Programme

Tuesday 9 March 2010

13:00 - 15:00
Registration opens (Hotel Lobby)

Greek:
Εναρξη εγγραφών

Wednesday 10 March 2010

10:00 - 22:00
Registration opens (Hotel Lobby)

Greek:
Εναρξη εγγραφών

Special Session – Quality of Life and Dementia

Special Session – Ποιότητα Ζωής και Άνοