient and public involvement (PPI) from diverse groups and healthcare professionals to co-design a tailored intervention for managing sleep (TIMES). TIMES helps GPs and other primary care staff offer personalised care to people with dementia/MCI and their caregivers by addressing the many factors that cause sleep disturbances.

Method: We tested the TIMES intervention in a cluster-randomized feasibility trial across 10 general practices in England, enrolling 23 pairs of patients and their carers.

Results: Key findings on: (i) Recruitment and Retention: The factors that helped or hindered our ability to successfully recruit and keep participants in the study; (ii) Fidelity and Acceptability: How closely the intervention was followed and how well it was received by participants; and (iii) Preliminary Outcomes: The initial effects of TIMES on patient sleep, quality of life, and healthcare costs, including medication use. We will also report on any changes in primary care staff's confidence in managing sleep issues for people with dementia or MCI.

Conclusions: We will discuss what our findings mean for improving sleep management for people with dementia and MCI in primary care. Our results will help patients, carers, and clinicians identify sleep issues and support tailored strategies to optimise sleep. Ultimately, this could lead to better wellbeing, longer independence, and prevention of progression.

P387

Evaluating a psychosocial lifelong learning programme for people with dementia – a mixed-methods study

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Background: Supporting people living with dementia to remain active and engaged in their communities is a key priority for health and social care. A novel psychosocial lifelong learning intervention, delivered in Denmark and the UK, offers an innovative approach to dementia care. This teacher-led programme is grounded in principles of Cognitive Stimulation training and neuro-pedagogy, providing ongoing, individualised educational activities designed to enhance quality of life, social engagement, and self-efficacy.

Methods: A mixed-methods study evaluated the impact of participation in the psychosocial lifelong learning programme. Quantitative data were collected at baseline and after 6 months from individuals newly enrolled in the lifelong learning service in Denmark (N=20) and the UK (N=32). Validated measures included: Montreal Cognitive Assessment (MoCA) for cognitive function, Quality of Life in Alzheimer's Disease (QoL-AD) for quality of life, Pool Activity Level (PAL) for activities of daily living, General Self-Efficacy Scale for perceived competence, and the Engagement and Independence in Dementia Questionnaire (EID-Q) for autonomy and participation. Descriptive and inferential statistical analyses are underway to evaluate changes in cognitive function, self-efficacy, quality of life, and social engagement.

Results and Conclusion: Preliminary trends suggest promising outcomes across multiple domains. Full quantitative results will be presented at the conference, offering the first international dataset evaluating this psychosocial lifelong learning intervention. These findings will inform future dementia care strategies and support the scalability of individualised, community-based psychosocial interventions.

P389

French Adaptation of the Cognitive Stimulation Therapy for Person Living with Dementia

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Developing interventions to improve symptoms of major neurocognitive disorders (MNCD) and enhance the quality of life of both patients and caregivers represents a major public health priority. In this context, non-pharmacological interventions (NPIs) have generated growing interest, although their rigorous validation remains limited, leading to a lack of standardization in these practices.

Cognitive Stimulation Therapy (CST) is a structured psychosocial intervention developed in the United Kingdom, based on techniques such as implicit learning and multisensory stimulation, integrated within group activities. Its effectiveness is well documented, particularly in improving cognition and quality of life in people living with MNCD. Recommended by Alzheimer's Disease International, CST is now implemented in nearly 40 countries but has not yet been adapted for use in France.

The objective of this study was to culturally adapt CST for the French population. The Formative Method for Adapting Psychotherapy model was applied. Focus groups were conducted with professionals involved in the care of patients with MNCD to identify necessary cultural adaptations. These findings were cross-referenced with theoretical, empirical, and clinical knowledge to develop an initial version of the CST-France manual. This version was then presented to a second group of professionals in additional focus groups for refinement.

Results indicate that CST is relevant and acceptable for the French population, requiring only minor cultural adaptations. A structured and culturally adapted manual is now ready for validation in France. This step represents significant progress toward the broader dissemination of CST in French-speaking contexts, contributing to standardized, evidence-based care and facilitating international comparisons across clinical practices.

P390**Adapting Cognitive stimulation therapy (CST) for Pacific peoples in New Zealand**

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: Cognitive Stimulation Therapy (CST) is an evidence based psychosocial group treatment option for people with mild to moderate dementia. Initially developed in the UK, CST content requires adaptation and tailoring to meet the unique needs of other cultures. New Zealand is home to nearly 450,000 Pacific people (8.9% of the population), most of whom have roots in Samoa, Tonga, Fiji, the Cook Islands, and Niue. We will describe the initial adaptation of CST to a pan-Pacific context, in New Zealand, followed by further adaptation for the Tongan culture.

Methods: We followed the five phases of international guidelines using the formative method for adapting CST to other cultures, including a critical cultural examination of the 18 CST principles and 14 CST activities. CST was initially adapted to a pan-Pacific context. Learnings and experiences from this initial group led to further adaptation of CST to a specific Tongan context.

Results: An overarching Pacific cultural principle was introduced which includes leadership, partnership and reciprocity; relationships and knowledge ownership; spirituality and family; service and inclusion; and respecting Pacific cultures. The cultural principle underpins the existing 18 CST principles. Pacific content was introduced to each of the 14 CST activities. We piloted a pan-Pacific CST group and drafted a manual, which underwent further adaptation during a training workshop for Pacific health workers and a CST group for a specific Tongan context. We will present the results, learnings and feedback of the first Tongan CST group comprising 3 Tongan males and 2 Tongan females, age range 65-85 years, with mild dementia that will complete in October 2025.

Conclusions: CST adaptation is crucial to make the process culturally appropriate and the content relevant. Language and other differences across Pacific cultures highlights the need for culture specific adaptations.

P391**Implementation of Doll Therapy in Dementia Care: An Umbrella Review of Systematic Reviews**

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: Doll therapy is increasingly used to support people living with dementia (PLWD) who experience behavioural and psychological symptoms of dementia (BPSD). While most reviews report positive effects, there remains limited understanding of how doll therapy is implemented, in what settings, and under what conditions it works best. This umbrella review synthesised existing systematic reviews to evaluate the effectiveness and implementation of doll therapy for PLWD, identifying gaps to guide future research and practice.

Methods: The umbrella review followed PRIOR and JBI Umbrella Review Methodology. Searches were conducted in PubMed, CINAHL, PsycINFO, Embase and the Cochrane Database in September 2025. Peer-reviewed systematic reviews and meta-analyses reporting on doll therapy among PLWD were included. Data were extracted on intervention type, setting, behavioural and emotional outcomes, and methodological quality assessed using AMSTAR-2. Implementation characteristics were mapped to the Theoretical Domains Framework and Normalization Process Theory to identify contextual factors influencing adoption and sustainability.

Results: Searches identified 186 records, of which four systematic reviews published between 2014 and 2024 met inclusion criteria. Reviews consistently found that doll therapy was associated with reductions in expressions of distress and improvements in mood, communication and engagement. Evidence quality ranged from low to moderate due to small sample sizes and study heterogeneity. However, implementation detail was notably lacking. Few reviews described the type of doll used, the mode or duration of therapy, or contextual enablers such as staff training, leadership or ethical framing. Theoretical mapping revealed barriers related to professional role identity, ethical coherence and perceived stigma, and facilitators including reflective practice, family engagement and organisational support.

Conclusions: While evidence suggests doll therapy can improve behavioural and emotional outcomes for PLWD, research rarely addresses implementation. Future studies should apply implementation science frameworks to clarify intervention components, measure fidelity, and ensure ethical, person-centred delivery across care settings.

P392

SENSE-Cog Residential Care: Piloting hearing and vision support for dementia in long-term care

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Background: Hearing and vision loss is common among people with dementia (PwD) in long-term care (LTC), affecting quality of life and dementia-related outcomes. Up to 90% of PwD in LTC have hearing loss and over 40% vision loss, yet detection and management are often inadequate. Staff often lack training, environments may be 'sensory unfriendly', and trial evidence is limited. The SENSE-Cog Residential Care pilot trial evaluated the feasibility of a structured sensory intervention and its potential for a future definitive trial.

Method: This cluster-randomised feasibility study was conducted across nine LTC facilities in Ireland, randomised to care as usual or an intervention comprising personalised sensory support, staff training, environmental audit, and mapping sensory care provision. Feasibility outcomes included recruitment, retention, uptake, safety, and data collection. Potential efficacy outcomes included quality of life, cognition, frailty, comorbidity, behavioural symptoms, and sensory health.

Results: Of 10 invited facilities, nine participated, recruiting 27 PwD within 2 months; 26 remained at 3 months. Twelve residents received sensory assessments, leading to the provision of 12 glasses, 4 hearing aids, and 6 listening devices. Training was delivered to 42 staff, including sensory champions, and was rated highly acceptable. At follow-up, 67% wore glasses, 75% used hearing aids, and 17% used listening devices.

Conclusions: Recruitment, retention, and intervention delivery were feasible, supporting progression to a full-scale randomised controlled trial.

P393

Co-developing a multi-domain hearing and vision intervention for people with dementia in long-term care with person and public involvement contributors

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Introduction: There is a high rate of unrecognised hearing and vision loss in people with dementia (PwD), particularly in long-term care (LTC) settings. This can worsen cognitive and functional decline, contribute to neuropsychiatric challenges, and increase health resource utilisation. This paper describes the modelling and development of a multi-faceted sensory health support intervention for PwD in LTC, co-designed with patient and public involvement (PPI) members.

Methods: [IL1] A draft sensory support intervention (SSI) for LTC was co-developed iteratively with health experts, LTC professionals and researchers. In stage 1, we developed the outline of an intervention by, (1) extending an already evaluated home-based SSI conducted with community-dwelling people with mild-moderate dementia and hearing and/or vision, (2) using evidence from a systematic survey of hearing rehabilitation for interventions for PwD in LTC; and (3) adapting a theoretical framework for the intervention, the Sensory-Cognitive Model of Place. In stage 2, qualitative feedback from professionals and PPI members on the draft intervention and intelligence regarding existing sensory healthcare training approaches were combined to produce a multi-component SSI-RC ready for field testing in a single LTC facility in stage 3. Based on the feedback from this phase, final design modifications were implemented, and the final SSI-RC was prepared for pilot-feasibility trialling.

Results: The SSI-RC was developed to comprise the following tiered intervention components: (1) Person with dementia level - personalised sensory health status check and record development, sensory assessment, device fitting, and adherence support; (2) Staff level – awareness training of care staff and sensory champions; (3) Environmental level – auditing and addressing sensory environments within the LTC facilities; and (4) Organisational level – mapping existing sensory care provision by community-based providers.

Conclusion: In collaboration with PPI members, we have successfully developed and field-tested a multi-tiered SSI suitable for trialling in LTC facilities in a cluster-randomised pilot trial.

P394

Dementia Information on YouTube: A Content Analysis of Videos and Audience Discussions

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: With over 55 million people worldwide living with dementia, online platforms such as YouTube are increasingly used to seek health information. However, little is known about what dementia-related content exists on YouTube or how viewers engage with it. This study aimed to identify the types of information about dementia presented in YouTube videos and discussed within their comment sections.

Method: A manifest content analysis was conducted on 80 English-language YouTube videos about dementia, selected between June and July 2025 using eight dementia-related search terms. In total, 1,211 video extracts and 1,600 viewer comments were coded separately using NVivo. Coding was inductively developed to capture explicit information and achieved high inter-rater reliability (video 94.44%; comment 94.87%).

Results: Three-quarters (75%) of video extracts contained educational information, particularly dementia prevention or treatment techniques (18.5%) and practical caregiving tips (18.1%). Lived experiences of people with dementia or caregivers accounted for 18% of extracts, while only 3% described research and 3% evaluated formal care facilities. Comment analysis revealed that users most commonly provided feedback to uploaders (23%) or shared lived experiences (22%). Other comment categories included beliefs about dementia prevention (13%), emotional reactions such as fear or sadness (9%), and evaluations of professionals or care organisations (9%). Around 10% of comments were irrelevant to dementia.

Conclusions: YouTube serves as a rich source of educational content about dementia, with audiences using comment sections to exchange experiences and beliefs. However, information about research and care services is limited, and the accuracy of educational content remains unverified. Future research should assess the quality and trustworthiness of dementia-related videos and explore how comment sections can be used to understand audience engagement and public perceptions of dementia.

P395

“Together We Understand, Together We Support”: A Needs-Based Approach to Psychosocial Care for People with Young Onset Dementia in Semi-Residential and Residential Settings

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Young onset dementia (YOD) presents unique psychosocial challenges that differ significantly from dementia at older ages. Individuals with YOD often face disruptions in employment, family roles and social identity, yet current care settings are frequently tailored to older populations, resulting in unmet needs and reduced quality of life.

This mixed-methods project, conducted at Odisee University of Applied Sciences in Brussels (Belgium), assessed the psychosocial needs of people with YOD and the barriers experienced by care providers in semi-residential and residential settings. The study combined a literature review, a quantitative survey (n=51) and qualitative interviews (n=4) with care professionals and informal caregivers. Findings revealed critical gaps in emotional support, autonomy, meaningful activity, and stress and sleep management. Care providers reported limited training, resources, and organizational prioritization for YOD-specific care.

Based on these insights, a practical care guide was developed to support professionals in delivering personalized, age-appropriate psychosocial interventions. The guide integrates evidence-based practices and emphasizes the importance of flexible, small-scale and person-centered care environments.

This project highlights the urgent need for structural changes in dementia care policy and practice, including increased training, interdisciplinary collaboration, and recognition of YOD as a distinct care domain. The findings contribute to international discourse on dementia care innovation and advocate for bridging the gap between research and practice to improve psychosocial outcomes for people with YOD.

P396**Connected Care in Young Onset Dementia: Bridging Psychosocial Expertise Between Residential and Home Settings**

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Young onset dementia (YOD) is associated with significant psychosocial challenges, including anxiety, stress and sleep disturbances. These issues are often insufficiently addressed in both residential and home care settings. The Connected Care project, led by Odisee University of Applied Sciences, aims to bridge this gap by assessing the needs and opportunities for integrating psychosocial expertise across care contexts.

A mixed-methods approach was used, combining qualitative data from **47 participants** through focus groups and semi-structured interviews. Participants included care professionals from (semi-) residential settings, people with YOD, informal caregivers and home care providers. Recruitment was purposive and data were analyzed using thematic analysis (Braun & Clarke, 2006), supported by researcher triangulation to ensure validity.

Preliminary results show that care professionals often lack specific training and tools to address anxiety, stress and sleep problems in YOD. Barriers include time constraints, limited resources and insufficient integration of psychosocial care into existing care plans. Participants expressed a strong need for practical, person-centered interventions such as mindfulness, relaxation techniques and structured routines. Both residential and home care actors emphasized the importance of collaboration, continuity and digital tools to support care transitions.

The findings inform the development of a Connected Care Framework, co-designed with stakeholders and disseminated via blended learning formats (e-learning, seminars, webinars). This framework aims to enhance competencies in psychosocial care and foster sustainable connections between residential expertise and home-based support.

This project contributes to a more integrated, responsive model of dementia care, with implications for training, policy and service innovation.

P397**Young-D: Addressing Psychosocial Needs in Young onset Dementia through Transnational Knowledge Transfer and Care Innovation**

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Odisee University of Applied Sciences, Brussels, Belgium

Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Young onset dementia (YOD) presents unique psychosocial challenges, including increased anxiety, stress and sleep disturbances, which are often underrecognized and undertreated in current care practices. The Erasmus+ Young-D project (2022–2024), coordinated by Odisee University of Applied Sciences (Brussels, Belgium), aimed to assess these unmet needs and develop a transnational response through education, care innovation and capacity building.

A comprehensive needs assessment across seven European partners revealed significant gaps in both care provision and educational curricula regarding non-pharmacological interventions for EOD. Health care providers reported limited tools and training to address psychosocial symptoms, while universities lacked structured content on YOD-related stress, anxiety and sleep issues.

In response, Young-D developed a six-week psychosocial and behavioural program, piloted in day care centres in Belgium, the Netherlands and Denmark. The program was supported by a train-the-trainer module for care professionals and a blended learning course for health care students and lecturers. These interventions aimed to increase awareness, competence and implementation of person-centred, non-pharmacological care strategies.

The project's impact was evaluated through joint reports, process reflections and transnational partner meetings. Findings suggest improved caregiver confidence, enhanced educational integration and potential for broader adoption in residential and hospital settings. Young-D demonstrates how transnational collaboration can foster sustainable, evidence-informed psychosocial care for people with YOD.

P398**Culturally adapt or locally develop? A cluster randomised trial of Cognitive Stimulation Therapy, Six Arts, versus usual care in Chinese people with dementia****Dr Gloria Wong**¹, Dr Jacky Choy²¹University of Reading, United Kingdom. ²The University of Hong Kong, Hong Kong**Topic**

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Background and Objectives: Psychosocial interventions are complex and subject to sociocultural context influences. We compared, in Chinese people with dementia, an evidence-based intervention culturally adapted for Chinese (Cognitive Stimulation Therapy – Hong Kong, CST-HK), a locally developed multimodal intervention based on Chinese philosophy (“Six Arts”), and community care. The trial spanned pre- and post-pandemic periods; some participants received the interventions after lockdowns, with physical distancing measures in place.

Research Design and Methods: In this single-blinded cluster randomized trial, we allocated 168 people with mild to moderate dementia to group CST-HK, Six Arts, or usual community care for 3 months, and measured cognition and quality of life. We conducted post-hoc analyses to explore outcome differences in participants receiving CST-HK before or after the pandemic.

Results: Six Arts and CST-HK improved self-rated quality of life compared with usual care. No cognitive benefits were observed with Six Arts or CST-HK, considering the entire study period. Post-hoc analyses suggested cognitive benefits of CST-HK delivered before, but not after, the pandemic with physical distancing; compared with participants receiving CST-HK before the pandemic, those receiving it after the pandemic showed greater self-rated quality of life improvements.

Discussion and Implications: Both locally developed and culturally adapted interventions enhanced quality of life. Contrary to our hypotheses, no cognitive benefits were observed with both interventions compared with community care. The unexpected findings on cognition with CST-HK, an evidence-based intervention, may be due to the influence of physical distancing measures. Periods of lockdown may have influenced quality of life expectations.

P399

Adapting dementia interventions to reduce inequalities and improve access: an example using a structured stakeholder-led process to adapt an effective intervention for a Bengali community

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: People affected by dementia may not receive the care and support they need because of cultural and language differences. Adapting interventions to improve their relevance and acceptability can help address this problem but presents challenges related to how, why, and when adaptations happen and what difference they make. We focused on GRACE (Goal-directed, Accessible & Evidence-based Care), a manualised intervention that supports people with dementia and their carers to live well at home, and its adaptation for the Bengali community in East London, UK.

Method: We worked with an implementation group of clinicians, researchers, and public contributors to identify elements of GRACE considered essential to its effectiveness and documented adaptations using the Framework for Reporting Adaptations and Modifications (FRAME). To assess potential influences on implementation we conducted focus groups and stakeholder interviews, structured and analysed using the Consolidated Framework for Implementation Research (CFIR), with carers, community members, and service providers. We then piloted the adapted version of GRACE with three carer-person dyads and used feedback interviews and a co-design workshop to refine contents and delivery.

Results: We identified three main themes: (1) stigma and dementia literacy: common views of dementia as “madness” or normal ageing may deter open discussion; (2) family caregiving norms include strong cultural expectations of home-based care aligning well with GRACE's person-centred, goal-setting approach; (3) translation and communication challenges include multiple dialects, variable literacy, and unfamiliarity with psychological concepts requiring simplified materials, visuals, and storytelling. Pilot study findings suggest some potential ways forward and next steps in terms of both application and research.

Conclusion: To reduce inequalities and promote inclusive dementia care, adaptation of interventions to address cultural and linguistic differences is needed. Structured stakeholder-led processes such as the one used here can identify challenges, ensure a person-centred approach, and build knowledge of effective adaptation.

P400

Comprehensive, individualized, person-centered care reduces behavioral and psychological symptoms of dementia and psychotropic medication costs for community-residing, persons living with moderately-severe Alzheimer's dementia in a randomized, controlled trial at 52 weeks

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

Aims: Behavioral and psychological symptoms of dementia (BPSD) are disabling, lead to poor outcomes, and reduced quality of life for persons living with moderately-severe Alzheimer's dementia (PLWAD) and their carepartners. Psychotropics, like brexpiprazole (\$79.50/pill) are costly, carry risks of adverse effects, and have limited efficacy. Non-pharmacologic interventions are underprescribed because they lack efficacy evidence, are difficult to implement, nongeneralizable and/or costly. This study investigated whether comprehensive, individualized, person-centered management (CI-PCM) improves BPSD outcomes, decreases psychotropic medication usage and cost, and if differential acetylcholinesterase inhibitor (AChI) usage or socioeconomic advantage, as measured by the area deprivation index (ADI), accounted for improvements in CI-PCM group BPSD.

Methods: Twenty PLWAD-carepartner dyads randomized to receive CI-PCM care or usual community care (UCC) over 52-weeks (28-week trial+24-week extension). CI-PCM program components addressing BPSD included therapeutic home visits, carepartner education, and support groups. BPSD were assessed using the Behavioral Pathology in Alzheimer's Disease-Frequency-Weighted-Severity Scale at baseline and weeks 4, 12, 28, and 52. Retail drug pricing of each prescription was obtained from NYU outpatient pharmacy to standardize costs. Differences in cost and psychotropic treatment of BPSD, AChI usage, and ADI scores were analyzed using the Wilcoxon Rank Sum Test.

Results: PLWAD receiving CI-PCM consumed significantly less psychotropic medication (p-value=0.002) and showed greater improvement in BPSD (p-value=0.01) at 52-weeks compared to UCC. UCC participants had higher medication costs (\$4,834.32 average/person, 2.5 times more) than CI-PCM participants (\$1,933.81 average/person), which were clinically, but not statistically, significant (p-value=0.301). No significant differences in total AChI dose used (p-value=0.273) nor state/national ADI scores (p-value=0.762/p-value=0.623) were found.

Conclusions: CI-PCM care significantly reduces BPSD, psychotropic medication use, and costs. Neither AChI use nor ADI score differentials accounted for the improvement in CI-PCM group BPSD. CI-PCM offers a readily implementable, efficacious, nonpharmacologic solution to improve outcomes for PLWAD.

P401**Outcomes from art-based engagements delivered in green spaces for older adults living with neurological conditions: A scoping review**

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Topic

Dementia diagnosis, treatment, care and support: Psychosocial interventions

Abstract

To identify the types and delivery modes of art engagements delivered in various green spaces for older adults living with neurological conditions, and to explore the research outcomes of participation in these art engagements.

Methods: A systematic search for published evidence was conducted between April to June 2024. We included studies using the following criteria: non-pharmacological interventions including art engagement that were conducted in green spaces involving older adults living with neurological conditions.

Results: Five articles met the inclusion criteria. Participants were living with Alzheimer's disease and other types of dementia, and late-stage Huntington's disease. Art engagements ranged from display of personal artworks, theatre performance, community quilt making, sculptural art installation, craft making with garden products, sculptural mosaic and painting. The green spaces where these engagements were performed included outdoor healing gardens, indoor gardens and historical recreational parks. Outcomes included positive emotions, enhanced social connection, feelings of achievement and meaning, enhanced reminisce, improved wellbeing, enhanced sensory stimulation and increased connection to nature.

Conclusions: Beyond the documented beneficial outcomes of art engagements, the combination of art and the nature setting provided greater opportunities for cultural inclusivity, diversity in delivery of art engagements, meaningful activities in nature, enhanced nature connection and encouraged intergenerational participation. Group participation and multidisciplinary collaboration were key enabling features across reviewed art engagements in nature. We recommend further research in this topic that obtains data directly from older adults with neurological conditions, and the exploration of facilitators and barriers to such art engagements within green spaces.

P402**Integrating Reablement and Spiritual Care in Mild Cognitive Impairment: A Case Study on Dysgraphia**

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Topic

Dementia diagnosis, treatment, care and support: Rehabilitation

Abstract

Background: Early intervention in mild cognitive impairment (MCI) is crucial for preserving daily functioning and delaying decline. Dysgraphia, particularly in the context of Traditional Chinese with complex form–sound–meaning relationships, can significantly hinder self-expression and participation. Given the cultural–linguistic challenge of writing, targeted support is essential. Global trends emphasize reablement and spiritual care as complementary, person-centered approaches. Reablement maintains function, while spiritual care fosters meaning and psychological comfort. This case study explored their integration in supporting writing ability, self-expression, and well-being in MCI.

Methods: The participant was a 61-year-old man (CDR 0.5, SB=2; MMSE=27) with history of memory complaints and increasing difficulty writing words. An individualized plan combined reablement (daily practice, multilingual training) and spiritual care (life review, value reflection). Interventions drew on meaningful themes such as campus folk songs and crosstalk comedy, designed to foster discussion, memory, and writing. Outcomes were assessed through interviews, the Canadian Occupational Performance Measure, spiritual care scales, and structured writing tasks.

Results: Findings indicated maintained writing ability, enhanced self-esteem, emotional stability, and engagement in daily life. Objective writing assessments showed stability in frequently practiced characters, though less familiar words remained challenging. The integration of spiritual reflection with functional training contributed to both psychological comfort and active participation. Some minor challenges were also noted, such as occasional fatigue and variability in writing fluency, highlighting the need for flexible pacing.

Conclusion(s): This study demonstrates that integrating reablement and spiritual care in MCI with dysgraphia can potentially sustain functional writing abilities while enhancing meaning, self-expression, and well-being. Writing-focused reablement may offer a promising but exploratory pathway for improving quality of life. Although limited to a single case, the findings highlight opportunities for broader application in dementia care practice, and underscore the need for further validation in larger-scale and controlled studies.

P404

StArt Project: Visual Arts and Museums as Innovative Pillars of Cognitive Activation Therapy for People Living with Dementia

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Topic

Dementia diagnosis, treatment, care and support: Rehabilitation

Abstract

Aims: Neurocognitive Disorders (NCD) represent a major public health priority due to their complexity and long duration. Cognitive stimulation is currently the most widely used non-pharmacological approach in the mild-to-moderate stages. Recent research highlights the potential of museums and visual arts as innovative rehabilitative tools. The StArt project, developed by the Regional Centre for Brain Ageing (CRIC) in collaboration with the Department of Cultural Heritage, University of Padova, and the Municipality of Padua, aims to integrate visual arts into a cognitive rehabilitation protocol (Cognitive Activation Therapy – CAT). The objective is to sustain cognitive and functional abilities, promote social participation, reduce stigma, enhance well-being, and slow biological ageing.

Methods: Thirty-one people living with NCD (aged 47-85) took part in the programme. Participants completed 14 physiotherapy sessions and 17 cognitive-communication activities, three of which were held at the Eremitani Museum in Padua. Cognitive, functional and biological assessments were carried out before and after the intervention. Participants and care partners completed questionnaires exploring the therapeutic experience and its impact on daily life.

Results: Preliminary findings indicate significant improvements in constructional performance (not directly trained during the intervention), communication skills, and performance in complex daily activities. Questionnaire data show enhanced mood, renewed cultural interest, and increased communicative participation. Biological analyses revealed positive trends. The intervention promoted social inclusion and reduced stigma, facilitating access to cultural spaces.

Conclusions: StArt represents an innovative rehabilitation model that successfully integrates cultural and healthcare dimensions. It demonstrates how visual arts can support cognitive and psychosocial health, contributing to the overall well-being and social engagement of people living with NCD. An operational manual has been developed to enable the replication and implementation of the protocol in different healthcare and cultural contexts.

P405**‘Show that you respect and value the contributions that we make to research’: Researcher and public contributor reflections on codesigning medication management resources for people experiencing dementia and carers.**

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

‘Codesign’ is one of many methods used to meaningfully involve the people about whom research is being conducted to ensure solutions meet their articulated values, needs and preferences.

Definitions vary but agreed principles include being: Outcome focused; Inclusive; Participative; Respectful; and, Adaptive. Other frameworks outline additional principles such as ‘shared power’, but, what do these principles mean in practice?

We have explored this question by considering what these principles mean and how well they are being applied in a study codesigning medication management resources with, and for, people experiencing dementia and carers.

Our group includes public contributors (one person experiencing dementia; one former carer) and a medication safety researcher. We all wrote a one-page summary of our experiences in the co-design process and held three online meetings. Meetings were recorded, transcribed; and themes identified using informal coding and analysed collaboratively to reach agreement.

Three key themes were: 1) the meaning of ‘sharing power’ 2) mutual respect as a foundation; and 3) valuing people beyond their immediate contributions. First, ‘sharing power’ is ambiguous leading to confusion in practice; instead, the focus should be on fostering partnerships. Second, ‘mutual respect’ and ‘transparency’ were more actionable principles that can be demonstrated by enabling genuine communication particularly when partnering with people experiencing dementia (e.g. providing hardcopies of documents, video texts etc), inclusive methodologies (e.g. separate focus groups for people experiencing dementia/ carers and healthcare professionals). Third, codesign must value public contributors as individuals, not just as sources of input.

This work underscores the need for researchers to continuously reflect, partner meaningfully with the people about whom their research is being conducted, and adapt methods to value them beyond the life of a research project. By doing so, codesign becomes more than a method; a partnership that enriches research and outcomes for all those involved.

P406**Utilizing Brain Abilities – A Neuroscience-Based Approach to Dementia Care****Miss Cara Skrypchuk**

Trilogy Healthcare Services, Louisville, USA

Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Traditional dementia care often focuses on deficits—what a person can no longer do—leading to reduced autonomy, engagement, and dignity. Utilizing Brain Abilities shifts the paradigm by identifying and building upon the cognitive, sensory, and emotional capacities that remain intact, even in advanced stages of dementia. Grounded in neuroscience, this approach leverages retained abilities such as procedural memory, sensory perception, and emotional recall to create meaningful, person-focused engagement. Through case studies, practical interventions, and communication strategies, this presentation demonstrates how aligning care with preserved neural pathways not only reduces distress but also enhances quality of life. Attendees will gain actionable tools to assess retained abilities, adapt environments, and foster connections that honor the person beyond the diagnosis.

P407**Implementing WhatMatters to enhance person-centred care for patients with dementia in hospitals**

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UBC, Vancouver, Canada

Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Aims: Patients with dementia in hospitals often experience stress in unfamiliar environments. This underscores an urgent need for tools to provide staff with essential, patient-specific information to enhance care. The WhatMatters app, co- developed with individuals with dementia, family partners, and hospital staff, offers a promising solution. This study explores the impact, facilitators, and barriers of implementing WhatMatters in hospitals.

Methods: This non-randomized control trial began in July 2025 with an intervention group of 15 patients in an acute hospital unit in Vancouver, Canada. Over a two-week period, each patient will use the WhatMatters app with staff at least three times weekly, viewing pictures, music, and videos uploaded by families. A control group in another unit will follow usual clinical routines and care plans. We examine the app's impact using two outcome measures: Quality of Life and Neuropsychiatric Inventory. Pre- and post-intervention focus groups and interviews explore staff's perceived facilitators and barriers in implementation. Insights from the pre-intervention focus groups and interviews are presented below.

Results: Fourteen multidisciplinary staff participated in two focus groups and one interview. Anticipated facilitators included promoting staff awareness and buy-in, personalized and culturally relevant content, a tailored implementation plan, and user-friendly features. Barriers were staff unfamiliarity with the technology and challenges in navigating patients' varying sensory needs and attention spans.

Conclusions: WhatMatters offers an innovative, non-pharmacological solution for enhancing person-centred care for patients with dementia. The anticipated facilitators and barriers identified have informed our implementation strategy. Our team continues to examine the WhatMatters app's effectiveness.

P408

Relationship between behavioral problems and activity level among persons living with dementia receiving smart clothing-assisted home care

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Background: Physical activity is crucial for maintaining functional ability and quality of life among persons living with dementia. Behavioral problems are common in this population and may affect daily activity. Smart clothing technology enables continuous monitoring of daily steps, providing an opportunity to examine the association between behavioral problems and activity levels.

Objective: This study aimed to investigate the association between the frequency of behavioral problems and daily step counts among persons living with dementia receiving smart clothing-assisted home care.

Methods: Fifty persons living with dementia wore smart clothing to monitor daily steps, and behavioral problems were assessed monthly over six months. The dependent variable was daily average steps, dichotomized into high and low groups based on the median. Independent variables included the overall behavioral problem average score (calculated from the 11 most commonly observed behavioral problems among participants) and six high-frequency individual behavioral problems. Data were analyzed using generalized estimating equations (GEE), controlling for comorbidities, fall history, and time effects.

Results: After controlling for comorbidities, fall history, and time effects, the overall behavioral problem average score was negatively associated with the high daily step group ($B = -0.489$, $p = .047$). Further analysis of the six high-frequency individual behavioral problems indicated that repeated movements ($B = -0.196$, $p = .025$) and refusal of activities or care ($B = -0.261$, $p = .040$) were negatively associated with the high daily step group, while the other four were not significant.

Conclusion: Higher behavioral problem scores, particularly repetitive movements and refusal of care, are linked to reduced daily activity, highlighting behavior as a barrier to mobility. Clinically, this underscores the need for integrated approaches that combine behavioral management with tailored activity promotion to sustain function and quality of life.

P409

Care partners' perspectives on implementing communication strategies with people living with dementia: A qualitative study

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Background: Communication difficulties have a negative impact on well-being and relationships for people with dementia and their care partners. There is a large amount of communication advice available to carers, much of it inconsistent or hard to access. We explored the views of family care partners about findings from two previous studies considering published communication strategies and intergenerational techniques.

Methods: We conducted focus groups with care partners of people living with dementia. Participants were shown: (1) findings from a review of communication advice on websites; and (2) verbal vignettes from a study of young children's interactions with people with dementia. Care partners discussed the clarity, usefulness, and applicability of strategies, as well as approaches to presenting them. Discussions were audio-recorded, transcribed, and analysed using content analysis. The COM-B behaviour change model (Capability, Opportunity, Motivation – Behaviour) provided a framework to interpret findings.

Results: Initial findings suggest that care partners value advice from others with lived experience, or that resonates with their own experiences (Motivation). They recognise individual differences and the challenges of needing to be flexible (Capability) and view how children interact as positive, valuing their persistence and acceptance (Opportunity). Barriers to implementing advice include fatigue (Capability), being overwhelmed by the amount of information (Opportunity) and difficulty accepting their partner's loss of ability (Capability). Views differed regarding presentation of information, highlighting that personal preferences are key (Motivation).

Conclusions: Care partners' insights provide useful feedback for improving communication resources. They value advice that feels relevant to the changing needs of the person they support, and that peers have recommended. Techniques seen in our intergenerational study were well-received and vignettes helped to highlight the positive impact of these approaches. These findings will inform the design of accessible resources aligned with care partners' needs and experiences regarding both content and format.

P410

Supported Decision Making in Dementia Care: Developing a Case Management Effect Model

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Musashino University, Tokyo, Japan

Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Background: In Japan, when dementia affects decision making capacity, it is essential to examine how a person living with dementia can receive Supported Decision Making when choosing long-term care insurance services.

Objective: This study aimed to explore the role and effectiveness of case management based on guidelines for decision making support in the daily and social life of people living with dementia.

Methods: Using the practitioner-based empowerment evaluation (CD-TEP), workshops were conducted with experts and practitioners in dementia care and case management. Informed by a prior needs survey, a preliminary effect model was developed, consisting of both process and impact theories. Ethical safeguards ensured that no personal information could identify individuals.

Results: The workshops generated an impact theory. The final outcome identified was that “a person living with dementia can achieve a life they value, where what matters most is preserved.” Intermediate outcomes included: “the person living with dementia continues daily life toward their desired goals,” “care partners accept their relative as a family member,” and “the community understands and cooperates with the person’s intentions.” Direct outcomes included “trust in the case manager,” “expression of valued goals,” “acceptance and reassurance by others,” and “organization of necessary steps for realizing intentions.” Regarding process theory, two parallel models of care planning emerged: (1) assessment and team-building to ensure a safe and supportive foundation for the person, care partners, and community; and (2) assessment and team-building oriented toward realizing the person’s desired life. These two models develop in a dynamic tension: while centered on personal aspirations, they also require building safety and reassurance.

Discussion: The identified outcomes clarify both universal elements of community support for people living with dementia and their care partners, and specific contributions of case management grounded in Supported Decision Making .

P411**Developing good practice guidance for community dementia services: a World Health Organization project**

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Aims: It has been reported that people with dementia can be unable to fully exercise their rights in care services. This includes being excluded from the community and being unable to make decisions relating to everyday life and their own care. The World Health Organization (WHO) is currently developing good practice guidance that demonstrates community dementia services around the world that provide good recovery-oriented, person-centred, and rights-based care.

Methods: There are several phases involved in this guidance production, ranging from searches to assessments of community dementia services. We utilised internet and literature searches to identify potential services for inclusion, before assessing and validating their recovery-oriented, person-centred, and rights-based practices to determine how the human rights of people with dementia and their families are upheld.

Results: From July 2023-September 2025, we have identified 1015 services around the world that provide care for people affected by dementia. Through two different screening processes, we then assessed the human rights-based practices of 22 services from a geographically diverse sample. While all services were assessed as having good practice, we further reduced the pool to 14 services, with five to be given a special mention.

Conclusions: This project will demonstrate the progress made by services in different legal frameworks to ensure the human rights of people living with dementia are protected and guaranteed. Recommendations will be made within the document to dementia services around the world how they can implement changes to ensure the full enjoyment of human rights.

P412

Study Protocol: Evaluating the effectiveness of a psychological group intervention for people living with Alzheimer's in the early stage.

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Aim: The aim of this protocol is to assess the effectiveness of a psychological group intervention, combined with standard clinical care, in enhancing empowerment, well-being and quality of life among people living with Alzheimer's in the early stages.

Method: The sample consists of 60 participants, randomly distributed into two groups: experimental and control. The experimental group, in addition to receiving standard clinical care, will participate in weekly 1-hour group sessions over 8 weeks, the sessions will include psychoeducational content on Alzheimer's, legal and social resources, tools for emotional management and decision-making, as well as group dynamics to encourage reflection, cohesion, and peer support. The control group will receive standard clinical care, supplemented with four informational infographics sent by email across the same period. A mixed-methods design will be employed, using a randomized, controlled and investigator-blinded approach.

Effectiveness will be assessed with validated standardized scales measuring use of coping strategies, anxiety, depression, self-esteem, and self-perceived quality of life. Questionnaires will be administered at baseline (pre-intervention) and post-intervention. To complement quantitative findings, qualitative data will be collected through post-intervention focus group discussions, exploring participants' experiences and perspectives.

Results: It is expected that the psychological group intervention, when combined with standard clinical care, will offer significant improvements in empowerment, well-being and quality of life, providing additional psychological and emotional benefits, compared to standard clinical care alone.

Conclusions: The study will contribute to the evidence base on the effectiveness of non-pharmacological interventions in the early stages of Alzheimer's condition to promote emotional well-being and quality of life, as well as to strengthen the autonomy and empowerment of those living with dementia.

P413**Panel - Dementia Care in the Community – How Local Societies are Transforming Support Through Innovation**

Ms Shawn Paron¹, Ms Gillian Barrie², Mr Terry Caporossi³, Mr Steph Ouellet⁴

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Embedding cost-effective, community-based solutions is critical to supporting people living with dementia (PLWD) and their care partners, while also alleviating barriers across the health and social care system. Local Alzheimer Societies are leading this work through innovative programs that meet people where they are, reduce strain on families, and improve system efficiency.

This panel will feature leaders from three local Alzheimer Societies who are driving forward practical, scalable models of support. One will share the development of The Social—a three-hour program offering recreation, cognitive stimulation, and connection for PLWD, while delivering respite and support for caregivers. In its first year, The Social engaged hundreds of participants, provided over 15,000 hours of respite, and delivered measurable improvements in social connectedness and caregiver well-being.

A second leader will highlight the implementation of community-based cognitive assessments, which bring validated tools such as the MoCA and culturally adapted Indigenous assessments into non-clinical settings. These programs capture cognitive, functional, and psychosocial data, identifying individuals earlier in their dementia journey and connecting them with care and resources they might not otherwise access.

Finally, the third leader will share its transitional supports initiative, working closely with PLWD and their families for a month before and after a move to long-term care. This personalized approach eases transition stress, ensures continuity of care, and has achieved a 100% reduction in emergency room visits during the transition period—demonstrating both quality-of-life impact and system cost savings.

These leaders will explore how embedding dementia care in community reduces stigma, addresses health equity, and strengthens readiness for future therapies. The panel will provide delegates with a vision for how cost-effective, person-centered approaches can transform dementia care and create a more resilient, responsive system.

P414

Nature-based experiences as a non-pharmacological intervention for people living with dementia and their carers: evidence, practice, and opportunities.

Ms Fiona Petit, Dr Manpreet Kaur Gill, Mrs Danine Irwin

Dementia Adventure, Chelmsford, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Aims: To examine the value of nature-based experiences as a non-pharmacological intervention for people living with dementia (PLWD) and their carers, integrating findings from a scoping review with practice-based evidence from Dementia Adventure's supported break programmes and Green Letter Day initiative.

Method: A scoping review of 70 studies was conducted to synthesise outcomes, benefits, and barriers of outdoor and nature-based interventions for PLWD and their carers. Findings were complemented by insights from Dementia Adventure's small-group and tailored five-day supported breaks, which provide 24-hour dementia-trained support, accessible accommodation, and facilitated access to nature-rich UK locations. Additional insights were also drawn from Dementia Adventure's Green Letter Day initiative, which offers one-day dementia-inclusive 'adventures' that encourage regular supported engagement with the outdoors.

Results: The scoping review indicated that nature-based interventions - such as walks, gardening and horticultural therapy, and woodland interventions - are associated with improved mood, reduced agitation, better sleep, increased social engagement, and enhanced autonomy in PLWD. Carers also reported reduced stress and strengthened relationships. Dementia Adventure practice over 16 years shows that supported breaks and Green Letter Days overcome common barriers, with evidence showing lifted mood, greater confidence, and stronger relational bonds in beneficiaries, as illustrated by our collection of case studies and stream of positive feedback. One supported break participant shared, "My father (who has dementia) was encouraged to engage with many activities and he flourished enjoying the outdoors and physical exercise."

Conclusions: Nature-based experiences, when delivered with tailored support, offer a valuable non-pharmacological approach to enhance wellbeing for PLWD and their carers. Evidence from research and Dementia Adventure practice highlights the importance of accessible and engaging natural environments. Future research should identify the key elements that produce benefits, assess their long-term impact, and develop scalable models to increase access and guide dementia care policy.

P415

Loss and Suicidal Ideation in People Living with Dementia: Mental Support from Clinical Psychologists

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Introduction: In addition to the progressive decline in cognitive functioning and its impact on daily living, people living with dementia often face multiple experiences of loss, which may lead to suicidal ideation. These psychological challenges can also significantly affect the emotional well-being of their care partners. This study presents how clinical psychologists provide mental support to both person living with dementia and their care partner when suicidal ideation arises.

Methods: The case involves an 82-year-old male diagnosed with mild dementia. Formerly a senior executive, he became increasingly dependent on his wife following his diagnosis. He expressed feelings of being a burden, emotional distress, and had twice wandered away from home, during which his wife found him exhibiting suicidal ideation near a bridge.

Results: The clinical psychologist provided mental support to the person living with dementia by empathizing with his emotional response to functional decline, affirming his concern about burdening his wife, and encouraging perspective-taking to normalize his situation—highlighting that, if roles were reversed, he would care for his beloved wife in the same way. At the same time, the psychologist supported the wife by validating her fears regarding her husband's suicidal ideation, helping her better understand his emotional journey, and offering psychoeducation to facilitate the co-construction of a regular and connected daily routine. After three sessions over the course of one month, the person's suicidal ideation significantly decreased, and he became more engaged in daily activities.

Conclusion: For people living with mild dementia and their care partners experiencing emotional loss or suicidal ideation, mental support provided by clinical psychologists can offer effective emotional accompaniment and intervention.

P416

The Implementation Rapid Access Green Pathway for Community-Based People Living with Dementia: Case-Finding and Care Delivery at Taipei City Hospital

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Background: In 2020, the Zhongshan District Health Service Center in Taipei City launched a dementia-friendly community initiative to improve access to timely care for people living with dementia (PLwD). In response, Taipei City Hospital developed a Rapid Access Green Pathway (RAGP) to accelerate case-finding and facilitate linkage to care services.

Methods: At the municipal level, suspected cases facing barriers to medical care were reported by PLwD network working task force under the Health and Social Affairs Bureau. At the hospital level, we collaborated with senior adult service centers, social welfare organizations, and community leaders to identify individuals requiring intervention. Those willing to attend appointments were offered expedited access to our hospital-based memory outpatient clinic. To address barriers to care, a multidisciplinary outreach team—comprising a neurologist or psychiatrist, a clinical psychologist, and a long-term care case manager—conducted home visits for individuals unable or unwilling to attend appointments independently. These visits were conducted in collaboration with community nurses, social workers, and local leaders to provide timely diagnosis and care linkage.

Results: Over three years, 102 community-dwelling PLwD were served. Of these, 90% accessed care through referrals from community partners, while 10% required home visits by the outreach team. Before implementing the RAGP, establishing a diagnosis and initiating long-term care services typically required four outpatient visits over four weeks. With the RAGP, this process was streamlined to just 2 visits within 1 to 2 weeks if adequate documentation was provided. In recognition of its innovative service delivery, this model was nominated for a Government Service Award in 2025.

Conclusion: The Rapid Access Green Pathway model demonstrates a successful community-integrated approach for rapid detection and care linkage in PLwD. It highlights the value of community-hospital collaboration can address access barriers and promote early intervention.

P417

Take Five for Dementia. One page visual document (“About Me”) to be displayed over an individuals bed. Outlining 5 person centre pieces of information to enable compassionate care a time poor environment.

Mrs Sonia Blake

Manx Care, Douglas, Isle of Man

Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract**To explain further !**

It is a document for the person in the bed next to the Dementia patient to see that they used to be a nurse, and start chatting to them about this.

It is for the housekeeper who is chatting to the patient about their Cat/Dog that is so precious to them, and they want to get home to look after it. To understand they will not drink their tea without 2 sugars

It is for the nurse/ doctor/house keeper to know if the patient can't see their handbag or shoes, they feel they are trapped and they will become agitated.

It is for the person in the next bed which sees the person distressed and can strike up conversation

It is for the doctor who is faced with an uncompliant patient, that can distract with a football conversation because that is their passion.

Everyone can have their part to play in good Dementia care!

know that it is not rocket science but just because it is a complicated disease does not mean the solutions needs to be complicated, the exact opposite in fact.

P418

Strategies To Promote Verbal Communication In Alzheimer's Disease Population

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Background: Communication is important for people with dementia (PWD) as communication enables them to communicate their needs and wants to family members. However, communication difficulties increases when dementia progresses, and this may lead to increase stress, problem behaviours and negative feelings for PWD and their caregivers. While various cognitive and language training approaches have shown improvement in communication, there is lack of comprehensive understanding regarding the underlying elements or processes that facilitate the improvement. Therefore, this study aims to investigate the specific factors that contribute to the improvement, and to further discuss on the clinical implications of these findings.

Method: Conversations (n = 4) between a speech therapist and two participants diagnosed with moderate to severe Alzheimer's Disease (n = 2), from an elderly day-care centre in Hong Kong, were audio-recorded during structured activities over 4 weeks. Elements of Reality Orientation (RO), Reminiscence Therapy (RT) and Semantic Feature Analysis (SFA) were used during these tasks.

Results: Utterances (n = 519) from the speech therapist were categorized into six types of stimuli: open-ended questions, closed-ended questions, statements, comments, acknowledgments, and repetitions/rephrases. These were paired with responses from PWD for analysis. Preliminary results indicate that open-ended questions, closed-ended questions, statements, and acknowledgments are more effective in eliciting PWD's verbal responses compared to comments and repetitions/rephrases. Significant difference was also found between the mean of verbal output when providing acknowledgments to PWD (mean = 21) and the overall mean of PWD's productions (mean = 15.5, p = 0.003).

Conclusion: The finding shows specific language elements and structures that can be used to support communication with PWD, thereby encouraging increased language verbal output. This finding suggested that family members and caregiver can implement similar strategies to stimulate PWD in expressing verbally in daily conversation.

P419**Strengthening dementia care dyads through theory-based partner exercise: Interim RCT results on dyadic relationship quality and health outcomes**

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Family caregiving is central to dementia care, but optimizing well-being requires addressing the interdependent needs of persons living with dementia (PLwD) and caregivers through a dyadic lens. Imbalances in assistance, interaction, relationships, and autonomy strain care dyads, eroding emotional connections, worsening caregiver mental health, and diminishing care quality. This interim analysis evaluates a 16-week partner exercise program's impact on dyadic relationships and health outcomes.

PLwD-caregiver dyads (N = 96) were recruited from Hong Kong community centers (February 2024–July 2025). Eligibility required PLwD with mild-to-moderate dementia (MoCA: 8–19) and caregivers providing ≥ 4 hours/day of care. Dyads were randomized to the partner exercise or waitlist control. Grounded in the Model of Dyadic Adaptation to Dementia, the partner exercise included collaborative exercise movements (stretching, balance, moderate-intensity aerobic and resistance training) to strengthen reciprocity and bonding, delivered via 8-week group sessions and 4-week online training. Outcomes included dyadic relationship quality (Dyadic Relationship Scale), PLwD cognition (ADAS-Cog), caregiver burden (Zarit Burden Interview), neuropsychiatric symptoms, mood, and positive caregiving experiences.

Interim results showed 70% of PLwD had moderate dementia (mean age: 81.3, SD = 8.3); 40% of caregivers were spouses, others were adult children. Generalized estimating equations revealed non-significant improvement in dyadic relationship quality [$\beta = -1.62$ (-3.33–0.09)] but significant benefits for PLwD cognition [ADAS-Cog: $\beta = -3.37$ (-6.59–0.16)] and caregiver burden reduction [$\beta = -6.72$ (-11.79–-1.64)]. Trends suggested improved neuro-psychiatric symptoms, caregiver mood, and positive caregiving. Actor-partner interdependence models showed no mutual dyadic effects.

While dyadic relationships were unchanged, the program slowed cognitive decline and reduced caregiver burden—critical priorities in dementia care. Though full RCT results are pending, field notes and ongoing qualitative interviews suggest enhanced dyadic experiences. These findings underscore dyadic exercise as a promising strategy to holistically support PLwD-caregiver dyads.

P420**Living with Alzheimer's Disease: Empowering Patients through Peer Support and Early-Stage Engagement**

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

France Alzheimer, the only national association in France recognized as being of public utility for Alzheimer's disease and related disorders, has been supporting people living with dementia and their families since 1985. Its missions include raising awareness, contributing to research, training professionals and volunteers, and providing a wide range of support activities. Among these, two innovative programs—**"Living with Alzheimer's Disease" (Vivre avec la Maladie d'Alzheimer, VAMA)** and the **Mutual Support Groups (MSG)**—aim to empower individuals at the early stage of the disease.

The VAMA program, created in 2015, is inspired by therapeutic education models but led outside the healthcare system. It offers a structured six-session course focused on sharing experiences, developing coping strategies, and enhancing quality of life. Participants learn to mobilize personal resources, manage stress, and better understand their role and identity as they adapt to the challenges of the disease.

Emerging from the participants' initiative, the **Mutual Support Groups** were launched in 2023 to maintain the social bonds and sense of agency built during VAMA. These groups, composed solely of people living with dementia, organize meetings and activities—social, cultural, or physical—based on members' interests. The objectives are to reduce isolation, stimulate cognitive and social engagement, and preserve autonomy and self-esteem as the disease progresses.

By 2024, 25 local France Alzheimer associations were involved, with 33 VAMA programs and 23 active support groups gathering nearly 190 participants. Early evaluations highlight strong participant satisfaction and meaningful peer connections. Through these initiatives, France Alzheimer fosters empowerment and inclusion, offering individuals the opportunity not only to live with Alzheimer's disease but also to live despite it—together.

P421

Social and Economic Support for Older Persons Living with Dementia in Mexico

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Background: It is estimated that there are approximately 1.6 million people in Mexico living with dementia. Currently, Alzheimer's and other dementias are among the 10 main cause of Disability-adjusted life-years (DALYs), one of the most common causes of disability and dependence and a frequent reason that older people require supportive living for many years. However, the health system is not prepared to adequately provide diagnosis, post-diagnosis care, nor care support at home for individuals living with dementia and their family caregivers who provide most of all care needed by people living with dementia. The aim of this study is to investigate the different types of support received by older people with dementia and to compare this with those with mild cognitive impairment and those free of physical or cognitive conditions.

Methods: We use the Mexican Health and Aging Study (MHAS) data set Cognitive Aging Ancillary Study (Mex-Cog and HCAP) 2015-16. This allows for a detailed characterization of support received by older adults by status of cognitive impairment and to compare it with the support available and with no impairment. We investigate different types of support available in the data, from pensions (contributory and non-contributory), government programs, to in-kind support from children, and help received to perform daily activities.

Results: Compared to those with no disabilities, sample individuals living with dementia were in higher proportion women (66%), had no (33%) or very low (1-6yrs) educational attainment (54%), had 2+ chronic diseases (40%) and most had no partner with 10% reported single or divorced and 51% widowed. Regarding sources of support, they show lowest proportion of employment-based health insurance, and highest with no health insurance. On the other hand, they account for high proportion of support with daily activities (52%), financial support (52%) and in-kind support (66%) from child/grandchild support.

P422

Challenges in Accessing Dementia Pharmacotherapy in the State of Ceará, Brazil

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Topic

Dementia diagnosis, treatment, care and support: Support for people living with dementia

Abstract

Background: Dementia remains substantially underdiagnosed in Brazil, particularly in low- and middle-income regions. According to the Rede Nacional de Pesquisa em Demências (ReNADe), a significant proportion of individuals with cognitive decline do not receive a formal diagnosis or appropriate treatment. This underdiagnosis contributes to delays in care, reduced quality of life, and increased caregiver burden. Understanding the real-world access to pharmacological treatment is essential to guide public health strategies aimed at improving dementia care equity across regions.

Methods: We analyzed the dispensing data of acetylcholinesterase inhibitors (donepezil, rivastigmine, and galantamine) provided through the Brazilian Unified Health System (SUS) in all municipalities of the state of Ceará. Dispensation rates were compared to the estimated number of individuals living with dementia in each municipality, based on prevalence data from the 2025 Delphi Consensus on Dementia in Brazil, specifically for the Northeast region. It was assumed that approximately 70% of individuals with dementia could benefit from acetylcholinesterase inhibitor therapy.

Results: A total of 4,028 patients received acetylcholinesterase inhibitors through SUS, out of an estimated 89,796 individuals with dementia in Ceará—representing less than 5% of potential candidates. Marked regional disparities were identified: in Fortaleza, the state capital, the treatment coverage reached 7.4%, while in smaller municipalities, access rates were below 1%.

Conclusions: Our findings reveal a substantial treatment gap for patients with dementia in Ceará, reflecting both underdiagnosis and limited access to pharmacological therapy. The pronounced regional disparities underscore the need for targeted public health policies to improve diagnostic capacity, treatment distribution, and specialized care availability in underserved areas of the state. Strengthening the dementia care pathway within primary and secondary healthcare levels is essential to reduce inequities and ensure comprehensive access to therapy across Brazil.

P423**Bridging the Gaps: Navigating the literature on the care experiences of Older Adults with Mental and Physical Health Conditions who also access mental health services - a scoping review****Mrs Naomi Purdie**

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Aims: Older adults with mental health conditions frequently experience coexisting physical health needs. However, the integration of care across mental and physical health services remains limited. This study aimed to explore existing evidence on the clinical care experiences of older adults with mental health conditions and physical comorbidities, including perspectives from carers and clinicians.

Methods: A scoping review was conducted following the Joanna Briggs Institute methodology and PRISMA-ScR guidelines. Five databases (APA PsycINFO, MEDLINE, CINAHL, SCOPUS, Cochrane) were searched between October 2022 and December 2023. Studies were eligible if they explored experiences of clinical care involving adults aged 65 or older with diagnosed mental health conditions and physical health needs. Data were thematically analysed to identify key patterns across populations and settings.

Results: Seven studies were included. Two key themes were identified: fragmented care and dependency. Participants described limited integration between physical and mental healthcare teams, a lack of holistic assessment, and inconsistent care continuity. Carers reported being excluded from care planning, while healthcare professionals cited systemic barriers to delivering coordinated care. Notably, individuals with dementia were frequently excluded from research participation. The findings reveal a mismatch between policy intentions for integrated, person-centred care and real-world practice.

Conclusions: There is a significant gap in evidence relating to how older adults with mental health and physical health conditions experience care. To address this, a qualitative study has been developed using Interpretative Phenomenological Analysis to explore the lived experiences of older adults, carers, and clinicians within NHS older people's mental health inpatient settings. HRA and NHS ethics approvals were granted in July 2025, which includes participants who are unable to provide informed consent. This next phase will provide in-depth insights into the meaning and impact of care from multiple perspectives and aims to co-produce recommendations for inclusive, integrated models of care delivery.

P424**Supporting Families Facing Neurodegenerative Disease: The Use of Floating Objects to Reconsider Roles and Shared Organization**

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Introduction: Neurodegenerative diseases are often described primarily through the symptoms expressed by the person with dementia and the impact on their caregivers. A systemic perspective, however, considers the illness as a “third party” entering the family, reshaping roles and disrupting long-standing dynamics. These shifts may generate relational tensions and even challenge core family values.

To support families in such crises, we propose an original therapeutic model that makes use of floating objects. These symbolic and creative tools—such as the relational genogram, the game of the goose, the family crest, and the mask—reinforce a sense of belonging and foster empowerment. While developed in France by Caillé and Rey in the mid-1990s, this approach remains underutilized in gerontology.

Objectives: This study aims to evaluate the clinical relevance of this family support model through three case studies.

Method: Therapeutic work takes place over 7 to 10 sessions. Evaluation follows a mixed-methods design: standardized questionnaires are administered at the beginning and end of therapy, while family interviews are recorded and subjected to qualitative content analysis.

Results: Across the cases, family interviews reveal common factors of change. The model encourages reflection on family myths and identities, offering a space for each member to reclaim meaning and reposition themselves within the family narrative—beyond the immediate context of illness. Families are supported in restoring their self-healing potential by integrating a renewed narrative that maintains continuity with shared values.

Conclusion: The use of floating objects provides a respectful, non-judgmental, and creative pathway for transforming the crisis triggered by the disease's intrusion. This model highlights an underexplored avenue for addressing family reorganization in the context of neurodegenerative disease. Its application in clinical practice already demonstrates the strong interest families express in such support.

P425**Efficacy of music therapy in reducing posttraumatic stress disorder symptoms among individuals with dementia - A randomized controlled trial**

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Aim: Comorbidity and sharing symptoms between posttraumatic stress disorder (PTSD) and dementia presents substantial challenges for identification and treatment. Standard psychotherapies for PTSD show limitations for this population due to cognitive impairment. Therefore, this study aimed to evaluate the impact of music therapy on PTSD when comorbid with dementia.

Method: A multi-site randomized controlled trial was conducted with 55 participants diagnosed with both PTSD and dementia, assigned to either a control group (n = 28) or a music therapy group (n = 27). Their PTSD and quality of life were assessed through self-report measures. Additionally, care partners completed hetero-assessments of their relatives' PTSD symptoms and behavioral and psychological symptoms in dementia (BPSD), as well as their own quality of life and challenges as care partners.

Results: Following the intervention, participants in the experimental group showed a significant reduction in PTSD symptoms, while no change was observed in the control group. Importantly, participants in the experimental group no longer met PTSD diagnostic criteria. However, no significant differences were found in care partners' outcomes.

Conclusion: Music therapy appears to be a feasible and promising non-pharmacological treatment for reducing PTSD symptoms in people with dementia. Further research is required to investigate its effects on BPSD in this comorbid population and to develop dedicated interventions for care partners.

P426**Changing Healthcare Professionals' Attitudes through "Dementia Act 2" a Lived Experience Storytelling and Education Event**

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

People living with dementia (PLWD) can combat stigma by sharing their experiences and giving feedback on services they receive. Via an Administrative on Community Living – Alzheimer's Disease Program Initiatives grant, CaringKind, a dementia-focused community-based organization, launched "Dementia Act II (DA2)" to change attitudes and behaviors of aging healthcare, research, and industry professionals/students towards PLWD. Four facilitated groups of PLWD crafted scripts about their healthcare experiences over 4-6 sessions and presented them in a one-hour grand rounds format. The participants highlighted the following themes: help me with my diagnosis, I can handle hard things; talk to me, validate my experience; connect me to my peers; focus on what I can do; connect me to Cognitive Stimulation therapy and other meaningful engagement; provide support for my family. Before and after the presentations, audiences were asked to write three words that described their experience of a PLWD. Post-performance, participants were also asked to respond on a 5-point scale from 0 ("never") to 4 ("every time") regarding their past/anticipated future interactions with PLWD around three themes. Results revealed the most common descriptive words changed from "frustration", "memory", "confusion" and "sad" to "hope", "resilient", "creative" and "strong" (n=84). Furthermore, compared to their prior interactions, moving forward participants are significantly more likely to speak directly to the PLWD and with empathy and candor ($t(62)=-6.43$, $p<.001$); consider the PLWD's involvement in peer support and meaningful engagement ($t(63)=-9.60$, $p<.001$); and consider connecting family/friends providing care to ongoing support, education, and planning services as care needs change ($t(64)=-10.45$, $p<.001$). We conclude that by hearing about experiences of PLWD in their own words, practicing professionals improve their impression of PLWD and may modify their interactions with, and plan for the support and care of, families affected by dementia.

P427

Access to and experiences of care for people with dementia in England: evidence from the General Practitioner Patient Survey (GPPS)

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Research question: *Are there differences in access to and experiences of care for people with dementia in England?*

Background: People with dementia require regular visits to General Practitioners (GPs), frequent monitoring, and a facilitated access to primary care services. However, people with dementia from ethnic minority groups are more likely to face barriers in accessing adequate healthcare, which exacerbates already wide health inequalities and worsens health outcomes.

Aims: To explore national survey data on access to and experiences of primary care services among people with dementia in England. This study evaluates the potential association between (1) mode and frequency of access to GP practices, as well as experiences with GPs, and (2) population characteristics, particularly differences between and among ethnic minority groups.

Methods: The General Practitioners Patient Survey (GPPS) is a national survey that collects information on people's experiences of primary care services. Respondents are randomly selected from all GP practices in England. This study focuses on people with dementia or Alzheimer's Disease, with dependent variables comprising survey items related to 1) access to the healthcare service, and 2) experience with GPs and primary care practices. Service utilisation is considered as a proxy for access. Data on characteristics of patients' interactions with their GP are used as proxies for experiences with primary care. Satisfaction with services is analysed through questions about people's experiences with their GP (e.g., whether they felt listened to, trusted the GP, and were involved in decisions). Further analysis examines how survey results differ by ethnicity, while controlling for potential confounders including age, gender, and religion.

Results: This study contributes important evidence on access to primary care among people with dementia by examining potential differences within the population in England.

P428

Sex and gender considerations in Lewy Body Dementia: A Biopsychosocial Framework

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Background: Lewy Body Dementia (LBD), the second most common dementia, is characterised by fluctuating cognition, parkinsonism, and visual hallucinations but remains underrecognized and undertreated. Diagnostic and therapeutic approaches rarely incorporate sex and gender-specific factors, leading to delayed diagnosis and inequitable care, particularly among women. This paper presents the first biopsychosocial sex/gender framework for LBD, expanding the Women's Brain Project model to integrate biological, psychological, and social determinants, including caregiving dimensions.

Methods: A structured evidence synthesis was conducted using PubMed, Scopus, and Web of Science to identify original studies, systematic reviews, and meta-analyses examining sex-related (hormonal, genetic, neurochemical, and neuroimaging) and gender-related (caregiving roles, health-seeking behaviours, and stigma) variables in LBD. The findings were narratively synthesised and organised into a biopsychosocial model linking clinical, pathophysiological, and sociocultural evidence.

Results: Significant sex- and gender-based heterogeneity was observed. Men more frequently present with parkinsonism and hallucinations, whereas women exhibit greater mood disturbances and caregiving burden than men. Neuroimaging and biomarker evidence suggest sex-specific patterns of α -synuclein deposition, dopaminergic dysfunction, and cortical atrophy. Gender-related factors, including caregiving roles, healthcare utilisation, and stigma, further influence diagnostic timeliness, treatment engagement, and outcomes.

Conclusion: This conceptual framework highlights sex and gender as critical, yet understudied, dimensions of LBD. Integrating biological and sociocultural determinants into research and clinical practice can enhance diagnostic precision, inform biomarker development, optimise therapeutic strategies, and promote health equity for patients and caregivers.

P429**From Lab to Living Room: Translating Dementia Science into Family Care Solutions**

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

While dementia research continues to advance, a significant gap persists between scientific knowledge and its application in everyday caregiving. In the absence of accessible, practical guidance, the healthcare system often resort to harmful practices—physical restraint, overmedication, or miscommunication—due to misunderstanding or lack of support. This paper explores ways to effectively translate dementia-related scientific findings into feasible strategies for non-professional caregivers in community settings.

Current Challenges in Family Dementia Care

- Use of physical restraint for agitation, leading to permanent functional decline.
- Overmedication in response to aggression without behavioral understanding.
- Clinical diagnoses made without considering patients' life histories.
- Top-down authoritative care models that disregard family input.
- Lack of person- and family-centered care perspectives.
- Interdisciplinary, Actionable Care Approaches
- Personalized daily routines that promote familiarity and structure.
- Cognitive stimulation and meaningful engagement to slow deterioration.
- Behavioral interventions and non-pharmacological methods to reduce distress.
- Integration of Visual Thinking Strategies (VTS) and arts-based approaches to cultivate empathy, communication, and observational skills among and medical students.

Dementia care must move beyond institutional boundaries and medical prescriptions to embrace a community-grounded, family-centered model. By bridging science with the lived experiences of families, this study advocates for sustainable care solutions that are both scientifically informed and deeply human-centered.

P430

Rediscovering engagement and identity through meaningful occupation in advanced age: a case study.

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Aims: This case study illustrates how understanding a person's life history and authentic interests can guide occupational therapy to restore engagement, dignity, and agency in someone living with cognitive decline.

Methods: Dr Y., a 97-year-old Japanese-Brazilian woman and retired physician, was followed in home-based occupational therapy from 2018 to 2020. She had lived with dementia and communicated mainly through facial expression and gaze. Information from care partners and relatives initially offered limited insight into her preferences. A qualitative, person-centred approach was used, combining observation of daily routines with activity analysis and analysis of her autobiography to identify meaningful occupations.

Results: Activities offered to her (painting, sewing) lacked personal relevance. Her autobiography revealed a lifelong interest in writing, reading, and spirituality. Intervention shifted toward meaningful engagement: using her own computer and, later, a tablet for visual stimulation; joining domestic routines; and participating in social outings such as going for tea at a local café or visiting a street market. Even with full physical assistance, she expressed attention, pleasure, and choice through gaze and gestures. Family members reported increased participation, emotional expression, and recognition of her presence within family and community life.

Conclusions: Reconnecting occupational engagement to personal meaning can restore agency and identity even in advanced stages of cognitive change. The case highlights the importance of individualized, narrative-based assessment to prevent under-stimulation and to promote well-being, belonging, and dignity for people living with dementia.

P431

Improvements in Cognitive and Functional Performance Following the 3ReS Integrated Lifestyle Intervention: A Novel Program Developed in Japanese Group Homes for Dementia Care

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Objective: Dementia prevalence is rising globally, yet effective, scalable interventions for residential care remain limited. We evaluated “3ReS”—a holistic protocol addressing Regeneration, Rest, Re-activation, and Surroundings—developed under psychiatric supervision to prolong independence and reduce caregiver burden in group homes.

Methods: This uncontrolled case series included 17 residents (3 men, 14 women; mean age 86.8 years, range 66–103) with dementia in Japan from February to December 2024. The intervention comprised: (1) diet modification (≤ 40 g carbohydrates, ≥ 20 g protein, ≥ 500 kcal per meal), (2) daily aerobic exercise (≥ 30 min), (3) rest optimization (power naps with lavender aromatherapy), and (4) environmental modifications (removal of plastic tableware, enhanced ventilation). Cognitive assessments (MMSE, FAB, DASC-21) were conducted every 3 months. Sleep efficiency was measured using Nemuri SCAN (Paramount Bed Co., Ltd., Japan).

Results: After a mean intervention period of 9.8 months, improvements were as follows: 10 participants (59%) improved (≥ 1 point) and 1 (6%) maintained on the MMSE; 7 (40%) improved and 5 (30%) maintained on the FAB; 8 (47%) improved and 4 (24%) maintained in sleep efficiency; and 16 (94%) improved on the DASC-21. Staff reported reduced behavioral and psychological symptoms, improved sleep patterns, and decreased nighttime care burden.

Conclusion: The 3ReS program demonstrated potential to maintain or improve cognitive function and alleviate BPSD while reducing caregiver burden. These preliminary findings suggest integrated multidomain interventions may address both cognitive health and workforce challenges in dementia care. Critically, all components are feasible and sustainable without specialized equipment, suggesting scalability across diverse care settings globally. While preliminary and limited by the lack of controls and small sample size, these findings warrant further investigation through randomized trials to address the urgent need for practical, implementable dementia care interventions.

P432**Between Duty and Distance: An Ethnographic Poetic Reflection on Caring, Culture and Clinical Knowledge in a South Asian Diasporic Family in the UK Living with Dementia.****Mr Abdul-Munim Bashir**

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

This autoethnographic account examines the entanglement of clinical knowledge, familial duty and diasporic culture in caring for my father who had vascular dementia. The study is framed by cultural phenomenology, intersectionality and the geographies of care, and uses ethnographic poetry as method and form. I write as clinician, son and carer. My father migrated from India in 1966, was of Uzbek origin and exemplified stoicism and resilience. I am the youngest of five siblings and, despite the seemingly family support by outsiders, internal domestic wranglings meant we were 'not looking after our own'. I assumed responsibility for finances and daily coordination while working as Chief Pharmacist and caring for my son with cerebral palsy.

Early signs were cryptic responses, absent mindedness and communicative breakdown, which family narratives often interpreted as normal ageing or stoicism. Urinary incontinence and Parkinsonian features made symptoms undeniable, yet primary care responses were dismissive, suggesting infection without raised markers. Linguistic erosion turned English from bridge to barrier, exposing tensions around dignity and gendered roles that prevented female relatives from undertaking intimate care. Although my home was adapted with accessible facilities, material readiness was undermined by intra-family conflict and the absence of power of attorney.

External carers made brief visits sometimes compromising dignity; provoked agitation in a man who regressed to childhood memories, hummed and sang and who became bed bound. Through poetic description and reflective analysis I problematise empathy and foreground doubt, dissonance and displacement produced by intercultural and intracultural differences. I show how cultural values that sustain resilience can also inhibit help seeking and render carer labour invisible, even where clinical expertise is present. The account argues for culturally literate clinical practice, comprehensive legal planning, sustained support for community organisations and recognition that accessible care demands both material adaptation and relational commitment and compassion.

P433**When pain doesn't speak: Reframing providers' perceptions of behavioral expressions in people living with dementia through storytelling****Ms Kimberly Butrum**, Mrs Susan Moroney

Silverado, Irvine, USA

Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Person-centered care requires us to acknowledge the following: that the fact that a person is living with dementia should not define the way that person is treated. Not all the symptoms that a person living with dementia may evidence are a result of their dementia.

While there is more than 20 years of professional advice and research showing that BPSD and other behavioral expressions respond better to routine analgesics than to psychiatric medications, our experience unfortunately has been that in many healthcare settings in the US, behavioral expressions continue to be seen as psychiatric in origin rather than as a communication of probable pain.

As providers and advocates for people living with dementia in long term residential care, we have had a focus for more than 10 years on trying to understand behavioral expressions as communications of need for comfort. We have found that sharing success stories where routine pain management has been more effective than psychiatric medications, has been the most effective way to reduce stigma and develop that understanding in nurses and physicians. Following a clinical assessment, it is vital to presume there could be discomfort before assuming a behavioral expression is psychiatric in origin and using psychotropic medications to extinguish that communication.

In our experience providers will often make assumptions that discomfort is not involved, as the person living with dementia has not had a previously identified pain syndrome. However, through storytelling, clinical assessment, the use of objective pain scales such as the PAIN-AD and presuming discomfort before extinguishing that behavioral expression with a psychiatric medication, it is possible to reduce stigma, break through those health care professionals' biases, prejudices and assumptions and improve the quality of life of the person living with dementia.

P434

How to Eat THE Elephant - Goal-setting Coaching for Carers Supporting Persons with Dementia

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Goal-setting is one of the most underrated life-skill. We spend hundreds of hours learning to drive until legally licensed, years learning to swim to float and move in the water.

So who doesn't know the SMART goals - Specific, Measurable, Achievable, Relevant and Time specific. Right. There exists such simple formula to follow and we are set for life, and all should be manageable.

Except that it is not.

Life is still chaotic, goals "set" but mostly not achieved. We get frustrated and give up. Or just dive in and react in the only way we know. With minimal result. When it involves other human-being, emotion runs high, conflicts erupted, everybody hurts.

Dementia is another magnitude of life situation - for the person with the diagnosis and the real-life impact in every aspect unimaginable they walk through every single minute. And definitely for those around them, the formal and informal support system. The Dementia Care units and staff doing client interaction.

The family members, often the first to encounter all the challenges with big hearts and determination not to give up. The emotionally draining simple tasks of personal care, meal time, sleep. The behavioural changes that come with the person's frustration. Confusion. Feelings their rights and dignity being violated, despite all the carers' good intention. Rarely we realise that good intention alone is never enough.

What about if there IS another way of looking at simple, achievable goal setting strategies to support the person with dementia and everyone around them? No technical, medical or therapy skills that takes years to complete to be certified to get started. No complicated templates, no administrative forms. We can start tomorrow, and the result can be instantaneous. All goes back to How to Eat THE Elephant, with specific, real examples.

Let's talk...



P435

Caring for Patients Living with Dementia in Forensic Inpatient Settings: A Narrative Exploration of Staff Experiences

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Introduction: There is little research exploring the care of patients with dementia in Forensic Inpatient Services (FIS), despite an increased presence of nearly all risk factors for dementia among this population. This study aimed to explore what staff believed the care needs of patients living with dementia (PLWD) in FIS to be, and whether they felt confident or prepared to meet these needs.

Method: A narrative methodology was used to conduct interviews with staff caring for PLWD in several FIS across two NHS trusts. Staff who were currently or had provided care within the past six months to a patient living with dementia/possible dementia in FIS were recruited. Shared narratives were analysed thematically and then structurally to produce a meta-narrative.

Results: Nine staff members were interviewed. Two overarching themes and a meta-narrative were derived from the shared stories. Staff members' journey through the provision of dementia care involved trying to understand the patients' needs, struggling to balance care needs and the rigidity of FIS systems, and a lack of knowledge and desire for training on caring for this population.

Conclusions: Findings reflected a considerable discrepancy between the likely prevalence of dementia in FIS (as determined by high presence of risk factors) and staff confidence and preparedness to meet the needs of this patient group. Recommendations are made for further research, highlighting the experiences of the PLWD in FIS.

P436

Real-World Evidence on Dementia in Hungary: Current Status and Pharmacological Treatment Trends Derived from Nationwide Data

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Introduction: Dementia is a leading cause of dependency and disability; therefore, it is a public health priority that requires the development of national strategies to reduce its economic and social burden and to ensure that the healthcare system is prepared for the implementation of emerging disease-modifying therapies.

Statement of Purpose: The aim of this retrospective cohort study was to systematically assess the current state of dementia care, focusing on pharmacological treatment practices, particularly memantine, and their impact on survival.

Methods: Using the NEUROHUN database - containing inpatient and outpatient care data, as well as pharmacy reports - we conducted a real-world data analysis covering the entire Hungarian population between 2010 and 2020. We performed Kaplan–Meier survival analyses and multivariable Cox proportional hazards regression models to evaluate survival outcomes. Disease prevalence and incidence were also assessed to provide up-to-date national estimates. Sex, age at diagnosis, dementia subtypes, diagnosis change, calculated adherence and persistence, and psychotropic drug use were also included as independent variables. Analyses were performed using R (version 4.5.1).

Results: We identified 398,584 patients diagnosed with dementia, with a mean age at diagnosis of 75.22 years, and a predominance of females (63.7%). Only 13.3 % (n = 53,070) of the total cohort received anti-dementia medication. Memantine monotherapy (24.04 %, n=12,757) was common and showed the highest psychotropic prescription rate. Untreated patients had the shortest median survival (3.105 years, 95% CI: 3.083 - 3.129), followed by those on memantine monotherapy (3.704 years, 95% CI: 3.606 - 3.784). Patients receiving memantine and donepezil had the lowest mortality risk (HR: 0.581, 95% CI: 0.566-0.597) compared to the untreated group.

Conclusion: Our findings confirmed a high proportion of delayed diagnoses, as initiation of memantine treatment is indicated only in advanced dementia stages. Particularly in the era of emerging disease-modifying therapies, timely diagnosis along with evidence-based healthcare planning is inevitable.

P437**Risk Factors for Complex Sleep Behaviors in Older Adults with and without Dementia****Dr Tzung-Jeng Hwang**

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Aims: Complex sleep-related behaviors (CSBs) are physical activities (such as sleepwalking with object manipulation, sleep eating, sleep driving, etc.) in a sleep-like state after taking hypnotic agents but without memory the following morning. Such behaviors may cause potential danger, especially in older adults and people with dementia. The study aimed to investigate the risk factors for CSBs in older adults with and without dementia.

Method: Two samples of subjects exposed to hypnotic agents (including BZDs and Z-drugs) were enrolled. The first sample included 202 patients with dementia ($n=189$) or MCI ($n=13$) from a medical center. The second sample included 176 subjects without dementia from a community hospital. These subjects and cohabitants were interviewed by a trained research assistant using a sleep questionnaire that included demographic data, sleep habits, and sleep-related behaviors. A psychiatrist reviewed relevant medical records during the occurrence of CSBs to gather further information, such as psychiatric diagnosis, medication, and medical condition rated with the modified Cumulative Illness Rating Scale (CIRS), etc. Subjects with and without CSBs were compared, and multiple logistic regression was performed to find the risk factors for CSBs.

Results: In the first sample, there were only 8 patients with dementia who had CSBs. In the second sample, 14 subjects had CSBs. Multiple logistic regression analysis showed the only significant risk factor for CSBs in the first sample was zolpidem use ($p<0.001$). In the second sample, the significant risk factors included zolpidem use ($p=0.006$), CIRS score ($p=0.02$), flupentixol/melitracen use ($p=0.02$).

Conclusion(s): Zolpidem was the most significant risk factor for CSBs in subjects with and without dementia. Practitioners should exercise caution when prescribing zolpidem to older adults with sleep complaints. Non-pharmacological intervention should be considered first.

P438

Harnessing Neuroplasticity in Early Dementia: Evidence, Caregiver Support, and Application in Trinidad and Tobago

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Topic

Dementia diagnosis, treatment, care and support: Treatment experiences of people living with dementia, carers and clinicians

Abstract

Background: Neuroplasticity—the brain's capacity to form new connections—offers a promising target for early dementia interventions. International evidence shows that structured physical activity, cognitive stimulation, and lifestyle interventions can enhance cognition and functional outcomes in mild cognitive impairment and early dementia. Caregiver support groups provide an ideal platform for implementing these strategies, particularly in Caribbean island contexts. This review synthesizes evidence on neuroplasticity-based interventions and explores how human-centered approaches and emotional intelligence can strengthen caregiver engagement and program sustainability.

Method: A narrative literature review was conducted using PubMed, Scopus, and Cochrane Library. Studies were included if they involved adults with mild cognitive impairment or early dementia or early Alzheimer's Disease and evaluated interventions targeting neuroplasticity (exercise, cognitive training, non-invasive brain stimulation, or multimodal lifestyle programs). Evidence was thematically synthesized, focusing on intervention effectiveness, caregiver engagement strategies, and applicability in resource-constrained settings.

Results: Evidence demonstrates that aerobic/resistance exercise, cognitive training, and multimodal interventions improve cognitive function, emotional well-being, and daily functioning. Caregiver-facilitated programs incorporating emotional intelligence and human-centered communication enhanced participation, adherence, and psychosocial outcomes. Local adaptation of neuroplasticity-informed activities in the Alzheimer's Association of Trinidad and Tobago Support groups suggests that embedding neuroplasticity-informed activities into community support groups and caregiver education programs is feasible, culturally acceptable, and cost-effective.

Conclusions: Neuroplasticity-based interventions provide scalable, low-cost solutions for early dementia care. When combined with emotionally intelligent, human-centred facilitation, they strengthen caregiver support, enhance engagement, and promote brain health. Implementing such programmes in Trinidad and Tobago aligns with WHO Global Dementia Action Plan priorities and delivering solutions for today and tomorrow.

P439

Understanding the Care-Partners Experience in Mild Cognitive Impairment (MCI) in Spain: Anxiety, Depression, and the Impact of Emotional and Behavioral Symptoms in people with MCI

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Introduction: Informal care partners of people with Mild Cognitive Impairment (MCI) often experience significant psychological distress. This study explored anxiety and depression, the impact of MCI individuals' emotional and behavioral symptoms, and factors influencing care partners' mood and the quality of their relationship.

Methods: CARE-eAD was a cross-sectional non-interventional study that included 200 informal care-partners from 19 Spanish hospital-based memory clinics. Data were gathered via self-reported questionnaire.

Care-partners' anxiety and depression were assessed with the Hospital Anxiety and Depression Scale (HADS) (score ≥ 8 for probable anxiety/depression). The Neuropsychiatric Inventory (NPI) evaluated MCI people's emotional and behavioral symptoms and the distress they caused carepartners (rated 0-50, from no to severe distress). We also assessed the Quality of Patient-Caregiver Relationship (QCPR), with scores >56 indicating higher quality. Multivariate logistic regression identified factors linked to key outcomes.

Results: HADS Anxiety and Depression mean scores were 7.1 (SD 4.1) and 4.6 (SD 3.4) with 41.8% and 18.9% of care-partners reporting probable anxiety and depression, respectively. 20.9% experienced moderate to severe anxiety, and 6.1% moderate to severe depression. The mean total NPI score was 7.4 (SD 6.4).

Among people with MCI, depression (44.4%) and apathy (39.3%) were the most frequent symptoms causing care partner distress, with anxiety causing the highest average emotional distress (mean distress 3.1)

Multivariate analysis indicated that higher HADS Anxiety (OR = 1.188, $p = 0.012$) and Depression scores (OR = 1.369, $p < 0.001$) were strongly associated with elevated feelings of hopelessness. Higher NPI scores correlated with a lower likelihood of an adequate quality patient-caregiver relationship (OR = 0.865, $p = 0.001$).

Conclusions: These findings show a substantial emotional and psychological impact on MCI informal care-partner.

The results highlight the urgent need for targeted mental health interventions to support MCI care partner, alleviating their emotional burden and fostering healthier caregiving dynamics.



P440

Climate Wisdom: Empowering Dementia-Friendly Climate Action through Storytelling, Inclusion, and Community Resilience

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Climate Wisdom is a climate action initiative that enables people living with dementia, their care partners, and wider communities to lead inclusive, creative, and practical responses to climate change. Recognising that mainstream environmental movements often overlook older adults and people with dementia, the project bridges the gap between climate action and dementia-inclusive practice.

Drawing on findings from the Healthy Ageing in a Changing Climate report—which warns that “climate responses will fail if they do not engage older people in a meaningful way” (Wollrych et al., 2023)—Climate Wisdom embeds climate activity within Scotland’s Meeting Centres network. The project supports five key strands: participatory storytelling and environmental arts, ambassador training for emerging leaders, intergenerational learning events, local Climate Action and Resilience Plans, and co-produced resources for national scaling.

With a projected reach of over 600 participants annually across rural, urban, and coastal communities, Climate Wisdom facilitates intergenerational collaboration and builds capacity for sustainable behaviour change. The project’s evaluation will track its impact on individual empowerment, community resilience, carbon reduction, and policy influence. By aligning dementia care with environmental sustainability, Climate Wisdom offers an innovative, rights-based model of inclusion. It creates new pathways for underrepresented communities to influence climate policy and practice—providing a scalable framework for dementia-friendly climate action across Europe and beyond.

Reference: Wollrych, R., Haq, G., & Haq, S. (2023). Healthy Ageing in a Changing Climate. <https://www.ageandclimate.com>

P441

AUGMENT: Supporting Safe Navigation by Older Adults with Cognitive Impairment including MCI

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Aims: Older adults with cognitive impairment (CI) ranging from mild cognitive impairment (MCI) to dementia show significant deficits in spatial ability and memory that supports wayfinding and navigation (Kossowska-Kuhn et al., 2025). For example, a prospective study of people with dementia indicated that the five-year risk of becoming lost through wandering was about 40% (McShane et al., 1998). We aim to support navigation for adults with CI to help maintain their independence and safety.

Method: We developed online tutorials to help people with CI learn to use Google Maps and Uber, a ride-sharing app. We followed a user-centered design approach to generate the tutorials and conducted iterative user testing involving eight users initially, followed by tutorial revisions, and then five more users. Of the five facets of usability - learnability, efficiency, memorability, errors, and satisfaction - we focused our evaluation on memorability given the known memory difficulties for those with CI.

Results: Initial performance was acceptable for the meta-tutorial ($M = 77.8$, $SD = 15.8$) and Google maps ($M = 67.2$, $SD = 30.1$) and nearly acceptable for Uber ($M = 60.6$, $SD = 26.1$) based on System Usability Scale (SUS) values. Memorability, assessed by testing performance after a one-week interval from training, was good ($M = 61.7\%$, $SD = 15.8$, chance=25%). Following tutorial revision, SUS scores increased to $M = 97$, $SD = 3.3$; $M = 86.5$, $SD = 14.9$; and $M = 90.5$, $SD = 12$, for the meta-tutorial, Google Maps, and Uber tutorials respectively. Memorability performance improved nominally ($M = 70\%$, $SD = 16.8$).

Conclusion: These data show that a user-centered design process can produce highly usable tutorials for navigation apps that hold promise for improving wayfinding for persons with CI.

P442**Advocating for Advance Care Planning in Dementia Care: A Quality Improvement Initiative in a Tertiary Singapore Hospital**

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Advance Care Planning(ACP) is a crucial step in the treatment plan for persons living with dementia to establish their goals and treatment preferences. Advocating for ACP after stratifying frailty with Clinical Frailty Scale(CFS) is a practical approach that can be adopted in the inpatient setting.

Aim: To increase inpatient ACP discussion rates for persons living with dementia.

Method: A Quality Improvement(QI) project was done from February to May 2025 in a Singapore tertiary hospital. Participants were included if they were admitted under Geriatric Medicine in a specified ward. Participants were excluded if ACP was completed previously or if they were dangerously ill or demised inpatient.

Baseline patient characteristics collected include age, education level, CFS, Charlson Comorbidity Index(CCI). QI methodology was adopted with cause effect analysis and pareto chart done highlighting the lack of ACP education for care team as the most significant contributory factor.

The 1st Plan Do Study Act(PDSA) cycle conducted focused on education with in-person didactic teaching sessions for nursing and medical teams to disseminate knowledge and clarify misconceptions. Structured workflows for patient identification and template for ACP counselling were shared with physicians and nurses.

Results: A total of 107 patients were included of which 75 were baseline and 32 were post-implementation. There were 64.0 % of patients CFS6 and above at baseline of which 18.7 % had an ACP discussion inpatient. Post-intervention, persons with dementia CFS 6 and above who had ACP discussion done inpatient increased to 37.5%. The run chart showed sustained improvements in ACP discussion rates with median increasing from 13% at baseline to 25% post implementation.

Conclusion: Structured ACP education for nursing and medical teams, workflows for patient identification and ACP counselling templates are potentially useful strategies to increase ACP discussion rates for persons living with dementia in the inpatient settings.

P443

Rethinking quality of life in dementia - Integrating self- and carer-reported perspectives to deliver person-centred care

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Aims: Efforts to improve quality of life (QOL) in dementia depend on its accurate conceptualisation and assessment. Here we used a data-driven approach to capture the multidimensional nature of QOL from the perspective of the person living with dementia and their carer.

Methods: Participants with dementia (n=128) and carers completed the Quality of Life in Alzheimer's Disease questionnaire (QOL-AD), alongside measures of cognitive function, depressive symptoms, functional capacity, and effect of supporting the person with dementia on the carer. We employed a data-driven network approach to examine the structure of relationships between individual QOL items. Gaussian graphical models with regularized partial correlations of QOL-AD items were estimated and compared, and item communities were detected.

Results: Central elements that emerged in both self and carer-reported networks included Ability to do Things for Fun, Energy, and Life as a Whole, while the elements of Memory and Money were less central. Distinct differences were also evident between self- and carer-networks. Whilst Self as a Whole was relatively more central in the self-reported network, Ability to Do Chores and Family were more central in the carer-reported network. Moreover, different communities were detected in the networks, corresponding to domains including socioeconomic, daily, self-referential, and instrumental functioning, with differential correlations to key clinical outcome variables.

Conclusions: QOL in dementia is inherently multidimensional and differs when assessed from the viewpoint of the person living with dementia versus their carer. Our findings highlight the importance of integrating both perspectives to design person-centred interventions that respect the lived experience of people with dementia while addressing the needs of carers.

P444**Factors Affecting Adults' Engagement in Advance Care Planning with Their Elderly Parent – Verification Using Large-Sample Online Survey –**

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Aims: Clarification of the factors affecting adults' engagement in Advance Care Planning (ACP) with their elderly parent.

Method: An online survey on parents and ACP was conducted among 746 Japanese subjects aged 35–60 who were registered with a market research agency. A two-parameter logistic regression analysis was conducted with “engagement in ACP with parent” as the response variable and variables showing $p < .1$ in univariate analysis as the explanatory variables. The significance level was set at $P < .05$ (both sided), showing regression coefficient (B) and odds ratio (Exp (B)).

Results: Subjects were 369 men and 377 women with a mean age of 48.1 ± 7.20 years. Ninety subjects responded that they engaged in ACP with their parent, whereas 656 subjects responded that they did not. Out of those not engaging in ACP, 47.4% indicated that they intended to. The extracted factors affecting ACP engagement included decreased parental cognitive function ($B = .728$, $\text{Exp (B)} = 2.071$, $p = .005$), no opportunity ($B = -.675$ - $\text{Exp (B)} = .509$ - $p = .020$), relationship allowing for easy conversation with parent about daily events ($B = 1.122$ - $\text{Exp (B)} = 3.071$ - $p = .020$). The extracted factors affecting intention to engage in ACP included decreased parental cognitive function ($B = .598$ - $\text{Exp (B)} = 1.819$, $p = .005$).

Conclusion: Decreased parental cognitive function was demonstrated to be a promotive factor for both ACP engagement and intention to engage. It was suggested that prior awareness by adult children that decreased parental cognitive function may make ACP engagement infeasible provides a crucial opportunity to initiate the conversation.

P445**Nutritional problems in people with cognitive impairment: prevention and the role of caregivers**

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

People living with cognitive disorders, such as Alzheimer's disease, are at increased risk of nutritional problems. Neurodegenerative diseases can lead to weight loss and severe malnutrition.

RISK FACTORS

- Eating behavior disturbances
- Associated health problems (depression, anxiety, sleep disorders)
- Medications that may cause nausea, vomiting, or appetite changes

PREVENTION AND MANAGEMENT

- Regular weight monitoring to detect weight loss early and intervene promptly
- Nutrition education for both patients and caregivers
- Adaptation of the diet according to behavioral disturbances and specific nutritional needs

ROLE OF CAREGIVERS

- Encourage a varied and adequate diet
- Adapt the environment to make meals easier and reduce distractions
- Offer appealing and easy-to-eat foods

IMPORTANCE OF SUPPORT

It is essential to consider the specific needs of people with cognitive disorders and to provide appropriate support in order to maintain good nutritional health. Caregivers play a crucial role in preventing nutritional problems by promoting a balanced and adapted diet, particularly within the Cameroonian context.

P446**Adapting infrastructure and services to the needs of older adults (transport, shops, etc.)**

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Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Introduction: Douala, the economic capital of Cameroon, is facing a major demographic transition marked by an ageing population. It is therefore necessary to assess the city's ability to adapt to the specific needs of its older residents. This article examines the current state of infrastructure and proposes urban transformations to improve mobility and accessibility for seniors.

1. Transport Services

- Provision: Douala's transport system is dominated by taxis, motorcycle taxis, and a few bus lines. None of these services are specifically designed for older adults.
- Physical accessibility: This remains the main obstacle. Taxis and buses are not adapted for people with reduced mobility.
- Affordability: Transport costs, especially for taxis, are high.
- Information accessibility: Information on store promotions or opening hours is generally available. However, home delivery services—highly beneficial for seniors—remain limited or unaffordable for most households.

2. Health Services

- The city has more than 2,000 health facilities. However, geriatric structures and specialized care for older adults are extremely limited.

3. Local Shops and Community Services

- Douala has numerous commercial points, but only large retail chains provide access ramps and reception services for people with reduced mobility.

Conclusion: Making Douala a more age-friendly and dementia-inclusive city requires an integrated approach that goes beyond isolated infrastructure improvements. A national dementia strategy must combine quality urban development with health and transport services that are accessible and adapted to the needs of older adults.

P447

Elevating Well-Being and Quality of Life Through Cognitive Rehabilitation and Brain Training: A Community-Based Model for Dementia Care

Mrs Heather Gately

Lifted: The Brain Wellness Center, Fairfield, USA

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

As the prevalence of dementia continues to rise globally, the focus of care must extend beyond medical diagnosis to encompass well-being, engagement, and quality of life. This presentation explores how

Lifted: The Brain Wellness Center has implemented a community-based model of **brain training, cognitive rehabilitation, and stimulation** designed to complement medical treatment and enhance daily functioning for individuals living with dementia and related cognitive conditions.

Rooted in evidence-informed practice, Lifted's programs combine personalized cognitive exercises, creative arts, mindfulness, and social connection to promote neuroplasticity and preserve a sense of purpose and identity. Our approach meets people where they are—whether in private homes, assisted living, or memory care settings—and adapts to individual strengths and interests.

Early findings from our work demonstrate measurable improvements in attention, communication, confidence, and mood among participants, as well as reduced stress and increased resilience among care partners. By engaging both individuals and their families in meaningful, restorative activity, we help reframe dementia care from a model of loss to one of continuing capacity, dignity, and shared joy.

This model aligns with ADI's call for action in diagnosis, treatment, care, and support by emphasizing that brain health interventions—when practiced regularly and inclusively—can play a crucial role in sustaining quality of life and fostering hope throughout the dementia journey.

P448**From the Activities of the Dementia Café ‘Carers Café Hinatake’****Ms Rieko Ishikawa**, Ms Yuuko Kunii, Ms Naomi Onouchi

The Alzheimer's Association of Japan, Aichi prefecture, Japan

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Aichi Chapter of The Alzheimer's Association of Japan opened the 'Carers' Cafe Hinatake' in October 2013 as a place where anyone, including people with dementia and their families, can gather. Since July 2019, it has been operated with two staff members present five days a week from 10:30 to 15:00, serving as a community space for local residents.

Participants in the cafe include not only people with dementia but also their families and local community members. The cafe operates in a style that allows participants to freely come and go during opening hours, and events are held once or twice a week. Popular events include strength exercises called 'Hyakusai Taiso' aimed at preventing the need for care, as well as consultations with lawyers, nurses, and nutritionists. Singing and performances on the traditional Japanese string instrument, the koto, are also popular. Participation in the events is free of charge.

A major feature of 'Caregivers Café Hinatake' is its multigenerational interaction. Since facilities supporting young people who find it difficult to participate in society and facilities supporting school non-attendance are adjacent, elderly people, young people, and children can enjoy conversations in the same space. In addition, 'Caregiver Exchange Meetings,' where family caregivers talk with each other rather than with professionals, and 'Participant Exchange Meetings,' where people with dementia and their families participate together, are also held regularly for information sharing and interaction.

With it becoming a permanent event, we hope to continue aiming for it to be a place where people not only keep coming but also feel it is a place to belong.

P449

Sibling Caregiving Collaboration in Taiwan: Navigating the Shared Care Journey for Mother with Dementia

Mrs Ya-Shiun Sun¹, Mrs Meng-Fan Li²

¹RCHSS, Academia Sinica, Taipei, Chinese Taipei. ²Associate Professor and Director, Department of Family Study and Child Development, Shi-Chien University, Taipei, Chinese Taipei

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

The multifaceted nature of dementia care necessitates concerted caregiving efforts among sibling networks—a phenomenon increasingly observed within Taiwan's middle-aged and older adult cohorts. This study adopts a qualitative research approach to investigate the caregiving journey of five middle-aged siblings collaborative caring for their mother diagnosed with dementia with Lewy body (DLB). Multiple data sources were analyzed, including the lead caregiver's personal narratives and Facebook posts, an in-depth interview with one co-caregiver, eight LINE chat groups transcripts, and a shared Google Calendar maintained by the five siblings. Thematic analysis was employed to identify caregiving dynamics, negotiation patterns, and adaptive processes. Over 15 months of co-caregiving, the mother's condition improved from long-term care case-mix system (CMS) level 6 to level 4, remaining stable at level 4 for more than six years.

Based on the Circumplex Model of family systems, the findings reveal that sibling co-caregiving is a continual process of negotiation and adaptation, requiring caregivers to transcend conventional caregiving mindsets and locational inertia. Family intimacy was found to be dynamic—shaped by early shared experiences and tested through major caregiving events. The lead family caregiver played a pivotal role in resource coordination, communication facilitation, and the maintenance of equilibrium within the caregiving team.

The findings highlight that sustaining collaborative dementia caregiving necessitates a triad of interrelated factors: self-compassion among caregivers, a commitment to continuous learning, and the strategic mobilization of familial and societal resources, all of which are essential for fostering resilience. At a broader level, this study calls for the development of dementia-friendly communities, caregiver-supportive workplaces, and structured incentive mechanisms to strengthen collaborative care. These elements constitute essential components of a sustainable, compassionate, and well-coordinated long-term family caregiving model.

P450**The co-production, evaluation and provision of web-based toilet-use and continence care interventions for people living at home with dementia and those who support them (DemCon)**

Dr Fauzia Knight¹, Dr Barbara Bradbury², Dr Helen Chester¹, Ms Jane Ward³, Mr Eric Deeson³, Dr Leanne Morrison², Dr Monica Leverton¹, Prof Miriam Santer⁴, Prof Cathy Murphy⁵

¹Kings College London, London, United Kingdom. ²University of Southampton, United Kingdom. ³PPI, United Kingdom. ⁴University of Southampton, London, United Kingdom. ⁵University of Southampton, Southampton, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Most people living with dementia develop bladder or bowel continence or toilet-use problems in the mid or late stages of the condition. Independent toilet-use or well-managed continence care can help support quality of life, significantly enhancing social participation and wellbeing. However, there is a notable lack of accessible, specialist information on planning for continence care following a dementia diagnosis. Stigma makes it difficult for individuals to seek help.

We aimed to co-produce a multi-media online continence care resource to fill this gap for four audiences: people living with dementia, care partners, healthcare professionals and homecare workers.

A Person Based Approach and in-depth public engagement with people with lived experience were used to maximise the intervention's usability and acceptability. Following ethical approval and two systematic reviews of available literature, we carried out two phases of qualitative research:

Phase 1: developed and evaluated a prototype website for **care partners** and a wide range of **healthcare professionals**:

- Semi-structured interviews with healthcare professionals (n=31), homecare workers (n=14), care partners (n=26)
- Stakeholder meetings with homecare workers and managers (n= 16)

From this work we produced a prototype website in 2024.

Phase 2: develop **multi-media resources**, information for people in the **early stages of dementia** and **homecare workers**.

- Semi-structured interviews with people with dementia (n=22) and interviews to evaluate the prototype in 2026
- Stakeholder engagement with homecare workers and interviews to evaluate the prototype in 2026

The resources developed in phase 1 address key challenges to accessing and using continence care information and identify tips and tools for care partners and health professionals. The additional resources from phase 2 will help people with dementia plan and independently manage their continence and toilet use and support homecare workers to deliver high quality care.

The prototype website is available at www.demcon.org.uk and will be finalised during 2026.

P451

A wellbeing evaluation of people living with dementia and their carers during Dementia Adventure supported breaks

Dr Manpreet Kaur Gill¹, Dr Marcus Hansen², **Ms Fiona Petit¹**, Mrs Danine Irwin¹

¹Dementia Adventure, Chelmsford, United Kingdom. ²Liverpool John Moores University, Liverpool, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Aims: Supported breaks for people living with dementia (PLWD) and their carers may offer opportunities to support or enhance wellbeing, yet their impact hasn't been rigorously evaluated. This study assesses wellbeing in PLWD and their carers during Dementia Adventure supported breaks and explores differences in wellbeing trends between the two groups.

Method:

An observational study recruited 8 couples of PLWD and their carers. Carers were female, aged 70–76, supporting male partners living with dementia, aged 78–82. Four couples completed 14-item Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) surveys at three timepoints (pre-break, during break, post-break), and four couples completed at two timepoints (pre-break and during break). Surveys were completed independently, with carer support, or by proxy where necessary. WEMWBS scores were calculated for each participant at each timepoint. Ethical approval was obtained through Liverpool John Moores University.

Results: Table 1. Mean WEMWBS scores (range) for carers and people living with dementia at each timepoint

Group	Pre-break	During break	Post-break
Carers	45 (40–48)	44.5 (39–51)	45.5 (45–46)
PLWD	42.8 (28–52)	39.3 (28–53)	41 (28–51)

Carers consistently reported higher wellbeing in feeling useful, loved, and confidence in decision-making. Overall WEMWBS scores remained stable across timepoints, with small improvements in optimism, while energy and interest in new activities showed minimal change.

PLWD reported lower overall wellbeing, with low energy, poor clarity of thought, and limited decision-making ability across timepoints. Some participants showed small post-break improvements in optimism, interest in new things, and decision-making.

Conclusions: Preliminary findings suggest Dementia Adventure supported breaks can support or improve wellbeing for carers and offer variable benefits for PLWD, reflecting fluctuations in mood and cognitive ability, and highlighting the need for flexible, person-centered approaches. The study is ongoing, and further data will allow a more robust evaluation of momentary wellbeing trends.

P452

Accelerating the Development of Alzheimer's Shared Housing

Mrs Christine Tabuenca, Dr Alain Bérard

Fondation Médéric Alzheimer, Paris, France

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

In France, a person is diagnosed with Alzheimer's disease every three minutes. It is crucial to develop suitable solutions to enable them to live with dignity. Despite a strong preference for aging in place (82% of French people favor this option), alternatives to nursing homes remain scarce.

One such alternative is Alzheimer's shared housing. Currently, only 70 shared housing units exist in France, compared to 3,700 in Germany.

Alzheimer's shared housing accommodates 8 to 10 individuals in a non-medicalized living environment, where each person has their own room with personal belongings. Residents share common spaces (living room, kitchen, garden) and participate in collective life according to their abilities.

A coordinator oversees daily life, supported by 24/7 care assistants, volunteers, and families.

Despite legislative advancements, creating Alzheimer's shared housing remains complex. To facilitate this process, the Fondation Médéric Alzheimer and Familles Solidaires have partnered to support the development of Alzheimer's shared housing through a call for applications: CASALIS (Alzheimer Shared Housing: A Support System for Inclusive and Solidarity-Based Housing). This call for applications aims to provide comprehensive support to 10 selected projects, guiding them from conception to the opening of the shared housing. This support includes:

A complete diagnostic of each project; 10 days of personalized consulting; 10 days of training;

- Two study trips in France and abroad;
- A financial grant of €5,000 per selected project.

All aspects necessary for the successful completion of the project will be addressed, from diagnosis to home adaptation, user expertise, legal and economic models, and the management of daily life (resident budgets, support for caregivers, local property management, partnerships, and crisis management). This also includes in-depth training on the specifics of Alzheimer's disease.

To go further, we launched a European working group with the aim of mapping shared housing and perhaps even modeling it.

P453**A Systematic Literature Review of Pharmacologic Disease Modifying Therapies for Early Alzheimer's Disease: A focus on Health Related Quality of Life**

Miss Heather Eames^{1,2}, Ms Cliona Flynn^{1,2}, Ms Caitriona Ni Choitir^{1,2}, Ms Marie Harte^{1,2}, Prof Sean Kennelly^{3,2}, Dr Roisin Adams^{1,2}, Dr Laura McCullagh^{1,2}

¹National Centre for Pharmacoeconomics, Dublin, Ireland. ²Trinity College Dublin, Dublin, Ireland. ³Tallaght University Hospital, Dublin, Ireland

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

Background: In clinical trials, health-related quality of life (HRQoL) assessments aim to measure the health status, attitudes, values and perceived levels of satisfaction and general wellbeing from the patient and their carer's perspectives. Several clinical trials of disease modifying therapies for early Alzheimer's disease (AD DMTs) are underway. A horizon scanning exercise identified 34 disease AD DMTs anticipated to come to market, in Europe, in the next 10 years. HRQoL outcomes were explored in a systematic literature review (SLR) of these 34 AD DMTs.

Methods: Embase, Ovid MEDLINE®, and Cochrane CENTRAL were searched from inception to January 2025 for eligible RCTs. The eligible population were those with EAD, defined as per international guidelines and a positive AD biomarker. Hand searches of health technology assessment agencies, conference proceedings, and trial registries were conducted. Full study selection was performed in duplicate. Study details, participant characteristics, and outcomes of interest were extracted.

Results: In the ongoing SLR, 2,298 records were identified, including 12 studies reporting on eight RCTs investigating 6 DMTs (lecanemab, donanemab, hydromethylthionine-mesylate, blarcamesine, ALZT-OP1a/1b, and AGB108) versus placebo. To date, HRQoL data are available from one out of the eight RCTs. HRQoL outcomes included both disease-specific and generic tools, with measures taken from both patients and their carers.

Conclusions: There are limited HRQoL data reported across the RCTs for AD DMTs to date. HRQoL remains an important outcome for patients and clinicians, as well as healthcare decision makers. This limitation should be addressed in future RCTs.

P454

Creative Dementia: the arts for health and wellbeing in the UK

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Creative Dementia Arts Network, Bristol, United Kingdom

Topic

Dementia diagnosis, treatment, care and support: Well being and quality of life

Abstract

In Europe, opportunities for people living with dementia, family carers and friends to participate in arts and cultural activities have been increasing. Here in the UK, a growing workforce of community practitioners and creative arts therapists, often working for arts organisations and cultural venues, are engaging people living with dementia in creative arts: art, music, dance, poetry and drama to maintain their health and wellbeing. Most museums, galleries, concert halls, theatres and cinemas are dementia-friendly, people living with dementia attend classes in community-based arts, dance and music centres and hospital patients, care home residents and people using day and community services frequently take part in creative arts.

Despite widespread belief that the arts 'work' as a powerful medium for communication and self-expression and for fostering social relationships, such positive outcomes have been difficult to prove due to methodological limitations, the subjective and dynamic nature of artistic engagement and lack of large-scale, longitudinal studies.

Nevertheless, there is now a growing body of evidence demonstrating the effectiveness of arts for dementia, in particular studies of singing and music that highlight measurable improvements in wellbeing, quality of life and social engagement. Thus, the National Institute for Health and Clinical Excellence (NICE) includes a recommendation for service providers, practitioners and commissioners to promote the wellbeing of people living with dementia through activities, including arts and music, tailored to preferences. (Quality Statement 5, NICE, 2019).

Further impetus has been added by creative health policies that seek to integrate arts and culture in the prevention, promotion, management and treatment of ill health. Hence social prescription - arts on prescription - is supporting people living with dementia whilst dance for falls prevention and creative arts befriending are being commissioned to reduce risk factors for dementia such as social isolation, depression and physical inactivity.

P456**Case Studies on Dementia Care in A Day Care Center: Integrating Theoretical Knowledge with Practical Experience**

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¹Twing-cheng Care and Create Studio, Taipei, Chinese Taipei. ²Sisters of Providence, Taipei, Chinese Taipei

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Background: The Sisters of Providence, a Catholic religious order, was officially registered in Taiwan in 1956. In 2001, they launched a community-based care service in Taishan District, New Taipei City. In 2010, A day care center providing integrated services for individuals with dementia and physical disabilities was established.

2. Clients and Staff Education

The center currently serves 56 clients, including 37 with dementia. The staffs of a multidisciplinary team cover 8 full-time caregivers, 3 part-time caregivers, 2 social workers, 1 nurse, 1 deputy director, and 1 director.

Since 2018, quarterly in-service training has been held. Each two-hour session includes questionnaires, readings, hands-on exercises, care trend analysis, audiovisual materials, etc. A client-specific discussion on care challenges has been included from May 2019.

3. Case Studies and Course Implementation

Despite three interruptions due to COVID-19, 23 cases have been looked over to date from 2018 to 2025. One week prior to each session, staff provides the client's profiles regarding education, age, health conditions, family dynamics, daily functional abilities, and care challenges. This helps the instructor prepared applicable knowledge and response strategies. A total of 23 cases have been examined.

4. Problem Analysis and Approaches

Approximately 90% of discussed cases involved various stages of dementia, not only elderly but also younger-onset. The trainings take into account customized strategies, biographical context, family involvement, and functional assessment. Role-play, video and shared experiences promote practical solutions.

5. Conclusion: This paper will explore commonalities and distinctions among cases to improve caregiving quality through insights, teamwork, and refined approaches.

P457

Organisational Learning in Dementia Care

Mrs Caroline Bartle

Alzheimers New Zealand, New Zealand

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Dementia care is complex, relationally skilled work. Delivering person-centred care requires not only clinical knowledge but bio-psycho-social understanding. Staff provide this care within constrained environments shaped by regulatory pressures, digital infrastructures, and workforce limitations. Under pressure to improve outcomes, organisations often rely on training interventions that fail to reflect the complexity of everyday practice. This study explored how learning happens in practice, how it is shaped by technologies, routines, and systems, and what potential technologies might offer to better support learning in dementia care.

Conducted in two aged residential care settings, the study drew on observations and interviews with staff across clinical and care roles. **Following ethics approval**, a post-qualitative methodology informed by socio-material theory was conducted. Rather than coding and categorising data, the analysis traced how knowledge and action emerge through entanglements of people, tools, routines, and discourses. Drawing on Callon's theory of translation, the study followed epistemic practices and knowledge flows across boundaries examining how problems are defined, who or what is enrolled, and what knowledge is mobilised in response.

Early findings show that digital care plans and dashboards act as powerful actors. As 'boundary objects', they coordinate across roles but also stabilise medical framings. Task-oriented data fields, shaped by regulation, limit what is recorded. Medical language narrows what counts as a problem and how care evolves. The voice of the person is often absent not due to lack of value, but because systems fail to capture the relational learning that occurs between staff and the people they support. These constraints also point to opportunities for future technologies to support more reflective, relationally grounded learning.

This study argues for a more expansive, practice-based approach to learning one shaped by the tools we use, the language we choose, the boundaries we cross, and the voices we centre.

P458**Subjects that we don't talk about: teaching hospital staff about difficult issues in dementia care.****Mrs Jo James**

Imperial College Healthcare NHS Trust, London, United Kingdom

Topic

Support for dementia carers: Education and training for formal carers

Abstract

This session will share the experiences of delivering a training program to address sexual and discriminatory behaviours and domestic violence in hospital inpatients living with dementia at Imperial College Healthcare NHS Trust in London, UK. We realized that these were subjects rarely discussed in acute settings and yet commonly encountered, causing anxiety for staff and often leading to marginalization of the patient.

We developed three stand-alone sessions for staff which were one hour long. The aim was to create a conversation and get the staff to view each issue through a different lens which would provide them with the tools to manage the situation. It also sought to challenge attitudes and the tendency to be judgmental or disapproving.

150 members of staff have attended and the feedback has been positive. 98% felt that the training was extremely useful and 100% felt that it should be delivered to all staff who care for people living with dementia. Some of the comments are shown below:

'Really helpful - there was a lot of things that I hadn't previously thought about in relation to this topic before'

'I found this incredibly interesting and gave me a perspective on patients with dementia that I hadn't previously considered. I could have learned this all day.'

'It's made me realize that there is more to it than I thought - I won't feel so bad next time it happens.'

The fact that these subjects are hard to talk about is the reason why it is so important to talk about them. By challenging attitudes and helping staff understand we have been able to create a kinder, more thoughtful and caring environment for our patients living with dementia.

P459**Types of dementia: taking into account the specificities in the way professionals bring support**

Mr Kevin Rabiant, **Mrs Hélène Clari**

France Alzheimer et maladies apparentées, Paris, France

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Each year, our training Institute trains hundreds of healthcare professionals, working with people living with Alzheimer's disease or another type of dementia, at home or in an establishment.

Among neurodegenerative diseases, pathologies related to Alzheimer's, such as Lewy body dementia and frontotemporal dementia, present specific clinical manifestations requiring appropriate care. If they also lead to a progressive loss of autonomy, they result in distinct disorders which directly influence the support provided by professionals of the health or medico-social sectors.

Lewy body dementia requires vigilance regarding cognitive fluctuations, neuropsychiatric disorders (hallucinations, paradoxical sleep disorders) and drug interactions, in particular sensitivity to neuroleptics.

Frontotemporal dementia requires a different approach due to marked behavioral disorders, language alterations and communication difficulties, which impact the helping relationship and the daily lives of caregivers.

For several years now, our Institute has designed and deployed a training program allowing professionals to:

Understand the specificities of related diseases to adapt support strategies according to their particular manifestations.

Adapt daily care, taking into account the challenges posed by these other types of dementia, particularly in terms of behavioral disorders, management of cognitive fluctuations and preservation of the people's dignity and autonomy.

Support caregivers who face atypical forms of the disease and require advice and specific support to better understand these disorders.

Currently, we offer a structured training program entitled "Knowing other types of dementia and specifying support" which allows professionals to adapt their care.

Support for other types of dementia still remains an underestimated issue in the training of professionals, even though it constitutes a major challenge in improving care and support for people living with these types of dementia and their families. With this in mind, our Institute continues its commitment to enable professionals to adapt their practices.

P460**Aspects of spirituality in the care of a person with young-onset dementia (YOD) with global aphasia****Dr Lay Ling Tan**

Changi General Hospitals, Singapore

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Background: We report a case of severe YOD and how a psychodynamic approach positively influenced MDT care with a focus on spirituality.

L was a patient in his early 60s with YOD. He had no children and was cared for by his wife. He was admitted to the psychiatric acute ward for agitation and increasing caregiver distress. He was fully dependent in his care and uncommunicative. He developed several bouts of pneumonia, and his wife opted for comfort measures with no active resuscitation. He was eventually discharged to a nursing home after six months but passed away shortly after. A process group was conducted with the multidisciplinary team (MDT) to explore unconscious processes, emotions and behavior that emerged from L's care.

Discussion: There was a "sense of loss" amongst MDT as L was unable to verbalize his needs due to his aphasia. There was medical narcissism with compulsion to "act and do rather than spend time with the patient" and the "wish to quickly discharge L" whose apparent helplessness had been projected onto the care team and was unwelcomed. Staff shared feelings of guilt that it may be better for L to succumb to infections so that "there will be less suffering". The life stories shared by L's wife pieced together a more relatable persona with MDT who was able to show "more compassion towards L particularly when he shouts and does not respond to kind words".

Key aspects of spirituality included (i) finding meaning in caring despite feeling powerless; (ii) maintaining relationships and connections with awareness of shift of care from curative to palliative care; (iii) emphasis on comfort and finding solace in traditions or beliefs.

Conclusion: The reflective exercise with psychodynamic considerations helped staff gain insight into their own emotions and the spiritual needs of persons with dementia.

P461**Simulation session on sensory impairment for carers of Dementia patients****Dr Nabeela Maryam Rafiq**

Cwm Taff Morgannwg University Health Board, Mountain Ash, United Kingdom

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Introduction: Sensory impairments and dementia are prevalent among the elderly, posing significant challenges for carers. Despite their critical role, carers often lack enough knowledge about the psychosocial impact of dual sensory impairments. Simulation-based training has shown promise in healthcare education for its live and practical approach, helping learners in real-life scenarios and improve long-term care practices.

Aim: This workshop aimed to simulate the sensory impairments experienced by elderly individuals with dementia, providing carers with a chance to practice sensory impairments & enhance their awareness and empathy. The goal was to improve carers' understanding and skills in managing sensory impairments in dementia patients.

Methodology: The project involved a qualitative survey evaluation conducted before and after a simulation session in a focus group setting. Carers were divided into groups and rotated through three stations designed to mimic sensory impairments. Pre- and post-session surveys assessed the changes in carers' understanding of sensory impairments

Results: Survey results indicated improvements in carers' knowledge and attitudes towards dementia-related sensory impairments as shown below. • Effectiveness of the Session: Content: 5/5 (100%)
Presentation: 5/5 (100%)
Knowledge Improvement: Pre-session 4/5 (80%), Post-session 5/5 (100%)
Participants' comments & post session discussions reflected a deeper understanding and empathy towards dementia patients, highlighting the session's impact on their caregiving approach.

Conclusion: The simulation workshop effectively enhanced carers' awareness and empathy towards sensory impairments in dementia patients. Participants reported a better understanding of the challenges faced by dementia patients and expressed a desire for more widespread implementation of such training. Future sessions should aim for larger sample sizes and include evaluations of participants' emotional responses to further validate the benefits of simulation training. Also, to extend the training to a broader audience, including family members and other carers.

P462

The systemic impact of the Almage Method on professional practices and the quality of life of people with Alzheimer's disease or another form of dementia, at home and in institutions

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¹Almage Dementia Consulting, Paris, France. ²Almage Dementia Consulting, Bordeaux, France

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Context / Aim: Alzheimer's disease and other forms of dementia pose a significant challenge for professionals in home care and care homes, who often struggle with the behavioral symptoms of dementia. This paper demonstrates how the Almage Method, rooted in person-centered Cognitive and Behavioral Therapies, transforms professional practices and enhances well-being in the workplace.

Method: The program was implemented across various professional categories, including supervisors and home helpers in homecare agencies, nursing and non-nursing staff, and managers and non-managers in care homes. Its effectiveness was assessed using both quantitative (self-questionnaires) and qualitative (interviews, observations, testimonials) data. The success of this method, both at home and in care facilities, is demonstrated through three detailed case studies.

Results: These case studies demonstrate the effectiveness and adaptability of the training across various settings:

- At Home: Empowered employees, trained in functional analysis, successfully reduced acute behavioral situations and reintroduced previously refused stimulation activities. This significantly decreased stress for care staff, alleviated management strain, and prevented premature institutionalisation.
 - In Care Homes: A psycho-educational program centered on hand modeling facilitated the restoration of emotional bonds between family members and their relatives with severe Alzheimer's. Concurrently, it boosted the family members' sense of usefulness and interpersonal skills.
 - Coordination: By rethinking information gathering methods, a clearer understanding of changed behaviors was achieved, allowing for better adaptation of stimuli. This fostered stronger team cohesion and improved the quality of life at work.
- Conclusion:** The results obtained show that the Almage Method is an effective system for improving the practices and quality of life of professionals, while promoting more appropriate support for people living with dementia related disorders. Its transferability to a variety of contexts reinforces its potential to bring about lasting changes in practices and to respond to the challenges posed by these pathologies.

P463

Building Empathy for Care Workers Through Virtual Reality

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Background: Dementia education is vital for healthcare professionals and carers, especially in acute hospital settings. With rising numbers of dementia diagnoses worldwide, concerns remain around awareness and care for people with dementia. Simulation technologies including virtual reality (VR) are being increasingly adopted in healthcare education, but limited literature exists on VR simulations based within clinical settings for dementia education. The present study explores a novel co-created VR simulation of a patient with dementia entering an acute admissions unit in hospital, based on real conversations with people with lived experience with dementia or as a carer.

Methods: Using a mixed-methods approach, quantitative data was collected via using the Confidence in Dementia Scale as a pre-/post-intervention tool. 71 healthcare students completed the questionnaire before viewing the VR simulation, with 27 completing it again two weeks post-intervention. Qualitative data was gathered through focus groups with 9 students exploring the influence of learning on placement experiences.

Results: Findings indicated improved self-reported confidence with mean scores increasing from pre-intervention ($M=3.55$) to post-intervention ($M=4.04$). Thematic analysis highlighted the immersive nature of VR as a key factor in fostering empathy, reflection and engagement identifying three overarching themes: (1) Effectiveness of the VR film as an educational tool, (2) Learner-Centred Considerations when using VR and (3) Impact of Learning on Practice.

Conclusion: This research adds to the small but growing literature around using novel methods in healthcare education staff working in hospitals, highlighting the value of healthcare-relevant scenarios in virtual reality. The immersive nature of VR offers a realistic perspective of how a person with dementia experiences being in a busy acute hospital setting, which can lead to greater empathy towards patients and positively influence approaches to care delivery. At the conference we will also be able to share a clip of the VR film we created.

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P464

Education Programs for Person Living with Dementia among Care Staff of a medical center in Taiwan: A Best-Practice Implementation Project

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Introduction and Objectives: Admission to a surgical ward can be confusing and terrifying for a person living with dementia. Dementia care along with acute care is a concern that requires specialised knowledge and skills. With the increase in dementia world-wide, there is a growing need for education and training for care staff. The World Alzheimer Report 2024 emphasized that 88% of people living with dementia reveal experiencing discrimination, 65% of care professionals incorrectly believe dementia is a normal age-related change. Inconsistent understanding of dementia, heavy workload and competing ward priorities often compromised dementia care. The purpose of this project was to promote evidence-based practices for dementia education among nurses in surgical units.

Methods: The project used two Joanna Briggs Institute(JBI) tools: the Practical Application of Clinical Evidence System (JBI PACES) for auditing and the Getting Research into Practice (GRiP) model for barrier identification and strategy development. Five audit criteria were adopted from the JBI evidence summary Dementia: Impact of Dementia Education Programs on Care Staff, to outline recommendations for best practice of dementia education programs among care staff.

Expected Results: The project was carried out in 15 acute units, including surgical wards and medical wards of Changhua Christian Hospital in Taiwan. Currently, there is no dementia education in acute units, and five audit criteria in the baseline audit had a compliance rate of 0%. As the follow-up audit has not yet begun, no empirical findings are currently available. Based on the existing literature, dementia education programs have shown positive effects on care staff and well-being. We expect comparable outcomes in our study, pending future data collection. Comprehensive evaluations are enhanced through collaboration with our dementia care center, integrating clinical and professional expertise to improve educational resources.

P465**The association's Institute: end-of-life support training for formal carers**

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France Alzheimer et maladies apparentées, Paris, France

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Each year, the association's Institute trains more than a thousand healthcare professionals bringing medical and social support to people living with dementia, at home or in nursing homes.

Over the last two years, 7 trainings sessions have already been carried out, dedicated to strengthening the support of people with dementia at the end of their life.

The objective for the Institute is to provide its expertise to professionals and to preserve the quality of life of people with dementia at the end of their life, taking into account the specificities attached to the terminal evolution of Alzheimer's or a related disease. The palliative care of people with dementia is no different from that of other patients at the end of life. But it is more delicate due to cognitive disorders and in particular almost constant communication disorders in the terminal phase. Thus, both pain and depression can express themselves in atypical ways.

End-of-life support then requires that healthcare professionals quickly identify their limits when confronted to the suffering and demise of a person living with dementia, in order to mobilize their own internal resources and provide the best support possible. It is essential to adapt to people's specific needs in these situation. Just as special listening and support for bereaved families contributes to improving the quality and the adaptation of care.

Currently, the Institutue offers a complete training program which allows professionals to adapt their care. It also offers professional caregivers tools to work on their own positioning in the palliative process by integrating ethical dimensions, with support for families in their grieving process.

End-of-life support is a subject at the heart of concerns and in this context, our volunteers are trained to listen to people's need and to guide families towards the right solutions and various existing aids.

P466**The association's training Institute: "Sexuality and Intimate Life of People with Dementia" training**

Mrs Lorène Gilly, **Mrs Hélène Clari**, Mrs Mathilde Martin

France Alzheimer et maladies apparentées, Paris, France

Topic

Support for dementia carers: Education and training for formal carers

Abstract

On June 3, 2025, our association held its first webinar on the topic "Sexuality, Intimate Life: How to Support People Living with a Neurodegenerative Disease?"

The event shed light on a subject that remains too often taboo: intimacy and sexuality in people living with dementia. Desire has no age, but dementia can alter behaviors, leading to emotional withdrawal, disinhibition, or situations that are painful for loved ones. Spouses and children may experience shame or distress, underlining the need for sensitive and tailored support.

Speakers of the webinar emphasized the importance of including the person living with dementia in conversations, while also supporting family members. Encouraging an open and respectful approach helps balance intimacy, personal needs, and the role of caregivers.

The discussion also aimed to highlight the training offered by our Institute: "Sexuality and Intimate Life of People living with dementia." This program specifically addresses the subject and is intended for professionals working with people living with Alzheimer's or a related diseases, whether at home or in care facilities.

This training responds to a clear need: bringing support and concrete tools to professionals. To ensure respectful and ethical care, they must be given time, tools, and safe spaces to reflect on their roles and practices. With this support, professionals can better understand the impact of cognitive disorders on intimacy and sexuality, both for patients and their families. They can then adjust their approaches to strengthen the quality of care and accompaniment.

P469

Training needs of professional caregivers of people living with Alzheimer's disease in Spain: A mixed-methods study

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Pasqual Maragall Foundation, Barcelona, Spain

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Aim: this study aimed to identify and analyse the training needs of professional caregivers who provide direct support to people living with Alzheimer's disease (AD) in Spain.

Methods: A mixed-methods design was applied, combining a national survey (n=270) with focus groups and in-depth interviews (n=36). Additionally, a workshop with four people living with AD explored their perspectives on "good care." Quantitative data were collected through an ad hoc questionnaire and qualitative data were analysed using content and discourse analysis.

Results: Respondents were predominantly women (91%), with a mean age of 43.6 years and an average of 10.7 years of experience in AD care. While knowledge levels were relatively high (75% on DKAS-S; mean 7.03/10 self-rated knowledge of behavioural and psychological symptoms of dementia), perceived practical qualification was low (mean 6.29/10). Alarming, 67% reported never having received specific training in AD care. Direct care staff with domiciliary care certificates exhibited the greatest deficits. The majority (87%) expressed interest in further training and 95% requested certification. Priority training needs included behavioural management, communication with people with AD and their families, and knowledge of available resources. Qualitative findings emphasized the importance of person-centered care, caregiver self-care, and the creation of communities of practice. Preferences for training formats highlighted online, short, and practice-oriented resources.

Conclusions: Participants report insufficient specific training in AD care and despite relatively high theoretical knowledge, low perceived competence highlights the need for targeted, accessible, and accredited training programs promoting person-centered approaches and collaborative learning.

P470**Exploring the Benefits of Participation in Family Support Programs on Psychological Stress Adjustment Among Caregivers of People with Dementia**

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TAIPEI MEDICAL UNIVERSITY HOSPITAL, Taipei, Chinese Taipei

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Caring for a person with dementia often places significant psychological stress on family caregivers. This study evaluated the effects of a supportive program on caregivers' stress adjustment and perceived stress. Twenty-five caregivers attending the Dementia Center of Taipei Medical University Hospital participated in 9 sessions (90–120 minutes each) covering caregiving skills, management of neuropsychiatric symptoms, stress relief, and emotional support. Caregiver burden and psychological distress were assessed before and after the program using the Chinese short version of the Zarit Caregiver Burden Interview (sCZBI-12) and the Brief Symptom Rating Scale (BSRS-5), with differences analyzed via t-tests. Results showed significant reductions in mean sCZBI-12 scores (23.72 to 20.92, $p < .005$) and BSRS-5 scores (8.24 to 6.84, $p < .005$). Over 80% of participants reported improved emotional adjustment and caregiving confidence, and post-program satisfaction exceeded 95%. These findings suggest that family support programs effectively reduce caregiver stress while enhancing emotional adjustment and caregiving skills. Regular implementation of such programs within dementia centers is recommended to support caregivers and indirectly improve care quality for people with dementia.

P471**Evaluation of an Online Training Program for Nurses Supporting the Education of Newly Assigned Nurses in Special Nursing Homes for the Elderly in JAPAN: An Evaluation of Post-Training Surveys Using Qualitative Analysis**

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Purpose: To evaluate an online training program for nurses who support the education of newly assigned nurses in special nursing homes for the elderly and to identify future challenges for improving the program.

Methods: The training program targeted nurses who guide and support newly assigned nurses in special nursing homes for the elderly, where approximately 90% of residents have dementia. It consisted of four online sessions covering two themes and included pre-assignments, lectures, and group work. After completing the program, participants responded to an online questionnaire. The survey included two basic attributes, (1) how well the training objectives were achieved (educational support methods, practical teaching methods, and sharing challenges), and (2) overall evaluation of the program. Open-ended responses were analyzed by grouping similar content. Ethical approval was obtained from the institutional review board (No. 24116-11).

Results: Eight of nine participants responded. Many participants reported a change in mindset—from instruction focused only on tasks to more supportive and educational approaches. They also expressed an interest in incorporating other people's ideas into their teaching. Some, however, were unsure how to apply what they had learned in practice. The combination of lectures and group work was rated highly and was seen as helping participants transfer learning to real situations. The training materials were considered clear, but participants suggested improving the videos and worksheets. Sharing experiences with other facilities helped participants recognize common issues and reflect on their own practices. Participants also expressed interest in learning more about end-of-life care and case sharing.

Discussion: The training achieved its main goals and received positive evaluations. However, some participants felt uncertain about applying what they learned. Future efforts should focus on strengthening training transfer and improving learning tools.

P472

Interprofessional dementia education for healthcare students: a systematic review

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Aim: High-quality dementia care relies on effective interprofessional collaboration, and undergraduate healthcare training offers a crucial opportunity to foster these skills. This review examines whether dementia interprofessional education (IPE) for undergraduate healthcare students improves outcomes related to collaborative practice.

Methods: Eligible studies investigated interprofessional dementia education interventions within undergraduate programs and assessed outcomes related to interprofessional collaboration. Studies published from 2014 onward were included. Eight databases were searched: PubMed/MEDLINE, EMBASE, Web of Science, ERIC, Cochrane Library, PsycINFO, CINAHL, Applied Social Sciences Index and Abstracts (ASSIA), and British Education Index (BEI). A narrative synthesis was conducted, and study quality was appraised.

Results: 11 papers, evaluating 11 different interventions, were included in the narrative synthesis. Four studies reported positive changes in students' attitudes or perceptions of interprofessional education or collaboration. Seven studies found improvements in students' knowledge or perceived skills relating to interprofessional collaboration. No studies demonstrated changes in student behaviour or impacts on patient outcomes or organisational practice. Three studies assessed outcomes specific to interprofessional dementia care.

Conclusions: The findings suggest that dementia interprofessional education may contribute to interprofessional competencies. Therefore, integrating IPE into dementia education may offer additional curricular value. However, overall evidence quality was low due to methodological weaknesses. Additionally, interventions were varied and therefore, optimal components of dementia interprofessional education were not identified. Further rigorous research is needed to evaluate the long-term impact of interprofessional dementia education on student practice and healthcare service delivery.

P473

LIGHT ACADEMY: Educating Society to be Younger-Onset Dementia Informed

Miss Stephanie Fitzgerald

Lorenzo's House, USA

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Healthcare systems are not designed for and professionals are not educated to recognize younger-onset dementia. Families are left without support, often facing delayed diagnoses, repeated misdiagnoses, or no diagnosis at all-making access to timely care and interventions nearly impossible.

At Lorenzo's House, we are serving as the global hub of connection, insight and awareness for the sons, daughters, children and their families affected by younger-onset dementia (YOD).

Our Light Academy is a virtual learning platform designed to create a younger-onset dementia (YOD) informed society.

This session will delve into how we will achieve our one goal – to change how society thinks, experiences and responds to dementia, and we do this through 3 schools:

Carers & Allies Pathway

- Enhance knowledge, skills and dispositions unique to carers and allies of YOD
- Exchange techniques, strategies, learnings and understandings from lived experience

Shift the narrative from isolation to connection and be the light.

NextGen

- Lead and innovate
- Join passionate and like-minded younger people
- Organize, craft & tell your story
- Take action to create a YOD-informed society

Our movement needs the voices of bright and informed young people.

Professionals Pathway

- Learn from the daughters, sons & carepartners of YOD
- Understand the facts of YOD from experts
- Transform the experience for carer families
- Become YOD-informed

Whether an individual, clinic staff or full organization, get in front of this diagnosis!

Shine new light, and be a part of our YOD-informed movement.

Light Academy is our solution to dismantling stigma and transforming the way families experience YOD, beginning today with this audience. You will leave taking your first steps towards becoming YOD-informed.

P474

Empowering Healthcare Professionals through Digital Education: A Social Media Initiative to Enhance Dementia Care in Thailand

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Faculty of medicine, Ramathibodi hospital, mahidol university, Bangkok, Thailand

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Witnessing and caring for my grandmother during her journey with Alzheimer's disease has given me an early, personal understanding of how dementia affects not only the person but also their family and caregivers. This experience first inspired me to pursue geriatric medicine and continues to guide my dedication to improving dementia care through education and empathy.

Dementia care requires not only compassion but also accurate knowledge and practical skills among healthcare professionals and formal carers. In Thailand, where the number of older adults is rapidly increasing, many formal caregivers—including physicians, nurses, and allied health professionals—receive limited dementia-specific education. Misconceptions and fragmented understanding often lead to missed diagnoses, inadequate support, and increased caregiver stress.

To bridge this educational gap, a personally developed digital initiative was launched through a Facebook-based learning platform in 2025, created with a strong commitment to enhance dementia awareness and professional competence. The platform is thoughtfully curated with clear, evidence-based, and practical dementia knowledge, presented through concise and visually engaging Thai-language posts. Topics include dementia symptoms and behavioral management, person-centered care, dementia prevention and diagnosis, the national flow of dementia management, brain health promotion, nutrition in dementia, NCDs control, insomnia, lifestyle interventions, and updated clinical guidelines.

With over 9,100 followers and post reach ranging from 30,000 to 500,000 views, the platform demonstrates high engagement and strong demand for accessible dementia education. Healthcare professionals report improved confidence in recognizing dementia, communicating effectively with families, and applying holistic care approaches in primary and multidisciplinary settings.

This initiative demonstrates how an online platform can effectively extend dementia education beyond traditional settings, supporting healthcare professionals to gain knowledge, share understanding, and deliver more person-centered, compassionate care.

P475**AID-COMi: a training programme on communication strategies for formal carers**

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

With an aging population, healthcare professionals are increasingly faced with caring for people with major neurocognitive disorders (MND). The changes that disrupt communication can have a devastating impact on the relationship they establish with their patients. However, specific training in communication strategies, such as AID-COM, which was initially developed for informal carers, can improve the relationship between carers and patients. The AID-COM programme has been adapted for formal carers. The objectives of this pilot study are 1) to evaluate, using a mixed design, the effects of AID-COMi on the use and effectiveness of communication strategies by healthcare staff and on their well-being at work, and 2) to compare several training formats (synchronous vs. mixe: synchronous + asynchronous vs. asynchronous).

Methodology: Fifteen participants working with people with mild to moderate NMD are randomly assigned to three training formats (synchronous, mixe, and asynchronous). The programme targets general communication strategies, memory, word-finding difficulties, and difficulties in understanding and expressing speech. Each of the topics covered consists of an educational component, role-playing exercises and discussion periods. In the synchronous format, a speech therapist delivers the training (3 two-hour sessions); in the mixe format, participants alternate between completing certain modules on their own and group review and discussion periods; in the asynchronous format, participants complete all modules on their own. A quantitative assessment measures the frequency of use and effectiveness of strategies, communication and well-being, while a qualitative assessment aims to understand participants' experiences in relation to the training. This pilot study highlights implementation issues and shows the improvements needed for a larger-scale study.

P476**Impact of Humanitude training on care staff and persons living with dementia in residential care – a pilot study in Singapore**

Ms Hwan Jing Koh, Ms Lay Lay Pee, Ms Chun Hui Toh, Ms Miona Tan, Ms Phui Ching Lai, Ms Yen Theng See, Ms Sylvia Yap

Agency for Integrated Care, Singapore, Singapore

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Developed in France, Humanitude is a relationship-focused, non-pharmacological approach which offers techniques to provide care for frail older persons, including persons living with dementia. Humanitude practice has demonstrated positive effects on the wellbeing of both persons living with dementia and caregivers. This is the first study on the impact of Humanitude training on care staff and nursing home residents in Singapore. It aims to understand training effects on staff competence and burnout, residents' wellbeing, and the facilitators and barriers to implementing Humanitude.

A mixed-methods approach was used. Quantitative data were collected from 139 care staff and 168 residents (intervention=85; control=77) at baseline and six-month follow-up. Staff outcomes were measured using the Sense of Competence in Dementia Care Staff (SCIDS) and Maslach Burnout Inventory (MBI-1). Resident outcomes were assessed using the Pittsburgh Agitation Scale (PAS), Modified Barthel Index (MBI-2), and Engagement of a Person with Dementia Scale (EPWDS). Pre-post data were analysed using paired t-tests and Wilcoxon signed-rank tests. Resident outcomes between the intervention and control group were compared using Difference-in-Differences (DiD) analysis. Qualitative data were gathered through semi-structured interviews with 80 staff, exploring the impact and implementation of Humanitude practice.

There was a statistically significant improvement in care staff's MBI-1 and SCIDS scores from baseline to six months post-training. Residents' overall PAS scores showed statistically significant improvement for the intervention group. However, based on the DiD analysis, no statistically significant differences in resident outcomes were observed between the intervention and control group. Interviews revealed the importance of strong leadership and organisational support to implement Humanitude practice.

Due to the absence of a control group, improvements in staff competency and burnout cannot be solely attributed to Humanitude training. As the study period was short, further research is needed to evaluate the longer-term effects and sustainability of Humanitude practice in Singapore.

P477

Improving Dementia Support and Education: Local and International Approaches

Mrs Štefanija Lukič Zlobec

Spominčica-Alzheimer Slovenija, Ljubljana, Slovenia

Topic

Support for dementia carers: Education and training for formal carers

Abstract

TBC



P478

6D Dementia: Embedding Empathy, Consistency, and Evidence into Scalable Dementia Care

Dr Frances Duffy 6D-Dementia Ltd., Portrush, United Kingdom

Topic

Support for dementia carers: Education and training for formal carers

Abstract

With dementia prevalence rising worldwide, health systems face escalating demand, workforce shortages, and costs. Staff and families often lack structured training to recognise and respond effectively to distress and unmet need. This leads to avoidable admissions, inappropriate medication use, staff stress, and reduced quality of life for people with dementia. 6D Dementia was created to address these challenges by placing empathy at the centre of care, supported by evidence and digital delivery. The CPD-accredited programme equips staff and families with a simple framework—“What’s happening? Why? What to do?”—to view situations from the perspective of the person with dementia and respond with empathy, confidence, and consistency. The model reflects the perspectives of people with dementia, families, and frontline staff, ensuring relevance to practice.

The programme is delivered through three tiers: (1) bite-sized online modules offering knowledge and skills at scale; (2) care-planning workshops to apply learning to real cases; and (3) leadership and implementation support to embed sustainable change. 6D has been commissioned at system level in the UK through an Integrated Care Board and delivered across sectors, with expansion to care homes and domiciliary providers planned. To date, it has reached over 400 staff in 10 organisations. Pilot evaluation found that 94% of staff reported greater understanding of dementia and all reported increased confidence in supporting colleagues. These outcomes are expected to improve care consistency, reduce distress for people with dementia, and strengthen family support. Further evaluation is underway, with predicted impact including reduced admissions, reduced antipsychotic prescribing, and improved workforce resilience.

Unlike many training programmes confined to single settings, 6D is scalable across community, acute, and long-term care. Its digital delivery helps overcome barriers of geography, cost, and workforce shortages, making training accessible globally. Next steps include evaluation in care-home and domiciliary providers and testing adaptability internationally.

P479

Integrating Validation into Professional Nursing Education: Restoring Human Dignity in Dementia Care

Mrs Marie-Claire Giard¹, Mr Gwenaël André², Mrs Anick Martin³

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

In contemporary societies that favour youth, productivity, and independence, older adults—particularly those experiencing cognitive changes—often face a double form of exclusion from social participation and their own sense of dignity. This exclusion causes considerable distress, not only for those affected but also for their caregivers, who frequently report exhaustion, moral distress, and a loss of purpose in their support.

The Validation method, developed by Naomi Feil, provides a humanistic alternative to standardised care approaches. Its first principle—every person is unique and has value—redefines the caregiver–care recipient relationship as one of mutual recognition. Grounded in three pillars— (1) empathic attitude, (2) verbal and non-verbal communication techniques, and (3) a theoretical understanding that all behaviour expresses underlying meaning—Validation promotes authentic, person to person interaction and emotional connection.

This presentation examines how Validation principles are incorporated into initial professional training in France, using the IFSI of Vannes (Institut de Formation en Soins Infirmiers) as a case study. Within the curriculum for nursing assistants and student nurses, Validation is introduced alongside complementary relational care approaches such as Humanitude, the sensory approach, and communication theories from the Palo Alto school. Over three years of study, students progressively develop empathy in their practices, relational competences, and the ability to explore behaviours through emotional and personal developmental perspectives (Erikson, Feil).

By embedding Validation within initial nursing education, students learn with technical care the art of genuine human connection—recognising emotions, preserving dignity, and restoring meaning to the caregiving relationship. First feedback from students suggests that this integration strengthens interpersonal skills, reduces relational stress, and fosters a more empathic professional identity.

Conclusion: Bridging the gap between prioritised technical care and person-centred care practice offers a pathway toward inclusion and emotional well-being for both older adults with cognitive decline and their caregivers.

P480

Co-developing a Reflective Spirituality Tool for the dementia care workforce

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King's College London, London, United Kingdom

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Aim: The main aim was to create a reflective tool to help care home staff include spirituality in day-to-day care for people living with dementia.

The spiritual needs of care home residents are often overlooked, and particularly those of residents living with dementia. This can be due to things such as a lack of understanding of what spirituality is, spirituality may not be considered part of the care worker's job and the assumption that there is not enough time to consider a resident's spiritual needs. Spirituality can be a coping strategy for older people and spiritual wellbeing can reduce or stabilise symptoms associated with cognitive disorders such as dementia. A better understanding of spirituality and how to incorporate a spiritual component into day-to-day care practice is therefore beneficial to the overall wellbeing of people living with dementia.

Methods: In-depth interviews with 30 care home residents, 10 relatives and friends of care home residents, 9 care home staff and 9 chaplains/spiritual advisors were conducted. The interview data was analysed thematically and organised into different themes. We then held three co-production workshops with care home staff, residents and relatives, and spiritual advisors to co-develop the Reflective Spirituality Tool and finally tested it in three different care home for useability and final reflections.

Results: The tool comprises of five sections: (1) What is 'spirituality'? (2) Potential challenges relating to everyday spiritual care, (3) Meaningful activities, (4) Connection, and (5) That which 'speaks to the heart' and meaningful values. Care homes are free to use the tool according to meetings and trainings that they have in place.

Conclusion: This tool helps the dementia care workforce reflect on what spirituality means for care home residents living with dementia and how they can include a spiritual element into day-to-day care.

e

P481**Family Psychodramas****Dr Florence Bonté**

hopital sainte marie Paris, Paris, France

Topic

Support for dementia carers: Education and training for formal carers

Abstract

"Spouses owe each other respect, fidelity, and assistance."

But can we prepare to cope with the upheaval caused by the onset of cognitive decline in the other?

A brief typology of couples encountered at the Memory and Fragility Rehabilitation Day Hospital reveals a variety of situations. Between glorification and collapse, everything can be seen or not seen... The helping relationship inevitably hinders the couple's relationship.

It is through the use of targeted assessment tools, and the repetition of individual or couple interviews, or even participation in therapeutic education workshops focused on the couple, that the true reality of the relationship sometimes emerges.

Tell me about your hobbies, what is the quality of your life as a couple, the relationships within your family, what do you do in this situation... and bang, the drama bursts into the open...

P482

Effectiveness of a digital health application on the anxiety of caregivers accompanying patients suffering from memory disorders, Alzheimer's type dementia and related disorders

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¹Hopital de Jour Mémoire et Fragilités, Paris, France. ²Hopital de Jour mémoire et Fragilités, Paris, France

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Aims: The effectiveness of non-pharmacological interventions in the management of Psychological and Behavioral Symptoms has been highlighted in the literature. The impact of musictherapy on manifestations such as agitation, anxiety, depression, apathy or hallucinations, in patients with dementia is well known. The aim of this study is to demonstrate the effects of Music Care© on the anxiety felt by caregivers of these patients.

Method: Participants were selected at the "Memory and Frailty" rehabilitation day hospital, in Paris. They received an initial musical intervention session at the hospital by a music therapist, followed by home sessions, using the musical application Music Care© once a day for 4 weeks. A sample of thirty different musical choices was available. The primary criterion was the change in anxiety level (STAI questionnaire) after 28 days. Anxiety level (VAS) was also assessed at each session (before and after).

Results: A total of 26 participants (19 women, 50% aged 70 years or older) were included. After 15 days, trait anxiety, assessed by the Spielberger Trait Anxiety Scale (STAI form Y2), which reflects the usual emotional state, decreased significantly from 46.8 (± 9.2) to 41.4 (± 11.2), which corresponds to a decrease of 10% ($p=0.0071$). This effect was maintained after 28 days (6% decrease, $p=0.0307$). The anxiety level decreased significantly from 4.1 (± 2.0) to 2.5 (± 2.2) from the first session (39% decrease, $p=0.0025$).

Conclusion: This study suggests that a personalized musical intervention based on a web application could be considered to reduce anxiety in caregivers of patients with neurocognitive disorders. Musical interventions modify the experience of anxiety through sensory, cognitive, emotional, and behavioral effects. This easy-to-use technique fits perfectly into a comprehensive multidisciplinary approach. Musical intervention could thus be integrated with other non-pharmacological therapies offered to caregivers suffering from anxiety disorders.

P483

Independence in residential care: 5-level care model in Ukraine

Ms Iryna Shevchenko, Ms Anna Kovalenko

Nezabutni Charitable Foundation, Ukraine

Topic

Support for dementia carers: Education and training for formal carers

Abstract

In Ukraine, people living with dementia in psychoneurological boarding houses and geriatric homes are often cared for by staff who have never received specialised dementia training. Most facilities still operate within a system shaped by the Soviet legacy, where care prioritises control and safety over dignity and choice. Nezabutni Charitable Foundation set out to change this by introducing a person-centred perspective to residential care through a 5-level care model called Practical Approaches to Care (PACs). The program takes a problem–solution approach to daily challenges, supporting independence and focusing on both practical care skills and responses to behavioural and cognitive difficulties.

Developed in collaboration with Professor Richard Fleming, Nezabutni's training combines dementia awareness with compassionate, evidence-informed methods for everyday care. **Between March and September 2025, 20 trainings were delivered across seven regions of Ukraine—Kyiv, Vinnytsia, Cherkasy, Lviv, Kharkiv, Poltava, and Volyn—reaching 893 care staff, including nurses, aides, and social workers.** Participants learned to adjust their care based on the person's cognitive level and emotional state, using the 5-Level Model as a shared language within their teams.

Post-training assessments showed a 96.5% satisfaction rate, reflecting strong engagement across facilities. Internal monitoring found that 40% of participants are already applying the model in practice, reporting greater empathy, understanding, and confidence in addressing behavioural changes. Many described that the model helped them “see the person, not just the diagnosis.” Continuous supervision and follow-up supported the integration of new approaches into daily care.

While Ukraine's residential care system still faces systemic challenges, this pilot demonstrated that transformation is possible. As of October 2025, with Ukraine's National Dementia Plan nearing approval, Nezabutni is collaborating with the Ministry of Social Policy to explore implementing a national dementia education program for social workers based on the PACs model.

P484**ABOUT RELATION Training program in nursing home****Dr Caterina Pacenza**¹, Dr Elena Bernaccino¹, Dr Maria Francesca Pasinelli¹, Prof Paola Ossola²¹Associazione Alzheimer Bergamo, Bergamo, Italy. ²Progetto Rughe ODV, Varese, Italy**Topic**

Support for dementia carers: Education and training for formal carers

Abstract

The idea for this training program stems from the need to structure a program that focuses on the humanization of care, the relationship with residents, and the valorization of each individual's role within the team. The overall objective is to promote a person-centered approach, strengthening the interpersonal skills and empathy of healthcare and care workers, to improve the quality of care and the well-being of older adults. A key aspect will also be helping caregivers recognize themselves as key players in the relationship with people living with dementia. Specific objectives are to develop active listening and empathetic communication skills, foster awareness of the fundamental role of humanization in care, enhance emotional and stress management skills, and promote teamwork and collaboration among different staff.

Expected Results are: Improved staff interpersonal skills, Increased awareness of the importance of human relationships in care, Creation of a more empathetic and collaborative work environment, Increased well-being of Residents and their families

Methodology is based on identified needs, we offer a training program structured in two parts. The first part focuses on the individual as a relational tool. Experiential sessions will be conducted where team members can experience who they are and what personal potentials they utilize in their relationships.

The second part will focus on relationships with persons living with dementia about developing empathy, understanding moods, difficulties, and needs, and improving the quality of care and assistance.

P485

Empowering Nursing Homes through Dementia Training and Post-Training Support by the Community Psychogeriatric Program Team (CPGP)

Mr Sahnan Bin Rahim, Ms Anuradha Kaliappan, Mr Benjamin Lim Hong, Ms Nur Hilyana Binte Hamzah, Ms Felicia Chan Zhen Zhi, Ms Lim Siew Hoon, Dr Vanessa Mok Wai Ling

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

The Community Psychogeriatric Program Team (CPGP), established in 2007, is a multidisciplinary community mental health team that comprises of psychiatrists, nurses and allied health professionals. CPGP has been actively collaborating with Nursing Homes in Eastern Singapore to enhance dementia care competencies through structured training and post-training engagement. The initiative aims to build capacity among nursing home staff to deliver evidence-based, person-centered dementia care.

Our training curriculum encompasses core domains such as recognizing dementia, principles of Person-Centred Care, non-pharmacological interventions for behavioural and psychological symptoms of dementia (BPSD), effective communication strategies, and activity facilitation skills for person with dementia.

Post-training support is conducted through quarterly multidisciplinary case discussions, focusing on complex dementia presentations encountered in clinical practice. These sessions facilitate reflective learning, knowledge translation, and interprofessional collaboration in care planning.

For some selected nursing homes, psychiatrists provide on-site consultations to assess and treat complex or challenging cases. This addresses a critical gap often found in residential care settings, to ensure residents receive appropriate diagnostic evaluation, medication reviews and treatment adjustments when needed.

Through our engagement and collaboration, input collected revealed enhanced confidence and competence among nursing home staff in managing persons with dementia. Through this ongoing partnership, the CPGP continues to strengthen the quality of dementia care, aligning with national efforts to promote excellence in long-term care services.

P486**Grief and trauma in the care home: understanding impact, distress and support needs of staff**

Dr Louis Stokes, Dr Alys Wyn Griffiths

University of Sheffield, Sheffield, United Kingdom

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Background and aims: Best practice models of person-centred care encourage care home staff to develop strong bonds with residents, often involving significant emotional investment. Such models do not consider how staff cope following traumatic events, such as the death of a resident, and subsequent support needs. There are limited interventions to support staff to process grief, and access to these is poor. For example, there are concerns about confidentiality when accessing counselling or telephone-based support. We currently lack an understanding of what prevents care home staff from accessing psychological support and the resultant impacts.

This research aimed to understand the experiences of, and support available to, care home staff in relation to grief and trauma.

Method: Staff members (n=28) from five social care organisations participated in one-to-one semi-structured interviews. The inclusion criteria were broad to explore different perspectives based on role, location, career stage, and organisational factors. Interviews were recorded and transcribed verbatim, then analysed using the principles of reflexive thematic analysis.

Results: Most participants (n=25) experienced role-related grief, but broadly did not know how to process these feelings or seek support, particularly those new to care. Some were aware of confidential helplines, but raised concerns about their usefulness. Managers (n = 3) felt unprepared to support staff experiencing grief and manage this across the care home, noting the impacts on staff retention and leave.

Conclusions: Most participants reported experiencing grief and trauma. They expressed feeling unsupported, needing to take sickness leave, independently seeking support, and considering leaving the profession. Their grief marks emotional investment in person-centred care, which, while critical to good care, must acknowledge the toll it takes.

Future research must explore appropriate support and interventions. Diverse staff types should be involved in the development of interventions, as they support residents in distinct ways and are affected differently.

P487

Namaste Care into Practice: Education for Improving Palliative Care for People with Advanced Dementia

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Namaste Care is an increasingly recognised, multi-component sensory intervention designed to address the psycho-social needs of individuals living with advanced dementia and those approaching end of life (Simard, 2022). Evidence indicates its effectiveness in decreasing agitation and enhancing quality of life (Latham et al, 2020). However, the absence of standardised and accessible training presents a barrier to its wider adoption across health and social care settings (Salvi et al, 2025).

The University of Worcester carried out a Marie Curie funded education project, with the aim of upskilling care professionals and supporting the replication of positive outcomes in more care settings. Funding enabled the development, pilot delivery and evaluation of a fully-online short course, to support care staff to implement Namaste Care. This interactive and practically based course was developed collaboratively by a multidisciplinary team, including professionals and individuals with lived experience, to ensure relevance and authenticity.

The 5-week course was piloted with care home staff in the UK, facilitated by an experienced educator and practitioner. Pre- and post-course survey data demonstrated improvements in participants' knowledge of dementia, the principles of Namaste Care, and approaches to meeting the spiritual care needs of people with advanced dementia. Participants reported increased confidence in delivering Namaste Care and applying it to end-of-life support. Qualitative feedback highlighted evidence of practical changes implemented in care settings, and examples of improvements in residents' experiences. These findings suggest that online training is a feasible and effective method for disseminating Namaste Care and supporting its integration into practice.

As an outcome of the project, an evidence-based online education product was created, that can be delivered to an international audience for future iterations. This course is now being offered on a regular basis and links into an ongoing community of practice to encourage long term sustainability of Namaste Care.

P488

Co-adapting a Nutrition Intervention for Home Care: Supporting People Living with Dementia Through Collaborative Partnerships

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Aims: Ensuring people living with dementia (PwD) eat and drink well can become increasingly challenging as dementia progresses, putting them at risk of undernutrition. In home care settings, home care workers (HCWs) frequently support PwD but often lack training and resources for proactive nutritional assessment and management. Thus, a comprehensive person-centred nutrition-based intervention for PwD, family carers and HCWs, supported by healthcare professionals is needed [1]. This study aimed to co-adapt an existing care home nutrition intervention [2] for use in home care settings to support PwD and their carers. This work was part of an NIHR-funded Nutrition and Dementia at Home TOMATO Study (nuTritiOn and deMentia AT hOMe).

Method: Semi-structured interviews gathered insights from PwD at risk of malnutrition, family carers, and HCWs, including training and development representatives. Input was obtained from Patient and Public Involvement group, Project Steering Group, and through consultations with other stakeholders, which informed the adaptation. The intervention was adapted using ADAPT guidance [3]. The Behaviour Change Wheel (BCW) and COM-B (Capability, Opportunity, Motivation–Behaviour) mapping informed the refinement. The APEASE criteria guided initial judgments [4].

Results: Thirteen participants were recruited from across England (PwD, n=2; carers, n=3; HCWs, n=8). Key adaptations included simplified language, home care nutrition tips, suitable terminologies, and images. Participants highlighted the need for a compact resource, leading to the creation of 'detailed' and 'handy' prototype guides alongside a two-hour nutritional awareness training for HCWs. The intervention mapping identified five COM-B constructs. The training, designed for in-person and online delivery, incorporated topics shaped by the domains of the person-centred nutritional care model.

Conclusion: This study demonstrates successful intervention adaptation to a new context, guided by participant involvement, research collaboration, and supportive working partnerships. Phase 2 of the TOMATO study assessed the feasibility and acceptability of the adapted intervention, delivered by HCWs.

P489

Evolution of occupational therapy interventions for people living with dementia: A follow-up national survey in France (2011–2025)

Mr Jeremy Kozick Rigaud, Mrs Christine Tabuenca, Mr Alain Bérard

Fondation Médéric Alzheimer, Paris, France

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Background: In 2011, the Médéric Alzheimer Foundation conducted a nationwide survey among occupational therapists to understand their involvement in supporting people living with Alzheimer's disease or related conditions. The study helped identify their core missions: cognitive rehabilitation, mobility training, fall prevention, home adaptation, and caregiver support.

Objectives: In 2025, the Foundation is repeating the survey to capture how occupational therapists' interventions have evolved over the past decade, especially considering two key developments: the expansion of Alzheimer's Specialized Teams (ESA) and the growing focus on fall prevention in home settings.

Methods: A national questionnaire is currently being administered to occupational therapists working in public, private, and community-based settings. It explores their professional scope, care coordination, integration within ESA teams, and perceived obstacles in addressing home-based risks, particularly falls.

Preliminary insights: ESA teams provide multidisciplinary interventions at home, based on medical prescriptions. Occupational therapists assess the impact of dementia on daily living and design tailored interventions over 12 to 15 sessions. Their role in fall risk prevention and environmental adaptation is central. Given the alarming number of fatal falls among older adults in France (approx. 9,000 per year), this renewed study seeks to highlight how occupational therapists contribute to safety and autonomy at home.

Expected outcomes: By comparing findings with the 2011 baseline, the study aims to document changes in practice, identify persistent gaps, and inform public policies that promote the recognition and integration of occupational therapists in dementia care pathways.

P490**The evolving role of speech and language therapists in the care pathway of people with Alzheimer's disease: insights from a national survey**

Mr Jeremy Kozick Rigaud, Mrs Christine Tabuenca, Dr Alain Bérard

Fondation Médéric Alzheimer, Paris, France

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Background: Speech and language therapists (SLTs) support people with dementia by addressing communication needs, preventing swallowing disorders, and enhancing quality of life. A national survey in 2011 revealed limited training and access to care. This follow-up study explores how SLT practices have evolved and identifies remaining barriers.

Methods: In 2024, a national survey was conducted in collaboration with the French Federation of Speech and Language Therapists (FNO) and Unadreo. A 31-item questionnaire, combining open and closed questions, was sent to 22,738 SLTs. The online survey ran from 18 January to 29 April 2024 and gathered 2,407 responses.

Results: Most respondents were women (97%), with a mean age of 45. Between September and December 2023, 73% reported working with people with dementia, with an average caseload of 14.7 individuals. However, 27% had received no referrals during that period. While 52% had pursued continuing education in dementia care, only half had received relevant training during their initial studies. Compared to 2011, the proportion of SLTs involved in dementia care and with access to specific training has increased. Key barriers remain: lack of training, limited presence in memory clinics, and insufficient integration into multidisciplinary teams.

Conclusions: Since 2011, progress has been made in SLT involvement in dementia care, yet disparities persist. Three priorities emerge: (1) strengthen dementia-focused content in initial and continuing training; (2) promote SLT roles within memory services; and (3) foster closer collaboration with multidisciplinary teams. These improvements would enhance the quality and coordination of care for people with dementia.

P491

Supporting dementia education and workforce development in higher education: insights from the UK's higher Education Dementia Network (HEDN)

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

The Higher Education Dementia Network (HEDN) is a UK-based collective of over 75 universities in the UK committed to enhancing dementia education teaching and research across higher education institutions. Recognizing the need for a skilled and compassionate workforce, HEDN brings together both teaching and research staff who have an interest in both shaping and delivering dementia education across health, social care, and allied disciplines.

This abstract presents HEDN's collaborative approach to supporting embedding dementia knowledge and person-centred values into education, including its seminal work the Curriculum for Dementia Education (CfDE), which continues to be both referenced and aligned with national education strategies across the UK. Importantly, HEDN also acts as a platform for sharing dementia education research, practice innovations, and ensuring the lived experience of people with dementia and their families are central to curricula design.

HEDN is also aware of systemic challenges that face dementia education, including an all too often reliance on a small number of committed individuals. HEDN's work highlights the urgent need for greater investment in academic leadership in this area, educator development, and support for those finding themselves new to teaching or researching dementia education.

As dementia also continues to be a growing global public health issue, HEDN offers a scalable, collaborative model for professional workforce development within dementia education and a mechanism to support colleagues teaching or researching dementia education that could be adapted internationally, as well as expanding its own remit to consider global practices. This presentation will share HEDN's work, its strategic recommendations, its focus on including the perspectives of people living with dementia, students as important stakeholders, and listening to the experiences of experienced dementia educators whilst also offering a platform of support for those finding themselves new to delivering dementia education.

P492**Experience vs. Training: What Shapes Dementia Knowledge among Indonesian Healthcare Workers?**

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Topic

Support for dementia carers: Education and training for formal carers

Abstract

Aims: Healthcare workers' knowledge of dementia plays a crucial role in ensuring appropriate care and early recognition. The Online Orientation and Education Program on Dementia Care was implemented to improve the understanding. This study aimed to assess whether prior experience in caring for people with dementia (PwD) and participation in training were associated with dementia-related knowledge levels among healthcare workers.

Method: A cross-sectional study was conducted among 493 healthcare workers who completed the Alzheimer's Disease Knowledge Scale (ADKS) questionnaire before the online orientation held. Participants were recruited nationwide in September 2025. Independent t-tests and multiple linear regression analyses were performed to examine the associations between dementia knowledge scores and factors including prior caregiving experience, participation in dementia-related training, education level, and age.

Results: Of the participants, 89% were female, with a mean age of 42.1 years; 38% held a diploma degree, 39% worked as nurses, and 36% as midwives. About 72% had never cared for a PwD, and 87% had never attended dementia-related training. The mean knowledge score was 29.1 ± 9.5 . Participants who had attended a training showed higher knowledge scores (33.3 ± 10.4) compared to those who had not (28.5 ± 9.2 ; $p = 0.0002$). Regression analysis indicated that training participation positively affected knowledge scores ($\beta = 3.36$; $p = 0.054$), while caregiving experience was not significant ($p = 0.83$). Higher educational level was also significantly associated with better knowledge ($p = 0.03$). These findings highlight that structured training and formal education are more effective in improving dementia knowledge than caregiving experience alone.

Conclusion: Participation in dementia training is significantly associated with improved knowledge among healthcare workers, whereas caregiving experience does not have a meaningful effect. Continuous education and structured training should be prioritized to strengthen workforce readiness in addressing the growing dementia burden.

P493

Dementia Community: building an inclusive community with people living with dementia, carers, professionals, practitioners and partners

Ms Maria Pasiecznik Parsons, Ms Barbara Stephens

Dementia Community, Bristol, United Kingdom

Topic

Support for dementia carers: Education and training for formal carers

Abstract

Dementia Community is a Charitable Community Benefit Society, a membership cooperative, set up 4 years ago to bring together everyone touched by dementia and provide learning and networking opportunities for a dementia care community. Individuals and organisations benefit from joining as Community members (for as little as £1) or becoming Investor members: <https://journalofdementiacare.co.uk/membership-options>

Dementia Community members include individuals living with dementia and their family carers and those who provide and commission services and support such as health, social care and housing professionals, care staff and volunteers third sector and community group leaders, academics, researchers, students and many others.

We aim to improve dementia care and support for people living with dementia and their families and to do this we are building an inclusive organisation that enables its members to feel connected, informed, inspired, and empowered as well as providing opportunities for co-production.

Our activities and resources include:

- Organising major events.

In June 2025, we ran the Creative Dementia Conference with Creative Dementia Arts Network

In November 2025 we shall run UK Dementia Congress with our Congress Partner, UK Alzheimer's Society and our Academic Partner, York St John University. We have co-designed the event with speakers and panel members who are experts by experience. Sponsors have provided funds to cover travel and accommodation for many of these valued Dementia Community members.

In April 2026, we shall run the National Dementia Awards.

Publishing the Journal of Dementia Care, our bi-monthly specialist journal first produced in 1993, available via subscription <https://journalofdementiacare.co.uk/subscribe>

Hosting a bi-monthly free online webinar programme of topics related to dementia care, delivered by leading experts and organisations. You can view previous webinars on the Dementia Community YouTube channel <https://www.youtube.com/channel/UC1ldMF6w4GodwdPbJfDH9tw>

Our website full of news, resources, and Dementia Community voices <https://journalofdementiacare.co.uk/>

P494**A project that supports people with disabilities and dementia and also provides a contact point for employees.****Mrs Marianne Wilfling**

LebensGross GmbH, Graz, Austria

Topic

Support for dementia carers: Education and training for informal carers

Abstract**“Dementia Support” Project**

LebensGroß is addressing the growing challenge of dementia in people with intellectual disabilities with its “Dementia Support” project. The project focuses on informing and training staff, promoting interdisciplinary collaboration, and providing additional resources to ensure more intensive support and care. The services include outreach counseling, educational work, the development of individualized care concepts, and networking with specialist agencies and networks. Staff benefit from digital information, a specialist library, and networking opportunities. Training strengthens staff resources and self-efficacy. The goal is to sustainably improve the quality of life of people with cognitive disabilities and dementia, as well as the staff members who provide care.

Recognizing and classifying symptoms (as dementia) is particularly difficult because, due to disabilities, signs overlap, which cannot initially be clearly identified or are mistakenly attributed to the disability. This requires caregivers to have experience and sensitivity in the early detection of dementia symptoms and to promote interdisciplinary collaboration between the individual areas of life, such as housing, employment, and leisure activities of people with disabilities and dementia.

At the staff level, the initial situation is characterized by the following aspects: despite increasing prevalence rates, specific knowledge about the disease progression is often lacking. The complex symptoms of dementia, such as memory and personality changes and increasingly dynamic day/night rhythms, represent a multiple burden on the quality of life and work for care staff and thus unplanned stress, the management of which often requires additional resources and specialist knowledge. In addition, tensions can arise between the person with dementia and other residents in residential facilities, colleagues from day care centers, or in leisure activities. These tensions arise due to a lack of understanding of the needs of the person with dementia and indicate an increased level of emotional strain for all involved.

P495

Laughter Yoga for the Health of Caregivers and People Living with Alzheimer's Disease*

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¹Laughter Institute, Montréal, Canada. ²Laughter Institute, Mumbai, India

Topic

Support for dementia carers: Education and training for informal carers

Abstract

While in a 6-week placement in gerontology training with War Veterans, I became fascinated with the work of a music therapist and witnessed the power music had on people living with Alzheimer's Disease (AD) who would become receptive and open up to the music.

Years later I became a Laughter Yoga (LY) Teacher. This practice is a fun, light and fairly easy way to engage the para-sympathetic system and bring calm to the nervous system and I decided to apply LY to people living with AD and their caregivers.

The response obtained during LY sessions was and still is very powerful and rewarding. Within minutes of being in a circle initiating repetitive exercises of smiling, simulated laughter (no humor), guided breathing exercises and music, I can see **JOY** and playfulness surfacing and the release of stress and anxiety is palpable!

Caregivers also observe a lasting relaxed state in many AD participants. After 18 years of successfully working with this clientele I wonder if perhaps our Laughter is registered at the same brain "level" as music, therefore enabling us to recall sounds, words or emotions associated with pleasant feelings.

Many things need to be elucidated regarding the mechanisms underlying LY effects, but my experience shows that our LY sessions are a success. When delivered properly, regular LY workshops could be a CAM (complementary and alternative medicine) for people with AD and their caregivers and, further, LY contributes to developing a beautiful and playful complicity among participants.

P496

Development of an Online Shared Decision-Making Education Program for Dementia Care Partners and Healthcare Professionals

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Aims: Shared decision-making (SDM) is central to person-centred dementia care, yet its use in practice is often constrained by short consultations, professional dominance, and limited access to clear information. This study aimed to design and produce an online education program that strengthens SDM in dementia care by identifying the learning needs of people living with dementia (PLWD), care partners, and healthcare professionals; specifying group-specific learning objectives across the five SDM stages; and translating these objectives into structured, video-based modules with embedded assessments.

Method: Focus group interviews and a literature review identified role-specific learning needs and informed educational objectives. Content was mapped to five SDM stages: preparation, exploration of options, clarification of values and preferences, joint decision, and review of outcomes. The instructional design incorporated case-based simulations, dialogue-style coaching prompts, teach-back techniques, and end-of-section quizzes; a feedback system tracked engagement and understanding.

Results: The final program comprises modules address SDM principles, practical decision support, strategies to address common barriers (information gaps, decisional conflict, unrealistic expectations), use of decision aids, and approaches for evaluating decisions and following up on decisions. All modules share a common structure (pre-survey, core lesson, post-survey, answer checks) to support review and self-assessment. The interface was tailored to enabling intuitive navigation and accessible design for older adults. The modules incorporated dementia-specific decision scenarios such as the use of cognitive enhancers, advance care planning, and future care setting choices to ensure high relevance to real-life decision-making.

Conclusion: This program offers a practical, scalable approach to embed SDM in dementia care. By clarifying professional roles and building the capabilities of PLWD and care partners, it helps overcome common barriers and supports meaningful participation in decisions about diagnosis, treatment, and long-term care.

P497

Bridging the gap through Education and training for informal carers of individuals living with dementia: a social justice imperative

Ms Michèle Ingrid Sibylla Saunders Clavery

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Dementia requires a social equity lens given that it is having a profound impact on societies worldwide. Neurodegenerative diseases (NDDs) like Alzheimer's and related disorders are major health, social, and economic challenges of the 21st century (JPND INTEREST Working Group March, 2025). In this regard, dementia must be considered a social justice imperative simply because it affects individuals, families, carers and the economy. Researchers suggest that the number of people living with dementia is set to increase from an estimated 57 million in 2019 to 153 million by 2050 (Quang Tran, January 2022 Alzheimer's Research UK). Moreover, they also found that, given the information available on risk factors, there would be a global increase of 6.8 million dementia cases between 2019 and 2050. The research also showed that improved education would account for a reduction of 6.2 million. Providing education for informal carers is crucial for many reasons, making it a matter of social justice. Caregiver burden can be reduced, and the quality of care improved. Carers become empowered and are able to make informed decisions. Most significantly, health disparities can be addressed since Dementia is seen as disproportionately affecting low-income communities. This literature review aims to highlight the benefits of education and training of informal carers as a means of closing the gap that exists in support including insufficient emotional support, personalized support, limited access to resources and dementia literacy. The paper explores examples of education and training globally of carers in order to show that dementia is a collective responsibility and a social obligation.

P498

Empowering informal carers through community-based education: Evaluation of a dementia carers education programme

Dr Rachel Pendrey¹, **Mrs Helen Skinner**^{2,1}

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Topic

Support for dementia carers: Education and training for informal carers

Abstract

Carers play a vital role in supporting people living with dementia, yet often face significant emotional, practical, and informational challenges with limited formal support. In response, a health board in Scotland, in collaboration with Alzheimer Scotland and other key partners organisations, developed the Dementia Carers Education Programme - a bespoke, community-based initiative designed to empower carers through accessible education and peer support.

Delivered in community venues across the region, the programme consists of two-hour interactive sessions covering key topics such as understanding dementia, carers' rights, psychological distress, communication strategies, future care planning, and practical caring skills. Sessions also explore managing carer stress, palliative care, and the use of technology in caregiving. At selected venues, carers are encouraged to bring the person they care for, with Alzheimer Scotland staff providing engaging activities in a separate space. There is no cost to attend, and carers choose to attend sessions most relevant to their needs.

Evaluation findings from the first two programme deliveries indicate high levels of satisfaction. Carers valued the safe and inclusive environment, clarity of information, and opportunities for peer-to-peer learning and emotional support. Multimedia resources, guest speakers, and practical demonstrations further enrich the learning experience. Peer interaction was consistently highlighted as a source of emotional support and empowerment.

Challenges included occasional issues with audio-visual accessibility and reaching harder-to-reach communities. Plans to improve access include hearing loops, visual impairment guidance, and targeted outreach.

This presentation will outline the structure and philosophy of the programme, share insights from its development, evaluation data, participant feedback, and recommendations for future delivery - including potential expansion to support carers of people with other long-term conditions. It will highlight how informal, community-based education can strengthen support for carers of people with dementia, in particular their knowledge and confidence, and improve outcomes for families living with dementia.

P499

Dementia Care Training and Caregiver Preparedness: Observations from a Qualitative Study in Trinidad and Tobago

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The University of the West Indies, St Augustine Campus, St Augustine, Trinidad and Tobago

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Objective: To explore how informal caregivers perceive their preparedness following a dementia-specific training programme, with attention to caregiving confidence, coping strategies, and self-care practices before and after training.

Methods: This qualitative descriptive study targeted six informal caregivers who completed the UWI-ROYTEC and Alzheimer's Association of Trinidad and Tobago (AzATT) dementia training programme. While six were invited, two participants completed semi-structured interviews conducted online via Google Meet. Interviews were audio-recorded, transcribed verbatim, anonymised, and thematically analysed using QDA Miner Lite. Participants were asked to reflect on their caregiving experiences both prior to and following the training. The interview guide explored broad domains including caregiving confidence, coping strategies, and self-care integration.

Results: Thematic analysis revealed key shifts in caregiver perspectives. Both participants reported enhanced understanding of Alzheimer's disease and increased confidence in interpreting behavioural symptoms post-training. They described a transition from reactive to more reflective caregiving approaches. However, both continued to experience difficulty integrating self-care practices, citing familial obligations and caregiving demands. Coping strategies remained mixed, with reliance on informal support networks rather than formal systems.

Conclusion: While dementia-specific training enhanced caregiver awareness and perceived competence, translating this knowledge into sustained behaviour change and improved well-being may require ongoing support, formal care networks, and access to community-level resources. Given the small sample and depth-oriented approach, these findings provide preliminary insight into the lived experiences of caregivers in a low-resource context. Future research may benefit from incorporating a more diverse range of caregiving perspectives and applying deeper or longitudinal qualitative approaches to better understand how such training influences caregiving over time.

P500**Helping care partners understand their loved ones living with dementia****Mrs Sabina Obwiosło-Budzyń**

Zapisane w mózgu, Bedzin, Poland

Topic

Support for dementia carers: Education and training for informal carers

Abstract

People accompanying loved ones living with dementia often have limited access to knowledge about the disease itself and how it affects the patient's behavior. This often leads to frustration, misunderstanding, anger, and often aggression. I am the daughter of a mother living with dementia and, based on my own experiences, wanting to enable others not to make my mistakes, I created a foundation that mainly uses social media to spread practical knowledge about dementia and how to care for people living with it. Thanks to social media, we are reaching an ever-growing group of people, which allows us to create closed support groups, build an online community that shares experiences, and encourage caregivers and patients themselves to talk openly about their lives with dementia. This allows us to combat the stigma surrounding this disease and familiarize the Polish public with it. Above all, however, it enables caregivers to build good relationships with their loved ones and facilitates insight into themselves and their emotions.

Working at the Foundation, I become an ambassador for people living with dementia. We create interesting projects and initiatives that have not existed in Poland before or have not been sufficiently publicized. We engage in discussions with politicians to draw attention to the problem of people accompanying their loved ones living with dementia, and we try to spread the idea that a diagnosis does not mean death and that it is still possible to fight for good memories and a relatively good quality of life. I am happy to share my experiences and achievements in this area. We are the first organization of its kind in Poland to bring together such a large number of informal caregivers.

P501**Empowered and Prepared: A Journey with Demensia Brunei Carer Support Group**

Dr Asmah Husaini, **Ms Maizatul Akmam Omar Ali**, Mrs Irnawati Mahir, Dr Shahrimawati Sharbini

Demensia Brunei, Bandar Seri Begawan, Brunei Darussalam

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Caring for a loved one with dementia is often an emotionally and physically demanding journey. Carers frequently experience stress, isolation, and burnout. This talk shares a personal two-year journey facilitating a dementia carer support group in Brunei under the initiative of Demensia Brunei. The experience highlights how creating a safe, supportive space allows carers to feel empowered and better prepared to manage the evolving challenges of dementia care.

The presentation will focus on two central themes: "Be Prepared" and "Keeping It Light." The first theme explores how knowledge-sharing and peer support can help carers anticipate the different stages of dementia, equipping them with practical skills and emotional resilience. The second theme, "Keeping It Light," reflects on the importance of humour, storytelling, and shared humanity in coping with the heavy burden of caregiving. The talk will also touch on how the group organically evolved into a source of psychosocial and spiritual support, enabling carers to navigate their roles with compassion and renewed strength.

This reflective session aims to inspire healthcare professionals and community leaders to recognise the value of carer support groups as a critical component of dementia care in Brunei and beyond

P502**Development of an interactive Dementia Care System for Relationship Centred Care of Persons Living With Dementia and their Caregivers**

Prof Shahrul Bahyah Kamaruzzaman, Dr Leela Koran, Prof Hui Min Khor, Dr Benedict Francis, Dr Sharifah Ayesah Syed, Prof Mazlina Mazlan, Prof Julia Patrick Engkasan

Universiti Malaya, Kuala Lumpur, Malaysia

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Persons living with dementia (PLWDs) and their caregivers face significant challenges, which has altered their interactions with both the physical and socio-cultural environments. As cognitive decline limits PLWDs' ability to effectively communicate their needs, serious concerns arise regarding their mental health and overall well-being as their condition progresses. This project seeks to develop an interactive dementia system designed to enhance the quality of life for PLWDs by fostering engagement through a relationship-centred model of care.

The content development of this system focused on three areas of care: Health, Linguistics, and Rehabilitation, with the objective of updating the existing DEMTalk Malaysia webpage to provide comprehensive resources. A mixed methods approach was employed across multiple phases. In Phase 1, known as system development, we documented evidence from communication practices involving healthcare providers, PLWDs, and their caregivers. This phase encompassed a range of strategies, including education and awareness initiatives, as well as recommended targeted therapies and activities designed to facilitate effective communication. PLWDs and their caregivers identified in clinical settings will be referred for targeted rehabilitation activities, making the communication of their care needs a priority. This aspect will ensure that referrals are made to appropriate community stakeholders to support ongoing care.

Phase 2 involved piloting the system, named DEMCare Malaysia, which aims to effectively communicate the needs and priorities of PLWDs and their caregivers. By facilitating better communication and understanding, the toolkit aspires to align with Malaysia's Dementia Action Plan, ultimately contributing to sustainable care practices within both clinical settings and the community at large. Through the development and implementation of this system, we aim to enhance therapeutic engagement, empower caregivers, and improve the overall quality of life for PLWDs, thereby addressing critical gaps in current dementia care protocols and ensuring a more comprehensive approach to their support.

P503

Women, Unpaid Care Work, and Dementia in Africa

Mrs Ama Afriyie-Jenkins¹, Dr Sally Yalley²

¹Kwame Nkrumah University of Science and Technology, Kumasi, Ghana. ²Global Brain Health Institute, Dublin, Ireland

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Background: Women in Africa perform the majority of unpaid care work, including domestic tasks and dementia caregiving, yet this essential labour remains undervalued and largely invisible in policy and economic planning. Gender ideology theory explains this division as a product of social norms that assign caregiving roles to women while exempting men. Time allocation theory highlights how unpaid care limits women's participation in paid employment and leisure, while economic bargaining theory illustrates how reduced income undermines women's power to negotiate a fairer division of labour.

Problem Statement: Empirical evidence from Ghana and other African contexts shows that women spend substantially more time on unpaid care work than men. As primary dementia caregivers, they face significant financial challenges, which limits their economic participation.

Policy Objectives: This paper proposes to: 1. Examine how gendered divisions of unpaid dementia care reinforce inequality. 2. Quantify the economic implications of unpaid care for women in Ghana. 3. Identify actionable policy pathways for equitable care systems.

Policy Recommendations: To address unpaid dementia care, African governments should implement social protection schemes, caregiver stipends, and flexible work arrangements, while integrating unpaid care metrics into national dementia and economic policies. Public campaigns that challenge restrictive gender norms can further redistribute caregiving responsibilities.

Conclusion: Recognizing unpaid dementia caregiving as both an economic and gender equity issue will enable African countries to design inclusive, gender-responsive policies that empower women and strengthen dementia care systems.

P504**Recognizing and mitigating ten common and critical assumptions about the individual with Alzheimer's and how they affect care, safety and quality of life.****Ms Eileen Poiley**

University of South Florida, Tampa, USA

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Care partners and family members often make assumptions about the individual diagnosed with Alzheimer's that affect their care, safety and quality of life. Education is critical to understand, clarify and prevent assumptions in order to improve care.

This presentation will describe ten common assumptions that are made about Alzheimer's and the person who is living with Alzheimer's. The goal of the presentation is to educate carers about how these assumptions are not valid and can greatly affect safety, care, quality of life and stress.

The content will include the following: Understanding the different areas of cognitive function; the effect of cognitive loss on behaviors and abilities; how communication, engagement and the environment play a significant role in reducing challenging behaviors; and recognizing crucial safety concerns that are overlooked due to inaccurate assumptions.

This presentation will provide practical information, explanations and examples to enable carers to comprehend the concepts and implement effective change. This information will empower carers with tools and techniques to help the person with Alzheimer's.

P505**Title: Strengthening Dementia Caregiver Support in Trinidad and Tobago: A One-Year Audit of Alzheimer's Association of Trinidad and Tobago (AzATT) Support Groups**

Dr Liane Maryse Conyette Bowen¹, Ms Esuyemi Ogunbanke², Mr Robert Johnson-Attin², Mrs Natasha Mark-Clouden², Ms Debra Lewis², Ms Christal Matthews², Mrs Marilyn Procopé-Beckles², Ms Marrison Richards², Mrs Donna Mc Call², Mrs Audrey Karim²

¹Alzheimer's Association of Trinidad and Tobago, Port of Spain, Trinidad and Tobago. ²AzATT, Port of Spain, Trinidad and Tobago

Topic

Support for dementia carers: Education and training for informal carers

Abstract

Background: Supporting family caregivers is a global priority for improving dementia outcomes. In small island developing states like Trinidad and Tobago, formal respite and dementia services remain limited. The Alzheimer's Association of Trinidad and Tobago (AzATT) has developed caregiver support groups as a community-based response to growing needs. This audit aimed to evaluate participation trends, express caregiver needs, and opportunities to strengthen these groups as sustainable, people-centered solutions aligned with the WHO Global Dementia Action Plan.

Methods: A one-year retrospective audit was conducted using records from AzATT caregiver support groups (June 2024–June 2025). Attendance data, session topics, and facilitator notes were analyzed. Quantitative data were summarized descriptively to show participation trends and regional reach. Qualitative content analysis identified recurring caregiver challenges, information needs, and systemic service gaps.

Results: Across twelve months, participation, though fluctuating, increased steadily, suggesting ongoing benefit. Key challenges included emotional distress, fatigue, and difficulty navigating care pathways. Caregivers frequently requested guidance on managing behavioural and psychological symptoms of dementia and accessing medication. Barriers to participation included transport limitations and limited referral integration with public health services.

Conclusion: Community-based caregiver support groups are effective, scalable platforms for psychosocial support and education in resource-limited settings. Insights from this audit inform the design of a **National Dementia Caregiver Support Framework** linking community, clinical, and social systems—delivering solutions for today and tomorrow across the Caribbean context.

P506**Co-designing medication management resources for community-dwelling people living with dementia and their carers**

Dr Jane Thompson¹, Ms Joanne Lo², Ms Shoohb Alassadi², Dr Jacqueline Wesson², Dr Amanda Cross³, Dr Karen Watson², Dr Natali Jokanovic⁴, Ms Xenia Nastatos², **Dr Mouna J Sawan²**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Community-dwelling people living with dementia and carers often receive inadequate support and information to facilitate safe medication management, increasing the risk of medication-related harm. Moreover, collaboratively designed medication management resources for this population are limited. Our study aimed to address this gap by co-designing two such resources.

Method: A multi-methods study integrating a community-based participatory approach was conducted over two sequential phases. Phase 1 involved conducting focus groups, interviews and a modified-Delphi study with people living with dementia, carers and healthcare professionals in Australia. This phase informed resource content and generated resource prototypes - one for people living with dementia and another for carers. Phase 2 evaluated the prototypes using additional focus groups with people living with dementia and carers to ensure they were user-centred. Feedback was provided on content and design, and resources were revised accordingly.

Results: In Phase 1, four key content areas were prioritised: 1) information about decision-making and informed consent; 2) question prompts and checklist to address information gaps; 3) information about common medications; 4) strategies to address complexities in medication management. In Phase 2, all participants reported the resource was informative, easy to understand and would be useful. They valued the medication management-related question prompts and additional pre-appointment checklist, noting that this section of the resource empowered them to ask questions and participate more confidently in medication-related conversations. People living with dementia also reported that the resource gave them a greater understanding of their rights and the concept of shared decision-making in medication management.

Conclusion: Our co-designed, user-centered resources provide tailored information about medication management for people living with dementia and carers. They also help address the WHO global action areas for dementia by potentially reducing the risk of medication-related harm for people living with dementia and providing carers with medication management support.

P507**The One I Didn't Want to Love: A Journey of Forgiveness and Care Through Childhood Wounds**

Dr Maria WIRTH^{1,2}, Mrs Katarina Kiseľáková^{1,3}

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Caring for a loved one with dementia represents a significant emotional and practical burden for informal caregivers. This case study of Mrs. Alice, a 64-year-old only daughter caring for her father with late-onset dementia, illustrates the impact of traumatic family experiences on the quality of their relationship and the caregiving process.

The aim of this case study is to present approaches to curative pedagogical intervention in situations where childhood trauma surfaces during caregiving support, hindering the development of an empathetic attitude toward a parent with a neurodegenerative disease. This intervention is not psychotherapy but employs specific pedagogical and supportive methods to process challenging emotional reactions.

The twelve-month intervention focused on education about the disease, fostering self-acceptance, setting boundaries in family relationships, and processing traumatic experiences through both individual and group sessions. Through cognitive restructuring and behavioral change, Mrs. Alice developed greater empathy toward her father. Methods used included reframing, communication skills training, Naomi Feil's Validation Method, graphic needs analysis, biographical work, family constellations, and techniques to promote emotional stability and resilience.

The case study demonstrates that demanding caregiving can simultaneously provide a unique opportunity to reevaluate family relationships and deepen self-awareness. This process helps maintain emotional balance, improves stress-coping strategies, and supports sustainable caregiving. It also contributes to the prevention of burnout.

The findings emphasize the importance of a curative pedagogical approach that combines disease education with emotional support for the caregiver. For practice, we recommend systematic psychoeducation, work within the family context, and the development of communication skills in a safe environment that enables emotional processing and strengthens caregivers' mental well-being.

P508

Statement of the Problem Dementia like climate change is affecting everyone. How ? Destroy globally full time unpaid carers 1 in 10 their health and financial security forcing them onto welfare for the next 30 years. Will mean much higher taxes for smaller younger generations to support us in old age.

Ms Deanna Marinella Mastellone

Dementia Australia, Sydney, Australia

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Governments cannot destroy our health, financial security and expect us to pay for everything. With no help, nor tax concessions when we have given up our careers, spent our super, shares, when we are close to 60 and cannot return to our former careers. If this is not addressed in a holistic way, governments are leaving a gigantic legacy of the biggest generation the baby boomers forced onto welfare which all children and grandchildren will be obligated to support with much higher taxes for the next 30 years.

I created a National Australian carers cheat sheet with links to services from all around the world. This took me 6 years to source all this information. My dream is, every location in the world to have one for their services, if they don't have these services to create them. Why? It is a full-time job just wading through the bureaucratic process, to access any assistance. There are very few services globally to support full-time unpaid carers. Full-time unpaid carers are completely invisible across the globe with zero recognition for their endless selfless care 24/7. We need major tax and law reforms for all full-time unpaid carers

For two years I worked on strategies in an 'Ideal Carers World' to protect all our futures. They include employment, taxation, respite care, care expenses, superannuation, national carers card, higher carers allowance, carers app, support services for children who are carers and legal protection. Many professors from around the world have read my articles on linked in and not one has criticized or made suggestions.

My dream is to speak at the United Nations as a Carers Advocate to ensure all full-time unpaid carers 1 in 10 are finally supported and protected with their health and financial security.

P509

Caregivers and Alzheimer's: Understanding the burden to improve support and care quality

Dr Mimoza Doci

Provincial Healthcare Services Agency (APSS), Trento, Italy

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: The increasing prevalence of dementia has brought attention to the central role of both formal and informal caregivers in the care process. This study aims to analyse and compare the burden perceived by formal (professional) and informal (family/friend) caregivers of people living with dementia.

Methods: An observational descriptive study was conducted on 60 caregivers (30 formal, 30 informal) of individuals diagnosed with dementia (mainly Alzheimer's disease). The Caregiver Burden Inventory (CBI), a validated tool measuring five dimensions (time, development, physical, social, emotional burden), was used. Data were analysed through comparative mean scores.

Results: Both groups showed high levels of burden, but with different patterns:

- Formal caregivers experienced greater physical and time-related burden.
- Informal caregivers reported more emotional and social burden, influenced by personal relationships and daily impact.
- Informal caregiver burden tends to be underestimated due to emotional involvement and lack of awareness.
- Burnout risk was present in both groups, manifesting physically in formal caregivers and psychologically in informal ones.

Conclusions

Supporting caregivers is key to improving dementia care. Differences between caregiver types highlight the need for:

Specific training for informal caregivers

- Access to psychological support and respite services,
- An integrated support network for families,
- Regular burden assessment in home and healthcare settings.

Recognising caregiver burden is essential to ensure sustainable care and protect the well-being of all involved.

P510

Overburdening of informal carers of people with Alzheimer's-type dementia in the intermediate stage

Prof Maria Jesus Cardoso Moreno

Universidad de Zaragoza, Zaragoza, Spain

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Dementia creates a great need for care, which is mainly provided by informal carers, usually a single person, often a close relative, who is at risk of suffering from carer burnout syndrome. The main objective of the study was to analyse the degree of perceived overburdening experienced by informal carers of people with Alzheimer's-type dementia in the intermediate stage of the disease.

Method: The study sample consisted of 80 informal carers of people diagnosed with dementia in an intermediate stage, living in Zaragoza, Spain. The Zarit Brief Caregiver Burden Scale (12-item version) was used to analyse caregiver burden.

Results: The sample was found to be normally distributed. The results revealed a statistically significant difference, with female caregivers experiencing greater burden than male caregivers ($t = 3.11$; $p = 0.003$). Additionally, our study found that caregiver burden increases when the person diagnosed with dementia experiences communication difficulties or behavioural issues. The results of this study enable us to consider various factors that contribute to the perceived burden experienced by informal caregivers of person living with dementia.

Conclusions: Beyond the quantitative results, this study sought to demonstrate that informal caregiver burden cannot be considered solely as an individual or isolated experience. Rather, it must be understood within the framework of a complex network of structural, cultural and economic factors that profoundly influence the dynamics of caregiving.

P511

Impact of Long-Term Care Service Utilization on Caregiver Burden Among Families of People with Dementia in Taiwan

Ms Su Fang-I¹, Prof Huang Hsiu-Li¹, Prof Shih Yao-Chi¹, Prof Huang Huei-Ling²

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

As Taiwan transitions into a super-aged society, the prevalence of dementia has risen rapidly, imposing substantial physical and psychological burdens on family caregivers. In response, the Taiwanese government launched the Long-Term Care 2.0 policy in 2017 to provide a comprehensive range of support services—from home-based care to community-based interventions, aiming to alleviate caregiver stress.

This retrospective study utilized secondary data from the Long-Term Care Management Information System of the Taipei City Government. A total of 736 individuals with dementia and their primary caregivers were included. These cases completed initial assessments in 2022 and follow-up evaluations in 2023, with no change in the primary caregiver. The study examined changes in caregiver burden before and after the utilization of long-term care service.

Findings revealed that 75.14% of participants used long-term care services within the three months prior to follow-up evaluation. The average caregiver burden score significantly decreased from 2.45 to 2.18, with 36.28% of caregivers experiencing reduced stress. Worsening behavioral symptoms and increased CMS levels were significantly associated with rising caregiver burden. **In contrast**, caregivers who accessed multiple services, particularly day care services (coded as BB in Taiwan's LTC system) and community-based care services (coded as BD), experienced greater reductions in burden, whereas those relying solely on home-based services demonstrated less improvement. Caregiver demographic characteristics, including gender, age, and socioeconomic status, were not significantly correlated with burden changes.

This study highlights the importance of integrated, sustained, and targeted care services in mitigating caregiver burden and offers policy-relevant evidence to enhance support for dementia care families.

P512

Navigating Uncertainty: Family Adaptation across the Care Trajectory of Young-Onset Dementia

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Young-onset dementia (YOD), though less common than late-onset dementia, imposes profound burdens on families, society, and the economy. This study aimed to construct a trajectory framework of YOD from pre-diagnosis to post-diagnosis adaptation, with a focus on family perspectives.

Methods: A qualitative longitudinal design was employed. Fifteen persons with YOD and their family members, including primary caregivers and relatives, participated in in-depth interviews every six months. Data were thematically analyzed to capture evolving experiences across the care trajectory.

Results: Four major themes emerged. (1) Ambiguity before diagnosis: delayed symptom recognition and strained family relationships. (2) Variability in diagnostic pathways: highly diverse symptom presentations, often dominated by psychiatric manifestations such as mood, behavioral, or sleep disturbances, leading families to seek psychiatric rather than neurological care. (3) Adaptation after diagnosis: families adopted coping strategies in communication, boundary setting, safety and autonomy decisions, employment and financial management, and activity engagement, while struggling with limited and unfriendly care resources. (4) Uncertain future and living in the present: families oscillated between hope and despair in the face of daily unpredictability. These themes converged into the core theme: "Navigating uncertainty in young-onset dementia care."

Conclusions: Families caring for persons with YOD demonstrate resilience while confronting persistent uncertainty. The findings highlight the urgent need for family-centered, age-appropriate dementia care services and supportive policies that address both clinical and psychosocial challenges.

P514**Psychological well-being and quality of life in caregivers of individuals with neurocognitive disorder: effectiveness of psychological support interventions**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Introduction: Caring for individuals with neurocognitive disorders can place a substantial emotional and psychological strain on caregivers, often leading to elevated levels of stress and decreased overall well-being. In light of this, the development and evaluation of effective psychological support interventions are crucial to mitigate the adverse effects associated with caregiving. This study explores the effectiveness of the interventions implemented as part of the ORA Project, an initiative supported by the CARIPARO Foundation (Italy).

Method: The research involved 102 caregivers (average age = 64.7 years; 62 female participants). Of these, 75 received psychological support, delivered either individually (IS; N = 41) or in group settings (GS; N = 34). The remaining 27 participants were placed in a control group (CG), receiving no psychological intervention. Standardized instruments were administered at the start of the study (T0) and after a six-month period (T1) to measure levels of caregiver burden, anxiety, depression, stress, and quality of life.

Results: Results show a significant decrease in perceived burden ($p < .001$) and stress ($p < .05$) among participants involved in the group-based intervention, while caregivers in the individual support group maintained stable levels across the assessment period. In contrast, those in the control group exhibited increased stress levels ($p < .05$) and a notable decline in quality of life ($p < .001$).

Conclusions: Our findings underscore the value of structured psychological support interventions, particularly group-based approaches, in enhancing the mental health and overall well-being of caregivers supporting individuals with neurocognitive disorders. The outcomes reflect the impact of the interventions implemented within the framework of the ORA Project.

P515**Longitudinal Effects of Role Strain and Caregiving Rewards on the Mental and Physical Health of Dementia Family Caregivers**

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Chang Gung University, Taoyuan, Chinese Taipei

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: This study aimed to explore the longitudinal effects of role strain, caregiving rewards, and mutuality on quality of life and depression among family care partners of people living with dementia.

Methods: This secondary data analysis was based on a two-year longitudinal study with five follow-ups conducted every six months. A total of 200 dyads of people living with dementia and their primary care partners were recruited from outpatient clinics of a hospital in northern Taiwan. Measures included role strain, mutuality, caregiving rewards, depressive symptoms (Center for Epidemiologic Studies Depression Scale, CES-D), and health-related quality of life (HRQoL, SF-36), comprising mental and physical HRQoL. Linear mixed-effects models were applied to examine associations between these factors and care partners' mental and physical health outcomes.

Results: Over the two-year follow-up, determinants of care partners' mental and physical health differed. Higher role strain was significantly associated with poorer mental HRQoL ($\beta = -0.036$, $p < .001$), poorer physical HRQoL ($\beta = -0.058$, $p < .001$), and higher depression ($\beta = 0.062$, $p < .001$). In contrast, higher caregiving rewards were significantly associated with better mental HRQoL ($\beta = 0.094$, $p = .001$) and lower depression ($\beta = -0.102$, $p = .003$), but were unrelated to physical HRQoL. Mutuality exerted a protective effect only on mental HRQoL ($\beta = 0.065$, $p = .016$).

Conclusions: Role strain emerged as a persistent risk factor for care partners' mental HRQoL, depression, and physical HRQoL, whereas caregiving rewards and mutuality were protective only for mental health outcomes. Interventions should focus on reducing role strain and strengthening positive caregiving experiences through supportive approaches to enhance the mental health of family care partners of people living with dementia.

P516**Building Resilience in Dementia Caregivers: Muscle Health as a Neglected Frontier for Sustainable Care**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Background: The emotional and psychological toll of dementia caregiving is well recognised, yet the physical health of carers remains a neglected domain. Informal carers—often family members—provide sustained, physically demanding assistance with mobility, transfers, and daily living. These responsibilities frequently occur alongside disrupted sleep, limited exercise, and missed medical appointments, all of which may accelerate physical decline. Emerging evidence suggests that muscle health deterioration—manifesting as loss of strength, endurance, and mobility—threatens carers' wellbeing and undermines the sustainability of dementia care. Unlike psychological distress, muscle decline is potentially modifiable, offering a new avenue for preventive action.

Methods: We conducted a scoping review following Joanna Briggs Institute methodology and PRISMA-ScR reporting standards. Five databases (PubMed/MEDLINE, Scopus, PsycINFO, ProQuest Dissertations & Theses, medRxiv) and grey literature were searched (2000–2025) for studies evaluating muscle function, strength, or physical performance in informal carers of people with dementia. Two reviewers independently screened and charted data.

Results: Only six studies were eligible (four cross-sectional, one longitudinal cohort, one thesis). Carers, particularly older spouses, frequently exhibited reduced aerobic endurance, slower gait, and high prevalence of pre-frailty. Physical vulnerability was compounded by nutritional risk, metabolic comorbidity, and elevated inflammatory markers. However, no study applied consensus definitions of sarcopenia, directly measured muscle mass, or tested targeted exercise or nutritional interventions. Findings were heterogeneous but consistently signalled erosion of physical resilience in carers.

Conclusion: This review highlights an under-recognised dimension of dementia caregiving: carers' progressive physical decline. Supporting carers solely through emotional and social programmes risks overlooking their capacity to remain physically resilient. Incorporating simple screening tools and embedding accessible prevention strategies within dementia care models could protect carers' independence, extend their ability to provide support, and reduce system strain. Reframing carer support as a physical health imperative is essential to building sustainable, person-centred dementia care worldwide.

P517**Unmet needs of carers for older persons with dementia in low and middle-income countries: A scoping review**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Most people with dementia live in low- and middle-income countries (LMICs) and are cared for by informal carers. Carers for persons living with dementia (CPLD) face numerous needs, which when unmet can result in psychological distress and caregiver burden. While there is an established literature on unmet needs of CPLD in high-income settings, it is not clear how unmet needs have been defined, measured, and prioritized within the LMICs which are represented in less than 10% of dementia research. In this review, we scoped literature to understand the concept of unmet needs of CPLD in LMICs, focusing on what unmet needs have been identified, and how they are defined, measured, and prioritized.

Methods: We searched PubMed, Embase, PsycINFO, The Cochrane Library, and Web of Science from inception to 15th January 2025. Two independent researchers screened 4982 articles. Nine articles were exported into Excel and a narrative analysis was conducted.

Results: We identified two quantitative, five qualitative and one mixed methods studies, conducted in Ghana, South Africa, Kenya, Thailand, India, and China. The most-used assessment approach was in-depth interviews. The Care Needs Assessment for Dementia and sections of the Camberwell Assessment of Need for the Elderly and the Johns Hopkins Dementia Care Needs Assessment were also used. Unmet needs were defined in terms of caregiving challenges, the need for more support, and the services required to make caregiving more manageable. Prioritization was done within the quantitative studies but not the qualitative studies. Commonly reported unmet needs were information on dementia, support from health professionals and family members, counseling and respite care.

Conclusion: This review revealed that little work has been done in LMICs, and there is no consensus on how unmet needs should be defined or conceptualized.

P518**Development of a comprehensive assessment tool for care partner burnout integrating risk and protective factors**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aim: Care partner burnout is a major public health concern, particularly in the context of dementia. This multidimensional burden significantly affects care partners' mental and physical health, quality of life, and the quality of care provided to their relatives. To our knowledge, there is no comprehensive assessment tool for care partner's burnout, also accounting for both risk and protective factors. We developed an instrument designed to capture all these dimensions.

Method: We first analyzed the literature regarding difficulties encountered by care partners across youth, adults, and older adults. Risk and protective factors associated with burnout were identified, guiding the response format and the creation of an initial item pool. The items were reviewed by an expert panel before pre-testing in a clinical sample.

Results: The literature analysis highlighted 14 risk or protective factors, such as social support, quality of life, or perceived difficulties. A 5-point Likert scale was deemed optimal. A pool of 418 items was developed and evaluated by the expert panel, resulting in the first version of the scale. Pre-testing with a clinical sample is currently ongoing.

Conclusion: Following pre-testing, a larger study will be conducted to evaluate the instrument's psychometric properties and to conduct an exploratory factor analysis. This will contribute to the development of a reliable and comprehensive tool for assessing care partner burnout, and enhance the support provided to them in addressing the challenges they are facing.

P519**The emotional rollercoaster: how fluctuating symptoms shape the caregiving experience in Lewy body disease**

Mr Emmanuel Monfort, Mrs Louna Aumeunier, Mrs Danae Lepley, Mrs Charlotte Paris, Mrs Marguerite Saint Georges Chaumet

Univ. Grenoble Alpes, Grenoble, France

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Background: Lewy body disease (LBD) is the second leading cause of neurodegenerative disorder after Alzheimer's disease and is characterised by complex symptoms, including cognitive fluctuations and neuropsychiatric and motor disorders that can be particularly destabilising for family carers. The psychological health of carers is deeply affected by the uncertainty of these fluctuations, which can trigger feelings of guilt and have lasting consequences on their experience.

Objective: The study aims to explore the impact of symptomatic fluctuations in LBD on the psychological and emotional experience of family carers.

Methods: Eighteen family carers (77% women, mean age 69.5 years), mostly primary carers, participated in semi-structured interviews. The interview grid was designed to capture perceptions of symptom fluctuations, emotionally difficult moments, and the impact on caregiving. Thematic analysis was applied to the transcripts to identify recurring patterns and dimensions of psychological distress.

Results: The interviews highlighted six types of fluctuations (cognitive, emotional, hallucinatory, behavioural, sleep-related, and motor), observed both as micro-fluctuations (within minutes or hours) and macro-fluctuations (over weeks or months). Their unpredictability creates a strong sense of uncertainty, experienced by caregivers as a major daily challenge. This uncertainty is closely linked to emotional reactions such as anxiety, sadness, discouragement, guilt, loneliness, and exhaustion.

Conclusions: The findings highlight a distinctive psychological stress reaction faced by LBD carers, differing from the more linear challenges reported by carers of individuals with Alzheimer's disease. They extend beyond the usual focus on attentional fluctuations, showing instead that carers perceive a broader range of fluctuating symptoms as a central and destabilising aspect of LBD. Future interventions should therefore target this multidimensional unpredictability by providing tailored psychoeducational and support resources to help carers manage uncertainty and its emotional impact.

P520

It Takes a Community to Care for an Adult with Alzheimer's Disease

Mr Greg Marsh

Lions Personal Care Home, Winnipeg, Canada

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Background: Globally, tens of millions of unpaid carers assist older relatives with Alzheimer's Disease. A majority of these carers are adult children (often age 55 plus) who devote much of their time, energy, and financial resources to care for family members without receiving more than token assistance from others. This lone-carer model inevitably leads to burnout, a condition compounded by the carer's feelings of guilt for not being able to provide all the care-seeker's needs. Given the broad range of services an adult with Alzheimer's Disease requires, the most practical solution is to parcel out these tasks to willing members of the public – including retired individuals. This model of community-caring will benefit both the care seeker and the care sharer.

Objective: Similar to the proverb "It takes a village to raise a child", I will educate the audience on the need for community-style caring for an adult with Alzheimer's Disease (including an outline of required tasks / roles) as well as strategies for attracting volunteers to help.

Methods: My recommendations are based on conversations I've had with individuals who have first-hand experience providing care for relatives (usually parents) with Alzheimer's Disease. These conversations have come about due to my media profile on this topic and my work as a Holistic Care Coordinator in a Canadian senior's home.

Results: Results will be presented at the Conference

Conclusion: Shame over the care seeker's Dementia symptoms and guilt about their perceived inability to provide care to a loved one with Alzheimer's Disease results in too many carers not seeking assistance from others. The many benefits of the community-caring model will ideally outweigh any shame and guilt, leading to its widespread adoption.

P521

Exploratory Study: Dementia Severity, Sleep Quality of Care Partners, and the Multifaceted Nature of Caregiving Stress

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

This study aimed to investigate the association between the severity of dementia and the sleep quality of primary care partners, with particular attention to the complex and multidimensional nature of caregiving stress. Seven people supporting someone living with dementia were included, among whom three experienced clinically significant sleep disturbances measured by the Pittsburgh Sleep Quality Index (PSQI). The findings indicate that dementia severity alone is insufficient to predict the sleep quality of care partners; instead, occupational responsibilities, personal health conditions, and the availability of external support resources emerged as determinants.

For instance, some individuals living with mild dementia (Clinical Dementia Rating, CDR = 0.5) had care partners employed in highly demanding professions, such as nursing or executive management. Their existing work pressures, when combined with caregiving responsibilities, markedly reduced rest and sleep quality. In another case (CDR = 1), a care partner with physical limitations resulting from poliomyelitis was required to support a mobile older adult, leading to increased psychological strain and disrupted sleep. Conversely, a person living with more advanced dementia (CDR = 2) had round-the-clock professional support, which helped safeguard the family member's rest despite greater dementia severity.

These results highlight that caregiving stress is shaped by a dynamic interplay of occupational, physical, and social factors, rather than dementia severity alone. Clinically, early identification of care partners at elevated risk—such as those with high-pressure occupations, pre-existing health conditions, or limited support networks—may be essential for designing targeted interventions to promote better sleep and psychological well-being. Larger-scale studies are needed to validate these findings. Furthermore, the integration of technological innovations, including remote monitoring systems, assistive devices, and digital health platforms, has potential to enhance the function of people living with dementia, alleviate caregiving demands, and ultimately improve quality of life for both individuals and their care partners.

P522

Better inclusion of Families in the journey to an Lewy Body or Parkinson's Dementia Diagnosis

Ms Margaret Higgins Hence

Family carer, Newcastle upon Tyne, United Kingdom

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Families are often the first to notice the subtle and fluctuating symptoms of Lewy Body Dementia (LBD) and Parkinson's Disease Dementia (PDD), yet their insights are frequently overlooked in the diagnostic process. The journey to a diagnosis is often delayed by a lack of awareness among healthcare professionals, misunderstandings about early symptoms, and the failure to recognize the critical role of families in providing valuable observational evidence.

This poster highlights the barriers families face when seeking recognition of their concerns, the emotional and physiological toll of prolonged uncertainty, and the impact of stress-related cortisol release on both carers and those they support. It also addresses how the traditional medical model often prioritizes professional opinions over lived experience, leading to misdiagnosis or delayed intervention.

We advocate for a shift toward greater collaboration between healthcare services and families, ensuring their voices are heard early in the diagnostic process. By integrating family insights into clinical assessments, we can improve diagnostic accuracy, reduce stress-related harm, and foster a more inclusive approach to dementia care.'

P523**Impact of supporting someone with MCI or dementia (12-month follow-up) – results of a population register: digiDEM Bayern**

Mrs Anne Keefer¹, Prof Peter Kolominsky-Rabas¹, Prof Thomas Ganslandt², Prof Elmar Gräbel³

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Family caregivers of people with dementia spend an average of five hours a day on care and support. This constant workload often results in limited time for rest or personal needs, often causing stress and other negative health consequences in family caregivers. The aim is to describe the impact of supporting people with MCI or mild to moderate dementia over a period of 12 months.

Method: The data basis is the baseline survey and 12-month follow-up of the multicentre, prospective register study 'Digital Dementia Register Bavaria - digiDEM Bayern'. The impact of supporting a person with cognitive impairment is assessed using the "Burden Scale for Family Caregivers – short form" (BSFC-s). The change in the caregiver burden within 12 months was classified into three categories – decreased, remained similar, and increased – based on half of the pooled standard deviation.

Results: Data was collected from 300 dyads, consisting of a person with cognitive impairment and a family caregiver. While 34.0% of informal caregivers experience none to low level of caregiver burden at baseline, the others report a moderate (44.3%) or even severe caregiver burden (21.7%). Considering the change in the caregiver burden over the 12-month follow-up, an increase is observed among 32.3% of the informal caregivers. However, some family caregivers report a reduction in their caregiver burden (16.0%).

Conclusion: The results show the importance of offering support to family carers in the early stages of cognitive impairment in order to prevent caregiver burden. However, even if a caregiver burden already exists, it is possible that it will decrease within 12 months. The utilisation of outpatient support services can relieve family caregivers.

Funding: The project is funded by the Bavarian State Ministry of Health and Care (StMGP) as part of the funding initiative 'BAYERN DIGITAL II' (funding code: G42d-G8300-2017/1606-83)

P524**Baluchonnage: An innovative model of in-home, long-term respite and support for people living with Alzheimer's and their caregivers. Where a simple user experience meets sophisticated implementation.**

Mrs Frédérique Lucet, Mrs Rachel Petitprez

Baluchon France, Paris, France

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

In France, most respite services for caregivers are short-term or require the person receiving care to move into temporary accommodation. The anticipation of a decline in the person living with dementia's condition can lead caregivers to give up on their respite plans, to the detriment of their own health. This could explain why such respite services, although needed, are often underused.

Baluchonnage, created in Quebec in 1999, offers a different approach, based on the principle of a single, specially trained and supported professional, called "Baluchonneur". Accommodated in the home of the person living with Alzheimer 24h a day for several days, the baluchonneur takes over the practical and moral responsibility of care, allowing the carer to enjoy several days of full respite.

Introducing Baluchonnage in France required addressing two major barriers: labour laws and cost. After six years of successful experimentation (2018–2024), a permanent exemption from standard labour law now makes Baluchonnage possible. Ensuring quality, however, depends on strict adherence to its ethical principles and best practices, and genuine trust between all parties : care recipient, caregiver, baluchonneur and service provider.

We will see how Baluchonnage requires exceptional professionals with outstanding interpersonal skills, supported by both initial and ongoing tailored training, supervision, and a collaborative network between service providers. We will explain why such a minimalist and ecological model of respite thus relies on a careful and complex organisation to maintain its high standards.

We will present how Baluchonnage functions in practice, highlight its unique benefits, and discuss its current status in France. Finally, we will examine the remaining challenges, particularly the question of cost and scaling up, drawing on recent data and findings from a study measuring avoided cost and overall impact.

P525**Suicide and Self-harm following Dementia Diagnosis, from the Perspective of Unpaid Carers**

Ms Helen Tormey¹, **Dr Alys Griffiths**², Dr Sarah Butchard¹

¹University of Liverpool, Liverpool, United Kingdom. ²University of Sheffield, Sheffield, United Kingdom

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Receiving a diagnosis of dementia is associated with an increased risk of suicidal thoughts and behaviours, particularly in the first six- twelve months following diagnosis. Little is known however about this experience from the perspective of unpaid carers.

Unpaid carers provide practical, emotional, and social support to people living with dementia (PLWD). They are therefore key in the recognition and management of suicidal thoughts and behaviours in PLWD. It is also important to understand how these dual caring needs are experienced by unpaid carers. In doing so, understand how to better support PLWD and unpaid carers.

This study aims to explore the experiences of unpaid carers of PLWD. Specifically, PLWD who have engaged in suicidal ideation, self-harm and/or suicidal behaviours.

A total of 13 unpaid carers completed semi-structured interviews. Reflexive thematic analysis was used to analyse qualitative data. Three themes were constructed: Finding out and making sense of suicidal thoughts and behaviours, A range of emotion reactions to similar experience, and Am I doing the right thing? Results provide valuable information about the qualitative experience of unpaid carers of PLWD who also present with suicidal thoughts and behaviours, for which evidence is limited.

Results inform practical implications where education and skills training in risk assessment are advised to both validate and empower unpaid carers. Limitations of the study are discussed in relation to participant sample, and generalisability.

Further research which seeks to explore these experiences from the perspectives of PLWD and carer dyads is recommended. Such research will increase understanding around how PLWD and unpaid carers would like their experiences to be responded to by one another.

P526**Daughters, Sons, Children and Their Families Affected by Younger-Onset Dementia Healing in Community and Advocating for Dementia Justice****Ms Diana Shulla Cose**

Lorenzo's House, USA

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

"There will be a day where we say 'remember how it used to be,' and it would have been a travesty to imagine a world without Lorenzo's House, if it remained just an idea."

Younger-Onset Dementia (YOD) is a public health crisis that remains widely overlooked. Families are left to face emotional trauma, layers of stigma, financial strain and isolation due to a global system that is not built to include their unique needs.

Lorenzo's House is a virtual, global non-profit organization empowering the daughters, sons, children and their families affected by younger-onset dementia through healing in community, advocating for dementia justice and educating for a YOD informed society...

We empower and support families affected by younger-onset dementia through our three pillar programs:

MATCH One-on-one carepartner to carepartner connection with a peer who understands and of a similar profile.

CLUBS Light Clubs are virtual hangout spaces for sons, daughters, and children [age 4-44+] of a parent with younger-onset dementia; Bright Brunch for adult female carepartners and Light Lounge for adult male carepartners. ShineOn spaces for those whose parent/person has passed.

SUMMIT Annual, global, virtual youth-led event uniting sons, daughters and children of younger-onset dementia to educate and advocate.

This session will highlight how these innovative, person-centered approaches to dementia care elevate the voices of our young people and redefine what support can look like for families navigating younger-onset dementia. Participants will hear firsthand stories, gain insights into the resilience and leadership of our community and explore community-driven solutions that foster healing, light and systemic change.

By amplifying these voices, the session underscores a critical truth: no family facing younger-onset dementia should ever have to walk alone.

P527**Lighthouse Calls: Curing Isolation, Building Connection through a Lorenzo's House Lighthouse****Ms Shanelle Snowdon**

Lorenzo's House, USA

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract*"My lighthouse call was the first time someone asked me how I was? And truly leaned in and listened."*

Lorenzo's House empowers sons, daughters, children and families affected by younger-onset dementia.

One of the unique, recurring burdens of this diagnosis is the deep sense of disconnection families experience-often intensified by the stigma that dementia is an "older person's disease." This misconception frequently leaves younger families without appropriate support, misunderstood by their communities and navigating their journey alone.

The Lighthouse Model at Lorenzo's House is an innovative, person-centered response to one of the most pressing and overlooked challenges facing families impacted by younger-onset dementia: isolation.

After a family inquiry, we hold a Lighthouse intake session, a Lighthouse call, over a Zoom. A Lighthouse is a trained volunteer with lived experience who guides the conversation, leans in and listens to the unique needs and support wanted by the family. It is often the first time a family member has felt understood and comfortable to share their story and the challenges they have been navigating.

Following this LightHouse call, the Lorenzo's House team meets to review the needs of the family, their background and welcomes them into our community through our support programs: MATCH, CLUBS & SUMMIT.

The Lighthouse Model from the very beginning dismantles isolation, offering a space where families feel united through meaningful human connection. It provides a relational entry point to a broader ecosystem of community, resources and healing. In doing so, it transforms the experience of seeking help from one of uncertainty and shame into one of welcome and hope.

As families affected by younger-onset dementia continue to fall through the cracks of support, the Lighthouse Model stands as a pioneering framework-redefining how care and empowerment begins—demonstrating the impact of compassion-led innovation.

P528

Identifying the gaps between evidence, guidance, and experience in dementia carer support

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Carers, often family members or friends, play a vital role in supporting people living with dementia. Ensuring they have access to appropriate, evidence-informed support is a recognised priority within many national dementia action plans.

In the United Kingdom, the National Institute for Health and Care Excellence (NICE) guidelines recommend that carers be offered psychoeducation, skills training, and advice about support services and therapies. However, these guidelines, published in 2018, were based on evidence available only up to 2017. Since then, it is unclear how much new research has advanced our understanding of effective support for carers. For example, consultation work undertaken for this project with carers supporting people living with dementia highlights the need for improved advance care planning, greater support to help carers manage transitions if a partner moves into a care home, and concerns about the legitimacy and value of Carers' Needs Assessments, which are often experienced inconsistently.

This presentation will synthesise research published since 2017 on psychosocial interventions aimed at supporting carers. It will outline the types of interventions investigated, their reported effectiveness, and any trends. To complement the evidence review, insights from focus groups with carers will be shared, offering a perspective on the lived experience of support provision and highlighting the gaps between what support carers **should receive** according to guidance and what they **actually do receive**.

Together, these findings reveal key gaps between research, guidance, and carers' lived experiences, and suggest opportunities to align support more closely with carers' needs.

P529**“From participating in life to just sitting on the bench”– sons experiences of caring for a mother in a nursing home.**

Ms Maria Finster Úlfarsson¹, Prof Margét Hrönn Svavarsdóttir¹, Prof Anne Marie Mork Rokstad^{2,3}, Prof Kristofer Årestedt⁴, Dr Kristín Thórarinsdóttir¹

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Adult children are increasingly recognized as key contributors to the care of institutionalized older adults, yet the perspectives of sons remain underrepresented. This qualitative study aims to give voice to adult sons, exploring their lived experiences in caregiving relationships with their mothers in nursing homes, with particular attention to their support and educational needs.

Method: Using the Vancouver School of Doing Phenomenology, 16 participants were interviewed twice, yielding 32 in-depth interviews.

Results: Sons' involvement was shaped by the quality of their maternal relationships, their mothers' health status, and a personal sense of responsibility. Many described strong emotional bonds, with time spent together viewed as meaningful yet often changed by the progression of illness. Caregiving was defined on the sons' own terms, emphasizing autonomy and flexibility. Their contributions ranged from practical assistance, including intimate care, to efforts aimed at enriching their mothers' daily lives and fostering a sense of purpose. Shared caregiving with siblings was common, with female siblings often assuming communication roles with staff, although sons expressed willingness to take on primary responsibilities when needed. Engagement with support and educational resources widely varied: while some sons dismissed all information, others voiced frustration over the lack of guidance and tailored support.

Conclusions: The nursing home stay often reshapes the mother-son relationship, introducing both emotional closeness and distance. These findings suggest that male caregiving in institutional settings can be complex and multifaceted and highlight the need for gender-sensitive, individualized approaches to family involvement in institutional care settings.

P530**Supporting Informal Care Partners Across the Dementia Journey: Pre, During, and Post-Care Perspectives****Ms Viviana Campos**

Universidad Iberoamericana, Mexico City, Mexico

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Informal care partners provide the majority of dementia care globally, yet often face their journey unsupported. This presentation outlines a comprehensive framework addressing the critical needs of care partners in three phases: pre-care, during-care, and post-care.

The pre-care phase focuses on anticipatory education and emotional preparation. This includes building neuroscience literacy to understand dementia symptoms as neurological processes, recognizing ambiguous loss and anticipatory grief early to validate emotions, applying family systems training to share caregiving responsibilities, and planning proactively to manage future challenges.

During-care support aims to sustain care partner well-being through neuroprotective strategies such as physical exercise, nutrition, and mindfulness, alongside psychological interventions including cognitive behavioral therapy and acceptance-based approaches. Community resources and technological aids also play a vital role in alleviating caregiver stress and enhancing quality of life.

Post-care strategies address grief processing, identity reconstruction, and both cognitive and physical rehabilitation. Encouraging social reconnection and honoring the care partner's experience supports healing and adjustment after caregiving ends.

Grounded in principles from neuroscience, family therapy, and thanatology, this model advocates moving from fragmented, reactive support to proactive, integrated, and humanized care. It highlights the importance of culturally sensitive and scalable solutions that recognize care partners' essential contributions to dementia care and promote their resilience and well-being.

Fostering such support systems is vital not only for care partners' health but for public health and human rights globally.

P531

Crossing the Line from Family Member to Family Carer: Supporting family carers to provide personal care to those living with dementia.

Prof Dawn June Brooker¹, Mrs Faith Frost¹, Mr Thomas Morton¹, Ms Jennifer Bray¹, Mrs Susan Briggs¹, Ms Louise Carter¹, Dr Paul Campbell², Dr Shirley Evans¹, Prof Tracey Williamson³

¹University of Worcester, Worcester, United Kingdom. ²University of Keele, Keele, United Kingdom. ³Betsi Cadwaladr University Health Board, Bangor, United Kingdom

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: The Crossing the Line project aimed to gain an understanding of the experiences of family carers in relation to supporting and providing personal care (assisting with continence, washing, bathing, oral hygiene, helping to eat and drink) to people living with dementia. Following a co-production approach, the research findings were used to inform the production of a range of resources to benefit both family carers and professionals.

Methods A co-production approach was utilised to ensure the experience and expertise of people who are (or have been) family carers were at the core of the project. A combination of survey (285 UK carers) and in-depth interviews (28 carers) helped to provide an overview of the commonly faced challenges, coping strategies and support mechanisms. Three day-long collaborative co-production workshops were hosted during which the research findings were presented and discussed. In addition to family carers and people living with dementia, these workshops included representation from health care and the voluntary, community, and social enterprise sector who provide advice and support to people affected by dementia.

Results: 83.5% family carers experienced challenges such as lacking knowledge, skills and time to support someone with personal care, and did not know how to access practical support. The workshops identified that carers wanted easy-to-find information and practical advice on specific personal care activities (e.g. help with washing, teeth cleaning, continence).

Conclusions: A series of accessible printed and online booklets, informative films and a website were co-produced and are hosted online <https://caringhelp.on.worc.ac.uk/>

In the past 12 months the online booklets have been downloaded over 14,100 times. Feedback from families and professionals has been very positive. Further research is now required to assess the impact of these resources on the reduction of challenges and difficulties, the nuances of relationships and the needs of people from diverse communities.

P532**The Role of Family Caregivers in Providing Care for People Living with Dementia in the Republic of Serbia**

Dr Slađana Pavković^{1,2}, Mrs Nadežda Satarić¹, Mrs Željka Gortinski¹, Dr Natalija Perišić³

¹Serbian Association for Alzheimer's Disease, Belgrade, Serbia. ²Wicking Dementia Research and Education Centre, University of Tasmania, Hobart, Australia. ³Faculty of Political Science, University of Belgrade, Belgrade, Serbia

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Background: Dementia progressively affects cognitive, physical, functional, and psychological domains, with family caregivers serving as the primary support system. While Western European countries have established comprehensive caregiver support frameworks, Serbia lacks evidence-based data on caregiver experiences and needs. This represents the first research examining dementia care from the perspective of Serbian family caregivers.

Objective: To explore challenges, emotional experiences, and support expectations of family caregivers providing care to people living with dementia in Serbia, examining their perspectives on healthcare system, social, and governmental support needs.

Methods: This sequential mixed-methods study combines quantitative surveys with qualitative interviews/focus groups. A minimum of 30 participants will complete questionnaires (10-15 minutes), followed by individual interviews (30-45 minutes) or focus groups of approximately 5 participants (60-90 minutes). Quantitative data will be analysed using SPSS descriptive statistics; qualitative data will undergo reflexive thematic analysis using NVivo software. The data collection takes place from 1. October to 1. December 2025.

Expected Results: Findings are anticipated to reveal significant gaps in psychological, social, and financial support for Serbian family caregivers, with potential identification of unmet needs across healthcare and social and aged care system.

Conclusion: This pioneering research will provide evidence-based foundation for advocating policy changes, developing the National Strategy Against Dementia, and recognizing dementia as a healthcare priority in Serbia. Results will inform international understanding of dementia care challenges in Eastern European contexts and support funding applications for caregiver support programs.

P533**Feedback from a five-year pilot project of home support adapted for patients with a neurocognitive disease and their caregivers.****Mrs Clémence Lefèvre**

Alzheimer Belgique, Bruxelles, Belgium

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

The Belgian patient association "Alzheimer Belgique" was part of a federal pilot project which aims to help the elderly population staying at home as long as possible with a good quality of life. This association adapted for 5 years the project to meet the needs of people with neurocognitive diseases and their caregivers. The association accompanied more than a thousand families with this project and recruited more than 50 independent occupational therapists, psychologists, neuropsychologists and case managers. Alzheimer Belgique supported this staff with supervision, multidisciplinary meetings and training.

We interviewed 250 families to better understand their needs on various subjects: care & health, daily life & autonomy, social and relationship aspects, emotional and psychological support, life of the caregiver, organization and administrative aspects and finally support network.

We also questioned the temporality of the accompaniment and data shows that families wait for their loved ones to have a certain loss of autonomy to ask for help.

Our objective was also to see the impact of our intervention within the network itself by helping the professionals to understand the pathology, by coordinating around the person's life project by giving communicational tools to help better the relationship with the helpers and by adding new types of help.

We were able to experience how each profession could work hand in hand to meet the family's needs by this home support and what was missing for certain situations. We had to define clear objectives of intervention for the staff.

We are convinced that this project has a major impact on the quality of life of people living with dementia and their caregivers.

P534

Between Love and Obligation: Navigating Moral Complexity and Systemic Challenges in Dementia Family Caregiving across Eight Countries

Prof Daniel Sperling¹, Prof Sigurd Lauridsen², Dr Nadiye Barış Eren³, Dr Veronika Csonka⁴, Dr Elona Gaxhja⁵, Dr Seda Guney⁶, Dr Dervla Kelly⁷, Dr Ana Morais⁸, Dr Adriana Paladi⁹, Mrs Ilma Toci⁵, Dr Merle Varik¹⁰, Dr Gila Yakov¹¹

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: As dementia progresses, family caregivers (FCs) face increasing ethical dilemmas, balancing respect for autonomy with ensuring safety and well-being. This cross-country study seeks to explore and understand these challenges, which vary significantly across cultural and social contexts.

Method: A cross-country qualitative study was conducted across eight countries: Albania, Estonia, Hungary, Ireland, Israel, Moldova, Portugal, and Turkey to answer the following research questions: 1) What are the ethical issues, dilemmas, and decision-making processes of FCs of people with dementia?; 2) How are these ethical issues, dilemmas and tensions in decision-making being resolved or managed?; and 3) How do these ethical issues, dilemmas, and decision-making processes impact the quality of dementia care. Semi-structured in-depth interviews with 97 family caregivers were conducted from March to September 2024. Data were analysed using Interpretative Phenomenological Analysis, followed by a meta-theme synthesis during collaborative workshops.

Results: Four overarching meta-themes were identified: (1) moral significance of dementia care - FCs face ethical and moral challenges in dementia care, including issues of consent, autonomy, and balancing their own well-being with that of the people with dementia; 2) caregiving as an act of love and obligation - family caregiving is full with emotional bonds, positive aspects, and family motivations for caregiving, alongside the care burden; (3) systemic and structural caregiving challenges - caregiving is performed within broader social and healthcare systems shaping the application of principles of justice and equity the impact of systemic and financial barriers; and (4) opportunities for policy and service improvement - pointing forward and emphasizing systemic and care improvements.

Conclusions: The findings underscore the complex ethical landscape of dementia care, shaped by personal, familial, and systemic dimensions. Enhanced training, policy support, and culturally sensitive ethical guidance are crucial to better support caregivers in their decision-making processes.

P535**Dementia Support: A QR Code Linktr.ee Pilot Across Blue Light Services, Informal, Community and Health Services in North Wales**

Ms Kayleigh Wheeler¹, Ms Bethan Jones², Ms Tracey Williamson³, Ms Melanie Sillet⁴, Mr James Roberts⁵

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³Betsi Cadwalader University Health Board, United Kingdom. ⁴North Wales Regional Partnership Board, United Kingdom. ⁵North Wales Fire and Rescue Service, United Kingdom

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Accessing dementia support in emergency, community and informal health settings can be challenging and overwhelming for people living with dementia and those supporting them. In North Wales, a collaborative pilot project was launched to address this gap by introducing IPC-compliant QR code stickers linked to a dementia support Linktree, a centralised digital platform hosting trusted resources, guidance, and signposting.

Developed by the Welsh Ambulance Services University NHS Trust in partnership with North Wales Police, BCUHB, North Wales Fire & Rescue Service, Betsi Cadwallader University Health Board and the North Wales Regional Partnership Board, the initiative aimed to simplify access to dementia support across ambulances, hospital waiting areas, police stations, and other community settings. Although, this list is not exhaustive. The QR code stickers were designed for easy cleaning and placement in high-traffic areas, allowing ambulance crews, healthcare professionals, and members of the public to instantly access dementia-friendly information using mobile devices.

The Linktree platform enables multi-agency content management and provides analytics to monitor engagement and refine resources. The project has been co-created with input from people living with dementia, care partners, and frontline staff, and has been widely shared across stakeholder groups to gather feedback and inform ongoing improvements which continues to evolve the project. Feedback from the trial highlighted improved visibility of support services, reduced information fragmentation, and enhanced confidence among emergency staff and other stakeholders when signposting individuals to appropriate care.

This low-cost, scalable solution demonstrates how digital innovation can empower people living with dementia and their care partners, while supporting frontline teams to deliver compassionate, informed care in time-sensitive environments

Whilst the app is configured for access on mobile devices, it can also be accessed here on a desktop device.

Dementia Support | Linktree
Cymorth Dementia | Linktree

P536**Supporting the Care Partners' Journey: Global lived experience insights and strategies across the care continuum**

Ms Helen Bundy Medsger^{1,2}, Ms Kelly Ann Beaton³, Mrs Eve Curran¹, Ms Karen Eileen Myers-Barnett³, Ms Sharifah Tahir⁴, Dr Sonia Leonor Sanchez Mendoza^{5,6}, Ms Julieta Enriquez Garcia⁶, Dr Jane Forbes Thompson⁷, Mr Oluwagbemiga Oyinlola⁸

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Caring for a person living with dementia without preparation, skill-set, adequate education, and support has profound physical, emotional, social, and financial impacts on care partners. The over-biomedicalization of dementia care often silences the relational and socio-cultural experiences of care partners. This panel amplifies voices of current and former care partners including spouses, children, siblings, and grandchildren of people with Alzheimer's, Lewy body, frontotemporal, and vascular dementia. It further aims to highlight lived experiences and innovative, culturally informed strategies supporting evolving care needs from diagnosis through end-of-life and beyond.

These contributors, representing diverse geographic, cultural, ethnic, and economic backgrounds, are actively engaged in advocacy, research, dementia awareness, education, and health policy. Their lived experience reveals nuanced challenges and the adaptive strategies that have been proven effective to them, underscoring the importance of flexible, culturally responsive, and personalized, disease-specific support.

Care partners, whether family members (including adults and children) or chosen family (such as friends and neighbors), require practical skills, education and ongoing emotional and social support to navigate the complexities of daily care while maintaining their own wellbeing. We emphasize the need for supports that evolve alongside the caregiving journey, integrating knowledge of dementia and brain health, effective communication strategies, available services, self-care practices and culturally relevant approaches to end-of-life and bereavement.

By combining a panel of lived experience experts with information about evidence-based interventions and community initiatives, this session will offer a multifaceted framework for supporting care partners globally. Our ultimate goal is to both promote healthier outcomes for care partners and enhance the dignity and quality of life of the people they support throughout the entire care experience.

P536

Zoom Support Groups for Dementia Caregivers: Advantages and Limitations

Dr Nati Blum

EMDA, Israel

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Family caregiver support groups are a proven lifeline—offering shared understanding, practical tips and a sense of “I’m not alone.” Since COVID-19, many programmes—including EMDA’s nationwide network—moved online, and Zoom-based groups have become a permanent part of the support landscape. This session distils what works, what doesn’t, and how clinics and associations can use virtual groups to reach more caregivers without losing the human touch.

What attendees will learn

- **Accessibility & reach:** Why Zoom removes barriers of distance, mobility, work hours and respite needs; how it enables language-/topic-specific groups and regular continuity despite external disruptions.
- **Comfort & engagement:** When home settings reduce anxiety and encourage sharing—and facilitation techniques that keep quieter participants visible and safe.
- **Limitations to address:** The loss of in-person cues and “hug moments,” technology hurdles for some families, Zoom fatigue, and home interruptions; practical fixes including brief tech onboarding, co-facilitation, clear turn-taking norms and shorter, focused sessions.
- **Quality & outcomes:** How virtual groups can deliver comparable benefits in stress reduction and peer connection once initial hurdles are bridged.
- **Hybrid models:** A pragmatic path that keeps high-value face-to-face meetings while using Zoom to serve those who would otherwise receive no support at all.
- **Format and takeaways** The lecture blends field experience, facilitator checklists and caregiver voices into a concise playbook: how to select candidates for Zoom, set up safe ground rules, structure 60–75 minute sessions, and integrate brief skills segments (communication, routines, self-care). We will also outline simple referral pathways between memory clinics, community services and associations, and share a one-page “starter kit” for immediate use. We close with Q&A to gather local constraints and success tips from participants—toward a shared, scalable standard of hybrid caregiver support.

P537**Effects of interventions on the psychosocial health and wellbeing of informal caregivers of people with dementia in low- and middle-income countries (LMICs): a systematic review and meta-analysis**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Background: As dementia prevalence increases globally, the reliance on informal caregivers grows, particularly in low- and middle-income countries (LMICs) where formal care resources are limited. This review examined the effects of non-pharmacological interventions (NPIs) on the psychosocial health and wellbeing of informal caregivers of people with dementia in LMICs.

Methods: A systematic review and meta-analysis was conducted following PRISMA guidelines. Seventeen global and 12 regional databases, along with supplementary sources, were searched from inception to July 2025. Randomised controlled trials of NPIs delivered to informal dementia caregivers in LMICs were included. The primary outcome was caregiver burden; secondary outcomes included distress and depression. Data were synthesised using meta-analysis where appropriate and narratively where heterogeneity precluded pooling. Risk of bias was assessed using Cochrane RoB 2.0. This review is registered with PROSPERO (CRD42021283611).

Results: From 2,369 records screened, 35 papers (32 RCTs) representing 13 LMICs met inclusion criteria; 24 contributed to the meta-analysis. NPIs demonstrated significant post-intervention improvements in caregiver burden (MD 8.7, 95% CI 4.1–13.3), distress (MD 4.3, 95% CI 0.5–8.2), and depression (MD 5.9, 95% CI 1.7–10.1). Interventions were delivered in-person, remotely, or via hybrid models, with all formats generally beneficial. Narrative synthesis indicated variable effects on quality of life, self-efficacy, and stress, influenced by contextual and cultural factors.

Conclusions: Non-pharmacological interventions effectively enhance psychosocial wellbeing among informal dementia caregivers in LMICs. However, diverse delivery modes and cultural contexts highlight the need for adaptable, resource-sensitive approaches. Findings underscore the importance of supporting informal caregivers as a public health priority within dementia care systems globally.

P538**Caring through two lenses: how being a nurse and daughter shaped compassionate practice and advocacy in dementia care**

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Queen's University Belfast, Belfast, United Kingdom

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Becoming a carer for my father, who lives with dementia, changed not only my personal life but also the way I understand nursing. My professional knowledge gave me the confidence to navigate services, communicate with health teams, and plan care, but caring for someone I love transformed that knowledge into something deeper, an understanding of what compassionate, person-centred care truly means.

Through my father's journey, I witnessed the everyday realities of dementia: the joy in small routines, the power of dignity, and the importance of being seen as more than a diagnosis. These experiences strengthened my belief that the insights of families and carers are essential to shaping meaningful dementia care. As a nurse educator, I now use these experiences to help students connect theory with humanity to see carers and people living with dementia as experts in their own right.

Patient and Public Involvement (PPI) offers a vital pathway for this partnership. By including carers in education, research, and service development, we create care that is not only clinically effective but emotionally intelligent and sustainable.

Caring for my father has taught me that nursing is as much about listening and collaboration as it is about knowledge and skill. Bringing carer voices into professional spaces ensures that our responses to dementia are grounded in empathy, respect, and shared purpose building solutions for both today and tomorrow.

P539

From Pilot to National Movement: Scaling Virtual Dementia Caregiver Support in Ghana

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Background: Family caregivers in Ghana shoulder the bulk of dementia care with minimal formal support. In 2024, we reported on the inception of Ghana's first nationwide virtual support group, connecting and educating caregivers via WhatsApp and Zoom. Two years on, the initiative has evolved from a pilot project into a vibrant national community.

Objectives: To showcase progress since 2024, highlighting how the group has scaled, adapted, and sustained impact for caregivers across diverse settings.

Methods: Between 2023 and 2025, we tracked membership growth, participation patterns, and engagement in monthly moderated discussions. Caregiver experiences were captured through surveys, focusing on knowledge gained, and access to practical and emotional support.

Results: Membership has expanded from under 20 to more than 200 caregivers spanning all regions of Ghana. There has also been a significant growth of volunteer base, involving over 30 professionals across health, law, social care, architecture and other relevant disciplines. The platform has organically developed into a referral hub, linking families to clinical and community-based resources. Importantly, the group has enabled national dialogue on dementia, giving caregivers a collective voice in shaping awareness and advocacy. Challenges remain—particularly digital literacy gaps and making it accessible in more local languages—but the model's resilience underscores its potential for wider replication.

Conclusion: What began as a small digital experiment is now a national movement transforming dementia caregiver support in Ghana. This low-cost, scalable model demonstrates how digital platforms can bridge care gaps in low-resource contexts and offers a blueprint for similar initiatives across sub-Saharan Africa and beyond.

P540**Multidimensional Perspectives in Family Care for Individuals with Alzheimer's Disease: A Theoretical Review Based on the Biopsychosocial and Spiritual Approach of Logotherapy Toward a Comprehensive Understanding of Care and Human Dignity**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

This theoretical review examines the scientific literature on family caregivers of people with Alzheimer's disease from a multidimensional perspective that integrates biopsychosocial and spiritual approaches inspired by Viktor Frankl's logotherapy. The main purpose is to reflect on how caregivers face the challenges of care, find meaning in their experiences, and preserve the dignity of those they support. Unlike most studies focused on the psychological dimension, this work expands the view toward the spiritual dimension, proposing a comprehensive understanding of quality of life for both patients and caregivers.

A bibliographic review was conducted of articles published between 2008 and 2023 in databases such as EBSCO, Redalyc, Google Scholar, and SciELO, using thematic categories including ethics, dignity, values, quality of life, and meaning of life. The studies were analyzed through the lens of logotherapy and existential analysis, emphasizing caregiver well-being, responsible decision-making, and the construction of meaning in the act of caregiving.

Results show that while emotional management strategies to reduce caregiver burden are frequently highlighted, the spiritual dimension remains underexplored. However, values such as love, gratitude, and altruism enable caregivers to transform the caregiving process into an experience of personal growth, resilience, and fulfillment. The sense of meaning emerges as a key factor in the perception of dignity and quality of care, strengthening inner freedom and ethical responsibility in the face of suffering.

It is concluded that integrating the spiritual dimension into research on Alzheimer's disease and family caregiving is essential to fully understand the caregiver's experience. Policies and programs should promote caregiver-patient relationships as meaningful encounters, encouraging reflection on values, resilience, and human dignity.

P541**Stress Triggers and Psychosomatic Responses in Dementia Care Partners: Associations with Condition Stage and Behavioral Symptoms**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: This study examined the relationship between psychosomatic responses, perceived stress, and condition-related characteristics in people living with dementia, focusing on how condition stage and behavioral symptoms influence the wellbeing of their family care partners.

Methods: A cross-sectional survey was conducted with 500 family care partners supporting older adults living with dementia in two cities in Jalisco, Mexico. The questionnaire collected sociodemographic and caregiving data, self-rated health, and psychosomatic symptoms using the Patient Health Questionnaire-15 (PHQ-15). The Zarit Burden Interview (ZBI) and the Perceived Stress Scale (PSS-10) assessed caregiving demands and stress. The stage of the condition and behavioral expressions were reported by care partners using the Global Deterioration Scale (GDS) and a checklist of common behaviors such as agitation, irritability, disorientation, and sleep–wake alterations.

Results: Participants' mean age was 52.8 years (SD = 12.3); 72% were women. The mean ZBI score was 41.7 (SD = 13.5), reflecting moderate-to-high caregiving demands, while the mean PSS-10 score was 26.4 (SD = 7.8), indicating elevated perceived stress. According to the PHQ-15, 84% of care partners reported at least one psychosomatic symptom—most frequently sleep disturbance (62%), muscle tension (49%), and gastric discomfort (45%). Care partners of individuals in GDS stages 5–6 reported higher caregiving impact (M = 46.9) than those in stages 3–4 (M = 36.2), $t(498) = 5.84$, $p < .001$. Behavioral symptom severity correlated positively with perceived stress ($r = .47$, $p < .001$) and total PHQ-15 scores ($r = .39$, $p < .001$).

Conclusions: Findings reveal a strong link between condition stage, behavioral expressions, and psychosomatic strain among care partners. Early stress-regulation and body–mind awareness interventions may help sustain care partners' wellbeing and strengthen community-based dementia support.

P542**Finding common language: using the Nonviolent Communication approach to support dementia caregivers in Ukraine**

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Nezabutni Charitable Foundation, Ukraine

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Family caregivers of people with dementia in Ukraine often describe the daily struggle to stay patient, to listen with empathy, and to express their own needs without guilt. In response, Nezabutni Charitable Foundation piloted a psychosocial support program for caregivers using Marshall Rosenberg's Nonviolent Communication (NVC) method, based on four steps — observation, feelings, needs, and requests — that help turn tense interactions into empathetic dialogue. Though widely applied in personal development and education, using NVC in dementia care is a new approach in Ukraine.

Between May 2024 and September 2025, **128 caregivers took part in workshops and support groups led by accredited NVC trainers who adapted the program to be dementia-informed.** Sessions combined short teaching, role play, and reflection, guiding caregivers to apply the method in daily care situations. Outcomes were measured through pre- and post-intervention self-report surveys and focus group feedback. 98% of participants said they felt ready to use new skills and insights in caring for their relatives living with dementia.

The method fostered empathy not only toward the person with dementia but also toward oneself—recognizing the caregiver's needs as equally important. One participant shared that she “stopped blaming herself for being tired, and started asking for support in a kind way.”Participants also reported greater understanding of behaviours as expressions of unmet needs rather than resistance. The group format provided peer connection and emotional support, reducing isolation and building solidarity.

While limited in scale and based on self-report data, the pilot demonstrated the feasibility and cultural relevance of NVC in the Ukrainian caregiving context. The approach supported both caregiver well-being and family communication, showing potential for replication in other low-resource or crisis-affected settings. Future steps include scaling up, involving people with dementia in adapted sessions, and conducting longitudinal evaluation.

P543

Association Between Well-Being of People with Younger Onset Dementia and Their Caregivers and Medical and Social Service Use: A 6-month Post-Intervention Analysis

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aim: People with Younger Onset Dementia (PwYOD) often experience distinct challenges that impact the well-being of themselves and their care partners (CP), leading to increased medical and social service use. Targeted post-diagnostic intervention is important to delay unnecessary hospitalisation and institutionalisation. This study aimed to identify factors associated with medical and social service usage among PwYOD after a post-diagnostic support programme.

Method: A cohort study design was employed to investigate the association between baseline well-being of PwYOD and CPs and utilisation of hospital service (emergency department attendances, hospital admissions), residential care, and community service (day care, rehabilitation) of PwYOD up to six months after intervention. The intervention was a diagnostic and counselling programme to empower PwYOD and their CPs to maintain their daily functioning. Variables with $p < 0.2$ in univariate regression were included in multivariate models. Final models defined significance at $p < 0.05$.

Results: Of 95 participants, 37 (38.95%) used community service, 17 (17.89%) used hospital service and 8 (8.42%) used residential care up to six months after intervention. Higher baseline caregiving efficacy in obtaining respite was associated with decreased odds of community service usage (adjusted odds ratio [AOR]=0.966, 95% CI: 0.938-0.995, $p=0.020$). Higher baseline quality of life (QOL) of PwYOD was associated with decreased odds of hospital service usage (AOR=0.845, 95% CI: 0.715-0.998, $p=0.048$). No factor was associated with residential care usage.

Conclusion: Better well-being of people with younger onset dementia and care partners is associated with reduced medical and social service use, supporting the value of targeted post-diagnostic intervention. The findings identified therapeutic goals, such as improving QOL of PwYOD and enhancing caregiving efficacy, that may help facilitate ageing in place and reduce acute care use. Future research should employ longitudinal, randomised controlled trial design with larger sample sizes to explore long-term impact of intervention on care outcomes.

P544

Depression and Burnout Among Informal Caregivers of Patients with Dementia in Cameroon

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Background: Individuals with dementia requires daily care, most often provided by informal caregivers, exposing them to emotional exhaustion and psychological disorders among caregivers. This study aimed to determine the prevalence and associated factors of burnout and depression among informal caregivers of individuals with dementia.

Patients and Methods: This cross-sectional study was conducted in two referral hospitals from January 25 to April 30, 2025. Caregivers aged over 20 years, living with the patient and providing care for at least 3 months were divided into two groups: caregivers of patients with and without dementia. Burnout was assessed using the Maslach Burnout Inventory (MBI) scale, and depression was assessed using the PHQ-9 score. Predictive factors were identified using multinomial logistic regression. Statistical significance was set at $p < 0.005$.

Results: A total of 105 and 210 age and sex-matched caregivers of individuals with and without were included respectively. The prevalence of burnout was high in both groups, without significant difference ($p > 0.05$). In contrast, depression was significantly more common among caregivers in the dementia group (48.6% vs. 15.2%, $p < 0.001$). Predictors of burnout included the patient's hallucinations (aOR = 1.008; $p = 0.013$) and spousal relationship (aOR = 1.277; $p < 0.001$). Depression was associated with patient apathy (aOR = 7.94; $p = 0.023$). A significant association was also found between burnout and depression (OR = 6.74; $p = 0.004$).

Conclusion: Informal caregivers of individuals with dementia are particularly prone to depression. These results highlight the need for systematic screening and structured psychological support for caregivers.

P545**A Resource Center for caregivers supporting people living with Alzheimer's disease or related disorders**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

There is no single path when it comes to Alzheimer's disease. Its diagnosis and progression are unique to each individual. Factors such as the person's environment, lifestyle, place of residence, and the timing of diagnosis all play a critical role in shaping their journey.

One of the defining characteristics of Alzheimer's disease is the essential role of caregivers in supporting the affected individual. We have observed that caregivers often feel overwhelmed by the vast amount of information available online, which is not always reliable or up-to-date. Therefore, we aim to create a reference resource center dedicated to Alzheimer's disease and related disorders.

To inform, advise, listen to, and guide caregivers.

To develop a "toolkit for Alzheimer's disease" where caregivers can find the resources they need, precisely when they need them.

To provide personalized support to caregivers by assisting them in their efforts through a dedicated helpline.

Following focus groups composed of caregivers, healthcare professionals, and patient association members, it was decided that the caregiver resource center would include:

An online information portal, accessible via computer and available as a mobile application.

A directory listing professionals specializing in the care of individuals with Alzheimer's disease.

A dedicated helpline and email address, managed by a social worker trained in the specifics of Alzheimer's disease.

A physical welcome center is also planned for a later phase.

The goal is to provide caregivers with a trusted, go-to resource—not just another source of information. To ensure its effectiveness, the center will be managed in collaboration with various partners.

P546**CareEngage: Evaluating a technology-supported intervention to promote social connections among older dementia carers**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Technology-supported social interventions hold promise for reducing loneliness among dementia carers, yet few studies have evaluated the feasibility of such programs for older carers. The CareEngage program was developed to address this gap, offering an accessible online intervention that facilitated interest-based social interactions for older adult dementia carers through unmoderated, small-group discussions. We used a pragmatic design to explore the benefits.

Method: The current analysis evaluated the role of dose on primary outcomes, as well as program acceptability metrics, by examining participants' perceptions of usefulness, ease of participation, enjoyment, and engagement, rated on a 5-point Likert scale. The intended dose was eight sessions over four weeks, and participants were encouraged, but not required, to meet this target.

Results: Sixty-eight carers aged 60+ ($M = 69.0 \pm 6.8$ years) completed the intervention. Dose ranged from 2 to 8 sessions ($M = 7.3 \pm 1.3$), with 65% ($n = 44$) completing all eight sessions. Higher dose was significantly associated with greater reductions in loneliness ($r = .40$, $p < .001$) and improvements in social connectedness ($r = .27$, $p = .002$), indicating that dose may be an important modifiable factor. Summative evaluations following the intervention period demonstrated strong ratings for program feasibility and acceptability, with participants positively rating usefulness ($M = 3.5 \pm 1.2$), ease of participation ($M = 4.1 \pm 0.9$), engagement ($M = 4.1 \pm 0.9$), enjoyment ($M = 4.1 \pm 0.9$), and reporting a high likelihood of recommending the program to others ($M = 4.0 \pm 1.2$).

Conclusion: The CareEngage program demonstrated strong feasibility, acceptability, and effectiveness, highlighting its potential as a scalable model for technology-supported social interventions for dementia carers. At the same time, results underscore the importance of balancing delivery flexibility with sufficient engagement or intensity (dose) to achieve meaningful, implementable outcomes. These insights can guide implementation and impact of social intervention programs.

P547

Sharing an Example of Successful Co-Design with Minority Ethnic Groups Improving Transitions into Care Homes for People Living with Dementia and Their Families through Co-Production, STRONG MOVES: Supporting Transitions to Residential or Nursing Homes that Offer Validating and Equitable Services

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Strong Moves aims to improve transitions into care homes for people living with dementia and their families by developing a decision aid that enhances the quality of decision-making around care moves. A new family module will be co-created to be embedded within an intervention programme designed to support good care practices. This resource will aim to facilitate effective transition planning, reduce distress, and ensure cultural relevance, particularly for under-served groups.

Our presentation outlines the process of co-creating this module through an co-production workshops, with the aim being to support families facing difficult and emotional decisions about future care needs. We actively engaged with carers from South Asian communities, an underrepresented group in the care home sector to understand their experiences and the dilemmas they face when considering care options for relatives with dementia.

From the outset, we adopted an authentic, inclusive approach, involving people with lived experience in the planning and designing the co-production workshops. Together, we chose to use creative engagement methods, specifically the World Café approach, to foster open dialogue. Existing decision-making resources for dementia carers were critically reviewed, and participants drew on their own cultural backgrounds to evaluate and adapt these materials.

The outcome will be to create a culturally inclusive manual that reflects the perspectives and experiences of South Asian families. We plan to pilot the module with other stakeholders and families from diverse backgrounds, incorporating their feedback to refine the resource further. The final version is designed to be practical, inclusive, and widely applicable.

The work is funded by Hallmark charitable foundation, via a charitable donation. Findings and the completed module will be shared at a launch event, with the goal of promoting its use across communities and improving care transitions for families affected by dementia.

P548

Support Groups for Caregivers of People with Dementia: Preparation for Community Implementation

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aim: To assess readiness for implementing a strategy to form support groups for caregivers of people with dementia in the community.

Methods: Design of readiness for community implementation in six phases: Phase 1) Identification of dementia support groups in Mexico; Phase 2) Formation of expert groups; Phase 3) Definition of content based on evidence; Phase 4) Design of materials; Phase 5) Design of a training strategy; Phase 4) Pilot testing in four different hard-to-reach urban and rural settings.

Results: Phase 1) Based on a preliminary search of websites, Facebook, and Instagram, a total of 19 support groups belonging to associations affiliated with the Mexican Alzheimer's Federation in Mexico were identified. It is noteworthy that almost half are operated by an association in northern Mexico. Regarding Phase 2) Formation of expert groups, three groups were formed: Group 1: Facilitators with experience in dementia support groups; Group 2: Healthcare professionals who care for people with dementia; and Group 3: Family members/caregivers of people with dementia. Phase 3) Definition of content based on evidence: three manuals and an ADI guide on support groups were reviewed, along with information from 12 in-depth interviews with experienced facilitators and healthcare professionals: a geriatrician, a psychiatrist, a physical therapist, a nurse, a palliative care specialist, and a psychologist.

Conclusions: Experiences with active support groups were documented, in addition to the needs expressed by users and professionals. Evidence was gathered to begin Phases 4 and 5 in the design of materials, tools, and distance learning training. Actions were implemented in accordance with the recommendations of Mexico's National Dementia Plan.

P550**Examining Secondary Stressors as Predictors of Pre-Death Grief among Family Care Partners of Persons with Alzheimer's Disease and Related Dementias (ADRD)**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Most care for individuals with Alzheimer's Disease and Related Dementias (ADRD) is provided by unpaid family and friends. The stressors accompanying ADRD care provision are multidimensional and include demands of direct care delivery (primary stressors) in addition to the role of care provider, and the intrapsychic strains derived from that role. Further, the nature of ADRD progression makes pre-death grief highly prevalent among care partners, though little is known about factors that influence grief within the context of ADRD. Using the Stress Process Model as a framework, this study examines predictors of pre-death grief in ADRD family care partners.

Methods: Data were collected from 63 primary ADRD family caregivers (Mage=56.08, SD=15.09) who participated in a mixed-methods project examining unmet needs. The current study examined and categorized variables concurrent with the Stress Process Model including background characteristics, primary stressors (e.g. care intensity), and secondary stressors – including role strains (i.e., job-caregiving conflict) and intrapsychic strains (e.g. role captivity). Hierarchical multiple regressions were conducted to examine predictors of pre-death grief.

Results: Care-recipient age was significantly, negatively related to pre-death grief ($\beta = -0.40$, $p < 0.001$). While objective and subjective facets of primary stressors did not significantly predict grief, secondary stressors – specifically relational deprivation ($\beta = 0.25$, $p = 0.008$) and role captivity ($\beta = 0.31$, $p = 0.003$) significantly predicted higher pre-death grief.

Discussion: Findings indicate that it is not the primary stressors of the care providing role that afflict the care partner, but rather, the care partners' appraisal of both the demands of their role and their fading relationship with their care recipient evokes affliction. Modifying one's perception could potentially alleviate hardships experienced. Understanding intrinsic perception as a predictor of pre-death grief may also provide insight on its manifestations in care partners (e.g. burden, depression).

P551**Young Onset Dementia – Peer Research Exploring the Insights of Informal Carers.**

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

This qualitative study of informal (unpaid) carers for people living with a diagnosis of Young Onset Dementia (YOD) was conducted by a previous informal carer of a person living with YOD. The objective of this study was to ascertain informal carers' experience of the support that they received post diagnosis. A review of literature was undertaken to ascertain current knowledge in relation to informal carer experience. The findings allowed the development of an interview schedule that was used to conduct semi-structured interviews with six informal carers, recruited via a memory clinic in a Northern Ireland Health and Social Care Trust. Interviews were conducted in 2022. These were recorded and transcribed allowing an analysis of major themes. Key messages from the interviews included participants feeling that limited knowledge of YOD impacted timely diagnosis and management. Some participants felt that social care services were not sufficiently tailored to the needs of people with YOD and their informal carers.

Participants identified financial implications specific to YOD indicating a need for dedicated tailored support in this area. This study provides social workers and other practitioners with valuable insights into YOD from the perspective of informal carers.

P552

What Shapes Information Experiences Among Informal Dementia Caregivers: A Qualitative Evidence Synthesis

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: To understand what helps or hinders dementia caregivers' information experiences across different caregiving stages and contexts.

Methods: We systematically reviewed 44 qualitative studies involving 1,606 informal caregivers across five continents (2003-2025). Studies were identified through comprehensive database searches and quality-assessed. We analysed experiences at five levels—individual, interpersonal, organizational, community, and policy—identifying 15 key themes.

Results: Information experiences were shaped by multiple interacting factors. Individually, caregivers were capable researchers, but emotional distress, competing responsibilities, and disease uncertainty hindered information processing. Past negative experiences influenced future help-seeking—some became fiercely self-reliant, others withdrew entirely. This created a cycle where system failures produced either hypervigilance or disengagement.

At the interpersonal level, peer support groups provided practical strategies, legal advice, and realistic expectations rarely offered by professionals. These networks functioned as knowledge-transfer systems that filled gaps in formal support. However, access remained unequal, with isolated caregivers most disadvantaged.

Organizationally, fragmented systems sent caregivers in circles between services. Professionals often rushed appointments and overlooked caregiver concerns. This taught caregivers that help-seeking was futile, creating barriers precisely when needs intensified. Specialized services like Admiral Nurses demonstrated that continuity and personalization improved outcomes.

Community-level language barriers and culturally inappropriate resources particularly affected ethnically diverse caregivers, who often needed to choose between accessible services and culturally congruent care.

At the policy level, caregivers drowned in generic information while struggling to find specific answers. Conflicting advice created uncertainty about trustworthiness. Standard approaches—pamphlets or online referrals—failed because they lacked the relational context caregivers needed to evaluate and apply information.

Information needs varied across the journey, with diagnosis requiring reassurance and intensive care requiring crisis management support.

Conclusion: Information experiences depend on quality, not quantity. Effective support requires providing information by validating caregiver knowledge, facilitating peer networks, and creating clear service pathways that build help-seeking confidence.

P553

Exploring the Needs of Care Partners of People Living with Young-Onset Dementia in Poland: A Qualitative Focus Group Study

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Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Aims: Young-onset dementia (YOD), defined as dementia with symptom onset before the age of 65, accounts for approximately 10% of all dementia cases. It differs from late-onset dementia in its etiology, course, and prognosis, as well as in the specific social and practical needs of those affected. Care partners often face substantial social stigma, financial strain, and a lack of age-appropriate support services. Providing care frequently requires major lifestyle changes to meet these unique challenges. Despite these issues, awareness of YOD in Poland remains low, and no dedicated services are available for this underserved group. This study aimed to explore the lived experiences and support needs of care partners of people living with YOD in Poland.

Methods: We adopted a qualitative research design using focus group discussions. Two focus groups were conducted, each including six participants (total N = 12; 10 women, 2 men). The first group met in person and the second online (via Zoom). Participants were members of the YOD support group "Dementia – We Are Together" and were actively engaged as co-creators in the research process. All sessions were audio-recorded, transcribed verbatim, and analyzed thematically by two independent researchers. Participants provided written informed consent prior to participation.

Results: Preliminary analysis revealed several key themes. Prior to diagnosis, care partners reported difficulties with healthcare professionals' limited knowledge of YOD and restricted access to timely diagnostics. After diagnosis, they described multiple systemic barriers, including a lack of formal support services, insufficient guidance, and significant emotional and social burden. Participants expressed a strong need for peer support and access to age-appropriate networks tailored to YOD care partners. Findings from this study will inform the development of a nationwide survey to further assess the needs of YOD families and guide the creation of equitable, responsive support systems in Poland.

P554**If the (caregiving) family member is doing well, the person with dementia is doing well.**

Dr Jasmin M. Prüb, Dr Henning Prüb

Dr. Prüb GmbH, Cologne, Germany

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Although relatives are well informed, they often feel helpless, disoriented and left alone. Alone with their fears, their despair and their sense of hopelessness. The fear of making mistakes is also present – after all, they have no medical or nursing training. All these worries lead to constant tension. They want to do everything right – but don't know how.

Many relatives turn to counseling centers or self-help groups in this situation. The counseling centers provide advice, tips and brochures, but no practical help. Self-help groups provide relief for a brief moment. But as soon as the next unfamiliar situation arises at home, the feeling of helplessness returns.

What relatives are looking for are ideas for solutions. Concrete solutions related to their individual situation; to their personal everyday life. In 2023, relatives approached us with this concern and asked for support. They wanted to find a solution that would enable them to cope well with the situation. They wanted to talk directly to an expert and be shown concrete options. They wanted to be able to see things from a different perspective. This request led to the development of our current support program for relatives of people with dementia. Over a period of several months, we act as personal contacts and companions during regular appointments. These appointments focus on the situations and concerns that are currently affecting the family members, including emotional issues.

Relatives report that this individual, personalized support gives them a greater understanding of the situation and the person with dementia. It helps them to take things less personally and recover more quickly from emotional situations. Overall, the support gives them a different attitude – towards themselves, towards the person with dementia and towards living with dementia. They feel more secure. This also relaxes the situation for the person with dementia.

P555

From Participation to Partnership: Building Collaborative Cultures with Unpaid Carers in Research

Dr Kieren J Egan, Mr John Connaghan, Prof Trish Hafford Letchfield, Prof Roma Maguire and the Future Hospital initiative team

University of Strathclyde, Glasgow, United Kingdom

Topic

Support for dementia carers: Informal carers support: pre, during and post

Abstract

Background: Unpaid carers play a vital role in supporting healthy ageing and wellbeing across the life course including for people who have dementia. Yet unpaid carers remain underrepresented in research and underserved by support systems. The Future Hospital Initiative at the University of Strathclyde seeks to address this gap by embedding carers as partners in innovation, research, and service design—particularly through collaboration with health and social care partners across Lanarkshire and Glasgow.

Objective: We set out to explore building a collaborative carers network that could foster inclusive, co-produced approaches to health and care ideation and innovation. While informed by work in dementia prevention and post-diagnostic support, the network is broad, aiming to support a range of different carers.

Methods: Between January and December 2025 we conducted a number of engagement sessions, workshops, online surveys and concluded with an in-person conference at the University of Strathclyde to decide on next steps. Questions explored co-developing a 'vision', 'values' and what types of activities different stakeholders such as carers, professionals and academic colleagues would be interested to contribute to.

Results: At the time of writing we have engaged over 200 unpaid carers through combined activities and also consulted with wider stakeholder groups. Early findings suggest that over 50% of respondents found our outlined vision as 'clear' or 'very clear', and high priority values included: (i) research bringing together ideas from researchers, professionals and unpaid carers, (ii) the ability to work online and in person across the week/weekend and (iii) that we must keep learning for activities undertaken.

Conclusion: Our work seeks to bridge gaps between research and practice. The work highlights a need for ongoing, meaningful research engagement with carers and the challenges of reaching such a diverse community. Regularly capturing carer perspectives is both feasible and essential for all stakeholders.

P556**Dementia, Culture and Care: A Participatory Model to Promote Dignity and Relationship in Multicultural Settings****Dr Mimoza Doci**¹, Dr Aurora Kokici²¹Provincial Healthcare Services Agency(APSS), Trento, Italy. ²PhD candidate, University of Rome Tor Vergata, Rome, Italy**Topic**

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract**Titolo:** Demenza, cultura e cura: un modello partecipativo per promuovere la dignità e le relazioni in contesti multiculturali**Introduzione:** In un mondo in cui la migrazione e la diversità culturale sono sempre più diffuse, l'assistenza alle persone con demenza deve evolversi per rispondere a esigenze complesse e mutevoli. Le barriere culturali, linguistiche e relazionali possono ostacolare la qualità dell'assistenza, ma offrono anche preziose opportunità di connessione umana e trasformazione sistemica.**Obiettivi:** Presentare un modello partecipativo di supporto terapeutico e relazionale, basato sulla terapia occupazionale, che valorizzi la diversità culturale come risorsa per promuovere l'inclusione, la dignità e il benessere nell'assistenza alla demenza.**Metodologia / Attività pianificate:**

- Attività significative e culturalmente adattate (rituali, musica, oggetti simbolici)
- Percorsi esperienziali ed educativi per i caregiver formali e informali
- Strumenti semplificati per la valutazione del funzionamento, utilizzabili da personale non specializzato.

L'approccio è stato convalidato attraverso l'analisi qualitativa di casi reali.

Ruolo dei professionisti: I terapisti occupazionali svolgono il ruolo di facilitatori dell'inclusione, promotori di co-progettazione e mediatori culturali all'interno della relazione di cura. È prevista una formazione continua per gli operatori sanitari, con attenzione al contesto culturale e alle esperienze dei migranti.**Conclusioni:** Conoscere le storie e le identità di chi convive con la demenza e di chi si prende cura di loro è una parte essenziale dell'assistenza. Questo modello offre una proposta concreta per servizi più accessibili, equi e umani, che accolgono la vulnerabilità senza perdere di vista la dignità.

P557**Education and support for dementia care practices by migrant care workers: Insights from a qualitative survey of managers****Prof Yayoi Shimizu**

Kobe Women's University, Kobe, Japan

Topic

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract

Background: Japan's aging rate reached 29.1% in 2023, with 4.43 million older adults living with dementia (12.3%). By 2040, this is projected to exceed 5.84 million (14.9%). At the same time, an estimated shortage of 570,000 care workers is expected. Since 2017, the number of migrant care workers has risen; however, their Japanese language ability and caregiving skills vary depending on residency status. While both are essential for dementia care, no national training standards exist, leaving education to individual facilities.

Objective: This study explored the support required by migrant care workers and employers to deliver person-centered dementia care, focusing on the ability to (1) create familiar, reassuring environments and (2) provide choices based on residents' life history and preferences.

Methods: A qualitative study was conducted in nine elderly care facilities with 13 managerial staff, including directors, deputy directors, HR managers, and supervisors of migrant workers. Semi-structured interviews (February 2022–March 2023, ~1 hour each) examined training, on-the-job support, and dementia care practices. Data were analyzed using a qualitative data analysis method.

Results: Six categories emerged: (1) employment costs, (2) Japanese language communication, (3) preparation of Japanese staff, (4) organizational adjustments, (5) dementia care challenges, and (6) improving care quality. Across interviews, Japanese language ability was the most frequently raised issue, while dementia-specific care received less attention. Although some facilities recognized the need for further training, few utilized external programs such as those provided by social welfare councils.

Conclusion: Japanese language proficiency remains a central challenge for migrant care workers, influencing their ability to deliver dementia care. Facilities offer wide-ranging support, but dementia-specific education is often limited. Given the absence of national frameworks, stronger public support for dementia care training is needed.

P558

Technology and Social Networks as Supporting Factors on Health and Sleep Patterns in Foreign Caregivers of Disabled Older Adults in Taiwan

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Institute of Gerontology, College of Medicine, National Cheng Kung University, Tainan, Chinese Taipei

Topic

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract

Background: Many families in Taiwan employ foreign care workers to timely care for senior citizens. As an important resource in the community care workforce, the caregiving capacity of home care workers should be emphasized.

Objectives: This study explored the impact of technology and social networks on the health and sleep quality of migrant home care workers in Taiwan.

Material and methods: The study included 33 pairs of migrant workers (20 years or older) and care recipients (65 years or older) in southern Taiwan, using questionnaires and Actiwatch to monitor sleep for a week. Statistical analysis involved Pearson correlation and independent t-tests.

Results: Findings indicated a correlation between social support from family and friends and poor relationship with employers were associated with depression among care workers ($r = -0.504$, $p = 0.003$; $r = -0.375$, $p = 0.032$, respectively). Care workers with good sleep efficiency had significantly higher levels of social support from their family members ($t = -2.162$, $p = 0.042$), and those who used social apps more often had better rapport with their cared-for person ($r = 0.356$, $p = 0.042$).

Conclusions: Sleep in care workers may be associated with self-awareness and depression. Social support from family and friends, relationships with care recipients and employers, and the use of social media may be beneficial in enhancing the caregiving performance of foreign home care workers. Future research should increase to confirm the effect of support factors on the physical and mental health and sleep performance of foreign care workers.

P559

The Holistic Approach to Understand the Family Caregivers of People with Dementia in Taiwan

Prof Tsuann Kuo¹, Ms Yi-Hsiu Lin²

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Topic

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract

Background: The number of people diagnosed with dementia is increasing at 20,000 per year in Taiwan. Not only the system of care but also the increasing number of young-onset dementia weakened the support for people with dementia. Although there is Dementia Action Plan 2.0 in Taiwan, the system to support caregivers from a life course perspective is still fragmented.

Purpose: The purpose of this paper is to explore what holistic approach can be developed to ensure support.

Method: 20 family caregivers were each invited to participate in a structured interview and the content were analyzed to find major themes and challenges.

Results: Participants were 95% female; 60% children and grandchildren; and the lengths of care ranged from 1.5-2 years. The main themes that caregivers faced as challenges were: (1) access care and dementia programs, (2) family dynamics and conflicts, (3) dealing with care recipients' behavioral changes, and (4) stress associated with caregiving. Accessibility was about having a hard time taking the care recipients to the doctors or dementia activities rather than opportunities available. The knowledge and attitudes towards dementia were different among family members thus misunderstandings occurred without being resolved with better communication. Almost all caregivers could not name any activities they did when they were stressed out. Caregivers focused much on caring for their family loved one and neglected to think ahead or take care of themselves, especially when feeling helpless facing recipients' challenging behaviors.

Discussion and Conclusion: Holistic Approaches to convince caregivers were support to allow for respite, relaxation time, communicating with families to share caregiving loads, and health and well-being reminders. A comprehensive program to support caregivers was suggested and will be implemented at the Dementia Integrated Care Center in Central Taiwan.

P560

Filipino-Specific Dementia Respite Care in Australia

Mrs Corina Dutlow, **Mr Jamie Lalwet**, Ms Norminda Forteza

Australian-Filipino Community Services, Melbourne, Australia

Topic

Support for dementia carers: Migration and the importance of cultural context for carers/providers

Abstract

[non-scientific]

Background: Australian-Filipino Community Services Inc. (AFCS) is a specialised aged care organisation supporting Filipino communities in Victoria, Australia. In 2023, AFCS was selected as one of 14 organisations to deliver an innovative respite care model through the Improving Respite Care for People with Dementia and their Carers grant from the Australian Government Department of Health and Aged Care.

Program Overview: The Maharlika Lodge Overnight Respite Program provides culturally specific, client-centred care for Filipinos living with dementia and their carers. Delivered across metropolitan and regional Victoria, the program offers overnight stays supported by Filipino-speaking staff, culturally familiar meals, activities, and in-language health education. It emphasises continuity of care between home and respite settings, fostering trust, wellbeing, and cultural safety.

The program also engages Filipino geriatricians and dementia-specialised clinicians, bridging clinical expertise with community needs. These professionals offer group and individual consultations onsite, making Maharlika Lodge a trusted hub for culturally safe, community-based dementia care.

Impact and Outcomes: Maharlika Lodge is Australia's first Filipino dementia-specific respite home, and its success demonstrates the powerful impact of culturally safe care for people living with dementia and their carers. From July 2023 to June 2025, the program supported 349 participants, including 201 people with dementia and 148 carers. Of these, 214 were first-time users, and 161 accessed repeat respite care, reflecting strong community engagement and satisfaction. The number of respite activities delivered increased from 25 to 33, demonstrating service growth and responsiveness.

Global Relevance: The Maharlika Lodge model offers a replicable framework for international aged care systems seeking to embed cultural responsiveness into dementia care. AFCS continues to advocate for inclusive policy and practice, contributing to global conversations on equity, ageing, and community-led care.

Multimedia Showcase

See our culturally specialised dementia respite model in action:

Meaningful Memories at Maharlika Lodge™ Film Project <https://youtu.be/FMsZHQCaKGI?>

“IMAAJ: Supporting the Whole Family in the Face of Early-Onset Dementia, Including Young Caregivers”A mobile team that supports loved ones, trains professionals, and builds connection where illness disrupts lives

Fondation Ove, Crolles, France

Support for dementia carers: Young carers

Early-onset Alzheimer's disease disrupts not only the lives of those diagnosed, but also their families—partners, parents, and children (often adolescents). The IMAAJ project, led by Fondation OVE, offers an innovative and compassionate response to this complex reality. The mobile team visits families at home to support them in all aspects of their journey « with and despite illness ».

In just six months, 48 caregivers have been supported, including 17 children facing emotionally and logistically challenging situations. The IMAAJ team acts with empathy and expertise to help families understand the disease, anticipate crises, and maintain balance. They also assist in navigating care options, always respecting individual preferences and rhythms.

Home care professionals are trained to better meet the specific needs of young patients and their families. The team is inspired by Carpe Diem approach and the experience of Maisons de Crolles. It focuses on preserved abilities, autonomy, dignity and guidance.

Testimonials highlight the positive impact of this model: families feel heard, supported, and less alone. Adolescents—often overlooked in care pathways—find space for recognition and dialogue. A scientific evaluation is underway with CROMA (Regional Alzheimer's Observation Cell), led by Dr. Isabelle Rouch, and the Institute of Public Health, Epidemiology and Development (ISPED) & INSERM Psychology Faculty, under Professor Hélène Amieva, to assess its medical, social, and economic impact.

IMAAJ goes beyond intervention—it weaves a network of solidarity and advocates for better recognition of young caregivers. Future plans include dedicated support groups and tailored tools to help children navigate their caregiving roles.

This model proves that holistic, family-centered, and personalized care is not only possible—but essential.

P563**NextGen Movement: Global Youth Voices Changing the Face of Dementia****Mr Pierce Ryan**

NEXTGEN, USA

Topic

Support for dementia carers: Young carers

Abstract

Approximately 16 million family members worldwide are navigating younger-onset dementia (YOD). Our families are left unseen, misunderstood and misdiagnosed.

At Lorenzo's House we empower the sons, daughters, children and their families affected by younger-onset dementia by healing in community, advocating for dementia justice and educating for a YOD informed society.

Our NextGen Younger-Onset Dementia Movement is a global youth advocacy movement that is empowering the first generation to meet dementia without silence, shame or invisibility.

Uniting like-minded daughters, sons and children of a parent affected by younger-onset dementia, as well as, committed allies, driving dementia justice; raising awareness, ending stigma, refining policy & normalizing conversations around brain change ... ultimately, building a YOD informed society.

During this session we will share how through the NextGen Movement we:

- Attract & Unite committed people seeking dementia justice for families affected by younger-onset dementia.
- Identify & Develop critical topics for change and develop courses and activities to prepare us for leadership roles at conferences, screenings, podcasts, our annual SUMMIT and more.
- Design & Implement a strategic advocacy plan that gives agency to all members who individually and collectively work to build a YOD-informed society - with our young people as our compass.

From July 2025, 100+ NextGeners convene monthly focused in the following three areas:

Our Roots, Our Reach: An Introduction to Lorenzo's House

Through foundational knowledge, an exploration of Lorenzo's House mission, and our founding short film, NextGeners share insight into why we do what we do.

Becoming Light: Storytelling for Dementia Justice

- Create a pathway to uncover pieces of our individual and collective story
- NextGen Rising: Elements of a Movement
- Delve into the aspects of movement-building principles, anchored in social innovation.

Youth perspectives are missing. This session illustrates the power of youth wisdom – to change the way society thinks, experiences and responds to dementia.

P564**Two Sons Talk Stigma: A Conversation Where Two Sons Talk about Stigma and Their Shared Experiences of Younger-Onset Dementia****Mr Will Dean**

Lorenzo's House, USA

Topic

Support for dementia carers: Young carers

Abstract*The voices of young people in the dementia space are missing.*

When someone receives a Younger-Onset Dementia (YOD) diagnosis, we call it a diagnosis of the family, because of its far reaching impact. The person living with, the primary care partner [often the spouse] and the children alike are all living with the YOD diagnosis.

At Lorenzo's House we empower the sons, daughters, children and their families affected by younger-onset dementia by healing in community and advocating for dementia justice. With a deep focus on the sons and daughters of younger-onset - we unite in advocacy and dismantle the stigma that has kept us in the shadows.

Imagine being 9 and 16 when brain change shows up in your home...

Having questions like....

What is dementia? How long do we have? What does this mean for our family?

Join us in this intimate conversation...as two sons...Lucas and Will...from different corners of the world, break down the barriers of stigma and bring light to the unique journeys of young people navigating a parent's younger-onset dementia diagnosis.

From defining and re-defining what stigma means, addressing the realities of navigating adolescence and friendships, the changes of family dynamics TO the power of connection between sons of younger-onset dementia, together dismantling dementia stigma and advocating for dementia justice.

Bring your questions for what will be an unforgettable question and answer session. Whether you are a researcher, practitioner or caregiver, your perspective regarding the impact on the children and dementia stigma will be forever changed.

P565

Tips, tools and resources for young carers

Mrs Patti LaFleur

Lorenzo's House, USA

Topic

Support for dementia carers: Young carers

Abstract

"You don't get a textbook on how to care when a younger-onset dementia diagnosis joins the family." Families living with younger-onset are often unseen, misunderstood and under-resourced. Resources and support systems are not designed with younger-onset dementia in mind.

Lorenzo's House is a global non-profit, virtual organization that empowers the sons, daughters, children and their families affected by younger-onset dementia by healing in community, advocating for dementia justice and educating for a YOD informed society.

In this interactive session, we will bring those lived experiences to the forefront.

Together, we will identify common challenges families face, such as maintaining dignity while navigating daily care routines-showering, grooming, diet-and the struggle of encouraging a loved one to do something we know they need, but they resist. Participants will learn practical tools to respond to these moments, exchange insights and share strategies that lighten the caregiving journey.

Beyond caregiving tips and tools, this session emphasizes the importance of caring for ourselves as much as we care for others. How can we reduce the complexity of daily life with dementia? How can we hold onto dignity and compassion in even the most difficult circumstances? By addressing these questions, we create space where we can heal in community, build connection and feel empowered along our journey.

This session welcomes both families and professionals. Families will gain tangible tips and practices to ease their journey, while professionals will gain insights into the lived realities of younger-onset dementia-helping them become more informed, empathetic and resourceful.

Together, let's change the trajectory for families, bring light to our journey and build a society that is younger-onset dementia informed.

P566**Building bridges among our sons, daughters, children and our parents when a dementia diagnosis enters the family****Ms Patti LaFleur**

Lorenzo's House, USA

Topic

Support for dementia carers: Young carers

Abstract

When younger-onset dementia (YOD) enters a family, the diagnosis doesn't just affect the person living with the condition, it reshapes the lives of every family member. For sons, daughters and children, the journey brings different joys and challenges.

Diana, Founding Executive Director reflects: "As my husband bravely faced this condition, our 9- and 13-year-old sons found themselves managing complex brain change in their father-and change in their mother too. I became primary care partner, sole breadwinner and just like that, a single mom."

At Lorenzo's House, we walk alongside families like this every day. Our mission is to empower sons, daughters, children and their families affected by younger-onset dementia through healing in community, advocating for dementia justice and educating for a YOD informed society.

In this session, we centre the voices of our sons, daughters and children who have grown up with a parent living with younger-onset dementia and are too often left in the shadows.

Participants will hear directly from youth about their experiences—their hopes, frustrations and questions they wish their parent knew. What did they wish adults had shielded them from? What did they wish had been shared? What helped, and what made things harder? We invite parents, care partners, community advocates and all into this dialogue.

Together, we will explore how families can best support children while navigating the complexities of younger-onset dementia. By amplifying youth voices, we aim to foster understanding across generations, strengthen support systems within families, and build a culture of empathy that recognizes and validates the child's perspective.

This session is ultimately about dismantling stigma and sparking a collective movement toward a more compassionate, informed younger-onset dementia society. If you could say just one thing to parents in this space, what would it be?

P571

Uniquely Young: The Out-of-Sync World of Younger Onset Dementia

Ms Mary Anne Moisan

Lorenzo's House, Chicago, IL, USA

Topic

Support for dementia carers: Young carers

Abstract

Using a graphic representation of real-life stories, participants will examine the unique needs of people with younger onset dementia and their young carers/family members. A person who develops symptoms before the age of 65—younger onset dementia—can experience different social, economic and health challenges compared to older individuals. In addition to memory loss and cognitive decline, younger onset dementia can lead to work stressors for the person with dementia, loss of income for the individual and often the care partner, behavioral changes that are more prominent in younger onset dementia, and often a more rapid decline in functioning. The effects of younger onset dementia can ripple out to family situations that may include a working spouse and/or caring for children in the home. The presenter's own experience as a family carer, and as a physical and occupational therapist, will create a base for examining strategies and advocacy efforts—required by family and professional carers alike—to support and treat the whole person and the family unit.

P572

What information is available to young dementia carers across Europe? A website content analysis

Dr Patricia Masterson Algar¹, Dr Vaitsa Giannouli², Dr Louise Hopper³, Miss Martina Quartarone⁴, Prof Christian Bakker^{5,6}, Miss Hanna Bodde⁷, Dr Soraia Teles⁸, Dr Ragnhild Hedman^{9,10}, Prof Manuel A Franco¹¹, Dr Ana Belen Navarro¹¹

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Topic

Support for dementia carers: Young carers

Abstract

Introduction: Young dementia carers (YDCs) are individuals under the age of 18 who care for a family member with dementia, a role that can significantly impact their education, social life, and overall wellbeing. Yet awareness and tailored support for YDCs are limited. Although they frequently use the internet for information, the relevance and quality of content addressing their needs has not been assessed.

Aims: To gain insight into YDC-specific content provided on the websites of dementia and (young) carers organizations in Europe. Research questions:

What types of YDC-specific content are available on dementia and young carers associations websites across Europe?

Who is the target audience and what aspects of dementia diagnosis does the content address?

Methods: A website review and data extraction will be completed in eight European countries: UK, the Netherlands, Italy, Spain, Greece, Portugal, Ireland and Sweden. A standard protocol will be followed, adapted to fit the contextual characteristics of each country in relation to dementia and young carers support and services. A content analysis will be carried out using a categorical coding framework developed by synthesising findings from published reviews on the impact of caring for a relative with dementia among young people. In each country two researchers will review the extracted content independently. Content that does not fit within any of the categories will be labelled as a new category following an inductive approach. Disagreements will be resolved via discussion and re-categorised until agreement is reached. Descriptive statistics will be used to summarize data within and across countries.

Results: Work is underway. The content analysis will be completed by December 2025.

Conclusions: To date, no studies have evaluated YDCs-specific content on dementia and/or carer associations' websites. The work here proposed will help identify current support and areas in need of further development across Europe.

P575

Becoming Light: Storytelling for Dementia Justice

Ms Sandra Gonzalez-Morett

Lorenzo's House, USA

Topic

Support for dementia carers: Young carers

Abstract

Stories hold power. They shape how we see ourselves, how we connect with others, and how society understands what is too often ignored. For families navigating younger-onset dementia, storytelling becomes more than memory-sharing—it becomes a tool for healing, for justice.

Becoming Light: storytelling for dementia justice is built on the belief that personal narratives can transform isolation into connection and stigma into understanding. In this session, we invite sons, daughters, children and allies to reflect on their own lived experiences and to discover how storytelling can illuminate the realities of younger-onset dementia.

Participants will be invited to reflect on the heart of dementia justice by asking: What does it mean to bring light to our stories? Through hearing directly from lived experience, we will build conversations and answers to questions like: What do I wish my friends, family, and community understood so I could feel truly seen and supported?

By listening to lived experience, professionals, families and advocates can better understand the hidden realities of younger-onset dementia, reshape how they interact with families, and develop more compassionate, informed practices.

From quiet reflections to bold public narratives, storytelling becomes a bridge: between silence and conversation, between isolation and solidarity, between individual pain and collective justice. Participants will leave with practical insight into how stories can shift perceptions, dismantle stigma, and spark a more empathetic, youth-informed dementia movement.

Finding power in your voice is the first step. Becoming light is the movement.

P576

EmpowermentPLUS–Dismantling Stigma for Families Affected by Younger-Onset Dementia

Mr Lucas Cose

Lorenzo's House, USA

Topic

Support for dementia carers: Young carers

Abstract

"Younger-Onset Dementia diagnosis is a diagnosis of the family..its impacts are far-reaching."

Through the EmpowermentPlus Model, we envision a world where daughters, sons, children and their families affected by younger-onset dementia, end the stigma that has kept our families in the shadows for too long.

Facilitated by a trained Youth Lead, participants will learn, experience examples and practice the 3-step EmpowermentPLUS Model:

RECOGNIZE when we experience stigma

- Notice how this experience feels
- Define what this experience means

ACCESS personal & community toolkit with courage and intention

- Identify technique from toolkit
- Determine how to respond

EMPOWER self & others by education & dismantling stigma

- Respond with empathy for self and others
- Reflect upon the situation

We train young people in the EmpowermentPlus Model to help dismantle dementia stigma in their own lives and empower them to become peer leaders, training and supporting others through a youth-led, train-the-trainer approach.

We elevate the voices of youth affected by younger-onset dementia - locally, nationally and globally, by sharing the EmpowermentPlus Model through speaking engagements, social media and publications. Our young people serve as teachers and guides for all working to raise awareness and reframe the dementia narrative.

Through our annual SUMMIT and ongoing CLUBS, youth carers learn and lead using the Empowerment-PLUS Model - equipping themselves and others with tools to breakdown stigma, foster connection and create change. Our youth become powerful agents of transformation, dismantling stigma in their own homes, communities and beyond.

Equip yourself with the EmpowermentPLUS Model so that you are part of creating a world where... our sons, daughters, children and families affected by younger-onset dementia are seen, embraced and supported - dementia is no longer met with shame, silence or invisibility.

P577

Sharing is Caring: An Innovative Project to Support and Empower Young Caregivers of People Living with YOD

Dr Chiara Codeluppi, **Dr Cecilia Tonon**

AimA Associazione Italiana Malattia di Alzheimer Reggio Emilia ODV, Reggio Emilia, Italy

Topic

Support for dementia carers: Young carers

Abstract

Young caregivers are often overlooked in the context of dementia care, despite playing a crucial emotional and practical role within the family system. In Reggio Emilia (Italy), the Alzheimer's Association of Reggio Emilia (AimA Reggio Emilia) launched a pilot project between 2022 and 2023 to engage and support young adults (aged 18–30) who are caring for a parent or relative living with dementia.

The project was co-designed through a series of five structured meetings, aimed at providing a safe and expressive space where participants could share their experiences, emotions, and needs. Creative and narrative tools — such as identity mask making, storytelling, and the use of the Dixit card game — enabled young caregivers to explore core themes of identity, emotional strain, and transformation. Central to the project was the collaborative production of a short film, conceived and developed by the participants, filmed by documentary director Alessandro Scillitani, as an expressive medium to raise public awareness and foster social recognition of their role.

Outcomes included increased self-awareness, emotional processing, peer connection, and a redefinition of the caregiver identity. Participants reported a sense of belonging and validation in discovering shared experiences, as well as an emerging desire to co-create new ways of support. The project culminated in the public screening of a short film during the “Identity and Psyche” roundtable at the 2023 Reggio Film Festival, with the participation of healthcare professionals and community stakeholders (video available through the provided QR code).

This experience highlights the importance of involving young caregivers as active agents in shaping support services. It also demonstrates the value of creative, community-based interventions in order to promote psychosocial well-being, reduce isolation, and strengthen intergenerational dialogue in dementia care contexts.

P578**Artificial intelligence in early detection and diagnosis of dementia: results and potential applications of the PreDEM system**

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Topic

Dementia research and innovation: AI and innovation

Abstract

As global life expectancy rises and birth rates decline, aging populations face new health challenges, particularly the rapid increase in dementia cases. Early dementia detection is crucial for slowing disease progression and improving patient quality of life. However, diagnoses are often delayed, worsening prognoses and creating significant social hurdles for effective treatment and quality of life. Current diagnostic methods struggle to identify the subtle early symptoms, and a reliable AI algorithm for analyzing digital behavioral patterns to detect these signs is lacking. This study aimed to develop and validate such an algorithm to facilitate early diagnosis and timely intervention.

The PreDEM system, an AI-based platform, was used to investigate early-stage dementia. Data was collected from 4,334 participants between September 2021 and March 2025, yielding 171,577 test completions and 6,049,916 data points. Participants undertook various cognitive tests, including SDMT, Stroop, and memory/word games, evaluated using a normalized system for objective comparison. The AI algorithm analyzed digital behavioral patterns to identify early dementia indicators.

Participants were categorized into “potentially treated” and “potentially healthy” groups. Analysis revealed clear differences between these groups, supported by density functions of result distributions. Cluster analysis, blind to group assignments, further confirmed these distinctions using SDMT results. Focusing on affected patients, two groups were more precisely identified based on density functions. The lower-performing group, upon neurological and neuropsychological evaluation, clearly showed cognitive impairment. In the higher-performing affected group, cognitive dysfunction often stemmed from organic causes like depression, insulin resistance, hypertension, diabetes, or post-COVID syndrome. Addressing these underlying causes and consistent use of PreDEM led to significant cognitive improvement.

The PreDEM system effectively screens for early signs of dementia through AI-based risk analysis. Beyond early detection, it monitors patient conditions via trend analysis. Early diagnosis enables timely treatment, preserving cognitive functions and enhancing quality of life.

P579

Prediction of the conversion from SCD to MCI/AD by integrating imputation techniques and machine learning based on multimodal clinical data

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Topic

Dementia research and innovation: AI and innovation

Abstract

Aim: Developing an accurate prediction model to predict the conversion from SCD to MCI/AD based on non-imaging clinical data and machine learning techniques.

Methods: We developed a predictive modeling framework using multimodal clinical data, including CSF and plasma biomarkers, cognitive assessments, APOE4 status, and demographics. After customized preprocessing, we trained and tuned 7 individual machine learning models and constructed 2 heterogeneous ensemble models on imputed datasets. Model performance was evaluated using 6 metrics. The top-performing model was further interpreted using SHapley Additive exPlanations (SHAP) to enhance transparency and interpretability.

Results: The XGBoost model trained on CSF-based data with MissForest imputation achieved the strongest predictive performance. SHAP analysis revealed that executive function, episodic memory, pTau, and APOE4 status were key predictors.

Conclusion: Our framework provides a robust and interpretable tool for identifying individuals at high risk of SCD progression, which supports early intervention and risk stratification, and lays the groundwork for clinical application. Compared to prior MRI-based models, our approach relied on more accessible, lower-cost data while achieving superior performance.

P580**Challenges Encountered by Older Adults in Everyday Activities and Potential Technology Solutions**

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Topic

Dementia research and innovation: AI and innovation

Abstract

Aims: With population aging, the number of individuals worldwide with cognitive impairment (CI) is rising. Causes include neurodegenerative diseases such as Alzheimer's and other dementias (ADRD), mild cognitive impairment (MCI), Parkinson's disease, severe mental illness, traumatic brain injury, stroke, and medication effects. Cognitive impairments carry wide-ranging consequences, underscoring the need for effective support strategies. This presentation will share findings on the challenges older adults with CI face in daily and community living, as well as results from a pilot project illustrating how technology applications can help address these challenges.

Methods: Data on everyday challenges faced by older adults with CI were drawn from two needs assessment studies. These studies aimed to identify difficulties encountered in daily activities and included input from 10 subject matter experts (SMEs)—neurologists, neuropsychologists, primary care and rehabilitation physicians, and researchers specializing in CI and speech or communication disorders. Additional data came from the PRISM-CI pilot project, which evaluated the feasibility, acceptability, and preliminary efficacy of the PRISM-CI software system—a tablet-based application designed to improve access to resources, information, and social engagement—among 52 individuals with CI (ages 65–88) over a five-month period.

Results: Data from SMEs indicated that older adults with CI commonly face challenges in social activities (e.g., remembering names and appointments, social withdrawal/isolation), medical activities (e.g., managing medications, understanding physicians), and other daily tasks (e.g., wayfinding, managing finances, using technology, planning/organization). Results from the PRISM-CI trial showed that technology can help address these challenges: participants reported significant reductions in social isolation, loneliness, and depressive symptoms, and significant improvements in mobile device proficiency from baseline to follow-up.

Conclusions: Our findings indicate that older adults with CI experience challenges with community and daily living activities that span multiple activity domains. Results also suggest that technology applications can help remediate these challenges.

P581

Virtual Reality and AI Innovations to Support Older Adults with Mild Cognitive Impairment

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Topic

Dementia research and innovation: AI and innovation

Abstract

As technology advances, it creates new opportunities for psychosocial interventions, rehabilitation, and support for people living with cognitive impairments, with the potential to enhance health, well-being, and quality of life. Two promising solutions are virtual reality (VR) and artificial intelligence (AI). People with mild cognitive impairment (MCI) may especially benefit from such technologies, as they can be introduced early in their diagnosis, allowing them to learn and retain effective strategies that may remain useful as decline progresses. We highlight applications of VR and AI from research conducted by the **Center for Research and Education on Aging and Technology Enhancement (CREATE)** and the **Enhancing Neurocognitive Health, Abilities, Networks, and Community Engagement (ENHANCE) Center**. In two studies, older adults, including those with MCI, found VR experiences to be highly enjoyable and engaging, with positive impacts on mood ($p < .05$), anxiety ($p < .001$), and technology attitudes ($p < .001$). Results demonstrated the feasibility of using VR to provide enriching social interactions even when partners are geographically distant. Additional research examined advances in large language models (LLMs) as decision aids. Building on CREATE's findings that commercial LLMs can provide largely accurate Medicare information, an observational study compared how older adults with MCI interacted with traditional tools (Medicare.gov, Medicare & You 2025 Handbook) versus an AI tool (Gemini). Participants often preferred the conversational nature of Gemini, the ability to submit follow-up queries, and the personalized nature and formatting of the results, which they found much easier to use. Many evaluated traditional tools more negatively after the AI experience, although individual differences were observed. However, ease of use and preferences must be balanced against the risks of inaccurate or unreliable responses. Counter to ageist assumptions, these studies confirm that emerging technologies are feasible, acceptable, and beneficial for older adults, including those experiencing cognitive impairment.

P583**An exploratory study of family caregivers perceptions and adoption of AI chatbots for dementia care in Singapore****Ms Melissa Chan**^{1,2}, Dr Sinead Impey³

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Topic

Dementia research and innovation: AI and innovation

Abstract

Background: Dementia is a global health challenge. Cases in Singapore reflect global trends and are expected to double by 2050, placing greater demands on families and health systems. Family members provide most care and often face emotional strain when navigating fragmented services. AI chatbots offer the potential to provide tailored information and support but little is known about how local caregivers view or use these tools. This study explored how family caregivers in Singapore experience and adopt AI chatbots for dementia care. The objectives were to understand current perceptions, identify factors that may influence their adoption of AI chatbots for dementia caregiving and inform policy and design recommendations.

Methods: Semi-structured interviews were conducted with 12 family caregivers of people with dementia in Singapore. All participants were of Chinese ethnicity, aged 50 and above and with prior AI chatbot experience. Reflexive Thematic Analysis (RTA) was applied to analyse the data.

Results: Caregivers were found to integrate AI chatbots as problem solving tools and supplements to human networks through managed emotional boundaries. Adoption factors included trust building through validation of lived experiences and the need for personalised responses. Technological factors highlighted the importance of source transparency, cultural relevance, and integration with care pathways. Social and system factors reflected the impact of digital mistrust in Singapore's environment which is prone to scams and the need for coordinated education.

Conclusion: Family caregivers in Singapore demonstrate cautious optimism towards AI chatbots by developing integration strategies that complement rather than replace human connections. Trust, validation and personalisation were found to be foundations for designing culturally responsive AI tools. Findings can inform care policies and practices through AI literacy training, professional resources, and through co-designing with family caregivers as well as health and community care partners.

P584

MARCO: A Multimodal AI Agent for Objective Cognitive and Emotional Assessment in Clinical Contexts

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Topic

Dementia research and innovation: AI and innovation

Abstract

Aims: The project aims to complement professional clinical practice by introducing MARCO (Multimodal Agent for the Recognition of Complex Observables), an artificial intelligence (AI) agent designed to analyze and extract cognitive and emotional indicators from audio and video recordings in real clinical contexts. The objective is to assist professionals supporting people living with cognitive conditions by providing reproducible and quantitative observations that enrich their clinical judgment.

Methods: MARCO integrates multimodal and multitask deep learning models developed in collaboration with the École des Mines de Saint-Étienne in an Multi AI Agents architecture. It analyses verbal, visual, and paraverbal features—such as facial micro-expressions, prosody, and body posture—recorded during therapeutic or evaluative sessions. Each analyzed episode produces a structured report combining objective indicators with qualitative synthesis reviewed by clinical experts. All processing is performed within a secure, GDPR- and HDS-compliant infrastructure, ensuring full data protection and ethical integrity.

Results: Initial evaluations conducted with healthcare professionals show that MARCO can highlight subtle variations in cognitive engagement, emotional expression, and attention that complement established assessment tools such as MMSE or MoCA. By quantifying these small behavioural variations across time, MARCO enhances the continuity of care and supports consistency between professionals.

Conclusions: MARCO illustrates a new approach to cognitive health assessment, where AI acts as a digital co-observer alongside human expertise. This technology contributes to more reliable, inclusive, and person-centred support for people living with dementia and related cognitive conditions. Future studies will focus on clinical validation in diverse populations, including mild cognitive impairment and Alzheimer's disease.

P585

Use of PreSAGE® for Delirium Detection and Monitoring in Acute Inpatient Wards: a study protocol

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Topic

Dementia research and innovation: AI and innovation

Abstract

Background: Delirium is a common and serious condition which affects many of our older hospitalised patients. It is associated with increased risk of dementia, poor survival and functional decline with increased risk of institutionalisation. Despite this, up to 60% of delirium cases remain unrecognised due to its fluctuating course and reliance on subjective clinical assessments. Current screening tools like the 4AT are single-point assessments which may be less sensitive in detecting incident delirium. Documentation of behaviours of concern that may arise from delirium is also labour-intensive for nursing staff.

Aim: To validate the PreSAGE® system—an artificial intelligence (AI)-enabled, non-intrusive thermal monitoring device—as a tool for detection and monitoring of delirium in hospitalised older adults.

Method: This case-control proof-of-concept study at Tan Tock Seng Hospital will compare non-intrusive monitoring data of 80 patients with clinically diagnosed delirium from the Geriatric Monitoring Unit against 80 age- and gender-matched controls without delirium from general wards. Using thermal sensor monitoring, PreSAGE®—previously validated for falls prediction—will continuously record and analyse thermal activity data with its artificial intelligence capabilities, capturing movement intensity, sleep-wake patterns, and bed-exit events over 7 days. These parameters will be correlated with validated delirium measures including the Confusion Assessment Method–Severity and Delirium Rating Scale–Revised-98.

Results: The study is currently under ethical board review and aimed to start shortly.

Conclusion: We hypothesise that specific PreSAGE® activity patterns —such as increased nocturnal activity and bed-exit events, increased sleep-wake variability—will correlate with delirium onset and resolution. Validation of PreSAGE® could enable continuous, automated monitoring of delirium risk. This will facilitate prompt diagnosis and treatment of delirium.

P586**Social robots powered by generative AI in psychosocial care for dementia: ethical, regulatory, and implementation considerations****Dr Maribel Pino**^{1,2}, Prof Anne-Sophie Rigaud^{2,1}¹Broca Living Lab, Paris, France. ²Hôpital Broca, Assistance Publique- Hôpitaux de Paris, Paris, France**Topic**

Dementia research and innovation: AI and innovation

Abstract

Social robots powered by large language models (LLMs) and vision-language models (VLMs) are increasingly embedded in psychosocial interventions for people living with dementia. These systems raise distinctive ethical and regulatory questions. This presentation analyses those questions and synthesizes findings from recent projects in our Living Lab (Paris, France), which develops and tests technology-based interventions using participatory co-design with persons with dementia, care partners, and clinicians.

We analyse five risk domains: **(1)** model development and training: uncertain data provenance and licensing, under-representation of dementia populations, bias amplification, and limited external validity of generic benchmarks; **(2)** privacy and dignity: continuous multimodal sensing, secondary use of data, and on-device versus cloud inference trade-offs; **(3)** human-robot interaction anthropomorphism: over-trust elicited by highly realistic verbal and nonverbal communication (prosody, facial expression, gaze, gesture, proxemics, and haptics) that may mislead users about agency and competence; **(4)** consent and capacity: fluctuating decisional capacity, the need for ongoing assent, and vulnerability to persuasive social cues; and **(5)** low AI literacy among end-users and staff, which impedes risk comprehension and appropriate oversight.

We map these risks to governance requirements (transparency, data minimization, purpose limitation, accountability, and post-deployment monitoring) and propose an implementation framework comprising: capacity-sensitive consent workflows with accessible explanations and visual supports; privacy-by-design architectures privileging local processing where feasible; constrained generation with curated domain guardrails; incident logging and auditability; human-in-the-loop escalation pathways; and context-appropriate transparency regarding the robot's status.

We conclude by detailing how we are addressing these issues in practice: promoting AI literacy for all stakeholders and developing population-specific LLM training and evaluation with persons with dementia, to support ethically robust and clinically meaningful human-robot interaction.

P587

Adherence of Smart Cloth Home Care Enhance Activity Level for Persons Living with Dementia

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Aims This study aimed to explore whether adherence to a smart cloth-based home care system is associated with daily activity levels (measured by step count) among people living with dementia. It also examined how number of alerts and demographic characteristics may relate to activity patterns.

Method: A secondary data analysis was conducted with 50 community-dwelling individuals living with dementia over a six-month period. Data collected included daily step counts, smart cloth wear time, nighttime awakenings, caregiver-initiated alerts, system-generated alerts, and demographic characteristics.

Adherence to smart cloth care is defined as the number of days per month the device is worn for more than 10 hours.

Generalized Estimating Equations (GEE) were applied to analyze the relationships between step count and adherence, alert events, nighttime awakenings, age, gender, education level, and marital status.

Results: Participants who wore the smart clothing for more than 10 hours per day demonstrated significantly higher daily step counts, suggesting that consistent adherence positively contributes to physical activity. Further analysis revealed that care partner-initiated alerts and nighttime awakenings were positively associated with step counts, potentially reflecting increased engagement in daily movement alongside responsive support. In contrast, higher system-generated alert frequency was associated with lower activity levels, possibly due to protective strategies initiated by care partners. Step counts were higher among women and individuals with elementary-level education, while those who were married showed lower levels of activity—likely influenced by varying lifestyle patterns and support dynamics within households.

Conclusions: High adherence to smart cloth-based home care is positively associated with greater physical activity among people living with dementia. Personalized care strategies should consider adherence behaviors, alert patterns, and demographic differences to improve care outcomes.

P588

Socially-Oriented Smart Glasses to Support Memory and Interaction in Early Dementia

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Aim: This study explores the potential of socially oriented smart glasses to support memory, communication, and social interaction for people living with dementia. Unlike clinical devices, the concept resembles everyday eyewear to reduce stigma and encourage engagement. It targets individuals in the early stages of dementia, when they remain socially active and can benefit from subtle, supportive cues.

Method: To understand needs and expectations, a structured quantitative survey was conducted with care partners. Participants were asked about their openness to using such a device, focusing on its appearance and memory-supporting features such as safety functions, GPS tracking, reminders, conversational prompts, and face recognition. Software development is currently underway. Before prototype testing, an online session with people in the early stages of dementia will be conducted to better understand their needs and identify which features should be prioritized. Later, one-on-one or focus group interviews will be held to test the prototype once the software is complete.

Results: Findings show that 83% of care partners believe assistive wearable devices can improve quality of life for people with memory and thinking changes. Most respondents were open to the concept, especially if the glasses remain lightweight and visually indistinguishable from standard eyewear. 33% said they would definitely try it for their loved one, while 38% would probably try it if available within a year. Main concerns included comfort, discreetness, avoiding clinical look, and ensuring visual cues are not overwhelming. 80% expect safety features, while 60% look for memory support and another 60% value social interaction.

Next Steps & Conclusions: The software is being tested on existing Vuzix hardware, and physical prototypes are being developed to evaluate ergonomics and aesthetics. Pilot testing will follow to assess usability, effectiveness, and real-life impact. Early feedback suggests strong acceptance of assistive smart glasses emphasizing dignity, familiarity, and non-clinical design.

P589

Engagement in advanced dementia: towards better support and assessment

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School of Psychology, Northumbria University, Newcastle upon Tyne, United Kingdom

Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Aims: Engagement is recognised as an important component of dementia care. However, supporting engagement in advanced dementia is challenging due to progressive difficulties with communication. Our research examined what engagement looks like for people with advanced dementia and how engagement can be assessed. The findings provide the foundation for developing a tool to measure engagement and enhance dementia care.

Methods: The study comprised three strands. First, a systematised review identified existing measures of engagement in dementia. Second, a descriptive qualitative study analysed video-recorded interactions between people with advanced dementia and their caregivers. Third, interactive workshops with caregivers explored their perceptions of engagement and how engagement should be assessed.

Results: The review identified 19 measures of engagement, but only four were designed to include people with advanced dementia. Most focused on behavioural indicators of the person with dementia, while overlooking the role of the social environment. Analysis of video recordings showed that engagement is best understood as a dynamic reciprocal process that adapts to individual communication styles. The workshops reinforced this view, with content analysis revealing that caregivers described engagement as a shared process between the person with dementia and the interaction partner, expressed through verbal and non-verbal behaviours (e.g., gestures). Caregivers also stressed that assessment should be supported using video technology, simplified documentation and tracking engagement over time.

Conclusions: People with advanced dementia can be meaningfully engaged through a supportive social environment and adaptation to their individual interaction styles. Building on these findings, a co-produced prototype digital tool to measure engagement is currently being tested. This prototype integrates caregivers' perspectives and includes observational indicators of engagement in the social environment reflecting the behaviours of both people with advanced dementia and their caregivers. Results will be shared at the conference.

P590**Promoting technology adoption in community dementia services: lessons from the field****Prof Arlene Astell**^{1,2,3}, Ms Erica Dove^{1,2}¹University of Toronto, Toronto, Canada. ²University Health Network, Toronto, Canada. ³Northumbria University, Newcastle upon Tyne, United Kingdom**Topic**

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Objectives: Confidence and expertise to identify and adopt digital technologies among older adults, including those living with dementia, their families and community organizations is lacking. Over the past 10 years we have conducted multiple technology projects with these interest holders to support successful adoption. This presentation will share lessons learnt from three of these projects.

Methods: More than 350 participants including 250 people living with dementia, 76 care staff & volunteers and 13 family carers have taken part across three different mixed methods projects: two using off the shelf products (tablets & apps, exergames) and one bespoke technology (CIRCA).

Results: These projects represent different experiences in implementation, adoption and sustained use by partners after the project ends. We have identified the barriers and facilitators to adoption by community organizations, older adults with cognitive impairment, families, and will share strategies for addressing these based on real world examples. We will also introduce the five main considerations of delivery, skills, attitude, programming and resources in real world settings.

Conclusion: The findings should be valuable for researchers and organizations interested in developing or implementing digital interventions and individuals or families seeking to explore or adopt technologies to support their life with dementia.

P591**Informing the design of rehabilitation exergame recommendations for people living with dementia.**

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Aims: People with dementia have an increased risk of falling but are often excluded from rehabilitation interventions (e.g., exercise programs) targeting balance. Exercise video games played by moving (e.g., Nintendo Wii) can deliver engaging exercise to people with dementia, particularly if designed with their input. This two-stage study aimed to inform the design of rehabilitation exergame recommendations for people with dementia.

Methods: Semi-structured interviews were conducted with families, care staff, clinicians, and researchers (combined n=30) to understand their perspectives on existing balance rehabilitation interventions for people with dementia. In parallel, people with dementia (n=32) provided feedback on 14 commercial exergames and 3 systems over 6 weeks, to understand factors affecting accessibility of existing games. Participants' game interactions were captured through video recordings, with direct feedback captured through immediate post-game interviews. Data from both stages were analyzed descriptively, plus through thematic analysis (interviews) and directed content analysis (game testing sessions).

Results: From the interviews, three primary factors explained the limited availability of balance rehabilitation for people with dementia: (a) low expectations of people with dementia's abilities; (b) risk aversiveness from professionals and staff outweighing safety concerns from families; and (c) and existing resources (e.g., exercise programs) lacking engagement, tailoring, and challenge. The game testing sessions highlighted low accessibility of commercially available exergames due to limited cognitive, sensory, and motor/physical affordances (i.e., design features that 'afford' possibilities for users, e.g., hints), hindering the capacity to accommodate players with different abilities. From these combined data, a set of rehabilitation exergame recommendations were developed, highlighting the intersection between gameplay affordances, therapeutic challenge (e.g., balancing safety and risk), and the environment.

Conclusions: These new exergame recommendations could address the lack of balance rehabilitation for people with dementia through co-produced rehabilitation exergames, informed by people with dementia, families, care staff, rehabilitation clinicians, and researchers.

P592**Promoting cognitive engagement of people with dementia through tablet games.**

Ms Erica Dove, Ms Mansi Bhatia, Ms Afnan Said, **Dr Arlene Astell**

University of Toronto, Toronto, Canada

Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Aims: Cognitive engagement is important for people living with dementia. However, low expectations of their abilities mean people with dementia have limited opportunities to engage in stimulating activities. Off-the-shelf tablet games (i.e., digital apps offered commercially) are readily available and require cognitive skills (e.g., learning, visual scanning) to play. This study examined engagement of cognitive domains when people living with dementia play tablet games.

Methods: Across two studies, 77 participants living with dementia attending 13 adult day programs played 5 pre-selected, commercially available tablet games (e.g., Solitaire). During the initial session, each participant was video recorded during the first 5 minutes of gameplay to examine behaviours observed (e.g., visual scanning). A codebook with operational definitions was developed following a preliminary analysis of each game, where 2 team members mapped the games onto five DSM-5 cognitive domains (i.e., perceptual motor function, complex attention, executive function, language, and learning and memory). After using the codebook and definitions to deductively categorize behaviours observed in the videos (e.g., decision-making), data were analyzed descriptively and using content analysis to measure cognitive engagement during gameplay.

Results: The types of behaviours indicating cognitive engagement varied based on game type, with certain games involving some aspects of cognition more than others (e.g., games requiring more strategy). During gameplay, at least one cognitive domain was activated during 98.7% of the analyzed sessions.

Conclusions: Readily available tablet games can provide cognitive engagement for people living with dementia. Indicators of cognitive engagement, examined by observing people with dementia during tablet play, do not differ from indicators of engagement observed in other groups (e.g., healthy adults). Staff/volunteer training in supporting people with dementia to independently play tablet games, plus the gameplay environment (e.g., background noise), are key ingredients for successful implementation of tablet games.

P593**Get There Together - a resource to support the people of Wales to access their communities****Dr Natalie Elliott**

NHS Wales, United Kingdom

Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Get There Together was driven by the needs of people living with dementia during the COVID-19 pandemic and the post-pandemic recovery agenda, considering the impact on health and wellbeing, daily routines and interaction with the community.

Video resources were created cross Wales (UK) providing a walk-through of community locations and services. These aimed to provide an opportunity for rehearsal, lessen anxiety, encourage independence, and reduce isolation.

A national group was established that developed processes and guidance. A training programme on creating videos ensured consistency across Wales. Regional multiagency subgroups were informed by their local communities. A mixture of local and national resources were created, examples included: parks, health and care services, shops, libraries.

The project used a continuous process of engagement and improvement methodology. In response to feedback from people with dementia, the Get There Together App was created and recently published. The free App offers an updated library of videos that continue to have relevance post-pandemic. Additionally, users & their supporters can create their own digital stories, (with simple guided steps that are built into the app), to have personalised content tailored to individual needs for activities and routines. A Day Planner enables multiple videos to be saved and organised in a series to plan tasks or a day out.

During the pandemic, over 100 videos were freely available, many highlighting COVID-19 safety measures, such as hand sanitiser points and social distancing measures. The video pages were viewed >1.2 million times over a 12-month period. The App currently (September 25) has 282 users.

Video resources are highly valued and continue to help people beyond the pandemic. Resources continue to be developed and added to the Get There Together library. An evaluation form is built into the app; we continue to learn and be informed by our users.

P594

Digital assistive technologies for older adults with dementia: occupational therapists' perspectives on prescribing and determinants of adoption and sustained use

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Aims: To gather occupational therapists' (OTs) perspectives on prescribing digital assistive technologies (DATs) for older adults with dementia. A further aim is to identify barriers and facilitators of uptake, sustained use, and outcome evaluation to inform a dedicated hospital-based consultation and a curated catalogue of solutions.

Methods: Qualitative descriptive study based on semi-structured interviews with 21 OTs practicing in geriatric dementia care across hospitals, nursing homes, or home-care services, in France. Audio-recorded interviews were transcribed verbatim and analyzed using thematic content analysis; participant characteristics were summarized descriptively.

Results: OTs reported heterogeneous exposure to DATs and limited formal training, indicating needs for practice-oriented education (device taxonomy; dementia-specific indications/contraindications; data and privacy principles) and independent information resources. Prescription was constrained by fragmented funding pathways, equipment and maintenance costs, limited time for assessment and training, and scarce loan devices for real-world trials. Dementia-specific barriers included fluctuating cognition, attentional limits, sensory-motor comorbidities, stigma, and caregiver burden; and ethical concerns centered on geolocation, in-home monitoring, and data sharing. Facilitators of adoption comprised participatory trials (preferably at home), capacity-sensitive coaching with short, repeated sessions, early involvement of family and care teams, and personalization to concrete functional goals (orientation, safety, communication). For follow-up, OTs advocated scheduled check-ins, privacy-aware basic use logs/alerts, and rapid technical support to prevent abandonment. Impact evaluation was viewed as under-developed; OTs requested concise, validated metrics aligned with dementia-relevant outcomes (engagement, independence, safety incidents, caregiver stress) and documentation templates for care plans.

Conclusions: Effective DAT prescription in dementia care requires targeted training, independent decision supports, trial infrastructures, streamlined financing and maintenance, structured follow-up, and brief outcome measures. These findings will guide the design of a consultation and a curated catalogue to enable adoption and sustained use of DATs for older adults with dementia.

P595

Assistive Technology for Dementia Management: An Environmental Scan of Publicly Available Organizational Websites Internationally

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Topic

Dementia research and innovation: Assistive technology (including adaptive and rehabilitative devices)

Abstract

Background: Assistive technology (AT) plays a vital role in dementia management in home and community settings. Persons with dementia and their care partners are increasingly interested in using AT; however, online information remains difficult to navigate. As the Internet becomes the primary source of health information, it is essential to consider what AT information is publicly available for this population.

Aims: To identify AT (products and services) for dementia management described on publicly available websites internationally and better understand gaps in online AT information.

Method: An environmental scan was conducted on Alzheimer's Disease International (ADI) member organizational websites. AT data were extracted and classified using ISO 9999:2022, an international standard for classifying assistive products. Additional information was retrieved on related services and purchasing.

Results: From 124 ADI organizations, 39 websites were available in English, of which 20 contained potential AT information. Ultimately, 306 webpages were screened for relevance to persons with dementia, care partners, healthcare professionals, and AT in home and community settings. After screening, 196 webpages remained for data extraction, representing 15 organizational websites. Over a thousand AT products across 11 ISO classes were identified, including communication/information management (30%), self-care (16%), and measuring or training physiological/psychological functions (12%). Common AT functions include memory reminders, safety, leisure/engagement, social connection, and orientation. Information on 54 webpages described AT services, mainly guidance on selection or use through assessments by healthcare professionals rather than detailed setup, maintenance, training, or support use. Seventeen webpages provided information on purchasing AT.

Conclusions: Although many AT are described online, AT information is fragmented and skewed toward communication-related products, with limited detail on setup, maintenance, training, or purchasing options. Centralized resources providing comprehensive AT information are needed to help persons with dementia, care partners, and healthcare professionals identify appropriate AT for home and community use.

P596**Efficacy and safety of 'INFORMA 2.0' software in Mild Cognitive Impairment and mild dementia: Study Protocol of a Nationwide placebo-controlled, double-blind, randomized trial in Italy**

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Topic

Dementia research and innovation: Clinical trials

Abstract

Introduction: INFORMA 2.0 is an innovative digital tool developed to support public health in implementing non-pharmacological interventions for individuals living with cognitive decline. Co-designed with, and tailored for, people with Mild Cognitive Impairment (MCI) and mild dementia, it delivers personalized, home-based cognitive stimulation and training grounded in Cognitive Activation Therapy. The platform provides adaptive, asynchronous activities and enables remote therapist supervision to support the maintenance of cognitive and functional abilities. We present a randomized controlled trial (RCT) investigating the efficacy and safety of INFORMA 2.0 in enhancing cognitive performance and daily functioning in individuals with MCI and mild dementia.

Methods: This study, funded by the Italian Ministry of Health through the Italian Fund for Alzheimer's and Dementia 2024–2026, is designed as a double-blind, placebo-controlled RCT to be conducted across 21 memory clinics in 14 Italian regions. Prior to the main RCT, a single-center pilot study involving 20 participants will assess the usability of INFORMA-2.0. The RCT will enroll 470 individuals aged 50 years and older diagnosed with MCI or mild dementia.

Results: Participants will follow a 20-week protocol comprising baseline assessment and training, an 8-week remote cognitive intervention, post-intervention evaluation at week 8, and a final follow-up assessment at week 20. The primary outcome is the proportion of participants classified as responders to INFORMA 2.0, based on changes in the Montreal Cognitive Assessment (MoCA) score at 8 weeks. Secondary outcomes include the proportion of responders according to MoCA and the Clinical Dementia Rating Scale–Sum of Boxes (CDR-SB) at 20 weeks, along with additional measures of functional status, behavioral symptoms, and quality of life.

Conclusion: This trial represents the largest RCT to date evaluating a tele-rehabilitation intervention for individuals with MCI and dementia, with results expected in July 2027.

P597**Patient and public involvement and engagement (PPIE) in the 'Combining memantine and cholinesterase inhibitors in Lewy body dementia Treatment' (COBALT) trial. Motivations and experiences of members**

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Topic

Dementia research and innovation: Clinical trials

Abstract

Aims: Patient and Public Involvement and Engagement (PPIE) is integral in the COBALT trial, an international clinical trial to determine whether adding memantine to a cholinesterase inhibitor improves overall health and functioning for people with Lewy Body Dementia (LBD) including Dementia with Lewy Bodies and Parkinson's disease Dementia. Two PPIE groups, including people living with LBD and current/former carers, and a facilitator work in partnership with UK and Australian researchers. This study examines the experiences and motivations of PPIE group members.

Methods: PPIE group members completed annual online surveys, most recently in 2023. Survey questions included: experiences of involvement; perceived impact on the research; motivations for involvement; personal benefits.

Results: Twenty-five (96%) PPIE group members completed the latest survey. All reported improved knowledge about Lewy body conditions, international LBD research and/or research in general including trial processes and conduct. Most (68%) found the time commitment about right. 80% would recommend joining a PPIE group. Members felt their input improved study documents enhancing their understanding for trial participants, and, they had provided a broader perspective to the research with their experiential knowledge. Reported motivations included to contribute to something worthwhile, and, make a difference to others. Personal benefits included gaining organisational skills, meeting interesting people, feeling valued and respected, and finding a sense of purpose.

Conclusion: COBALT PPIE group members reported positive experiences of involvement, had altruistic motivations, personal benefits, and, felt they made positive contributions to the research. We would recommend establishing PPIE groups for other clinical trials. Key to success includes having a designated facilitator supporting the PPIE groups, particularly those members living with LBD. We acknowledge our reliance on members' ability to engage digitally, read documents, speak in a group, and possess appropriate equipment. Technology loans and skills development may encourage wider inclusion.

P598

Feasibility and Tolerability of Deep Repetitive Transcranial Magnetic Stimulation for Mild Neurocognitive Disorder in Older Adults: A Pilot Study (Deep MIND)

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Topic

Dementia research and innovation: Clinical trials

Abstract

Background & Aims: Mild neurocognitive disorder (mild NCD) is an intermediary state between physiological aging and dementia, significantly affecting one's quality of life and posing a major health burden worldwide. Mild NCD is characterized by cognitive impairment that necessitates lifestyle modifications to sustain independence and perform daily activities. It affects 21% of the geriatric population in nursing homes globally, with 60-65% of these individuals progressing to dementia. Given the lack of effective treatments and the high conversion rate to dementia, there is an urgent need for innovative therapeutic approaches to address Mild NCD. One such promising avenue is deep Transcranial Magnetic Stimulation (dTMS), a non-invasive neuromodulation therapy which targets deeper brain structures implicated in cognitive processing. While dTMS is approved for various psychiatric conditions, its effects on Mild NCD remain largely unexplored. This open-label pilot study aims to evaluate the absolute and differential feasibility and tolerability of three dTMS coil configurations (H1, H4, and H7) in older adults with Mild NCD and to explore its effects on relevant measures of cognition, mood, anxiety, sleep resting state electrophysiological activity, and plasma biomarkers of neurodegeneration.

Method: 30 participants between the ages of 60-90 years old, will be recruited and assigned to one of the three coil conditions. They will complete a total of 20 dTMS sessions over six weeks. Data will be collected before, during, immediately after, and one-month following the intervention period.

Conclusion: This novel study will be the first to establish preliminary evidence for dTMS in Mild NCD, inform the design of future randomized controlled trials and address a critical gap in therapeutic options for Mild NCD.

P599

Long-Term Efficacy and Safety of Oral Blarcamesine in Early Alzheimer's Disease: 192-Week Results from the ATTENTION-AD Open-Label Extension

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Topic

Dementia research and innovation: Clinical trials

Abstract

Introduction: No effective long-term, disease-modifying oral therapy currently exists for Alzheimer's disease (AD). Blarcamesine (ANAVEX®2-73), an oral SIGMAR1 activator, restores autophagy and cellular homeostasis. In the ANAVEX2-73-AD-004 trial (NCT03790709), blarcamesine slowed cognitive decline by 36.3% (ADAS-Cog13, $p<0.01$) and 27.6% (CDR-SB, $p<0.05$) versus placebo at 48 weeks, with supporting MRI and plasma biomarker findings and stronger effects in ABCLEAR1–3 genetic subgroups. This report presents Open-Label Extension (OLE) results from ATTENTION-AD (NCT04314934), providing up to 192 weeks (~4 years) of continuous treatment data.

Methods: ATTENTION-AD was a global, multicenter OLE following the 48-week double-blind phase in early AD patients ($n=508$; MMSE 20–28; age 60–85). Participants completing the blinded study received once-daily oral blarcamesine (30–50 mg) for up to 144 additional weeks (96 in Europe/North America). Efficacy was measured by ADAS-Cog13 and ADCS-ADL, and safety by TEAEs, vitals, labs, and ECGs.

Results: Long-term blarcamesine treatment was well tolerated, with mostly mild, transient dizziness during titration. No ARIA, brain swelling, hemorrhage, or drug-related deaths occurred. Early treatment maintained significant benefits through 192 weeks in the ITT population (–3.83 ADAS-Cog13, $p=0.0165$; +4.30 ADCS-ADL, $p=0.0206$). In the ABCLEAR2 subgroup (~72% of patients), benefits were greater (–5.43 ADAS-Cog13, $p=0.0035$; +9.50 ADCS-ADL, $p<0.0001$). Minimal-interruption patients showed the strongest, sustained efficacy. Long-term biomarker and “saved time” results will follow.

Discussion: Up to four years of continuous blarcamesine treatment was safe and led to durable, clinically meaningful preservation of cognition and daily function. Early treatment initiation yielded the greatest long-term benefit, consistent with a disease-modifying effect. Enhanced outcomes in the ABCLEAR genetic subgroup further support a precision medicine approach, positioning blarcamesine as a promising long-term therapy for early Alzheimer's disease with broad potential for personalized intervention.

P600

Efficacy and Safety of Oral Valiltramiprosate in APOE4/4 Homozygotes with Early AD: Topline Results from the APOLLOE4 Phase 3 Trial

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Topic

Dementia research and innovation: Clinical trials

Abstract

Aims: Valiltramiprosate (ALZ-801) is an oral inhibitor of amyloid oligomer formation. Tramiprosate (active agent in ALZ-801) had shown promising efficacy signals with favorable safety in ~1300 APOE4 carriers with AD. This trial evaluated Valiltramiprosate in APOE4/4 homozygotes with Early AD.

Methods: This 78-week double-blind, placebo-controlled, two-arm trial that randomized 325 APOE4 homozygotes (162 to placebo, 163 to 265 mg BID), stratified by MCI (MMSE 27-30) or Mild AD (MMSE 22-26). MRI (1.5/3 Tesla) were conducted every 26 weeks. The clinical outcomes were ADAS-Cog13 (primary), CDR-SB (key secondary) and DAD (secondary). Hippocampal volume (HV) was the main imaging outcome. MMRM was the primary analysis model.

Results: Safety population was 51% females, 89% Caucasian, mean age 69 years, MMSE 25.6, 39% with MCI (MMSE 27-30) and 33% with baseline microhemorrhages, macrohemorrhages, or siderosis. In the full analysis set (N=320), the placebo-adjusted least-square mean (LSM) difference in change from baseline (CBL) on ADAS-Cog13 favored drug non-significantly (delta=-0.51; p=0.61, 12% vs placebo CBL); CDR-SB and DAD numerically favored drug by 23% and 29%, but HV favored drug significantly (74 mm³, nominal p=0.017, 18% less atrophy). In prespecified MCI, all outcomes favored drug (nominal p-values): ADAS-Cog13= -2.14 (p=0.042; 52%); CDR-SB= -0.65 (p=0.053, 102%); DAD= 6.1 (p=0.016, 96%); and HV= 108 mm³ (p= 0.0042, 26% less atrophy). Incidence of ARIA-E was the same as placebo.

Conclusions: In the overall population, ADAS-Cog13 did not achieve significance, but the hippocampus showed significant 18% slowing of atrophy. The pre-specified MCI group showed significant 26% HV atrophy slowing with meaningful cognitive and functional benefits and positive trends on several secondary clinical outcomes. Overall safety was favorable with no increased ARIA. In the high-risk APOE4/4 population, this positive benefit-risk profile supports Valiltramiprosate potential as an oral disease-modifying treatment for APOE4/4 homozygotes with MCI.

P601

Precision Medicine in Alzheimer's Disease: Oral Blarcamesine Efficacy and Safety with Predominant Benefit in the ABCLEAR3 Population

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Topic

Dementia research and innovation: Clinical trials

Abstract

Introduction: Alzheimer's disease currently lacks approved oral disease-modifying treatments that significantly slow progression. Blarcamesine (ANAVEX®2-73), an oral small molecule targeting the sigma-1 receptor (SIGMAR1), restores autophagy and cellular homeostasis. In the ANAVEX2-73-AD-004 trial (NCT03790709), blarcamesine reduced ADAS-Cog13 decline by 36.3% versus placebo at 48 weeks, with parallel CDR-SB improvements, particularly among SIGMAR1 wild-type patients.

Methods: The Phase IIb/III ANAVEX2-73-AD-004 trial (n=508) was a randomized, double-blind, placebo-controlled, 48-week study evaluating oral blarcamesine (30 mg or 50 mg daily) in early AD. Key efficacy measures were ADAS-Cog13 and CDR-SB, with safety assessed via treatment-emergent adverse events (TEAEs) and neuroimaging. Genetic analyses stratified participants by SIGMAR1 mutation, and GWAS identified a higher-responder subgroup (ABCLEAR3:SIGMAR1/COL24A1WT). All prespecified endpoints were analyzed using a mixed model for repeated measures in the intent-to-treat (ITT) population. Neuroimaging was processed blind to treatment using QyScore.

Results: From the 462 patients (mean age, 73.7 years; 48.7% women) 222 were ABCLEAR3. ABCLEAR3 participants receiving blarcamesine 30 mg/day showed significantly less decline versus placebo: 84.7% less on ADAS-Cog13 ($\Delta = -4.739$, $p = 0.0004$), 53.2% less on ADCS-ADL ($\Delta = +4.245$, $p = 0.0024$), 75.2% less on CDR-SB ($\Delta = -1.414$, $p < 0.0001$), and improved quality of life on QoL-AD ($\Delta = +1.651$, $p = 0.0392$). A positive effect is observed on MRI data with especially 73.1% of less whole GM-atrophy in blarcamesine 30mg ABCLEAR3 population vs. placebo. Safety analyses showed that TEAEs occurred in 12.7% of blarcamesine-treated participants versus 9.1% in the placebo, with dizziness as the most frequent. No neuroimaging safety concerns were identified.

Discussion: This study highlights the efficacy and safety profile of blarcamesine in early AD with a focus on the ABCLEAR3 (SIGMAR1/COL24A1 non-missense gene) population. These findings reinforce the role of precision medicine in AD and highlight the importance of genetic stratification for optimizing therapeutic outcomes.

P602

Confirmed Atrophy Reduction in early Alzheimer's Disease Phase IIb/III Trial: Oral Blarcamesine Links Regional Brain Preservation to Cognitive Gains in both ITT and Genetic Precision Medicine Populations.

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Topic

Dementia research and innovation: Clinical trials

Abstract

Introduction: Oral blarcamesine (ANAVEX®2-73) restores autophagy through SIGMAR1 activation, restoring cellular homeostasis and has shown significant efficacy in slowing cognitive and structural decline in early Alzheimer's disease (AD). Pharmacogenetic analyses identified ABCLEAR3, a population defined by wild-type SIGMAR1 and COL24A1 genotypes, with enhanced responsiveness. This study examined whether blarcamesine preserves regional brain volumes and improves domain-specific cognition, and how structural changes correlate with cognitive outcomes in both ITT and ABCLEAR3 populations.

Methods: We analyzed 266 participants from the placebo-controlled Phase IIb/III ANAVEX2-73-AD-004 trial with high-quality structural MRI at baseline and week 48 (166 blarcamesine, 100 placebo). MRI was processed with the QyScore® pipeline for volumetric quantification of 84 cortical regions (AAL3 atlas). Cognitive outcomes included ADAS-Cog13 total and subscales, ADCS-ADL, and CDR-SB. General linear models assessed treatment effects on atrophy and cognition; correlations between regional volumes and cognitive subdomains were evaluated. Subgroup analyses focused on ABCLEAR3.

Results: Within the ABCLEAR3 population (n=222), blarcamesine 30 mg reduced cognitive decline by 84.7% on ADAS-Cog13 versus placebo ($\Delta -4.739$; $p=0.0004$), with significant benefits on ADCS-ADL (53.2%, +4.245; $p=0.0024$) and CDR-SB (75.2%, -1.414; $p<0.0001$). MRI demonstrated a 44.5% reduction in global brain atrophy ($p=0.0019$), and 73.1% reduction of Grey Matter brain atrophy with preservation across 16 cortical regions, notably medial prefrontal, temporal, parietal, and cingulate cortices. Cognitive subdomain improvements (orientation, word-finding, instruction recall) were linked to preserved regional volumes, such as medial prefrontal and parahippocampal regions. Region-cognition correlations were stronger in ABCLEAR3 than in the ITT cohort, indicating enhanced anatomical-cognitive coupling.

Conclusion: Blarcamesine conferred robust neuroanatomical preservation and cognitive benefits in genetically defined ABCLEAR3 patients with early AD. Regional MRI-cognition correlations reinforce the drug's targeted neuroprotective effects and highlight the value of integrating pharmacogenetics, imaging, and subdomain-level cognition in precision medicine approaches to AD.

P603

Clinical effects of Oral VALILTRAMIPROSATE treatment in APOE4 Carriers with Mild Cognitive Impairment (MCI): Results of the Phase 2 Study Long-Term Extension Over 3 years

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Topic

Dementia research and innovation: Clinical trials

Abstract

Background: Valiltramiprosate/ALZ-801, an oral inhibitor of beta-amyloid oligomer formation, is in late-stage development as a disease-modifying Alzheimer's disease (AD) treatment. Whereas the 78-week Phase 3 trial (NCT04770220) did not meet the primary endpoint in the overall APOE4/4 Early AD population, prespecified MCI group showed clinically-meaningful, nominally-significant benefits and significant slowing of hippocampal and brain atrophy. A Phase 2, 104-week study in APOE4 carriers with Early AD (NCT0493520) had a long term extension of 104 weeks. We report clinical results of MCI subgroup over 156 weeks of valiltramiprosate treatment.

Design/Methods: The Phase 2 trial in Early AD (MMSE 22-30) enrolled 84 APOE4 carriers (31 APOE4/4, 53 APOE3/4) with positive CSF amyloid/p-tau biomarkers who received valiltramiprosate 265mg BID over 208 weeks. Cognitive (RAVLT+DSST summed score) and hippocampal volume (HV) changes at 156 weeks were compared to matched external control from Alzheimer's Disease Neuroimaging Initiative (ADNI). In the MCI group (N=36), Change from baseline of clinical and HV measures were evaluated at 156 weeks versus 56 matched ADNI-controls, with Pearson correlations of cognitive vs HV drug effects.

Results: In MCI RAVLT+DSST remained above baseline in APOE4 carriers at 2 years with ~5% decline at year 3. Compared to matched-control, there was slowing of cognitive decline over 3 years in APOE4 carriers (78% slowing, delta=20.7, p≤0.001) and homozygotes (84% slowing, delta=21.0, p=0.002). Cognitive benefit correlated significantly with slowing of HV atrophy (r=0.75, p=0.0001). Valiltramiprosate showed no ARIA-E or symptomatic ARIA-H.

Conclusions: Valiltramiprosate effects in MCI APOE4 carriers, including APOE4/4 homozygotes, over 3 years showed similar cognitive benefits to MCI APOE4/4 group from the Phase 3 study. . These clinical benefits are supported by significant correlations to slowing of hippocampal atrophy. These long-term clinical benefits and favorable safety support oral valiltramiprosate as a promising potential treatment for APOE4 carriers with MCI.

P604

Valiltramiprosate Effects in the Pre-Specified MCI Group Show Significant Correlations between Clinical and Brain Volume Benefits: Phase-3 APOLLOE4 Results in Early AD APOE4/4 Homozygotes

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Topic

Dementia research and innovation: Clinical trials

Abstract

Background: Valiltramiprosate, an oral small molecule inhibitor of amyloid-beta (A β) oligomer formation, was evaluated in a 78-week trial in APOE4/4 homozygotes with Early AD. Since hippocampus atrophy occurs early in APOE4/4 homozygotes, hippocampal volume (HV) was the main imaging outcome. Correlations of valiltramiprosate effects on vMRI with its effects on clinical outcomes are presented over 78 weeks.

Methods: This double-blind trial randomized 325 subjects 1:1 (valiltramiprosate 265 mg BID/ placebo); stratified by MCI (MMSE 27-30) or Mild AD (MMSE 22-26). ADAS-Cog13 was the primary with key secondary/secondary functional outcomes (CDR-SB, DAD). Volumetric MRI measures, including HV, cortical thickness/whole brain volumes (CT, WBV) were collected every 26 week and centrally analyzed. MMRM was main analysis model; analysis by disease stages was pre-specified. Spearman's correlations are presented.

Results: In overall population, primary and secondary clinical outcomes were not significant but all vMRI outcomes showed significant atrophy slowing versus placebo (HV, 18% less atrophy, $p=0.017$). Prespecified, MCI (MMSE 27-30, $N=125$), showed positive effects/trends on ADAS-Cog13 (-2.14, 52%, $p=0.042$), DAD (+6.1, 96%, $p=0.016$) and CDR-SB (-0.65, 102%, $p=0.053$); with significant atrophy slowing in HV (26%), CT (35%), both $p<0.01$, and in WBV (22%, $p=0.027$). In the MCI group, subject-level correlations between HV-ADAS (Spearman's correlation=-0.45), HV-CDR ($r=-0.46$) were both significant ($p<0.0001$); clinical correlations for CT, WBV were also significant with $p<0.0001$ (coefficients 0.39-0.51).

Conclusions: In APOLLOE4 pre-specified MCI group, valiltramiprosate showed nominally significant cognitive and functional benefits with significant atrophy slowing in all brain compartments (HV 26%, WBV 22%). Hippocampal and whole-brain volume effects showed significant subject-level correlations with cognitive and functional benefits over 78 weeks (correlations 0.39-0.51). In the MCI population with adequate neuronal reserve, valiltramiprosate effects on neurodegeneration translate to meaningful clinical efficacy with favorable safety in APOE4/4 homozygotes.

P605

Safety and ARIA Analyses of the Oral Anti-Amyloid Oligomer Agent Valiltramiprosate in APOE4/4 Homozygotes with Early AD: Results of the 78-week Phase 3 APOLLOE4 Trial

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Topic

Dementia research and innovation: Clinical trials

Abstract

Background: Valiltramiprosate/ALZ-801, a valine-conjugated prodrug of tramiprosate that prevents A β toxic oligomer formation, was evaluated in APOE4/4 homozygotes with Early AD. APOE4 is a risk factor for cerebral amyloid angiopathy and ARIA. This 78-week placebo-controlled trial included subjects with any number of baseline microhemorrhages (MH) and several superficial siderosis lesions.

Methods: APOE4/4 homozygotes with Early AD (MMSE ≥ 22) were randomized 1:1 (placebo:265 mg BID), MRIs were conducted every 26 weeks, with centralized evaluations for ARIA-E/H. Anti-platelets were allowed, anti-coagulants were exclusionary.

Results: Safety population (N=325); 51% females, 89% Caucasian, mean age 68 years, MMSE 25.6; 298 had screening/baseline and 290 had post-treatment MRI. At baseline, 32% had >1 MH (placebo, 32%, active, 31%); 11% of placebo and 8% active had siderosis (maximum 4 and 5 lesions, respectively); and 5% per/arm had ≥ 10 MH. ARIA-E occurred in 5 subjects/arm (3%) and macrohemorrhages in 2 subjects/arm. Increase in MH from low to high category (0, 1-4, 5-9, ≥ 10 MH) occurred in 14% placebo and 9% active. Radiographically all ARIA-E were mild except 1 severe (placebo) and 1 moderate (active), and all ARIA-E/H events were asymptomatic. AEs with incidence >5% and >2x placebo rate were nausea (26%), weight decrease (14%), decreased appetite and vomiting (10% each); with lower headache, falls and dizziness rates in active arm.

Conclusions: Valiltramiprosate was well tolerated with favorable safety over 78 weeks consistent with prior studies in >3000 AD patients. ARIA-E rates were similar between valiltramiprosate and placebo arms (~3%), ARIA-H was lower than placebo, and no ARIA events were symptomatic. Coupled with promising efficacy in MCI subjects, valiltramiprosate provides a favorable benefit-risk profile for high-risk APOE4/4 patients with unmet need for safe and effective disease-modifying treatments.

P606**Thermal stress and lifespan effects: Genetic and environmental interactions in *C. elegans* with implications for dementia-related aging processes****Ms Alanna Janée Morris**, Dr Vrinda Kalia

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Topic

Dementia research and innovation: Dementia beyond the amyloid hypothesis (including new genes, oral hygiene, gut microbiome, autoimmune diseases, neuroinflammation)

Abstract

Climate change is increasing the prevalence of thermal variability, yet its biological consequences remain poorly defined. While static temperature exposures have been linked to altered lifespan and neurodegenerative vulnerability, little is known about how fluctuating thermal environments impact survival or interact with aging-related genetic pathways. This research examined the effects of daily temperature oscillations on lifespan in *Caenorhabditis elegans* (*C. elegans*), focusing on wild-type and PTL-1 (MAP2/ MAP4/- ortholog) mutants. Though there are distinctions between PTL-1 and human tau, this protein and the gene for its expression provide a valuable proxy for investigating the effect of temperature variability in tau-related processes central to the development of various dementias.

For each strain, three replicate assay plates were created per temperature condition: 22 °C, 27 °C, and oscillation between 22 °C and 27 °C, for a total of 18 plates scored daily. Manual lifespan assays revealed a significant reduction in survival under constant 27 °C conditions (median: 9 days) compared to 22 °C (median: 13 days), with oscillating temperatures producing intermediate outcomes (median: 11 days). Across treatments, *ptl-1* mutants exhibited enhanced survival relative to wild-type, showing approximately a two-fold lower hazard of death, though no significant genotype-by-temperature interaction was detected. To evaluate methodological reproducibility, lifespan was also measured using the NemaLife microfluidic system. Though effect sizes were attenuated, results broadly aligned with plate assays.

Collectively, these findings demonstrate that temperature variability constitutes a biologically consequential exposure capable of shaping survival trajectories in *C. elegans*. They further suggest that tau-related pathways modulate aging outcomes under thermal stress and underscore the importance of validating emerging experimental platforms. This work advances understanding of thermal volatility in neurodegeneration, providing mechanistic insight into how environmental instability may exacerbate the risk of Alzheimer's disease and related dementias (AD/ADRD) in the context of climate change.

P607

Clinical determinants of 180-day hospital readmission and mortality in older adults living with dementia: A UK-based cohort study

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Topic

Dementia research and innovation: Epidemiology

Abstract

Aim: Older adults living with dementia occupy approximately one quarter of acute hospital beds in England. The risk of hospital readmission within six months of discharge increases with comorbidities, reduced mobility, and limited interdisciplinary collaboration across care sectors. Subsequently, hospital readmission can increase the risk of mortality in this population. This study aimed to quantify the clinical determinants of readmission and mortality in older adults with dementia in England.

Method: A retrospective cohort study was conducted using anonymised data from adults in England with a diagnosis of dementia, aged 65 and over. Individuals were identified through primary care electronic health records in the Clinical Practice Research Datalink (CPRD) GOLD, between April 1997 and November 2018. Readmissions within 180 days were identified using linked Hospital Episode Statistics. Adjusted logistic regression assessed factors associated with readmission, and Cox proportional hazards regression identified predictors of one-year mortality following readmission.

Results: The cohort included 24,956 individuals with dementia from 253 primary care centres (mean age 81.93 years; 61.6% female). Chronic obstructive pulmonary disease (odds ratio [OR]=1.26, 95% confidence interval [CI]: 1.15-1.39), type 1 diabetes (OR=1.21, CI: 1.12-1.30), and chronic kidney disease (OR=1.14, CI: 1.07-1.22) were strongly associated with readmission. Medication review in primary care within one year before index hospitalisation (OR=1.08, CI: 1.02-1.14), and primary care consultation within two weeks of discharge (OR=1.21, CI: 1.15-1.28) were associated with readmission. One-year mortality following readmission was associated with age (hazard ratio [HR]=3.20, CI: 2.49-4.11 for ages 90+ versus 65-69), multiple long-term conditions (HR=1.21, CI: 1.06-1.39 for 4-5 conditions versus none), prescriptions for antipsychotic medication (HR=1.37, CI: 1.22-1.53), and care home residence (HR=1.33, CI: 1.10-1.62).

Conclusion: Knowledge of clinical factors associated with readmission and mortality can inform advanced care planning between health and social care professionals, people living with dementia and their families.

P608**Dementia prevalence and disease mechanisms among adults aged 60+ in rural Uganda.**

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Topic

Dementia research and innovation: Epidemiology

Abstract

Background: The number of people living with dementia is projected to more than triple in most African countries by 2050. However there remains a scarcity of epidemiological data, particularly from rural contexts. We aim to determine the prevalence and underlying pathological mechanisms of dementia within a rural Ugandan community.

Methods: We are conducting a two-phase dementia prevalence study among 1500 adults aged 60+ within the rural General Population Cohort in Uganda. First, all participants undergo cognitive screening. Then, all those with impaired cognition, 50% of those with mildly impaired cognition, and 15% of those with unimpaired cognition undergo further cognitive and mental health assessment using 10/66 methodology. To investigate dementia mechanisms, we test for blood-based biomarkers of Alzheimer's neuropathological change and assess cerebrovascular health using retinal vascular morphology as a proxy. We assess for causes of possible secondary dementias including thyroid dysfunction, HIV, syphilis, renal dysfunction, anaemia, and diabetes.

We are due to complete recruitment in November 2025, and all results will be available by the time of the Alzheimer's Disease International conference in April 2026.

Results: Currently, 1010 older people have undergone screening and 181 have been assessed using 10/66 tools.

We present preliminary results, as recruitment is ongoing.

So far, we estimate that 16.2% (95% CI 11.7 – 22.1%) of adults aged 60+ have dementia. This is highly age-associated, with 6.3% (2.7% - 14.1%) prevalence in 60–69-year-olds, rising to 54.9% (34.3 – 73.9%) in 80+ year-olds ($p < 0.001$). We have identified possible secondary dementia in 11/54 participants. Retinal images and blood biomarkers of Alzheimer's neuropathological change will be analysed in early 2026.

Conclusion: Dementia prevalence is high in this rural Ugandan population, and a significant proportion may be secondary to treatable conditions. Understanding dementia mechanisms will inform effective risk reduction strategies in the coming years.

P609**Climate change and dementia as a growing public health challenge: understanding the opportunities for targeted interventions****Dr Noemie Letellier**¹, Dr Tarik Benmarhnia²¹Inserm, Rennes, France. ²EHESP, Rennes, France**Topic**

Dementia research and innovation: Epidemiology

Abstract

Climate change is leading to increasingly frequent, prolonged, and intense heat waves, which are by far the deadliest extreme weather events. In the summer of 2022 alone, over 60,000 heat-related deaths were recorded in Europe. These episodes of extreme heat are often accompanied by pollution spikes, especially for ozone. Simultaneous exposure to high temperatures and air pollutants can have immediate harmful effects on health, especially among individuals living with comorbidities.

People living with dementia could be particularly vulnerable to these extreme weather events (heat waves and spikes in air pollution) for several reasons. They often have multiple comorbidities and take medications that may weaken the immune system, impair thermoregulation or reduce sweating, all of which can contribute to increased susceptibility. Cognitive impairments can hinder their understanding of environmental threats and their ability to respond to them, while communication difficulties can limit their ability to express distress or seek help. In addition, reduced mobility or social isolation may further increase their exposure and limit their ability to respond.

Certain subgroups among people with dementia may be even more at risk, including women, individuals with low socioeconomic status, or those living in neighborhoods with limited green space. Understanding these specific vulnerabilities is essential to inform targeted strategies for risk management during extreme weather events, thereby helping to reduce the impact of climate change on people with dementia and support those who care for them.

The objective is to present an overview of the impact of climate change on individuals living with dementia, highlight key vulnerability factors, methodological solutions to design targeted interventions and introduce a new research project funded in France on this topic, based on data from the French National Health Data System (SNDS).

P610**Dementia prevalence surveys: are they still worth doing?****Prof Robert Graham Cumming**

University of Sydney, Sydney, Australia

Topic

Dementia research and innovation: Epidemiology

Abstract

Dementia prevalence surveys have played a key role in establishing dementia as one of the great global health challenges of the 21st century. These surveys have provided estimates of the prevalence of dementia in many parts of the world, with most finding that between five and ten per cent of people aged 65 years and over are living with dementia. High quality dementia prevalence surveys are very difficult to do and are resource intensive. This deliberately provocative presentation will address the question: are more surveys needed? Reasons for doing dementia prevalence surveys include advocacy, planning health and social services, assessing impact of interventions (using repeat surveys) and providing a platform for dementia research programs. For advocacy purposes, a survey using a cognitive screening test may be adequate. To be useful as a dementia research platform, surveys should include detailed assessment of cognitive status, often involving specialist clinical examination. These resource intensive surveys can involve one phase, where all participants are assessed, or two phases, where only those who test positive on a cognitive screening test are assessed in detail. Two phase designs are particularly susceptible to selection bias. The issues covered in this presentation will be illustrated with examples of dementia prevalence surveys done in Australia, Kazakhstan, Malaysia and Sri Lanka, as well as surveys conducted by the 10/66 Dementia Research Group and the Harmonised Cognitive Assessment Protocol (HCAP) Network. Global Burden of Disease Study estimates of dementia prevalence will also be discussed.

P611

Organ-specific proteomic aging and cognitive performance

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Imperial College London, London, United Kingdom

Topic

Dementia research and innovation: Epidemiology

Abstract

Biological aging, characterized by cellular and molecular changes, may play a key role in neurodegenerative diseases. While recent proteomic advancements have introduced new aging clocks, widespread validation remains necessary. This study evaluated organ-specific and cognition-enriched proteomic clocks in relation to chronological age and cognitive change.

We analyzed plasma proteomic data from the CHARIOT PRO SubStudy (N = 409), measured using the SomaScan assay (version 4.1) at four time points over three years (months 0, 12, 24, and 36). Using published proteomic organ age weights, we calculated conventional, organ-specific, and cognition-enriched biological ages and compared them with chronological age. Adjusted multilevel regression analyses assessed associations between baseline proteomic AgeGaps (biological–chronological age differences) and cognitive performance over 54 months.

The cohort (mean age: 71.8 ± 5.5 years; 50.1 % female) showed moderate to strong correlations between proteomic ages and chronological age ($r = 0.37\text{--}0.80$; $\text{MAE} = 4.2\text{--}2.7$). Over three years, AgeGaps increased across the conventional, organismal, muscle, liver, artery, and immune systems, ranging from 2.1 ± 1.9 to 1.0 ± 2.3 years. The artery AgeGap was most strongly associated with cognitive decline, with conventional and organismal AgeGaps showing similar patterns. Higher baseline AgeGap z-scores (i.e., greater biological age) in the artery and brain were associated with poorer cognition, as measured by the Repeatable Battery for the Assessment of Neuropsychological Status Total Scores (Coeff. -3.0 , 95 % CI: -3.4 , -2.5 ; and -1.1 , 95 % CI: -1.5 , -0.6) and the Preclinical Alzheimer's Cognitive Composite (Coeff. -0.5 , 95 % CI: -0.6 , -0.4 ; and -0.14 , 95 % CI: -0.3 , -0.03).

These findings highlight the interplay between neurological function and cardiovascular aging in cognitive decline. Organ-specific biological age assessments may aid in the early detection of age-related changes, informing personalized interventions. Our study highlights proteomic aging signatures as key to uncovering Alzheimer's and other neurodegenerative mechanisms, emphasizing integrated brain–cardiovascular health.

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P612**Leveraging Health Data to Advance Alzheimer's Research and Patient Advocacy: Lessons from the "Request-on-Demand" Initiative****Dr Kevin Rabiant**

France Alzheimer et maladies apparentées, Paris, France

Topic

Dementia research and innovation: Epidemiology

Abstract

In recent years, France has developed one of the world's most comprehensive health data infrastructures—the Système National des Données de Santé (SNDS)—enabling unprecedented opportunities to understand diseases and improve care pathways. To make this vast resource more accessible to civil society, the Health Data Hub and France Assos Santé jointly launched the Request-on-Demand Service, a pioneering initiative that allows patient associations to obtain aggregated, anonymized indicators from the SNDS without undergoing the lengthy regulatory process of a full research protocol.

This service empowers associations to formulate specific questions—such as the number of patients, geographic distribution, hospitalization rates, or treatment trends—and to receive corresponding national indicators. The approach has already benefited rare-disease and chronic-condition organizations, enabling them to produce barometers, support advocacy, and guide public health priorities.

Applied to Alzheimer's disease and related dementias, this model could transform how patient associations engage with epidemiological and health economics data. Through simple, anonymized indicators, organizations could better estimate the national burden of Alzheimer's, regional disparities in diagnosis or care, or the patterns of access to treatments and imaging. Such insights would strengthen public awareness campaigns, policy discussions on therapeutic access, and research planning—especially in a context where early detection, innovation, and care equity remain major challenges.

Beyond data access, the Request-on-Demand initiative embodies a cultural shift toward participatory health data governance. By equipping associations such as France Alzheimer with both methodological guidance and data literacy, it paves the way for a more inclusive, transparent, and evidence-informed advocacy ecosystem. Ultimately, democratizing access to health data means giving voice and analytical power to those most directly concerned—the patients themselves.

P613**Association between Metabohealth and dementia risk in the UKBiobank**

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Topic

Dementia research and innovation: Epidemiology

Abstract

Background: Combined biomarker scores such as biological age measures are increasingly being explored for dementia risk prediction and to facilitate early prevention approaches. Metabolomic scores such as “MetaboHealth”, originally trained on mortality, may also capture metabolic dysregulation relevant to dementia. Using data from UKBiobank, we generated MetaboHealth scores and examined its association with incident dementia. We also calculated “MetaboAge”, and “MetRS”, a machine learning-derived metabolic risk score for dementia prediction.

Methods: Incident dementia cases were age matched within 1 year to healthy controls at a 1:4 ratio. Conditional logistic regression was applied, first adjusting for gender, then adding BMI, and subsequently testing for gender×MetaboHealth interaction. Adjusted probabilities were estimated using margins across gender and MetaboHealth categories. Associations of MetaboAge and MetRS scores with dementia risk were also examined for comparison.

Results: The matched dataset included 988 cases and 3,952 controls (N=4,940). Dementia cases had a 77% higher mean MetaboHealth score than controls (0.143 vs. 0.081), reflecting a poorer metabolic profile. Metabohealth was associated with increased odds of dementia (OR 1.48, 95% CI 1.26–1.74). Males had higher odds than females (OR 1.42, 95% CI 1.23–1.64), with no significant interaction. Adjusted probabilities indicated males had 8% higher risk than females. A dose–response relationship was observed, with the high Metabohealth score group ($> \text{mean}+1 \text{ SD}$) having a 12% greater risk than the low-score group ($< \text{mean}-1 \text{ SD}$).

Conclusions: Higher MetaboHealth scores were robustly associated with increased dementia risk in both genders, with clear dose–response trends. These findings support MetaboHealth as a compact metabolomic signal of dementia risk, but its current predictive ability is limited as a standalone risk prediction tool. We are using this score as part of measures in the UNIMAN pilot, which focuses on the early prevention and intervention of dementia within the COMFORTAGE study.

P614**Direct and indirect pathways of individual adverse childhood experiences on later-life cognitive function in China**

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Topic

Dementia research and innovation: Epidemiology

Abstract

Aims: This study aimed to investigate the complex relationship between individual adverse childhood experiences (ACEs) and later-life cognitive ability in China. We sought to move beyond aggregated ACE scores by comprehensively assessing the distinct direct and indirect pathways through which specific ACEs influence cognitive outcomes, using a broad set of known dementia risk factors as potential mediators.

Method: We utilized data from the China Health and Retirement Longitudinal Study (CHARLS, 2011–2018), analyzing a nationally representative sample of 20,010 middle-aged and older adults. Structural Equation Modeling was employed to test the direct and indirect effects of 13 specific ACEs (including emotional abuse, physical neglect, and community violence). The pathways were mediated by 13 dementia risk factors (e.g., depression, less education, physical inactivity, and hypertension). The outcome, a latent global cognitive ability factor, was measured by five tasks including immediate recall, delayed recall, serial subtraction, orientation, and drawing.

Results: The analysis revealed significant and distinct pathways. We found direct negative effects on cognitive function for emotional abuse ($\beta = -0.27$, $p < .05$), household substance misuse ($\beta = -0.10$, $p < .05$), and community violence ($\beta = -0.19$, $p < .001$). Conversely, emotional neglect and household violence surprisingly showed a direct positive effect on cognitive ability. The negative impacts of physical neglect and parental divorce or death were found to be exclusively indirect, mediated by factors such as less education and depression ($\beta_{\text{indirect}} = -0.08$, $p < .001$ and $\beta_{\text{indirect}} = -0.10$, $p < .01$, respectively).

Conclusion(s): Different types of ACEs influence later-life cognitive ability through heterogeneous, specific pathways. These findings underscore the need for targeted, evidence-based interventions: directly acting ACEs may suggest an immediate neurobiological impact, while indirectly acting ACEs highlight the critical role of mediating factors like educational attainment and mental health. The counterintuitive positive associations suggest potential resilience mechanisms that warrant further investigation.

P615**Cross-Border Alzheimer's Meeting Offers Respite, Connection, and Citizenship Take a break – share together – exchange experiences – moving outwards Rencontre sans frontières – Begegnung ohne Grenzen – Meeting without boundaries: An offer of a time-out for people with dementia and their relatives - a transnational programme of France Alzheimer Vaucluse & Alzheimer Gesellschaft München**

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Topic

Dementia research and innovation: International collaborations

Abstract**France Alzheimer Vaucluse****Alzheimer Gesellschaft München**

Every year, our professional and voluntary teams work together democratically to organise a week with people with Alzheimer's or related disease and their families in different countries in Europe.

The time-out is the answer of a strong desire to get a break from everyday life, to forget isolation, physical and mental exhaustion, to discover another culture, to cross borders, to meet people in similar situations and in a calming environment. The week take place in a self-sufficient house, where everyday tasks are solved together, according to each person's ability and in a spirit of solidarity. The programme combines moments of relaxation, physical activities, cooking, cultural offers, exchanges and a lot of fun moments.

The ultimate goal is to provide a week of leisure and relaxation in an adapted atmosphere that fosters exchange among participants, free from shame or prejudice. Very personal conversations and new friendships emerge.

Above all, couples have the opportunity to get to rediscover their relationship. They see what is still possible outside of the often very stressful daily routine, where there is little room for experimentation and patience is lacking. Shared moments become a source of joy, mutual support, and the rediscovery of oneself and the other.

Living together, with respect, tolerance, and understanding, becomes a reality.

What connects us all is the illness: 'We don't need words, we understand each other, we share our joy and our vulnerability, we learn strategies to live better with the disease'.

At official events, participants engage with political decision-makers and healthcare professionals, mayors, and consuls. They visit research centers and take part in conferences. This cultural melting pot strengthens human connections and offers many opportunities to rediscover each other's skills, to act in community, and above all to keep one's place as a CITIZEN.

P616

Co-creating digital health solutions in dementia: a Living Lab methodology applied in the Galicia–North Portugal Euroregion

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Topic

Dementia research and innovation: International collaborations

Abstract

Aims: To present the methodology developed for the implementation of Living Labs in dementia within the INNOV4LIFE project, and to describe how it was operationalised through a public call based on digital use cases and structured phases.

Methods: The methodology was informed by a literature review and the identification of digital health use cases relevant to dementia (conversational agents, multimedia platforms, virtual reality and teleassistance). These use cases served as illustrative examples to guide the design. The model was structured into three phases: exploration (identification of needs and priorities), experimentation (co-creation and piloting of solutions) and evaluation (assessment of outcomes and impact). The public call for Living Labs applied this framework across different local contexts of the Euroregion, bringing together multiple stakeholders from health, social care, research and policy.

Results: The launch of the call represented a key step in moving from concept to practice. The framework provided coherence across sites, while allowing each location of the living lab to keep its specificities. The main difficulties arose from public-private collaboration and integration, due to the different regulations and requirements among the partners.

Conclusions

The INNOV4LIFE experience highlights the potential of Living Labs as participatory environments to align digital health innovation with the real priorities of dementia care. The proposed methodological model, grounded in digital use cases and structured phases, offers an adaptable and scalable approach that integrates public-private collaboration.

P617

Differentiated profiles of digital health priorities for people living with dementia and their care providers: a cluster analysis in the Galicia–North Portugal Euroregion

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Topic

Dementia research and innovation: International collaborations

Abstract

Aims: To identify and prioritise digital health needs of people living with dementia (PLWD) and their care partners, and to explore differentiated profiles of priorities through cluster analysis. Digital health, defined as the use of information and communication technologies to support health management, service delivery, and well-being promotion, encompasses tools such as mobile health, telemedicine, artificial intelligence, and electronic health records. Due to the complexities of dementia, which affects both comprehension and interaction with technologies, understanding individuals' priorities is essential to ensure these technologies are not only innovative but also aligned with real needs, preferences, and values.

Methods: As part of the INNOV4LIFE project, a survey was conducted in the Galicia–North Portugal Euroregion including PLWD, family members and health and social care professionals. Participants rated and ranked areas of digital health intervention. Descriptive analyses and both hierarchical and k-means cluster analyses were performed to detect differentiated profiles of priorities.

Results: A total of 189 participants answered the survey. The most prioritised areas were emotional and psychological support (n=142, 75.1%), cognitive support and therapies (n=135, 71.4%), and dementia education, training, and awareness (n=131, 69.3%). Cluster analysis revealed three distinct profiles: the first cluster, characterised by lower or moderate prioritisation, emphasised assistance in daily care and cognitive support therapies; the second prioritised cognitive support therapies together with dementia education and awareness, alongside emotional support; and the third showed maximum prioritisation, consistently rating all areas as highly important. No significant differences were found in the percentage of PLWD and care partners between clusters, nor in demographics. Statistical tests confirmed significant differences between clusters in the selection of main priorities.

Conclusions

Beyond shared priorities, differentiated profiles of digital health needs have arisen. Recognising these

profiles may be important for designing tailored, acceptable and effective digital interventions across groups.

P618

Young-onset dementia research in the Asia-Pacific region: A scoping review

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Topic

Dementia research and innovation: International collaborations

Abstract

Background: Young-onset dementia (YOD), dementia with symptom onset before 65, is an area of increasing public health importance. YOD research in Asia-Pacific remains under-represented in the global YOD research landscape. This scoping review aimed to comprehensively map the existing YOD literature from Asia-Pacific and provide an overview of the research topics conducted to date.

Methods: We followed the PRISMA extension for scoping reviews guidelines and searched Scopus and PsycINFO, using pre-defined search terms, from their inception date to 31st December 2024. Empirical studies involving human participants with YOD, or family carers of people with YOD, living in Asia-Pacific, were included.

Findings: 437 publications were identified. Fourteen of the 42 Asia-Pacific countries/territories have published YOD research, with Japan, Australia, South Korea and China contributing to 82.2% of all YOD research in the region. The volume of YOD publications in the Asia-Pacific region has increased steadily from the early 2010s. Most studies were case reports/series (34.8%) and quantitative (59.2%), with a very small proportion (5.9%) using qualitative or mixed-methods. The YOD research landscape is mostly focused on disease biology such as genetics, neuroimaging, and neuropathology. Despite the impacts of YOD on the individuals and their families, only 11.4% of the publications, mainly from Australia, examined psychosocial impacts and support services.

Conclusions: There is an urgent need for research in the Asia-Pacific region to better understand the journey of YOD and to co-create interventions and services that address the needs of those affected

P619

Dementia research priorities come to age – a bibliometric mapping review to explore (in)balances in dementia research

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Topic

Dementia research and innovation: International collaborations

Abstract

Background: In 2016, a WHO-led CHNRI exercise published in The Lancet Neurology identified seven overarching priority domains and 59 thematic research priorities to inform a global harmonized agenda. The WHO Blueprint for Dementia Research subsequently expanded and operationalized these priorities. A decade on, it is timely to assess the alignment of the global scientific output.

Aim. To map and count publications from 2016–2025 across, and quantify correspondence with the WHO dementia research priorities, and highlight imbalances and neglected areas.

Methods: We will conduct a bibliometric mapping review using standard, reproducible procedures. Searches will cover 2016–2025 and use controlled vocabulary and validated keyword strings derived from the 2016 CHNRI taxonomy for dementia. Data will be sourced primarily from PubMed through public API (NCBI E-utilities), enabling a fully reproducible workflow with periodically updatable results. Automated pipelines in Python will fetch, parse, and normalize records; perform rule-based classification; and compute indicators (annual output, compound growth, proportional share by domain/avenue, and overlap).

Anticipated Results: We will report the volume and temporal trends of publications per research domain and avenue from 2016–2025, the degree of alignment with 2016 priorities and the current Blueprint's thematic areas and research drivers, and the presence of over- or under-represented topics. The output will lay the groundwork for a dynamic, online visualization tool designed to be a living resource to inform the dementia research agenda and support the implementation of WHO's Blueprint for dementia research.

P622**Sharing knowledge and everyday tips: the French practical guide
“Disability and dementia”**

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Topic

Dementia research and innovation: Less common dementias (including Down Syndrome and childhood dementia)

Abstract

Given the increase in life expectancy, a growing number of people with disabilities are living with dementia. In France, this issue arises in a specific context: public policies create a separation between disability and aging. Support professionals are trained either in disability or in dementia, and specialized services for people living with dementia are often not accessible to people with disabilities. Moreover, this new challenge remains largely invisible. Yet, more and more people are affected and find themselves, as well as their professional and family caregivers, deprived to cope.

This is why we decided to create a practical guide for supporting people with intellectual disabilities and dementia. For two years, professionals working with people with disabilities and professionals supporting people living with dementia collaborated. They shared their knowledge, but also their practices and the many tips they developed in their daily work to support those concerned. This guide is now complete and freely available. It consists of eight booklets covering different topics: recognising the signs of dementia, providing daily support, landmarks in time and space, meals, personal hygiene, communication, and adapted games and activities.

Two major lessons can be drawn from this experience. First, its main strength lies in the everyday inventiveness of professionals. Second, beyond practical advice, it offers a genuine person-centered approach, focusing on each individual's uniqueness, respecting his history, expectations, and aspirations, rather than on a disease or symptoms. This human and personalized approach can ultimately prove effective in supporting any person, regardless disability, age, or health condition.

P623**Dementia Associated with Neurological and Metabolic Conditions in Children: The Role of Gastrostomy and Antireflux Surgery.****Dr Ilhama Jafarli**

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Topic

Dementia research and innovation: Less common dementias (including Down Syndrome and childhood dementia)

Abstract

This study highlights the role of enteral access and antireflux surgery in managing children with progressive neurodegenerative disorders such as Batten disease, Niemann-Pick disease, X-linked adrenoleukodystrophy, metachromatic leukodystrophy, and mitochondrial disorders. These conditions, often classified as childhood dementias, are characterized by cognitive decline, feeding difficulties, and recurrent respiratory morbidity.

Neurologically impaired (NI) children frequently suffer from malnutrition, gastroesophageal reflux disease (GORD), aspiration, and repeated respiratory infections due to swallowing incoordination and neurometabolic dysfunction. This retrospective study reviews the experience with children who underwent gastrostomy and fundoplication. The cohort included patients with cerebral palsy, hypoxic-ischemic encephalopathy (HIE), birth asphyxia, brain tumors, and neurodegenerative conditions such as Leigh syndrome, Alper's disease, Rett syndrome and metabolic disorders.

Surgical indications were primarily severe malnutrition, followed by aspiration and refractory GORD. GORD was confirmed via upper GI series and 24-hour pH monitoring.

Improvements in seizure control, weight gain and developmental milestones were also observed. However, complications included wrap herniation, slippage, partial disruption, ALTE episodes, and continued hospitalizations for chest infections. Local issues such as leakage, granuloma, high residuals, and ileus were also noted. Fundoplication had fewer failures and complications than gastrojejunal feeding, with similar reflux-related hospitalisations in neurologically impaired children

The stratification by type of neurological impairment, static vs progressive in some studies shows that outcomes may be somewhat worse in progressive "childhood dementia-type" conditions — higher failure, more complications. The Di Mitri et al. comparing fundoplication vs EGD suggests that for severe GORD or recurrent aspiration pneumonia, procedures more radical than fundoplication might be beneficial in some cases. Our findings support the inclusion of gastrostomy and fundoplication as part of palliative and supportive care in NI children, especially those with childhood dementia syndromes.

All benefits are notable, individualized risk-benefit analysis and long-term follow-up remain essential to optimize outcomes and improve quality of life.

P624**Niemann-Pick Disease Type C and childhood dementia**

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Topic

Dementia research and innovation: Less common dementias (including Down Syndrome and childhood dementia)

Abstract

Niemann-Pick disease type C (NPC) is a progressive, genetic neurodegenerative condition that presents as one of the leading causes of childhood dementia. Though often excluded from the broader dementia discourse, NPC shares some features with adult-onset dementias—including cognitive decline, behavioural changes, and loss of independence, as well as ataxia, vertical supranuclear gaze palsy, dystonia, dysarthria, cataplexy, and sometimes seizures. It can manifest in infancy, childhood or adolescence.

This presentation will discuss NPC, but importantly focus on the lived experiences of families. Together with the needs of the child and their family centre stage, as well as the clinical presentation, it will highlight the urgent need to include childhood dementia as an important area of inclusion in our dementia policies, education, and discussions/conferences, and our research globally. Its relatively higher prevalence among childhood dementias makes it not only clinical priority but also a powerful lens through which to understand broader issues facing children with dementia.

This session will highlight the shared experiences of families, challenges in diagnosis and care, and the potential for improved outcomes through greater global recognition and inclusion. It will also showcase how awareness campaigns, such as those led by the Childhood Dementia Initiative in Australia, and Alzheimer Scotland are together reframing the narrative and improving access to support and awareness.

As ADI continues to champion dementia awareness across the lifespan and around the world, this presentation calls for the integration of childhood dementias like NPC into global dementia strategies to ensure equitable recognition, research, and care for all people living with dementia—regardless of age.

P625**A case for adopting Childhood Dementia as a unifying term****Dr Chris Knifton**¹, Mrs Gail Hilton²¹De Montfort, Leicester, United Kingdom. ²Childhood dementia Initiative, Sydney, Australia**Topic**

Dementia research and innovation: Less common dementias (including Down Syndrome and childhood dementia)

Abstract

The term childhood dementia is gaining traction globally as an umbrella descriptor for over 145 plus progressive neurodegenerative conditions affecting children and young people. While these diseases are diverse in cause, they do share key features such as progressive cognitive decline, memory loss, and loss of functional abilities including mobility, as well as physical health challenges. Over months, years, or longer, the child will lose skills they had already developed.

This presentation explores the increasing adoption of childhood dementia as a unifying term, and the implications of this shift for advocacy, clinical care, public understanding, workforce education and policy development. Drawing on research, clinician feedback, and family perspectives, it examines how this terminology helps demystify rare diseases for families, enhances communication across care teams, and strengthens advocacy.

The session will highlight the work of the Childhood Dementia Initiative, which has championed the term in Australia and internationally to bring visibility to these conditions and improve access to services and support. It will share lessons learned in promoting the term across disciplines, and propose recommendations for ethical, inclusive, and consistent usage through education and awareness campaigns as well as presenting this work to international dementia conferences such as this, perhaps for the first time. Here, at Alzheimer Disease international, and its emphasis on inclusion, and public awareness, this presentation makes the case for thoughtful adoption of shared terminology to elevate recognition of childhood dementia globally, facilitate collaboration across the life course, and drive more equitable access to care, research, and support for all people affected by dementia—regardless of age.

P626**Inclusive Public Spaces for LGBTQ+ Individuals with Dementia: A Community-Centered Design Approach**

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Topic

Dementia research and innovation: LGBTQI+ and dementia

Abstract

LGBTQ+ older adults with dementia face compounded vulnerabilities due to discrimination, isolation, and the erosion of cognitive capacity. Current residential and care settings often disregard their identities, resulting in exclusion and fear. This paper identifies environmental barriers and proposes inclusive public space design strategies.

- Denial of gender/sexual orientation by care organizations
- Lack of privacy and forced outing
- Financial instability and housing insecurity
- Absence of family-based care support
- Legal exclusion from inheritance and residency rights

A human-rights-based, community-centered approach is essential to ensure dignity, autonomy, and safety for this marginalized group.

P627**Social engagement challenges for older adults with mild cognitive impairment: Insights from their lived experiences****Dr Wendy A. Rogers**¹, Dr Sara J. Czaja², Dr Walter R. Boot², Dr Neil Charness², Dr Raksha A. Mudar¹¹University of Illinois Urbana-Champaign, Champaign, USA. ²Weill Cornell Medicine, New York, USA**Topic**

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Social isolation and loneliness in older adults are associated with poor health outcomes and linked to increased risk of cognitive impairment and dementia. Social engagement has been identified as a key factor in promoting positive health behaviors and quality of life and preventing social isolation and loneliness. However, we have limited information about the degree to which older adults with cognitive impairment experience challenges with social activities. Exploring their lived experiences can provide valuable insights about the source of the difficulties and opportunities for interventions to enhance social engagement, hence contributing to health and wellness. We interviewed 91 older individuals (Mean age=74.1, SD=7.56, Range 60-90 years). Forty-eight percent of participants (n = 44) reported they had a diagnosis of mild cognitive impairment (MCI); the remaining 47 reported experiencing a recent and noticeable decline in memory or thinking, which was corroborated by family or friends. We will report data from the 27 individuals from the sample who reported social activities as being difficult in the following categories: in-person, technology-mediated, group-based, or work/volunteering/civic social activities. We explicitly coded the interview transcripts according to the following cognitive causes: memory, attention, executive functioning, and language. The participants reported 92 challenging issues with respect to social engagement activities. The majority were memory-related (36%), especially semantic and retrospective memory failures. Next most common was executive function (26%), especially planning and organizing followed by attention challenges (23%), especially sustained attention. The remaining 15% were language-based or social cognition. These data provide clear direction for the design of intervention strategies to improve social engagement for older adults with MCI. For example, technology supports can be designed to augment memory by providing reminders and contextual information in social situations. Support for planning and organization can be integrated into social engagement support tools to reduce cognitive demands.

P628

The Lived Experience of Older Adults Living with Mild Cognitive Impairment: A Qualitative Study in South Korea

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Background: Mild cognitive impairment (MCI) is a transitional state between normal aging and dementia. Beyond clinical definitions, they must adapt to cognitive challenges, changing roles, and concerns about decline, yet little is known about how they live or what realities they confront.

Aims: This study aimed to explore the lived experience of community-dwelling older adults diagnosed with MCI.

Methods: 12 community-dwelling older adults diagnosed with MCI were purposively sampled from Dementia Care Center. Interviews were conducted from April 30 to June 11, 2025. Data were thematically analyzed.

Results: Five themes were identified. 1) Confusion between normal aging and disease- a blurred boundary like a 'yellow light', arising from dismissing symptoms as normal and lacking reliable information, hindered acceptance. 2) Fear of facing a changing self- transitioning from a familiar identity to a stranger within, as participants experienced functional decline, frustration, distress, and fears of dementia that deepened negative self-perceptions. 3) Tentative and fragmented efforts to adapt to cognitive decline and prevent dementia, as participants attempted to maintain daily functioning, adopt healthier lifestyles, and practice preventive behaviors. 4) Between preserving independence and confronting inevitable dependence, participants sought autonomy despite declining capacities, resisted potential nursing home reliance, and worried about burdening families. 5) Confronting the end of life- reflections on death and dignity, as participants revisited their lives with feelings of emptiness and self-pity, envisioned a loss of dignity through the lens of people with dementia, and recognized their own closeness to death while preparing for it.

Conclusions: Findings underscore the need for tailored interventions addressing information, emotional, and practical support. Such insights can guide person-centered approaches supporting older adults with MCI to live healthier, more fulfilling, and dignified lives.

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P629

User-Centered Redesign of a Mobile Health System to Support Medication Adherence in Persons with Mild Cognitive Impairment

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Aim: Persons with mild cognitive impairment (PwMCI) are at elevated risk for medication non-adherence, primarily due to deficits in prospective memory. This study aimed to adapt and refine a theory-based mobile health intervention called MEDSReM (Medication Education, Decision Support, Reminding, and Monitoring) to support hypertension medication self-management in PwMCI. The redesign led to development of MEDSReM-M (Memory) system tailored to the needs of this population.

Method: Comprehensive user-centered design approach guided the development of MEDSReM-M that began with heuristic evaluation conducted by four UI/UX experts using Nielsen's heuristics to identify usability issues. Following this, cognitive walkthroughs with 12 subject matter experts from cognitive aging, nursing, pharmacy, and health technology, helped assess the cognitive demands of the system. A targeted needs assessment with eight older adults (mean age = 70.25 ± 6.69 years), who reported memory concerns, then identified user priorities and preferences. Finally, iterative usability testing with five older adults (mean age = 70.6 ± 8.73 years) informed successive refinements to the system's interface and functionality.

Results: Heuristic evaluation revealed improvements such as system visibility, user autonomy, and error prevention. Cognitive walkthroughs emphasized need for simplified interfaces and prescriptive guidance to reduce cognitive load related to attention, memory, and decision-making. Needs assessment corroborated these findings, highlighting the importance of minimizing complex options and improving visual clarity. Usability testing led to refinements, including streamlined navigation, consistent terminology, a two-step medication confirmation to support prospective memory execution and monitoring, and development of instructional materials to facilitate system use.

Conclusions: MEDSReM-M system incorporates design features tailored to cognitive profiles of PwMCI, promoting medication self-management and adherence. Findings underscore importance of integrating cognitive and usability principles in mobile health interventions for older adults with cognitive impairment. MEDSReM-M is currently being evaluated in a randomized controlled trial with planned recruitment of 100 PwMCI participants with hypertension.

P630**Differences in recruitment for clinical research on Mild Cognitive Impairment in older people between tertiary memory clinics and geriatric-oriented memory clinics.**

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Individuals over the age of 65 with Mild Cognitive Impairment are at increased risk of falling compared to the general population. This population is commonly seen in two types of clinical settings: tertiary memory clinics and geriatric-oriented memory clinics. An ongoing clinical study is recruiting participants from both centers. The objective is to compare the demographic and clinical profiles of patients recruited from tertiary versus geriatric-oriented memory clinics, in order to better understand recruitment challenges. The analysis is based on medical data from 119 patients. On average, patients from geriatric-oriented clinics are older, frailer, and present with more pronounced motor impairments than those from tertiary memory clinics. However, patients from both centers exhibit comparable cognitive functioning and similar levels of fear of falling. Although the recruitment profiles differ between the two types of clinics, cognitive performance remains similar. These findings underscore the importance of also recruiting individuals with MCI from geriatric-oriented memory clinics.

P631**CogET: Clinical Eye Tracking Protocol for the Early Detection of Mild Cognitive Impairment**

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Background: Mild cognitive impairment (MCI) affects between 6.7% and 25.2% of adults over the age of 60 worldwide, and it is a significant risk factor for the progression of dementia. Early identification is essential, as timely interventions may delay progression to dementia, preserve autonomy, and improve patients' quality of life. However, substantial heterogeneity among studies and poor reproducibility, particularly in digital biomarker research such as eye tracking (ET), remain critical issues.

Objective:

The CogET Project, aims to validate an open-source, multimodal protocol that integrates ET, speech analysis, neuropsychological assessment and behavioural measures. The goal is to derive sensitive and replicable digital biomarkers for the early detection of cognitive decline, while also advancing multi-laboratory scalability within an open science framework.

Methods: Sixty nursing home residents were assessed: Thirty healthy controls (mean age: 75.7 ± 6.2 ; mean MMSE score: 27.8 ± 1.4) and thirty participants with MCI (mean age: 86.3 ± 5.4 ; mean MMSE score: 21.0 ± 2.6). The protocol included a 30-minute ET battery consisting of reading, visual search, number reading, and free scene description tasks. Data collected included main oculomotor indices, speech features, neuropsychological scores and socio-demographic variables.

Results: Feasibility was excellent, over 90% of participants rated the tasks as useful and motivating, and 95% reported high satisfaction, including frail individuals. The group with cognitive impairment demonstrated poorer neuropsychological performance. Preliminary ET analyses revealed lacking efficacy of metrics analyzed in the aggregate (e.g., fixation durations). However, dynamical analysis of the ambient/focal K coefficient suggests differing search strategies, potentially supporting sensitivity of ET to early decline.

Conclusions: CogET demonstrates the feasibility of a transparent, shareable and methodologically rigorous multimodal protocol for mild cognitive impairment (MCI) detection, enhancing reproducibility, collaborative validation and scalable innovation in cognitive screening.

P632

Scoping Review of Eye-Tracking Metrics for the Early Detection of Mild Cognitive Impairment

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Introduction: Mild cognitive impairment (MCI) is a distinct clinical condition from normal ageing. It is a high-risk state for progression to dementia. Early detection of MCI is essential to enable timely intervention, improve prognostic outcomes, and enhance patients' quality of life. Eye movements provide sensitive insight into underlying cognitive processes. In this context, eye-tracking technology is emerging as a potential source of digital biomarkers that could facilitate the early, detection of cognitive decline.

Methods: A scoping review was conducted in accordance with the Joanna Briggs Institute guidelines. The objective of this review was to map the evidence on the use of eye tracking in MCI for diagnostic support purposes. The following databases and registries were consulted: PubMed, Scopus, Web of Science, EBSCOhost, Cochrane Central, and the ClinicalTrial.gov registry. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for scoping reviews (PRISMA-ScR) was used to report the results.

Results: Results: A total of 425 records were identified and, following the selection process, 28 studies met the strict inclusion criteria for the scoping review. Among the experimental paradigms, the anti-saccade task was the most frequently used, being administered in 14 studies. The metrics that appeared to be the most useful were anti-saccade error, latency, and accuracy; these were found to correlate most strongly with neuropsychological assessment, particularly in relation to global cognitive screening and executive function.

Discussion: An in-depth analysis of the collected scientific evidence corroborated the view that eye tracking has the potential to make a valuable contribution to the early diagnosis of neurocognitive disorders. However, due to high methodological heterogeneity among the studies, our research group is developing a novel protocol called CogET. This combines eye-tracking and neuropsychological tasks with the aim of improving the ability to detect early signs of cognitive decline in older adults in clinical settings.

P633

Gender differences in Vitamin B12, Folate, Homocysteine and Haemoglobin levels among urban community dwelling elderly with Mild Cognitive Impairment in a South Indian city: A Cross-Sectional Study

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Background: Vitamin B12 and folate deficiencies are associated with cognitive decline, yet evidence for their role in mild cognitive impairment (MCI) remains inconclusive, particularly how it differs across genders.

Methods: A cross-sectional study was conducted among 128 urban, community-dwelling elderly individuals (60+ years) with MCI in South India. Serum levels of Vitamin B12, Folate, homocysteine, and haemoglobin were evaluated alongside cognitive assessment. Multiple regression analysis was performed to evaluate the association between biomarkers and cognitive function adjusting for sociodemographic variables.

Results: This study revealed a high prevalence of vitamin B12 (78.1%), folate (99.2%) deficiencies and anemia (64.1%), alongside elevated homocysteine levels in 87.5% of participants. No significant association was found between mean scores of cognition in MCIs and Vitamin B12, Folate, or homocysteine levels. Females had significantly lower mean haemoglobin levels than males ($p = 0.03$). Cognitive scores were relatively higher in females despite their lower socioeconomic status and haemoglobin levels.

Discussion: Gender disparities in haemoglobin levels highlight the importance of addressing nutritional inequities. However, Vitamin B12 and Folate levels may not strongly influence MCI. Routine assays for these vitamins in elderly individuals with cognitive impairment should be reconsidered in resource-constrained settings.

Prevalence of Vitamin B12, Folate (B9), Homocysteine abnormalities and haemoglobin deficiencies

Variable		Total N(%)	Male(N=60) N (%)	Female(N=68) N (%)
B12	Deficient	100 (78.1 %)	48 (37.5%)	52 (40.6%)
	Normal	28 (21.9%)	12 (9.4%)	16 (12.5%)
B9	Deficient	127 (99.2%)	60 (46.9%)	67 (52.3%)
	Normal	1 (0.8%)	0 (0%)	1 (0.8%)
Haemoglobin	Deficient	82 (64.1%)	36 (28.1%)	46 (36%)
	Normal	46 (35.9%)	24 (18.8%)	22 (17.1%)
Homocysteine	Elevated	112 (87.5%)	52 (40.6%)	60 (46.9%)
	Normal	16 (12.5%)	8 (6.25%)	8 (6.25%)

P634**The prevalence of sarcopenia in subjects with mild cognitive impairment aged over 65**

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

This work investigates the incidence of sarcopenia amongst individuals over 65 years old and mild cognitive impairment (MCI), within the COG-MOB study. Sarcopenia is defined as a geriatric syndrome and associated with a reduced strength, function and muscle mass. It is linked to higher risk of falls, disability and mortality. The working hypothesis is that sarcopenia would be more prevalent in patients with mild cognitive impairment compared to the general population.

The study is based on data from 40 patients in the memory center of Lille. Sarcopenia was assessed with the Grip test and Short Physical Performance Battery. Findings showed a 57.7% prevalence of sarcopenia, higher than usual report (35% for ages over 65). Sarcopenia is also associated with a history of falls, lower physical activity and more frequent polypharmacy. These data imply a close link between sarcopenia and mild cognitive impairment, emphasizing the importance of screening and care of this syndrome.

P635**Online safety and security challenges for people with dementia or mild cognitive impairment: A scoping review**

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Aims: People with dementia or mild cognitive impairment (MCI) are increasingly using the internet to access information, maintain social connections, and support everyday activities. However, digital participation also introduces risks, and the cognitive and functional changes associated with dementia and MCI may amplify online safety and security challenges. This scoping review aimed to map and synthesise existing academic evidence on online safety and security challenges for people with dementia/MCI.

Method: The protocol for this review was registered on the Open Science Framework. MEDLINE, PsychINFO, CINAHL, Scopus, Web of Science, Google Scholar, IEEE Xplore, and ACM Digital Library were searched in April 2024 for peer-reviewed studies. Journal articles were included if they reported on online safety; participants had a diagnosis of dementia or MCI, or were carers of someone with dementia or MCI; reported original data; and were published in English language. Titles, abstracts, and full texts were independently reviewed by two researchers, with disagreements resolved through discussion. Studies were synthesised using narrative synthesis.

Results: From 2,014 references screened, 13 studies were included in the review. These studies were categorised into three themes: 1) "Vulnerability to scams and misinformation", where people with dementia or MCI experienced cybercrime victimisation and carers, in particular, expressed concerns about malicious links, inadvertent sharing of personal information, and exposure to misleading information; 2) "Online harms", describing the psychological distress linked to negative online interactions and upsetting material; 3) "Safeguarding approaches", characterised by labour-intensive, carer-led monitoring and reactive safeguarding actions, rather than proactive or built-in technological protections.

Conclusion(s): Overall, the evidence base is limited and fragmented. As digital engagement grows among this population, there is a need for evidence-based, co-designed strategies and technological innovations that proactively support and empower safe online engagement, balancing protection with the autonomy of people living with dementia or MCI.

P636

Machine Learning Approach for Detecting Mild Cognitive Impairment from Spontaneous Speech

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Aims: With the advent of disease-modifying treatments and preventive interventions for neurodegenerative disorders, the early and reliable detection of Mild Cognitive Impairment (MCI) has become increasingly critical. However, current screening tools require trained administrators, take up to 20 minutes, and have limited specificity, often leading to false positives. This study investigates the feasibility and interpretability of a supervised machine learning approach for detecting MCI from spontaneous speech.

Methods: We used an English speech dataset comprising recordings from 217 participants (140 for training, 50% MCI; 77 for testing, 19% MCI). A total of 56 classical speech features were extracted from both acoustic signals and transcripts across the spontaneous speech of three picture-based narrative tasks. Model selection was guided by 10-fold cross-validation across 29 supervised algorithms, using the Balanced Matthews Correlation Coefficient (bMCC) as the optimization metric. To assess generalization, both the standard MCC (reflecting real-world class imbalance) and the bMCC (adjusted for prevalence shift) were reported. The best-performing model was trained on all tasks, and a late-fusion strategy combined task-level predictions into a final decision. Model performance was compared with MoCA scores, and interpretability was assessed via feature permutation analysis.

Results: On the test set, the method reached an AUC of 0.73, specificity of 68%, sensitivity of 67%, bMCC of 0.344, and standard MCC of 0.216. Compared with MoCA that was used to determine the ground truth label of the participants, the approach has a Pearson's correlation score of 0.398 (p -value = 0.00034). Feature analysis highlighted the relevance of linguistic (e.g., lexical diversity) and acoustic (e.g., F0 mean) markers.

Conclusion: Spontaneous speech carries meaningful acoustic and linguistic cues for MCI detection. This approach establishes a strong baseline for future AI-based cognitive screening and demonstrates the feasibility of natural, scalable, and interpretable speech-based assessment tools.

P637

Support People with Mild Cognitive Impairments and Their Caregivers

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Background: The Vietnamese population is ageing rapidly, and many older people live with multiple chronic conditions, including cognitive impairment. Long-term care (LTC) services remain limited, and caregivers often lack training and support. In this context, a community-based LTC model through Intergenerational Self-Help Clubs (ISHCs) was implemented in two provinces from July 2023 to November 2024.

Objective: The project aimed to pilot a community-based LTC model through the ISHCs to understand how home-based care could support frailty, including those with cognitive declines, and caregivers, while building more sustainable community responses.

What was done

A case management system was established in 12 villages, linking frail people, health stations, local authorities, the Associations of the Elderly (AEs) and ISHCs. Each commune established a “group of care” including Case Managers, Case Manager Assistants and Community Caregivers. Care groups conducted assessments, developed individualized care plans and coordinated physical and social support. Community Caregivers were mainly volunteers of ISHCs who provided home care weekly. Families were encouraged to participate. ISHCs helped strengthen social protection and psychological services.

Key Findings and Impact: 44 (~60%) out of the 75 frail people enrolled showed cognitive decline, highlighting an urgent need for comprehensive services. Regular and compassionate home-based care improved the confidence, functioning and social engagement of older people, especially those with cognitive decline. Families became more attentive, caregivers gained skills and empathy, and communities grew aware of dementia and frailty. All clients and family caregivers were satisfied with the service. The model demonstrated a practical, low-cost approach bridging health and social care, improving well-being, and reducing isolation. Evidence shows the strong local ownership and sustainability.

Recommendations: Future programs should include more dementia in training, establish financing and a sustainable ecosystem to support the caregiver network, strengthen coordination among stakeholders and expand to ISHCs nationwide to reach more in need.

P638**Use of vocal biomarkers for detecting mild cognitive impairment from spontaneous speech**

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Aims: Mild Cognitive Impairment (MCI) is an early indicator of dementia characterized by decline in cognitive functions while daily living activities remain relatively intact. Timely detection of MCI is crucial for early intervention to alleviate symptoms and slow progression to dementia. This study aims to explore speech-based machine learning approaches utilizing vocal biomarkers from spontaneous speech for automatic MCI detection.

Method: Data was collected in English from diagnosed MCI patients and healthy controls via two spontaneous speech tasks: responding to "How are you?" (free speech) and describing a picture. Audio samples were processed to extract features including acoustic, prosodic and language features as well as embeddings from pre-trained speech models (x-vectors and TRILLsson). Three machine learning models—support vector machines, random forests, and XGBoost—were trained and evaluated using stratified 10-fold cross-validation. Model performance was assessed with metrics suited for medical diagnostics such as sensitivity, specificity, and area under the curve (AUC).

Results: The XGBoost model leveraging TRILLsson embeddings from the picture description task excelled, achieving sensitivity of 0.79, specificity of 0.83, and AUC of 0.87. Random Forest with TRILLsson features on the same task also performed well with an AUC of 0.83. Overall, models using embeddings from pre-trained networks outperformed those using engineered language and prosody features. The picture description task slightly outperformed free speech; however, models trained on one speech type generalized well to the other, suggesting robustness across speech prompts.

Conclusion: This study demonstrates that vocal biomarkers extracted using pre-trained models can be used to discriminate MCI from healthy controls. The findings highlight the promise of speech-based automated MCI detection systems, with practical advantages shown for using simple spontaneous speech tasks. Future work will focus on measuring clinical outcomes when vocal biomarkers are used for screening in clinical settings.

P639

Diagnostic Accuracy of the Tamil Version of the Montreal Cognitive Assessment (MoCA) for Detecting Mild Neurocognitive Disorder in a South Indian Population

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Topic

Dementia research and innovation: Mild Cognitive Impairment (MCI)

Abstract

Background: Prompt and precise diagnosis of Mild Neurocognitive Disorder is essential for early intervention; however, screening instruments must be validated within particular linguistic and cultural frameworks. This study aimed to determine the diagnostic accuracy of the Tamil version of the Montreal Cognitive Assessment (MoCA) for discriminating between cognitively normal individuals and those with Mild Neurocognitive Disorder in a South Indian population.

Methods: This cross-sectional diagnostic accuracy study gathered data from native Tamil-speaking individuals in South India. To Participants were classified as “Cognitively Normal” or having “Mild Neurocognitive Disorder” based on a consensus clinical diagnosis using the DSM-5 criteria. The Tamil MoCA was assessed as the index test, employing a standard cut-off score of ≤ 25 to signify impairment. A 2x2 contingency table was constructed, and the MoCA's sensitivity, specificity, and overall accuracy were determined using Receiver Operating Characteristic (ROC) curve analysis.

Results: The analysis included 289 participants, of whom 129 (44.6%) were diagnosed with Mild Neurocognitive Disorder by clinicians. The Tamil MoCA demonstrated outstanding diagnostic performance. The sensitivity of the MoCA for detecting Mild Neurocognitive Disorder was 96.9%, and the specificity was 97.5%. The ROC curve analysis validated the exceptional discriminatory capability of the MoCA, resulting in an Area Under the Curve (AUC) of 0.988 (95% CI [0.975, 1.000], $p < 0.001$).

Test	Normal	Mild Neurocognitive Disorder(DSM 5)
Normal (MoCA ≥ 26)	156 (True Negatives)	4 (False Negatives)
MCI (MoCA ≤ 25)	4 (False Positives)	125 (True Positives)

Conclusion: The Tamil version of the Montreal Cognitive Assessment demonstrates exceptional sensitivity and specificity for detecting Mild Neurocognitive Disorder, in comparison to a clinical diagnosis based on DSM-5 criteria within a South Indian population. Its high accuracy strongly supports its utility as a reliable and efficient first-line screening tool for Mild Neurocognitive Disorder in Tamil-speaking individuals.

P640**Dementia prevention: a new, proactive approach to protect brain health via digitization**

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Hope for Dementia, Saint-Laurent (Montreal), Canada

Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Dementia care and prevention face a paradox: widespread awareness but insufficient action being taken by seniors toward prevention and seeking early intervention and care.

Hope for Dementia proposes an innovative solution that creates engagement through a gamification-technology platform which is likely to engage seniors in learning and taking action to preserve their brain health. It enables the sharing of information and resources, streamlining the care process and ensuring that individuals receive the comprehensive support they need.

The solution is comprised of 3 components: 1. Gamification-Technology Platform

Intelligent interactive digital characters educate users on the warning signs and risks of dementia, while providing fun exercises to support the conservation of brain health.

Leveraging advanced algorithms and data analytics, the platform provides users with feedback on their cognitive health, identifying potential concerns warranting evaluation. This functionality can bridge the gap between noticing symptoms and seeking professional help, while serving as a hub for collaboration among healthcare professionals, caregivers, and the community. 2. Education

A suite of educational material will address the misunderstandings about dementia and include topics such as the use of non-stigmatizing language, how to interact with a person living with dementia, and when and how to seek help for persons with the early signs of dementia. 3. Research

The solution aims to provide proof of the positive impact that sustained engagement in new and cognitively demanding digital activities can have on cognition and on brain health.

The solution embodies a vision of the future paving the way for a new era of personalized, accessible, and effective dementia risk mitigation, prevention, and care.

The continued evolution of this solution will be crucial in meeting the needs of an ageing population, transforming the experience of those living with dementia and offering hope and support to millions worldwide.

P641**A Mobile Team to Support People under 65 year old with Alzheimer's, Uphold Their Rights, and Assist Families from the Moment of Diagnosis**
A mobile, human-centered, and coordinated response for young people with Alzheimer's: act early, support better, always respect.**Mrs Sandrine Pont**

Fondation Ove, Crolles, France

Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

In response to the lack of suitable solutions for young people affected by Alzheimer's disease, Fondation OVE has developed a groundbreaking model: the Early-Onset Alzheimer's Mobile Team. This innovative initiative, complementary to the Maisons de Crolles—a unique living environment in France inspired by the Carpe Diem approach from Québec—aims to intervene from the moment of diagnosis, directly at the person's home, to preserve autonomy, fundamental rights, and quality of life.

Composed of a multidisciplinary team (doctor, nurse, psychologist, care assistant, and social worker), the mobile unit works closely with individuals and their families, guiding them through the journey of the disease. It provides therapeutic, administrative, educational, and emotional support, while also equipping non-specialist professionals to improve practices and prevent disruptions in care pathways.

This project is part of a systemic and inclusive approach, aligned with national recommendations and the needs identified during consultations for the 2024–2028 Neurodegenerative Diseases Strategy. It aims to prevent inappropriate hospitalizations, unchosen placements in nursing homes, and situations of institutional or familial mistreatment.

The mobile unit acts as a catalyst for social transformation, promoting a culture of respect, freedom, and dignity centered on the person and their environment. It strengthens and complements existing services while preparing for the future: regional expansion, policy advocacy, and scientific evaluation in partnership with CROMA (Regional Alzheimer's Observation Cell led by Dr. Isabelle Rouch), the Institute of Public Health, Epidemiology and Development (ISPED), the Faculty of Psychology, and INSERM (French National Institute of Health and Medical Research) under Professor Hélène Amieva.

This project embodies a humanistic and inspiring vision of care—where every person remains the actor of their own life, surrounded, respected, and free.

P642

PRX012 for The Treatment of Alzheimer's Disease: A Scoping Review of the Pre-clinical and Clinical Evidence

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Introduction: Alzheimer's disease (AD) is a progressive neurodegenerative disorder marked by the presence of brain amyloid beta (A β) plaques and stages of memory loss. Multiple clinical trials evaluating first-generation anti-A β monoclonal antibodies (mAbs) have shown that A β plaque reduction closely correlates with slowing of clinical decline in AD. PRX012 is a novel mAb with high affinity and the ability to deplete A β plaques. Our scoping review aims to evaluate the current pre-clinical and clinical evidence for using PRX012 for the treatment of AD.

Methods: We used ("PRX012" + "treatment of Alzheimer's Disease") in our search in the following databases: Google Scholar, PubMed, Web of Science, Ovid, Cochrane, Scopus, the pharmaceutical company Prothena website, clinicaltrials.gov, and neurology.org.

Results: A table with summarized results will be provided during the poster presentation. We found a total of six relevant studies. Preclinically, Campbell *et. al* utilized cultured brain cells and post-mortem AD brain tissue, and showed that PRX012 induces microglia-dependent clearance of A β plaques (see figure). In addition, Tam *et. al* confirmed microglial clearance as PRX012's mechanism of action. Clinically, Swanson *et al.* published an abstract on the ASCENT 1 and 2 trials, summarizing the findings of both studies. ASCENT-1 is a completed phase I trial (ASCENT 1), administered subcutaneous (SQ) PRX012 doses monthly for 85 days in healthy volunteers and participants with PET scan-confirmed AD. The ongoing trial (ASCENT 2) is evaluating PRX012's safety, tolerability, pharmacokinetics, and pharmacodynamics when administered SQ monthly for 6 months in patients with early AD. Participants who complete ASCENT-1 or ASCENT-2 may be eligible to enter into the open-label extension complementary study, ASCENT-3.

Conclusion: PRX012 has shown preclinical effectiveness in clearing A β plaques via microglia-mediated phagocytosis. Clinically, the completed and ongoing ASCENT studies are investigating its safety and tolerability in healthy volunteers and AD patients.

P643**Low intensity repetitive magnetic stimulation modulates synaptic plasticity in motor cortex neurons in mouse models of aging and disease.****Dr Alison Jane Canty**

Wicking Dementia Research and Education Centre, University of Tasmania, Hobart, Australia

Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Aims: Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive tool commonly used to drive neural plasticity in the brain. However we don't really know how it works to modulate connectivity at the structural level. We have previously shown that low intensity (LI)-rTMS can enhance skill acquisition by increasing the accuracy and rate of learning when applied before or after a forelimb reaching task in adult mice.

Methods: Using cranial windows and repeated in vivo two-photon imaging of Thy-1 GFPM mice to label excitatory neurons in the motor cortex, we have followed synapses on the dendritic shaft (spines) and the axon shaft (terminaux and en passant boutons) over repeated imaging sessions. While most synapses are stable over time, a proportion of them are dynamic, and are gained and lost between consecutive imaging sessions.

Results: Following a single stimulation session, the dynamic fraction of synapses is boosted in dendritic spines and axonal boutons. When coupled with a learning task, LI-rTMS stabilises newly formed spines. In the APP-PS1 model of Alzheimer's disease, the dynamic fraction of TBs is decreased in the presence of plaque pathology, and LI-iTBS can restore it to the level of age-matched control animals.

Conclusions: This program of work highlights possible mechanisms of action of LI-rTMS and, together with previous findings of improved functional performance, offer potential for therapeutic interventions in the management of age-related cognitive decline in AD.

P644

Hope Across Borders: The Price of Inaction for Alzheimer's Families in France and how French stakeholders mobilize together to defend the rights of people living with dementia

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France Alzheimer et maladies apparentées, Paris, France

Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

On September 4, 2025, the French National Authority for Health (HAS) announced its decision to deny early access to a recently authorized therapeutic innovation for early-stage Alzheimer's disease. This refusal, viewed as incomprehensible by patients and families, stands in stark contradiction to France's new National Neurodegenerative Diseases Strategy 2025–2030, which aims to “make France a global leader in research and innovation.”

While this ambition is officially reaffirmed, French patients remain deprived of a treatment that is already accessible in many regions of the world — including neighboring countries such as Switzerland, Germany, and Austria, following the positive decision of the European Medicines Agency (EMA).

This situation deepens health inequalities and fuels the perception of a “two-tiered healthcare system,” where only those with sufficient financial means can travel abroad to access this therapeutic innovation, often at the cost of several thousand euros and without the guarantee of proper follow-up care in France.

Although it is not a curative treatment, results confirm that the treatment can significantly enhance quality of life and alleviate family distress — benefits that go far beyond statistical modesty.

Our association, alongside other French Foundations, experts and professionals from the Federation of memory centers, denounced the HAS decision as a serious loss of opportunity and urges public authorities to reconcile words with actions.

Advocacy remains essential to ensure that France truly leads in research, innovation, and equitable access to therapeutic progress. That is why we would present and discuss how we joined a national stakeholders community to advocate together, raise awareness and inspire action to decision makers.

P647

Opportunities and challenges in using ADRD biomarkers: Estimating the prevalence of amyloid positivity in France

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Amyloid positivity (A+), characterized by the abnormal accumulation of amyloid proteins in the brain, represents one of the earliest biological indicators of Alzheimer's disease (AD). To effectively identify individuals at high risk of AD dementia and to assess the broader implications of classifying AD cases solely based on biological markers, precise estimates of A+ prevalence among older adults without dementia are essential. This study aimed to estimate the prevalence of A+ in France.

We combined data from the French MEMENTO clinical cohort (where amyloid status was assessed through cerebrospinal fluid analysis or PET imaging) with the nationally representative Survey of Health, Ageing and Retirement in Europe (SHARE-HCAP). We applied stabilized inverse odds of selection weights (sIOSW) to adjust the MEMENTO sample. This approach allowed us to estimate amyloid positivity (A+) prevalence and the five-year risk of Alzheimer's dementia (AD) in the French population aged 65–85 without dementia.

We estimated that 21.4% (95% CI: 18.4–24.7) of older French adults without dementia, approximately 2.5 million individuals, were A+. Prevalence rose with age (from 13.9% to 27.5% in the 65–70 and 80–85 age groups, respectively). Among A+ individuals, 81.9% (95% CI: 73.8–90.9) remained free of dementia after five years overall, 92.4% in cognitively normal adults and 37.2% in those with mild cognitive impairment.

These results highlight that, while one in five non-demented older adults exhibits early biological markers of AD, most do not develop dementia within five years. Defining AD by A+ alone could dramatically increase the number of individuals labeled as affected, raising significant public health, ethical, and practical challenges, especially as new anti-amyloid therapies become available.

P648

Synergistic effect of 5-HT₄ receptor activation and phosphodiesterase type 7 inhibition on memory in Alzheimer's disease mouse models.

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Background: Alzheimer's disease (AD) is a multifactorial neurodegenerative disorder and the leading cause of dementia worldwide. Given its complex etiology, future therapeutic strategies are expected to rely on multi-target approaches to enhance efficacy while minimizing adverse effects. Among key intracellular signaling mechanisms implicated in learning and memory, cyclic adenosine monophosphate (cAMP) plays a pivotal role in synaptic plasticity, long-term potentiation, and neuronal survival. Enhancing intracellular cAMP levels therefore represents a promising strategy to counteract cognitive deficits associated with AD.

Objective: This study evaluated a dual-target strategy combining activation of 5-HT₄ receptors (5HT₄R) and inhibition of phosphodiesterase type 7 (PDE7), two mechanisms that synergistically enhance intracellular cAMP levels, to alleviate memory dysfunction in AD mouse models.

Methods: The effects of RS67333, a partial agonist of 5HT₄R, and BRL50481, a selective PDE7 inhibitor, were assessed on recognition memory (novel object recognition test) and working memory (spontaneous alternation test), two domains early impaired in AD. Two complementary amnesia models were used: pharmacological (scopolamine-induced) and transgenic mice (5xFAD, i.e. mice carrying familial AD mutations). Active and sub-active doses were determined in dose-response studies, then sub-active dose (highest non-effective dose) of each compound were co-administrated to evaluated synergistic effects.

Results: Combining sub-active doses of RS67333 (0.25 mg/kg) and BRL50481 (1mg/kg) counterbalanced scopolamine-induced deficits in recognition and working memory. In 5xFAD mice, the combination of sub-active doses of RS67333 (0.25 mg/kg) and BRL50481 (2.5mg/kg) also demonstrated synergistic anti-amnesic effects on recognition and working memory.

Conclusion: These findings demonstrate that co-modulating 5HT-R activation and PDE7 inhibition can synergistically enhance cAMP-mediated signaling and improve cognitive performance. This dual modulation represents an innovative therapeutic avenue to reduce memory deficits and potentially slow cognitive decline in Alzheimer's disease.

P649

Vagal nerve Stimulation and the Prevention of Dementia state of the art intervention review

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Emerging research indicates that modulating autonomic and inflammatory pathways through vagal nerve stimulation may hold promise for preventing or slowing dementia progression. This review synthesises evidence from preclinical and clinical studies on the role of parasympathetic modulation—both invasive and non-invasive—in mitigating neurodegeneration and cognitive decline.

Method

A systematic literature search was conducted across PubMed, Embase, and Scopus up to August 2025, focusing on studies examining vagal nerve stimulation (VNS), transcutaneous auricular stimulation, or heart rate variability biofeedback in relation to dementia, mild cognitive impairment (MCI), or Alzheimer's disease.

Results: Across identified studies, including 18 clinical trials, parasympathetic modulation was consistently associated with improved markers of autonomic balance, reduced systemic inflammation, and enhanced cerebral perfusion. Mechanistic studies demonstrated that VNS dampens pro-inflammatory cytokine release via the cholinergic anti-inflammatory pathway, modulates hypothalamic-pituitary-adrenal axis activity, and promotes neurogenesis in hippocampal circuits involved in memory and emotion. Early-stage human trials reported modest but significant improvements in cognitive performance, attention, and memory retention among individuals with MCI following non-invasive VNS protocols.

Despite promising findings, substantial heterogeneity in stimulation parameters, outcome measures, and study designs limits comparability and impedes translation into clinical prevention strategies. Longitudinal, randomised studies are required to clarify dose-response relationships, identify optimal stimulation modes (auricular versus cervical), and assess long-term cognitive benefits. Importantly, the preventive potential of vasovagal modulation may depend on early intervention before extensive neurodegeneration occurs.

Conclusion: This review supports the hypothesis that targeting vagal pathways represents a novel, mechanistically grounded approach to dementia prevention, integrating autonomic regulation, inflammation control, and neural plasticity enhancement. Future trials should combine physiological monitoring and biomarker profiling to delineate individualized responses and inform precision neurostimulation strategies for age-related cognitive resilience. There is also a need to understand optimal dosing protocols.

P651

Harnessing nutrigenomics for genetic and metabolic-informed dietary advice in dementia: Precision nutrition and its potential to mitigate dementia progression

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Aim: This review explores the biological basis of precision nutrition and reviews evidence from diseases with similar pathophysiological mechanisms to dementia, aiming to highlight how this approach could mitigate dementia progression compared to conventional dietary advice.

Method: A literature search was conducted in January and February 2025 across three electronic databases. Peer reviewed journal articles and guidelines written in English with a focus on nutrigenomics and dementia, or common comorbidities that share similar pathological mechanisms with dementia, were included.

Results: Preliminary evidence suggests precision nutrition has potential in modulating the genetic and metabolic pathways relevant to dementia pathophysiology. The role of food-derived nutrient and non-nutrient molecules as intracellular modulators has underpinned nutrigenomics, which may influence several pathways associated with neuroinflammation and dementia. Nutrient-gene interactions with potential to modulate these pathways include omega-3 polyunsaturated fatty acids, Vitamin D and B Vitamins. Genetic variations, such as single nucleotide polymorphisms, involved in nutrient metabolic pathways (e.g., biosynthesis) could have implications for people with dementia due to their association with clearance of amyloid beta plaques, tau aggregation and neurodegeneration.

Precision nutrition is being increasingly explored with respect to carriers of the Apolipoprotein E4 genotype as it is known to alter cerebral glucose metabolism and dysregulate cholesterol gene expression. Alterations in the gut microbiome can trigger pro-inflammatory cascades that drive neuroinflammation through the microbiota-gut-brain axis, highlighting its relevance to precision nutrition in dementia. Advancements in multi-omics technologies such as proteomics (protein expression), lipidomics (cellular functions) and metabolomics (metabolites), paired with biological data integration, will allow deeper insights into the nutrient-gene complex and further support the systems biology approach of precision nutrition.

Conclusion: To fully elucidate the potential of precision nutrition for dementia, further mechanistic and clinical research is needed to determine its feasibility, acceptability, and effectiveness for people with dementia and their care partners.

P652**Acceptability and feasibility of precision nutrition in dementia: A qualitative exploration of the perspectives of people with dementia and care partners**

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Aims: Precision nutrition is a potential strategy to delay the onset and progression of dementia by aligning dietary strategies to a person's genetic and metabolic profile, underpinned by nutrigenomics. The aim of the exploratory qualitative study was to explore the acceptability and feasibility of precision nutrition in dementia care.

Method: A convenience sample of people with dementia and their care partners were recruited from a range of community and care-based organisations in Australia. Semi-structured interviews (up to 60 minutes) were conducted and analysed using reflexive thematic analysis to identify key themes related to the acceptability and feasibility of precision nutrition.

Results: Participants valued the concept of precision nutrition and were interested in learning more. Contrary to other studies, participants did not report ethical or legal concerns for the use of their genomic data in healthcare settings. For credibility, participants prefer genetic risk and dietary information to be delivered by a trusted medical professional, including geriatricians, dietitians or General Practitioners. Practical tools, such as adapted recipes that consider metabolic pathways identified as at risk, were identified as a valuable resource to facilitate precision nutrition advice in a home-based environment while also avoiding overwhelming care partners. The stage of dementia and presence of existing comorbidities influence the potential uptake of precision nutrition by care partners, due to the ongoing nature of monitoring and adjusting nutrient intake through food consumption.

Conclusion: For precision nutrition to be acceptable and feasible for people with dementia and care partners, user-friendly resources to assist with the understanding of genetically-informed dietary advice are needed to empower care partners without increasing care-related challenges.

P653**Subjective memory complaint and technology acceptance among older adults attending Primary Health Care**

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Topic

Dementia research and innovation: New and future approaches and treatments

Abstract

Aim: Subjective memory complaints (SMCs) are common among older adults and may reflect early cognitive changes, emotional distress, or concerns about aging. As digital health technologies become increasingly integrated into Primary Health Care (PHC), understanding how older adults perceive and accept these tools is essential for promoting their effective use. This study explores the relationship between SMCs and technology acceptance among older adults attending PHC services.

Methods: Cross-sectional study was conducted with 128 participants aged 60 years or older during consultations at health units located in Brasilia/Brazil. Technology acceptance was assessed using a 20-item scale, with response options ranging from 1 (strongly agree) to 5 (strongly disagree). Total scores ranged from 20 to 100, higher scores indicating lower acceptance. SMC was assessed by the question: "Do you have problems with memory or orientation?" Participants answered either yes or no. Mean comparison was performed using Student's t-test, with a significance level of 5%. The study was ethically approved (Protocol No. 85606524.0.0000.5558).

Results: The mean age of participants was 69.2 years (SD: 6.7); 67.2% were women; 25% reported memory complaints. The overall mean score on the technology acceptance scale was 53.8 (SD: 10.4); in the group with memory complaints, the mean score was 57.7 (SD: 10.8), while in the group without complaints it was 52.5 (SD: 9.9) ($p = 0.014$).

Conclusion: An association was observed between the presence of subjective memory complaints and lower technology acceptance among older adults attending Primary Health Care services. Lower technology acceptance among individuals with memory concerns suggests the need for tailored interventions, including simplified interfaces, personalized support, and digital literacy programs. Health professionals should be trained to recognize and address these barriers to ensure equitable access and engagement with health technologies, ultimately promoting autonomy and quality of life in aging populations.

P654

Impact of Be EPIC-VR training on person-centered communication in dementia care

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background: Be EPIC-VR is a novel person-centered communication training program for frontline healthcare workers who support persons living with dementia. The aim of this study was to investigate the effectiveness of Be EPIC-VR on increasing frontline staff's use of person-centered communication (PCC) during care interactions.

Method: Frontline staff were assigned to either the immediate training group (N = 55) or the wait-list control group (N = 17). They engaged in a 10-minute video-recorded interaction with a virtual avatar depicting a person living with dementia pre- and post-training. Conversations were transcribed into communication units and coded using validated protocols to identify PCC strategies (recognition, negotiation, facilitation, and validation) and missed opportunities for PCC, classified as omissions or alternatives. Outcomes were calculated as the proportion of PCC units and the proportion of missed opportunities relative to total communication units. Repeated measures general linear models assessed time by group effects.

Result: A significant time $\times$ group interaction was found for the proportion of PCC ($F(1,63)=15.89$, $p<.001$, partial $\eta^2=.20$). The intervention group demonstrated a significant increase in PCC from pre- to post-intervention (estimated marginal means: pre=.77, post=.88, $p<.001$), while the control group did not show significant change (pre=.73, post=.71, $p=.46$). Similarly, a significant time $\times$ group interaction emerged for the proportion of missed opportunities, $F(1,63)=19.11$, $p<.001$, partial $\eta^2=.23$. The intervention group showed a significant reduction in missed opportunities (pre=.21, post=.091, $p<.001$), whereas the control group did not (pre=.23, post=.25, $p=.46$).

Conclusion: Findings show that Be EPIC-VR enhanced person-centered communication, which is essential for optimizing quality of care. The findings highlight the importance of performance-based outcomes when assessing person-centered care interventions.

P655**A successfully implemented home-based model in the medico-social sector: Respecting fundamental rights, freedom, self-determination and empowerment of people under 65 year old living with neurocognitive diseases****Mrs Nathalie Hervé**

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Objective: Assessment of the impact of the care provided at EAM Maisons de Crolles, addressing Measure 18 of the French national Alzheimer Plan (2008–2012) which called for the development of innovative care models tailored to younger individuals diagnosed with Alzheimer's disease or related neurocognitive disorders.

Methods: Use of a comparative, prospective, and longitudinal approach. The study assessed inhabitants of EAM (cognition, behavior, autonomy, quality of life, care, medical criteria) as well as their family caregivers (burden, anxiety/depression, visits, investment in the facility)

Results: The Medicalized Residential Facility (EAM) of Fondation OVE offers a regionally oriented care service for young people with Alzheimer's disease or related conditions. It provides a range of tailored support solutions: day care, temporary accommodation, or full-time residency. This is what is called "the Crolles Houses pathway", progressive, with flexible options for sequential or full-time stays, adapted to individual's needs and personalized care plan.

The study « Macromaj project » [*] confirmed the clinical and psychosocial relevance of the innovative structure

The experiment highlights a slowing of cognitive and functional decline, an improvement in quality of life, and a reduction in anxiety among caregivers.

After an eight-year experimental phase, the EAM Maisons de Crolles was officially integrated into the standard authorization framework in 2024.

Conclusions: In light of this innovative and inspiring structure, of the high demand and needs expressed by families, the model should be replicated nationally and beyond.

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CHU GRENOBLE ALPES (1), CHU SAINT-ETIENNE (2)

P656

Implementing Virtual Reality Training for Person-Centered Communication in Dementia Care: A Longitudinal Qualitative Study

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background and Aims: Be EPIC-VR was developed to improve dementia care by teaching person-centered communication skills through virtual reality (VR) simulation training that integrates conversational artificial intelligence and structured feedback. Although VR training offers unique immersive learning experiences, implementing it to train direct care providers in long-term and home care settings remains challenging. This study aimed to examine factors influencing the implementation of Be EPIC-VR.

Method: This longitudinal qualitative study was guided by the Consolidated Framework for Implementation Research. Eight managers from four care organizations participated in semi-structured interviews pre- Be EPIC-VR implementation, two weeks post-implementation, and five months post-implementation. Data were analyzed using the framework method.

Results: Three themes emerged across timepoints: (1) a strong perceived need for dementia-specific person-centred communication training, indicating an urgency for change; (2) Be EPIC-VR's alignment with organizational values around person-centered and learning-centered care fostered engagement and sustained commitment; and (3) openness to VR training increased over time as managers observed practical benefits. Initial concerns about technology, staffing, and workflow integration diminished through experience and facilitator support. Managers developed tailored strategies such as phased rollouts, peer champions, and timing training to mesh with operational needs.

Conclusions: Successful implementation required aligning Be EPIC-VR with organizational goals and workforce priorities. Experiencing Be EPIC-VR helped ease managers' concerns about staffing, technology, and compatibility with workflows and organizational values. Findings highlight the value of longitudinal qualitative inquiry and working collaboratively with managers to inform integration of VR-based training in dementia care.

P657

Experience of Souvenaid in Saudi Arabia and the United Arab Emirates: An Early Experience Program

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Aims: Souvenaid® (Nutricia), a once-daily medical nutrition drink, is specifically designed to nutritionally support memory and cognitive function in patients with early-stage Alzheimer's disease. This Early Experience Program (EEP) aimed to gather feedback from treating physicians about their experience of prescribing and introducing the study product to their patients.

Methods: Patients from 8 healthcare centres across the United Arab Emirates (UAE) and Saudi Arabia who were using Souvenaid® were included in the EPP between March 2023 and March 2024. After two months of study product use, feedback was gathered using a physician questionnaire.

Results: Ten physicians provided feedback on 34 patients, 8 (23.5%) from Saudi Arabia and 26 (74.5%) from the UAE. When explaining the study product to patients, physicians used phrases such as "help to support a healthy balanced nutrition for mild cognitive impairment/early Alzheimer's Disease" (88.2%), "positively influences and supports synapse formation" (44.1%) and "improve cognitive functions" (94.1%). Improved well-being and behaviour in the last month of study product use was observed in 67.6% of patients. In the last month of study product use, most patients (94.1%) were drinking fluids as normal, whilst 2 patients (5.9%) drank less than usual due to illness and taste of the formula (n=1) and the "formula increase[ing] blood sugar" (n=1). Patients were able to follow the instructions well and use one bottle per day. Physicians described patient behaviour as a lot better or a bit better in 88.2% of patients.

Conclusions: Overall physicians reported positive outcomes for the study product in this EEP, with improved well-being and behaviour, normal drinking patterns and ease of following the study product instructions. This medical nutrition drink has the potential to support early Alzheimer's disease and vascular dementia patients.

P658**Partnering Together: Preliminary evaluation of a community-based psycho-educational support program for dementia care partners**

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Aims: Family care partners provide the majority of support for individuals living with Alzheimer's Disease and Related Dementias (ADRD). As caregiving demands intensify with disease progression, many care partners lack adequate training, support, or preparation—increasing their risk for adverse physical and mental health outcomes. While behavioral interventions targeting education, skill-building, and coping strategies have demonstrated efficacy in research settings, real-world implementation remains limited. This study evaluates the preliminary effectiveness of Partnering Together, a 10-week, community-based, small-group intervention integrating structured education and peer support across eight core caregiving domains (e.g., changing relationships, legal/financial issues) to improve care partner knowledge, preparedness, and well-being.

Methods: Data (N=180) were collected from care partners enrolled in CaringKind's Partnering Together groups between August 2023 and June 2025. Participants attended weekly 90-minute closed group sessions led by trained Navigators and received a guidebook with weekly readings and reflective questions. Well-being was assessed at pre- and post-test using the Perceived Change Index (PCI). Self-efficacy was assessed using a 7-item survey at post-test.

Results: Care partners demonstrated significant improvements from pre- to post-test on the overall PCI ($d=1.19$, $p<.001$) and across its three subscales: somatic ($d=0.76$), affective well-being ($d=1.06$), and management ($d=1.36$). At the item level, >60% of participants reported feeling less overwhelmed and upset, and nearly 90% reported improved understanding of their care recipient's behavior. The 7-item post-test survey indicated perceived gains in self-efficacy, communication, coping, and emotional adaptation. Knowledge scores were strongly correlated with PCI scores at post-test ($r=.78$, $p<.001$).

Conclusion(s): Findings provide foundational empirical support for Partnering Together as a feasible, community-based intervention associated with enhanced well-being, knowledge, and preparedness among ADRD care partners. In addition to its existing implementation in a community-based setting, results provide further support for Partnering Together's potential as a scalable and effective real-world resource for ADRD care partners.

P659

Digital and Artificial Intelligence–Enabled Support in Dementia Care: A Scoping Review of Global Trends and Opportunities for Adaptation in Low- and Middle-Income Settings

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background: Digital technologies and artificial intelligence (AI) are transforming the dementia care landscape worldwide. From early detection to caregiver assistance, AI-driven and digital tools are creating new opportunities for timely, person-centered support. However, evidence on their effectiveness, accessibility, and adaptability to low- and middle-income contexts remains fragmented.

Objective: To identify and categorize global digital and AI-based interventions for persons with dementia and their caregivers.

- To examine their functions, reported outcomes, and contexts of use.
- To assess the extent to which these technologies have been adapted or tested in LMICs.
- To highlight research gaps and propose strategies for inclusive global application.

Methods: A scoping review was conducted following the Arksey and O'Malley framework and reported as per PRISMA-ScR guidelines. Literature published between 2015 and 2025 was searched in PubMed, Scopus, and Google Scholar using terms related to dementia, caregivers, digital health, and artificial intelligence. Data were charted based on intervention type, target group, functionality, outcomes, and implementation context.

Results: The review identified five categories of digital and AI tools: (1) diagnostic and cognitive assessment systems, (2) home monitoring and safety solutions, (3) cognitive stimulation and memory aids, (4) virtual and tele-support platforms for caregivers, and (5) predictive analytics for individualized care planning. Most evidence originated from high-income countries, with limited evaluation in LMICs despite growing technological potential.

Conclusions: Digital and AI-enabled solutions offer substantial promise in enhancing dementia care and caregiver wellbeing. To achieve global equity in dementia support, future efforts must prioritize culturally adaptable design, affordability, and ethical governance, particularly in LMICs where dementia care is largely community-based.

P660

Bridging Cultures and the Digital Divide: Culturally Adapted Engagement in Advanced Dementia Care during COVID-19

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

When the COVID-19 lockdown led to the closure of an in-person memory day centre, a culturally adapted community project was launched to sustain connection and care for older immigrants living with advanced dementia. Transitioning to a virtual platform using Zoom, the program preserved familiar rhythms of group life, supporting emotional well-being and cultural identity during a period of isolation.

Grounded in the Validation method and person-centred principles, the sessions integrated culturally resonant music, movement, and storytelling in participants' first languages. Clients, families, and paid caregivers joined together online, using household items, gestures, and shared rituals to evoke long-term memories and emotional expression. These encounters fostered empathy, recognition, and a renewed sense of personhood, even among those with minimal verbal communication.

Evaluation drew on the CAM4 Cultural Adaptation Model within a focused ethnographic design, guiding adaptations across content, context, engagement, and fidelity. Data from participant observations, video transcripts, and reflexive field notes were analysed thematically. Findings revealed that participants demonstrated sustained attention, humour, and social reciprocity, illustrating how Validation's empathic communication techniques—mirroring, tone matching, and acknowledging emotion—can be effectively transferred to virtual environments.

The program's success also highlighted the essential role of a culturally competent and trained practitioner, whose sensitivity to language, values, and non-verbal expressions ensured that adaptations remained authentic and person-centred. The presentation will address challenges such as technological access, caregiver training, and the urgent need to bridge the digital divide so that rural, minority, and underserved communities can participate fully in virtual engagement.

By reframing technology as a medium of empathy and connection, this project offers a transferable model for culturally responsive, community-based dementia care that bridges research and practice, advancing inclusive and relational approaches in both digital and physical care environments.

P661

Co-Designing a Social Asymmetric Virtual Reality Upper-Limb Exergame for People with Dementia: Insights from Caregivers

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background: The purpose of this study was to design and evaluate a social asymmetric virtual reality (VR) upper-limb exergame that enhances engagement for people with dementia (PWD) and their caregivers, with a focus on the usability, cognitive load, cooperative performance, and social presence effects of the exergame, from a caregiver's point of view.

Methods: Ten participants (caregivers) pilot-tested three versions of the exergame at the Ontario Tech University's graduate GAMER lab in Ontario, Canada: (1) cooperative within VR ('VR Co-op'), (2) cooperative outside VR ('External Co-op'), and (3) single-player in VR ('Singleplayer'). Usability (measured on the System Usability Scale), task load (measured on the NASA Task Load Index), and social presence (measured using the Social Presence Gaming Questionnaire) were compared using a within-subjects design across the three versions of exergame for comparative analysis.

Results: All exergame versions demonstrated high usability and low perceived workload. Both cooperative versions suggested strong social presence effects, scoring high on empathy, and behavioural engagement. The 'External Co-op' indicated high levels of collaboration and enjoyment, highlighting the game's potential to strengthen social connection between PWD and their caregivers, as well as intergenerational relationships.

Conclusion: The study's results underscore the potential of the VR exergame as an engaging intervention for PWD to promote physical activity, cognitive stimulation while enhancing the social connectedness and relationships. Future research with a larger sample size is needed to help validate the study findings and further assess the exergame's efficacy on the overall well-being of both PWD and their caregivers.

P662**12 years of Meeting Centres in the UK: what have we learned and where next?**

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Meeting Centres (MCs) for people affected by dementia, are an evidence-based psychosocial intervention and were introduced in the UK in 2014 as part of the MeetingDem project (www.meetingdem.eu) led by Professor Rose-Marie Droes (VUmc). MCs UK was established in 2018 and led by the Association for Dementia Studies (ADS), University of Worcester. A Meeting Centre (MC) is a local resource, operating out of ordinary community buildings, that offers on-going warm and friendly expert support, including peer support, for people and families affected by dementia.

A project funded by The National Lottery Community Fund in the UK was aimed at increasing the number of MCs by 15 to 20. From an initial pilot of two MCs their number has blossomed to over 70 located from Devon in the south west of England to the Western Isles of Scotland.

Significant national and regional developments have taken place over the last three years. MCs Scotland was established in 2023 to be the national support body for the development of MCs in Scotland. The organisation is funded and supported by the Scottish Government and MCs are included in the Scottish Dementia Strategy.

The model in Scotland for setting up a Meeting Centre is a group consisting of a third people living with dementia, a third carers and a third workers. In Scotland over the last few years more people living with dementia have become involved in MCs. This has evolved from just being involved to being at the front and centre of developments. MCs England has been recently established and is building on the learning from its Scottish counterpart.

The presentation will discuss what we have learned from the research and co-production from the first 12 years and what the future holds.

P663

Co-Designing a Vaccine Education Exergame Using Virtual Reality and Augmented Reality for People with Dementia and Caregivers

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background: The purpose of this study is to explore the potential educational benefits of vaccine education exergaming (influenza, COVID-19 and pneumonia) for people with dementia (PWD) and caregivers using virtual reality (VR) and non-immersive augmented reality (AR) approaches, while examining the feasibility and usability for the end-users.

Methods: This study adopted a mixed methods approach to guide the co-designing of vaccine exergame to explore its feasibility and usability with 17 health care professionals (HCP), PWD and caregivers recruited from a Senior Community Centre and Regional Long-Term Care Division in Ontario Canada. Iterative prototypes were developed including a PC based game (non-VR version Bingo Style) and a VR headset-based game (VR version Jukebox Style).

Findings: Across the 17 participants, the overall usability of the system, as measured by the System Usability Scale (SUS), revealed an average SUS score of 83.24. This score is significantly higher than the industry benchmark of 68, indicating that most participants found the system to be highly usable, intuitive, and effective in meeting their needs. Further analysis revealed differences in usability between VR and non-VR designs, with the non-VR Bingo-Style version achieving consistently higher SUS scores. Findings suggested that simplifying design elements, strengthening onboarding guidance, and providing technical support and resources are critical to support system usability to promote accessibility.

Conclusion: By leveraging user feedback through participatory co-designing, the vaccine exergame can play a critical role in advancing future public health outcomes while providing an immersive, engaging and cooperative play platform to support vaccine education for people with dementia and caregivers.

P664

Empowering Integrated Dementia Care: A Needs Assessment of the SACRED Project Across Six European Pilot Sites

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

The SACRED project (Sharing And Caring for at-Risk Elderly with Dementia or Disabilities), co-funded by Erasmus+, aims to enhance integrated, non-pharmacological care for older adults with dementia, disabilities, and multimorbidity through the development of an e-learning platform for healthcare students and professionals. This needs assessment, conducted across six European pilot sites (Rotterdam, Syros, Flanders, Treviso, Tenerife, and Valencia), employed a mixed-methods approach combining quantitative surveys and qualitative focus groups and interviews with 57 professionals, 34 students, and 31 older adults.

Findings reveal that while professionals and students generally understand the principles of integrated care, significant gaps remain in training related to emotional and behavioral management, interdisciplinary collaboration, and psychotherapeutic approaches. Older adults expressed appreciation for personalized care and involvement in decision-making but highlighted challenges in coordination among providers and occasional feelings of isolation.

The assessment identified systemic barriers to delivering integrated care, including resource shortages, communication gaps, and limited support for informal caregivers. Participants emphasized the need for practical, interactive, and emotionally engaging learning tools. Recommendations for the SACRED e-learning include modules on integrated care principles, communication strategies, caregiver involvement, psycho-emotional support, and ethical considerations, supported by real-world case studies and simulations.

This study underscores the importance of tailored, non-pharmacological interventions and interdisciplinary education to improve dementia care outcomes and quality of life for older adults.

P665

Living Memory Home for Dementia Care Pairs (LMH-4-DCP): Findings from a pilot randomized trial of a digital reminiscence intervention for family care partners and persons with dementia

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background: Serving as a family care partner for individuals with Alzheimer's disease and related dementias (ADRD) is associated with significant challenges related to physical, emotional, and interpersonal losses. As care demands intensify, care partner relationships often shift from mutual reciprocity to a unidirectional dynamic, increasing risk for pre-loss grief. Reminiscence therapy may help ADRD care partners preserve connection, reframe loss, and reduce pre-loss grief – though its evaluation among caregivers remains underexplored. Thus, the current study aims to assess the Living Memory Home for Dementia Care Pairs (LMH-4-DCP) platform, a digital reminiscence-based intervention for ADRD care dyads.

Methods: This multisite pilot randomized controlled trial evaluates the feasibility, acceptability, and preliminary efficacy of LMH-4-DCP. Family care partners (N=68) were randomized to the intervention or attention control condition (n=34/group) for two-weeks. Primary outcomes include feasibility (e.g., completion rates; website usability) and acceptability (e.g., perceived usefulness; ease of use). Preliminary efficacy was assessed via changes in pre-loss grief and relationship quality using validated self-report questionnaires at baseline and follow-up.

Results: Feasibility and acceptability of LMH-4-DCP was demonstrated by a study completion rate of 88.2%. Most reported that LMH-4-DCP was easy to use (73.9%) and had well-integrated features (77.7%). Intervention participants showed reduced pre-loss grief ($d=-.38$; mean reduction=-3.29, $SD=8.64$; $p=.029$) after two-weeks of use. Improvements in relationship quality for intervention participants was marginally significant ($p=.078$). Mean change comparisons revealed greater reductions in grief among intervention, compared to control participants ($d=-.51$; mean difference=-3.60, $SD=1.91$; $p=.032$).

Discussion: Results indicate that LMH-4-DCP was feasible, highly acceptable, and demonstrated preliminary efficacy for reducing pre-loss grief, with marginally significant improvements in relationship quality, at two-week follow-up. Findings highlight RT as a promising therapeutic activity to reduce pre-loss grief and enhance relationships among ADRD care partners. Results will guide refinements and inform the design of a larger, fully powered efficacy trial.

P666**AI-Enhanced Multi-Sensory Digital Therapeutics for Dementia Care: Clinical Evidence from the Memory Lane TV Pilot Studies****Mr Alban Maino**

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Aims: To evaluate the clinical impact of Memory Lane TV (MLTV), a digital therapeutic platform delivering personalized multi-sensory media experiences, on behavioral and psychological symptoms of dementia (BPSD), mood, and caregiver experience. A secondary aim was to explore the integration of artificial-intelligence (AI)-driven personalization to optimize engagement and well-being outcomes.

Method: MLTV provides evidence-based, plot-free films synchronized with soundscapes and optional aromatherapy cues, accessible via standard streaming devices. The platform integrates 1,200 programs organized by time of day and therapeutic goal. Between 2022 and 2025, MLTV was implemented across 52 long-term-care communities in Maine, eight adult-day centers in New York State, and multiple community pilots (Baycrest Health Sciences, Maine Health). Mixed-methods assessments combined pre-post staff surveys, structured observation, and focus-group feedback. Outcome domains included mood, engagement, anxiety, social interaction, and staff efficiency.

Results: Across the Maine study (n = 52 facilities), 92–96 % of respondents reported measurable improvements in residents' mood, alertness, and socialization, with 77 % noting reductions in agitation and wandering. Forty-six percent of facilities documented decreases in antipsychotic medication usage. The NYSOFA pilot (n = 8 sites, 101 participants) confirmed significant gains in relaxation, reminiscence, and attention redirection, with 90 % of users likely to recommend MLTV. Qualitative data emphasized enhanced connection between people living with dementia and their care partners, alongside 10–20-minute daily time savings per staff member.

Conclusions: MLTV demonstrates high feasibility, acceptance, and clinical promise as a non-pharmacological, person-centered intervention that integrates decades of sensory-stimulation research with modern streaming and AI personalization. By adapting content to individual preferences and emotional responses, MLTV offers a scalable, ethical, and inclusive pathway to improve quality of life and reduce reliance on medication in dementia care across home and institutional settings.

P667

Health Workers' Perceptions of Dementia Care Following Focused Interventions Training and Support (FITS) at Chipata Level One Hospital

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background: Dementia remains a growing public health challenge in Zambia, where care provision is limited and often shaped by stigma and cultural misconceptions. The Focused Interventions Training and Support (FITS) programme, developed in the United Kingdom, aims to enhance dementia care through reflective and person-centred practice. This study explored how FITS influenced Zambian health workers' perceptions and approaches to dementia management at Chipata Level One Hospital—the first site to implement FITS in the country.

Methods: A qualitative case study design was used. Eighteen health professionals (doctors, clinical officers, and medical licentiates) who underwent Dementia Care Coach (DCC) training participated in semi-structured interviews. Data were thematically analysed using Atlas.ti (v25).

Results: FITS training markedly improved participants' understanding of dementia as a medical condition distinct from normal ageing. Health workers reported increased empathy, enhanced teamwork, improved communication with caregivers, and reduced reliance on anti-psychotic medication. The training fostered confidence in clinical management and encouraged person-centred care. However, implementation was hindered by persistent cultural beliefs linking dementia to witchcraft, limited institutional support, knowledge gaps among staff and families, and resource shortages. Peer collaboration, reflective practice, and intrinsic motivation emerged as key enablers of sustained behavioural change.

Conclusions: FITS effectively reshaped dementia care perceptions among frontline Zambian health workers, demonstrating cross-cultural adaptability and potential for scaling. To sustain its impact, integration of dementia modules into pre-service curricula, continued peer mentorship, community awareness initiatives, and national policy recognition are recommended. These findings contribute to Africa's growing evidence base on person-centred dementia care and underscore the importance of contextually grounded training interventions.

P668

Study on the Awareness and Perceptions of Human and Social Sciences Research Applied to Health

Mrs Christine Tabuenca, Dr Alain Bérard, Mrs Viviane Montagne

Fondation Médéric Alzheimer, Paris, France

Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

For the past 25 years, the Fondation Médéric Alzheimer has been promoting human and social sciences (HSS) to improve the quality of life for individuals living with Alzheimer's disease or related conditions. While **95% of neurologists and geriatricians prescribe therapies linked to HSS, 45% of families and affected individuals remain reluctant to adopt them**. The Foundation, in collaboration with the polling institute IFOP, conducted a study on the French public's perceptions of HSS, particularly in the field of health.

To analyze the awareness and perceptions of HSS applied to health and to identify barriers to their adoption.

A quantitative survey assessing public knowledge, perceived usefulness, and representations of HSS, conducted with a sample of over 1,000 individuals representative of French society. **35% of French people are unaware of HSS. 85% recognize their usefulness in understanding society, but 73% suspect ideological manipulation. 40% are aware of HSS in health, but only 12% understand their key issues. 7 out of 10 French people acknowledge that HSS can contribute to improving individual health, yet only 14% believe they can "greatly" contribute to this improvement.**

According to respondents, **HSS research in health primarily serves to diagnose diseases and their social impacts (69%)**. It also aims to improve care pathways (**51% for quality of life, 50% for care enhancement**). **Disease prevention is seen as the primary area benefiting from HSS contributions (42%)**, followed by mental health (**31%**) and population aging (**27%**).

While HSS are recognized as useful, they suffer from a **legitimacy deficit**. Their integration into public policies requires **better communication about their rigor and concrete impact**.

P669**Evolution of Non-Pharmacological Interventions (NPIs) in the Care Pathway of People with Alzheimer's Disease (2019–2023)**

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Fondation Médéric Alzheimer, Paris, France

Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Since 2011, the Fondation Médéric Alzheimer has conducted a biennial survey on support systems for people living with Alzheimer's disease and their caregivers. This study focuses on the **evolution of Non-Pharmacological Interventions (NPIs)** between 2019 and 2023 in **diagnostic centers, day care facilities, and nursing homes (EHPAD)**, as well as the **challenges and resistances** hindering their integration into care pathways.

The survey was conducted from **December 2022 to October 2023**, using the general term “activity” in the questionnaire to encompass all NPIs.

Prescription Trends:

- Near-universal prescription of NPIs in diagnostic settings by **2023 (97%)**, up from **71% in 2019**.

Top 4 prescribed interventions:

- Adapted physical activity
- Cognitive stimulation
- Cognitive rehabilitation
- Memory-based activities

Implementation Challenges:

- **Increased difficulties** in applying NPIs between 2019 and 2023.
- **Growing resistance** from patients and families toward NPI prescriptions.

Decline in Practice:

Day care centers: Only **73% reported using NPIs in 2023** (vs. **97% in 2019**).

Nursing homes: **74% in 2023** (vs. **93% in 2019**).

While NPI prescriptions have become widespread for people with Alzheimer's, **significant barriers persist in their practical implementation and mastery** within care structures. A **2025 follow-up survey** will further explore these challenges, particularly in nursing homes **and day care centers**.

P670**Connection and Cognition: Integrating the Validation Method and Group-Based Cognitive Training for Persons Living with Cognitive Change**

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

This study introduces and evaluates an integrative group intervention designed for older adults living with mild to moderate dementia, combining structured cognitive training with the Validation Group

Method: Over twelve weekly 45-minute sessions, participants engaged in language-based and creative thinking exercises delivered within a relational framework grounded in empathy, respect, and personhood. The intervention aimed to enhance cognitive functioning—specifically memory, verbal fluency, and cognitive flexibility—while simultaneously supporting dignity, self-esteem, and emotional well-being.

Participants were invited to assume meaningful social roles (e.g., Welcomer, Song Leader, Host) reflective of their life histories and competencies. These roles functioned as mechanisms of social affirmation, reinforcing belonging and agency within the group dynamic. Structured activities such as Up to 10, Find the Difference, and Words from A to Z promoted collective problem-solving and spontaneous verbal and non-verbal expression. The group process itself constituted a therapeutic space in which communication was co-constructed through shared affect, humor, and creativity.

Evaluation employed a mixed-methods design incorporating standardized cognitive measures, observational analysis of non-verbal communication, and assessment of participants' engagement in daily activities beyond the sessions. This multidimensional approach sought to examine how cognitive and communicative gains translated into everyday functioning, confidence, and social participation.

Preliminary findings suggest improvements in verbal responsiveness, positive affect, and interpersonal engagement. Integrating cognitive training with relational and emotional attunement demonstrates the potential of Validation-informed group approaches to strengthen both individual and collective capacities. The model contributes to the growing evidence for non-pharmacological, person-centered interventions and offers a transferable framework for culturally responsive practice in memory day centers and community-based dementia care worldwide.

P671

From Burden to Balance: Rural Green Care and Occupational Justice for Dementia Care Dyads

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Dyads composed of people living with dementia and their informal caregivers frequently face occupational imbalance, high stress, and social isolation. *Se Mettre au Vert* (SMAV) is a French rural respite program, developed in partnership with the *Accueil Paysan* network, offering tailor-made stays that foster meaningful, inclusive activities adapted to each participant's rhythm. The aim of this experiment is to examine how rural Green Care can support occupational justice and well-being among caregiver–care recipient dyads, as well as the experiences of host facilitators.

A prospective design will be implemented with dyads participating in SMAV stays. Each dyad will complete a structured questionnaire before and after the stay, assessing general well-being, rest, mental load, relaxation, sleep, mood, sense of recognition, social inclusion, access to meaningful activities, and satisfaction with the stay. These measures will be used to evaluate occupational justice through access to meaningful occupations, balance of dyadic needs, and opportunities for social participation. Hosts will complete a questionnaire at the end of the cycle addressing satisfaction, perceived support, and training needs.

Descriptive and comparative analyses will be conducted to assess the impact of SMAV on: dyadic well-being and occupational balance, perceived respite for caregivers, and hosts' satisfaction and sense of security. Expected findings will be discussed in relation to existing literature on Green Care farms and respite interventions for caregivers (De Boer, Hamers, Zwakhalen, Tan, & Verbeek, 2017; Verbeek et al., 2024; Innes, Dal Bello-Haas, Burke, Churchyard, & Waldron, 2025; Respite for dementia caregivers, 2003; Well-being in dementia, 2024).

This protocol will assess the effects of rural Green Care on occupational justice and well-being among caregiver–care recipient dyads, alongside host experiences. It will generate prospective data to guide the optimization of SMAV stays and inform the development of innovative, inclusive respite practices for people living with dementia and their caregivers.

P672

Non-Pharmacological Interventions (NPIs) for Alzheimer's Disease and Related Dementias: From Guidelines to a Dedicated Referent System

Dr Alain Bérard, Mrs Christine Tabuenca

Fondation Médéric Alzheimer, Paris, France

Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Non-pharmacological interventions (NPIs) are **key tools** for improving overall quality of life for people living with dementia. They also aim to enhance the quality of life of family caregivers. In the absence of a cure for Alzheimer's, the **Fondation Médéric Alzheimer** has made NPIs a **priority**, working to promote their understanding, implementation, and evaluation to strengthen their integration into real-world care settings.

The Foundation engages in **advocacy efforts** with public authorities, healthcare professionals, and researchers to:

- **Expand the use of evidence-based NPIs**,
- **Establish a reimbursement system** to improve accessibility,
- **Evaluate understudied NPIs** to build a stronger evidence base.

Recent data confirm the **growing adoption of NPIs in practice**. According to the Foundation's **2023 national survey**, **74% of nursing homes and 73% of day care centers** now offer one or more NPIs for patients, caregivers, and caregiver-patient dyads. This widespread adoption reflects a **collective recognition** of their value.

To support professionals in this effort, the Foundation has published a **guide** developed through collaboration between clinicians and academics. It provides **detailed insights into the characteristics of each NPI**, helping professionals select and implement interventions tailored to individual needs. It aims to **standardize practices** while allowing flexibility for a **personalized approach**.

Building on this work, the Fondation is developing a **specialized NPI guide for related dementias** (LBD and frontotemporal dementia). This new resource will address the **specific needs of each dementia subtype**, ensuring that interventions are **adapted and effective** across different conditions.

The Fondation is working to establish an **NPI Referent for Alzheimer's disease**—a dedicated role within healthcare systems to:

- **Train professionals** in NPI best practices,
- **Coordinate interventions** across multidisciplinary teams,
- **Evaluate outcomes** to ensure quality and effectiveness.

This initiative seeks to **structure and harmonize NPI use** within care pathways, making them a **cornerstone of dementia management** rather than a supplementary option.

P673

Co-design of implementation strategies for animal-assisted services for people living with dementia in Ireland

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background: Animal assisted services (AAS) are increasingly popular in dementia care, providing therapeutic and supportive process by human-animal teams to enhance the health and well-being of people with dementia. However, we identified some challenges and barriers that impeded the practice of AAS, and there is a need to develop tailored implementation strategies and supporting materials to increase the acceptability, accessibility, applicability, and sustainability of AAS, utilising a co-design approach.

Methods: Drawing on integrated findings from a larger project (involving a qualitative evidence synthesis, qualitative interviews and an umbrella review), we developed a series of plain language materials and interactive techniques for four (monthly) co-design workshops. The workshops were guided by the 'Double Diamond' framework and principles of participatory research. We invited key interest holders to participate as co-designers, including people with dementia, care partners, health and care practitioners, and professional organisation staff who works with dementia/animal related networks. We offered flexible attendance, and all of their contributions will be acknowledged.

Results: This presentation provides an overview of co-designing implementation strategies and relevant supporting materials of AAS for people with dementia. We will share the reflections and learnings on the co-design workshops, such as how best to facilitate the involvement of key interest holders, create inclusive and engaging environment, address relational and dynamic power, and ensure ethic of care in dementia research.

Conclusions: Involving key interest holders in the design and development of AAS is valuable to ensure that the services meet their needs and priorities. The user-driven and co-designed products tailored to local contexts, may increase the adoption and impact of AAS in Ireland and beyond.

P674

Connected Horse: Equine Guided Workshops offering Support, Hope and Activation

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

The Connected Horse program is a unique and innovative approach to supporting those living with a dementia diagnosis and their care partners. By utilizing a dyad model with equine assisted learning techniques to engage participants in self-activating practices, nonverbal communication skills, self-awareness and regulation for both the care partner and the person living with dementia. This program was created and launched after research studies were conducted from 2015-2017 at Stanford University and the University of CA, Davis. The findings through this comparative study measured the effectiveness of the human - equine interaction on key psycho-social indicators for the defined population. The 3-week workshop program encourages participants to utilize the power of their connection and interaction with the horses to build self-awareness skills that can initiate change and acceptance. The connection between people and horses has proven to be therapeutic due to non-judgmental and unconditional interactions. This connection is especially powerful as a horse acts as a mirror to the participants and provides clarity, strength, activation and hope. Equine guided support is a novel approach to enhance the quality of life of a newly diagnosed person and primary care partner. The guided interactions allow participants to be sensitized to the horse's ability to self-regulate and utilize non-verbal cues to express needs. The model is unique as it utilizes a coaching model for the dyad and those participating in the workshops. Considerable research has been completed on the benefits of equine assisted learning (EAL) for many populations. The initial research, and development of the Connected Horse program has continued to provide positive outcomes for the individual living with a diagnosis and their care partner, as originated in the pilot research program. The qualitative findings observed and measured after each workshop prove consistently positive and empowering.

P675**Designing an Outdoor Environment in Mediterranean Style as a Part of Non-pharmacological Treatment in Dementia Care****Mrs Tatjana Cvetko**

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Background: Dementia is a long-term disease and people with dementia can live at home for a long time with appropriate support. Non-pharmacological measures contribute to the well-being of patients and their caregivers. Motivational-oriented design of the outdoor environment helps to improve the quality of life of people with dementia and facilitates their care. Mediterranean vegetation has some characteristics that can be successfully used in the design of a living environment for people with dementia. Evergreen and fragrant plants, early flowering plants with colorful fruits throughout the year offer patients with dementia and their relatives numerous opportunities to spend time outdoors. The outdoor environment opens up horizons, calms, reduces behavioral problems, maintains skills and strengthens physical abilities. Spending time outdoors and doing small tasks can be intertwined with conversations and encourages communication with patients. It allows for cooperation between generations, reviving memories, maintaining speech and small skills and strengthens the feeling of usefulness.

Objective: To demonstrate the basic principles of designing outdoor living in dementia at home and in institutions using Mediterranean plants

Methods: literature review and discussion among caregivers and experts at self-help group meetings.

Results: Presentation of practical examples of planting a garden with Mediterranean plants, designing circular walking paths, hidden exits, exercise areas, resting places with herbal corners and chat corners with bird feeders, and the possibility of organizing non-pharmacological therapeutic activities for people with dementia in the outdoor environment in all seasons.

Conclusions: A motivationally designed Mediterranean garden with evergreen fragrant plants and colorful fruits offers numerous opportunities for conducting nonpharmacological therapeutic activities in an outdoor environment that relax and calm people with dementia and improve their well-being.

P676**From Dance to Speech: Amazonian Dance improves speech features of people with Parkinson's disease**

Mrs Raquel Arigony Prates¹, Dr Carlos Cristiano Espedito Guzzo Junior², Ms Maria Vitória Andreazza Duarte¹, Mr Alberto Muñoz Sánchez³, Dr Flávia Gomes Martinez¹, Dr Elren Passos-Monteiro⁴, Dr Adolfo García⁵, Dr Aline Nogueira Haas^{1,5}, Dr Constantina Theofanopoulou^{5,6,7}

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Topic

Dementia research and innovation: Non-pharmacological interventions

Abstract

Speech impairments are common in Parkinson's disease (PD), affecting several areas. Emerging evidence suggests that dance-based interventions may modulate motor and cognitive domains. The Amazonian Dance Protocol (ADp), a culturally adapted intervention from Brazil, may be a promising and unexplored strategy to promote enhancements.

To assess the effects of the ADp on speech features in people with Parkinson's disease (PwPD), a 12-week randomized trial was conducted in the South and North of Brazil. Thirty-six PwPD (mean age = 72 ± 7.1 years; 50% female; Hoehn & Yahr 1–3) completed pre- and post-intervention speech assessments (Animal Fluency, Rutina) using the TELL app. Participants were allocated to Dance-South (A), Walking-South (B), or Dance-North (C). Acoustic and semantic features (e.g. Harmonics-to-Noise Ratio (HNR), Main Tone, Granularity, Speech Rate, and Pause Duration) were analyzed using within- and between-group comparisons and ANCOVA controlling for demographic and clinical covariates. The within-group showed deterioration in B ($\Delta\text{HNR} = -0.34$, $p = .024$; $\Delta\text{Granularity} = -0.60$, $p = .049$; $\Delta\text{Speech Rate} = -0.35$, $p = .018$) and improvement C ($\Delta\text{Granularity} = +1.30$, $p = .045$; $\Delta\text{Main Tone} = -18.34$, $p = .0047$). Between-group contrasts favored dance: Main Tone (B vs C $p = .0016$, $q = .019$, $g = 1.83$) and Granularity (A+C vs B $p = .0077$, $g = 0.86$). Composite analyses confirmed these trends (Main Tone A vs C $p = .009$; Granularity B vs C $p = .014$; HNR A+C vs B $p = .020$). After covariate adjustment, Group remained significant ($\eta^2 \approx .10-.20$) for Main Tone, Granularity, and voice-stability metrics, indicating intervention-specific effects independent of demographics or disease severity.

A culturally adapted dance intervention improved prosodic and semantic aspects of speech in PwPD. These findings highlight the potential of this intervention as a feasible, non-pharmacological approach for communication enhancement in neurodegenerative disease.

P677

Olfactory biomarkers: Cognitive Associated Diagnostic Odors olfactoprint identifies individuals with underlying pathology, translation into a diagnostic tool for premanifest dementia

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Topic

Dementia research and innovation: Stages of dementia

Abstract

Background: There is a substantial gap between the burden of neurodegenerative diseases and the resources available to diagnosis and treat them. Evidence in the literature would suggest that there may be olfactory deficit patterns in neurodegenerative diseases and that it is the loss of the ability to smell specific odors rather than general olfactory dysfunction.

Results: Our results concur with these finding and demonstrate that olfactory deficit patterns are observed in Mild Cognitive Impairment (MCI) individuals. Furthermore, we show that misidentification of certain odours correlated strongly with poor cognitive scores. This led to the development of the Cognitive Associated Diagnostic Odours (CADO) olfactoprint. As expected, there was a significant increase in MCI individuals in the CADO compared to the non-CADO groups and regression analysis demonstrated a relationship between the CADO and the MoCA, the HVLIT immediate recall and the HVLIT delayed recall which held when controlling for age. Furthermore, there was a significant increase in P.gingivalis levels and decrease in the UPSIT scores in the MCI CADO compared to the MCI non-CADO group. Comparison of control (seniors) and MCI individuals that could not smell one or more of the CADOs demonstrated that alterations in cerebral structural volumes were also observed in the CADO compared to non-CADO groups and included several regions related to cognition. Furthermore, not being able to smell one or more of the CADOs was associated with increased diameter of the left internal carotid artery and a trend increase in the lateral ascending branch of the anterior circumflex humeral, the left anterior cerebral artery and the anterior communicating arteries.

Conclusion: The results suggest a triphasic pathway to dementia. We identify a tool that may help to provide early diagnosis and pathology detection for individuals with subtle cognitive decline and/or pre-manifest dementia.

P678

Longitudinal differences in episodic memory between stable and worsening cognitively unimpaired and subjective cognitive decline adults: evidence from the CompAS and CIMA-Q cohort studies.

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Topic

Dementia research and innovation: Stages of dementia

Abstract

Aim: Analyze longitudinal differences in episodic memory (EM) trends between cognitively unimpaired (CU) and subjective cognitive decline (SCD) participants who remain stable or worsen from two methodologically similar study cohorts, CIMA-Q (Canada; Belleville et al., 2019) and CompAS (Spain; Juncos et al., 2012).

Methods: A sample of 208 participants (mean age: 66.66 ± 8.28) selected from the CompAS ($n=124$) and CIMA-Q ($n=84$) cohorts were classified into four groups according to baseline diagnosis (Ev1) and progression at ~21.53 months (Ev2) and ~56.57 months (Ev3): CU-S (CU who remained stable), SCD-S (SCD who remained stable); CU-W (CU who progressed to SCD/MCI/dementia), and SCD-W (SCD who progressed to MCI/dementia). EM measures of total immediate recall (TIR), short delay free recall (SDFR), and long delay free recall (LDFR) from the Spanish CVLT (Benedet & Alejandre, 1998) in CompAS and RAVLT (Schmidt, 1996) in CIMA-Q were considered. Longitudinal EM trends were evaluated using Multivariate General Linear Model (GLM) Repeated Measures considering time (within-subject factor: Ev1, Ev2, and Ev3), groups (between-subject factor: CU-S, SCD-S, CU-W, SCD-W), and schooling, age, and comorbidity as covariates.

Results: a) Significant EM declines were observed in SCD-W for TIR, SDFR, and LDFR, and in CU-W only for LDFR at Ev2 and Ev3 compared to Ev1; b) In TIR, significant declines in SCD-W observed at Ev1 ($SCD-W < SCD-S$), declining further at Ev2 and Ev3 ($SCD-W < SCD-S$, $CU-S$). For SDFR and LDFR, significant declines in SCD-W observed at Ev2, further worsening at Ev3 ($SCD-W < SCD-S$, $CU-S$; LDFR also $< CU-W$) (Figure 1).

Conclusions: Baseline TIR decline was observed in SCD-W and worsened over follow-ups, suggesting immediate recall measure as specific markers of future decline in SCD. In CU-W, decline was only observed in LDFR, suggesting long-delay measures as earlier but less specific markers than immediate or short-delay recall for identifying participants at risk.

P679

EEG Measures of arousal and capacity for consciousness in Alzheimer's Disease

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Topic

Dementia research and innovation: Stages of dementia

Abstract

Aims: Alzheimer's Disease (AD) is characterised by cognitive decline, however, it is unclear if there are changes in awareness and arousal as the condition progresses into the advanced stages. We calculated electroencephalography (EEG) measures of arousal, complexity (a marker associated with capacity for conscious awareness) and functional connectivity in people with AD to assess changes in measures of consciousness in AD.

Methods: Resting EEG was conducted in a healthy control group ($n=24$), a mild-moderate AD ($n=15$), and a severe AD group ($n=8$). We used four EEG-based approaches to assess markers of arousal (level of consciousness: alpha- theta ratios); complexity (Temporal Entropy: Lempel Ziv complexity, Spatiotemporal Entropy: microstates), and functional connectivity (Graph Topology). These have been used in other clinical groups to assess the level of consciousness and capacity for conscious experience under anaesthesia.

Results: There was a statistically significant reduction in Alpha Theta ratios comparing Control to Mild groups and Control to Severe Groups ($p<0.0001$ and $p=0.0002$ respectively). This same change was observed in Lempel Ziv complexity ($p<0.0001$ and $p=0.0004$ respectively) and spatiotemporal entropy ($p=0.005$ and $p=0.001$ respectively). There was an overall increase in linear (and mixed non-linear and linear) interactions between control and mild and control and severe groups ($p<0.001$ for both comparisons in both hemispheres) and a reciprocal decrease in non-linear interactions (Left: control-mild $p<0.05$, control-severe $p<0.001$ Right: $p<0.01$ and $p<0.001$)

Conclusions: We found a decrease in both measures of arousal and complexity between the control vs mild AD and severe AD groups, which suggests a reduction in global levels of arousal with AD. As EEG complexity measures have been used as markers of the capacity for consciousness in anaesthesia, the reduced complexity seen in AD may suggest changes in conscious experience. Unlike complexity, overall connectivity increased; however, the distribution changed to predominantly simpler (linear) interactions between regions.

P680

“René Calderón Soria” Virtual Neuropsychological Laboratory – NEUROLAP

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Health centers in Bolivia, as in much of Latin America, face significant limitations in quality and resource availability. The Pan American Health Organization (PAHO) recommends 23 health professionals per 10,000 inhabitants, but Bolivia has only 14.1, ranking among the lowest in the region. Rural areas are the most affected; although primary health centers exist, there are no specialists in Older Adult Care, preventing the early detection of neurodegenerative diseases.

A neuropsychological laboratory represents a space for research, clinical care, and professional training, addressing cognitive, emotional, and behavioral needs. Leveraging the internet, it can reach both urban and rural communities. Based on this premise, NEUROLAP was launched in 2015 with the support of Grand Challenges Canada, Help Age International, and Fundación Horizontes.

Currently, the project is being updated by a multidisciplinary team developing software in various programming languages, enabling the evaluation and stimulation of motor, cognitive, and functional abilities through user-computer interaction. Its primary objective is to validate the system by correlating in-person and remote assessments, initially focusing on the detection of neurocognitive disorders in older adults.

The use of NEUROLAP involves three phases: (1) user registration and cognitive decline information, (2) assessment with the “EDM Protocol,” which generates personalized reports and stimulation proposals, and (3) intervention through connection with the **RECUÉRDAME** platform, which organizes cognitive stimulation activities and provides training for family members and caregivers.

NEUROLAP focuses on older adults at risk of Alzheimer’s disease, whose prevalence in Bolivia is projected by the WHO to increase by 447% by 2050. The lack of specialists in geriatrics, neurology, psychiatry, and neuropsychology underscores the urgency of this project, which seeks to address one of the country’s most pressing public health needs

P681**Intersectional lens on unmet needs of family caregivers caring for people living with dementia**

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Aim: Analysing reasons for inequity and inequality experienced by family caregivers of people living with dementia.

Method: Secondary analysis of a scoping review of reviews, on unmet needs of family caregivers. Applying an intersectional lens on the included reviews. This analysis has been part of the INTEREST project (JPND funded).

Results: Reasons for inequity and inequality linked to unmet needs of family caregivers are multifaceted. they are especially experienced by migrants, ethnic minority groups, and indigenous populations. Key categories are the following: (a) cultural, communication and systemic barriers; (b) mistrust of health and social services; (c) cultural norms and familial expectations; (d) financial barriers.

Conclusion: These reasons demonstrate that inequality and inequity in dementia care arise from a complex interplay of structural, cultural, interpersonal, and systemic forces, requiring context-sensitive responses to overcome unmet needs of family caregivers taking care of their loved ones living with dementia.

P682

Innovations in diversity and equity in social health research in dementia

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Aims: The INTEREST Working Group addresses the growing societal challenge of dementia, marked by a rising number of individuals affected and a declining professional caregiving workforce. Despite advancements in care, significant gaps persist due to inequity, lack of individualized treatment, and poor translation of research into practice. This initiative aims to tackle these issues through a multi-level approach grounded in social health and intersectionality.

Methods: A comprehensive methodology was employed, including a literature review, public and patient involvement (PPI), and analysis of intervention guidelines, assistive technologies, and policy frameworks. The approach integrated insights from sub-groups focusing on inequity, technology, and policy to identify systemic barriers and opportunities for improvement.

Results: Key findings highlight:

Healthcare Inequity: Ethnic minorities and socioeconomically disadvantaged groups are underrepresented in dementia research and care, resulting in unmet needs.

Limited Personalization: Current innovations lack cultural sensitivity and individual tailoring.

Implementation Gap: Promising interventions are not embedded in routine practice, underscoring the need for stronger links between research, education, and care delivery.

Conclusions

To address these challenges, the Working Group recommends:

- Development of strategic policies and best-practice guidelines.
- Creation of innovative, transdisciplinary research frameworks.
- Expansion of research capacity, including support for early career researchers and public engagement.

A coordinated effort among policymakers, researchers, healthcare providers, and community organizations is essential to implement these recommendations. Doing so will foster a more equitable, inclusive, and effective dementia care landscape, ultimately enhancing the quality of life for people living with dementia and their carers.

P683

Voicing Care: How UK-based South Asian Families Rework Dementia Support Through Culture and Community and Photo-Elicitation

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

This qualitative multi-site study argues that wellbeing for UK South Asian informal dementia carers is a complex, culturally mediated and paradoxical state. Culture shapes symptom interpretation, illness explanations, meanings ascribed to caring, experiences of wellbeing, and interactions with health and social care. Failure to engage with these cultural realities produces culturally insensitive interventions and inaccessible services. The research traces the shift from universalist models to context-dependent frameworks and identifies gaps concerning Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, dynamic cultural identities, and the interplay of structure and culture. Empirically, the study uses participant observation, in-depth interviews and photo-elicitation to surface carers' photographic narratives of embodied care, filial duty, honour, stigma, gendered labour and wellbeing enacted relationally. The analysis seeks to examine how historic cultural norms such as care as female responsibility and the imperative to avoid shame, shift inter-generationally and interact with structural barriers including language, institutional mistrust alongside funding precarity to shape help-seeking and wellbeing. It investigates the role of VCFSEs not merely as practical service brokers but as meso-level sites of cultural production where carers may negotiate stigma, construct positive identities and find culturally resonant forms of support. The study also attends to within-group diversity such as generation, migration history and regional variation to avoid homogenising 'South Asian' experiences. Methodologically, photo-elicitation foregrounds participants' agency and produces visual evidence that complements narrative accounts. By integrating visual and thematic analysis, the study addresses three core questions: how informal carers conceptualise wellbeing; how cultural values function as resources or constraints; and how structural conditions influence informal carers' wellbeing and engagement with VCFSEs. Findings aim to inform co-designed, culturally responsive dementia services, culturally informed workforce training, sustained resourcing for community-led organisations, and policy that recognises the relational and cultural dimensions of carer wellbeing, and to guide equitable service reform nationally.

P684

A Fairness-Aware Framework for Equitable Early Detection of Dementia Using AI

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Early and accurate detection of dementia is essential for improving patient outcomes, yet many individuals, particularly from underrepresented groups, experience delayed diagnosis due to limited access to screening and systemic inequities. Advances in artificial intelligence (AI) and facial biomarker analysis offer a non-invasive, scalable approach to identify subtle cognitive changes before clinical diagnosis. However, research shows that AI models trained on imbalanced datasets can reproduce biases, resulting in unequal performance across populations and potentially widening diagnostic disparities.

In previous work, we demonstrated that facial features could serve as potential diagnostic and predictive digital biomarkers for dementia. Preliminary analyses indicated that facial changes may correlate with cognitive decline. To ensure that future models reflect the diversity of real-world populations, we conducted a bias evaluation study using a public video dataset including both dementia and non-dementia participants. The dataset included 278 videos from 141 individuals with comparable age distributions, reducing age as a confounding factor. However, a significant gender imbalance was observed (82% male, 18% female), posing a risk that algorithms may learn sex-related cues rather than dementia-specific patterns.

Building on these findings, we propose a fairness aware framework for data collection and model evaluation. Through the Cognes application, participants and carers contribute demographic and clinical information, along with facial photographs, collected under strict ethical protocols. Recruitment follows quota sampling to achieve balanced representation across demographic groups. Model evaluation combines conventional performance measures, such as model accuracy and sensitivity, with fairness assessments, including performance consistency across age, sex, and ethnicity.

The framework serves as a foundation for collaborative research to co-develop and evaluate equitable AI models for dementia detection. By embedding fairness into data collection and evaluation, this work advances the development of AI tools that are both accurate and inclusive, supporting earlier and more equitable access to dementia screening and care.

P685

Associations between Cardiovascular Risk Factors and Neurofilament Light Levels Among U.S. Mexican American Adults

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Aims: The pathophysiological mechanisms that may differentially impact brain health and cognitive aging outcomes among Latino compared with NLW adults remain incompletely understood. Evidence suggests that NfL, a biomarker of neuronal injury predictive of dementia risk, is associated with cardiovascular risk in both Latino and NLW populations.

Methods: HABS-HD inclusion criteria are: self-reported MA or NLW ethnicity, age 50 and older, and fluency in English or Spanish. Baseline, cross-sectional data from participants who self-reported MA and or NLW ethnicity with available neuroimaging (white matter hyperintensities [WMH] volume and intracranial volume [ICV]) and plasma NfL were analyzed. Cardiovascular health factors included volume, hypertension, diabetes and cardiovascular disease (CVD). We applied chi-square test, Pearson correlations or ANCOVA models (adjusted for age, education, sex, and intracranial volume) to evaluate ethnoracial and cardiovascular risk factor effects on log-transformed NfL burden and its association with WMH volume adjusted for ICV.

Results: Among 1,317 participants (648 MA and 669 NLW), MA individuals were significantly younger, had lower education, intracranial volume, WMH volume, and NfL burden compared to NLW. While hypertension rates were similar between groups, diabetes was more prevalent among MA participants and showed a stronger association with elevated NfL. CVD was more common among NLW participants, but its relationship with NfL was steeper in MA individuals. The association between WMH volume and NfL was stronger in MA than NLW participants.

Conclusion: These findings suggest NfL's potential as a prognostic biomarker for CVD and neurodegeneration, particularly in MA adults. Further research is needed to understand these associations and develop targeted prevention strategies for brain aging disparities.

P686**Is Co-production Involving People Living with Dementia a “Myth, Aspiration or Reality?”: A Scoping Review and Lessons Learned**

Dr Leah Macaden¹, Mr Ron Coleman², Mr Howard Gordon², Dr Kirsten Broadfoot³, Dr Yajing Wang⁴, Ms Huiping Lin¹, Ms Daniela Perucca¹, Ms Jennifer England⁵, Ms Mika Sakurai⁶, **Ms Guo Yin¹**

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Background: Co-production is increasingly recognized in health and social care, with growing attention to the active involvement of people with dementia as partners rather than passive recipients. However, co-production involving people with dementia currently faces definitional ambiguity, methodological fragmentation, and ongoing debate about what constitutes meaningful and true co-production. Furthermore, given dementia's progressive trajectory and the ethical and practical challenges it poses, questions remain about whether co-production is achievable across different stages of dementia. Consequently, it remains unclear whether co-production involving people with dementia is a myth, an aspiration, or an evidence-based reality.

Aims: To address these uncertainties, this review aims to systematically map existing evidence by examining conceptualizations, areas of application, models, and impacts of co-production involving people with dementia, with the goal of providing a framework for true co-production practice involving people living with dementia.

Methods: Seven databases were searched for studies published in English between 2020 and 2025. Eligible studies included empirical studies that explicitly involved people with dementia as co-producers in the design, delivery, or evaluation of care delivery, services, education, policies, strategy, or research. This review was co-produced by researchers and two people living with dementia, one of whom served as co-leader of the review.

Results: 27 studies were included, and data analysis is ongoing and expected to be completed by December 2025; therefore, detailed results will be presented at the conference. The experience and reflections on the process of co-producing this review with people with dementia will also be shared at the conference, offering insights for others considering co-producing research with people living with dementia.

Conclusion: This review will clarify the ambiguity in the definition of co-production, expose evidence gaps, and provide an evidence-based co-production framework to guide researchers to more truly and effectively engage people with dementia as core partners in co-production practices.

P687

Factors influencing the participation of Black communities in clinical trials on dementia

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Aims: The goal of this study was to identify barriers and facilitators to participating in a clinical trial from the unique perspective of Black adults who agreed to be referred to the trialists. The trial tested a drug to treat Alzheimer's. Between 5/1/2023-1/31/2024, our team raised awareness of Black communities about the option of being referred to trialists via outreach with the Bay Area Black Nursing Association and the Alzheimer's Association. Impetus for this study stemmed from evidence that Black individuals represent only 5% of participants in clinical trials on dementia. Our study reflected this trend given that 43 Black adults agreed to be referred to the trial, 12 signed its consent forms, none of them was enrolled

Method: The goal of the interview was to elicit reflections of Black adults who agreed to be referred to the trial on barriers/facilitators to be enrolled in the trial after giving permission to our team to forward their contact details to the trialists. Interviews were transcribed and analyzed with inductive/deductive content analysis.

Results: In April-May 2024, a Black researcher contacted the 43 adults who agreed to be referred to AHEAD during our events asking them to be interviewed by her over the telephone. She interviewed 17 study participants who self-reported as Black/African American. Facilitators included: gaining understanding of the importance of participating in clinical trials from race-concordant researchers, feeling a sense of togetherness with Black communities, being exposed to dementia personally. Barriers included: limited connections with clinical trialists, logistical constraints, limited trust and understanding of participating in clinical trials.

Conclusions: To increase the engagement of Black communities in clinical trials on dementia, a critical component is the seamless inclusion in the trial of community members willing to enroll by embedding outreach activities within protocols of the clinical trial.

P688

Understanding public attitudes and motivations towards dementia research in Europe

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Background: Difficulties in recruiting and retaining participants in dementia research threaten validity and representativeness of study findings. Understanding public attitudes towards participation is therefore essential. Few studies have examined these attitudes in Europe. We present findings from a European public opinion poll exploring attitudes towards dementia research participation among adults aged 18 years and older. The poll was informed by a scoping review of the scientific literature on barriers and enablers to research participation.

Methods: A public opinion poll was developed based on a systematic scoping review (detailed protocol: osf.io/n8j4u) and iterative consultation with people living with dementia, carers, and representatives of national Alzheimer's associations. The poll was translated into 13 European languages and disseminated through the networks of Alzheimer Europe and national Alzheimer's associations. Descriptive and comparative analyses examined demographic and experiential correlates of attitudes towards participation.

Results: Within a three-month period, 2,646 respondents from 14 countries completed the poll (mean age=59.5 years, SD=13.0; 73.1% female; 1,377 from France). Across countries, 14.7% had previously participated in dementia research and most reported personal or professional experience with dementia. Willingness to take part in hypothetical studies varied according to study invasiveness. Lack of awareness about research opportunities and concerns about study procedures were the most frequently reported barriers, while internal motivations such as altruism and the desire to help future generations were strongly endorsed enablers. Comparative analyses explored differences in attitudes between French respondents and those from other European countries. Findings are discussed in light of the scoping review results.

Conclusion: People across Europe express strong motivation to participate in dementia research, though willingness may vary by personal characteristics and study design. Many barriers identified (particularly limited awareness and procedural concerns) are modifiable, highlighting opportunities to enhance recruitment strategies and inclusivity in dementia research.

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Psychosocial Support and Cognitive Improvement Among Forcibly Displaced Older Adults from Nagorno-Karabakh (Artsakh)

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Aims: Alzheimer's Care Armenia's Support Café Program provides psychosocial interventions for forcibly displaced older adults from Nagorno-Karabakh (Artsakh). In a supportive group setting, participants engage with art-based activities, music, memory enhancement exercises and socialization. This study aimed to assess changes in emotional well-being and cognitive status before and after the intervention.

Methods: Sociodemographic data included age, sex, BMI, education, marital status, and origin/current residence. Psychological outcomes were assessed at baseline and 3-months post-intervention using the Patient Health Questionnaire-9 (PHQ-9) for depression, Montreal Cognitive Assessment (MoCA) for cognitive functioning, and the Brief Grief Questionnaire (BGQ), adapted for loss of homeland, to assess complicated grief. The team psychologist conducted the intervention and data collection.

Results: The total sample was 34 (13 excluded due to incomplete data or lost to follow-up). The average age was 67.4 and most participants were women (85.3%) from Stepanakert (76.5%) and displaced to Yerevan (55.9%). Nearly 62% had a high school education and 79.4% had overweight or obese BMI.

At baseline, 79.4% reported depression symptoms, with 29.4% moderate to moderately severe. Only 35.3% scored normal cognition on MoCA; 58.8% had mild cognitive impairment. Complicated grief symptoms were highly prevalent, with 97.1% showing possible indicators on the BGQ.

At follow-up, depression symptoms decreased to 64.7%, with no moderately severe or severe cases. Cognitive scores improved, with 55.9% scoring in the normal MoCA range. Grief symptoms slightly improved, with 5.9% no longer meeting criteria for complicated grief on the BGQ.

Conclusions: The Support Café intervention may suggest potential improvements in mood and cognition among forcibly displaced older adults, especially those with lower education and high grief burden. These preliminary findings support psychosocial programs as effective tools for promoting mental health and cognitive resilience among displaced aging populations.

P690**Engaging People with Dementia in the Research Process: Toward More Inclusive Science****Dr Allison Gibson**

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Topic

Dementia research and innovation: Underrepresented populations and dementia: exploring sex, gender, diversity, equity and inclusion in dementia research

Abstract

Research on Alzheimer's disease and related dementias (ADRD) has advanced rapidly, but too often the voices of those most affected are left out of the process. Inclusive research—research that actively involves people living with dementia, their care partners, and their communities—is essential to ensure that discoveries truly reflect their needs, values, and priorities. This is particularly essential when considering the perspective of underrepresented groups.

This presentation explores how public and participant involvement (PPI) can help achieve more inclusive and meaningful dementia research. PPI is a framework for partnering with people living with dementia, not just as study participants, but as collaborators in every stage of research—from identifying important questions to shaping study design, interpreting findings, and sharing results.

The presentation will include examining the barriers that often exclude people with dementia from research, including ageism, stigma surrounding cognitive impairment, and systemic inequities affecting minoritized communities. These challenges highlight why traditional research models must evolve. Through real-world examples, we will illustrate how PPI has been successfully integrated across the dementia research lifecycle. These examples demonstrate how involving people with dementia leads to more relevant studies, improves recruitment and retention, and enhances the translation of research into practice and policy.

Finally, the presentation will highlight practical recommendations for researchers seeking to build authentic partnerships with people living with dementia and their communities. By embracing PPI, researchers can promote trust, respect, and equity—creating research that not only advances science but also improves the lives of those living with dementia today and in the future.

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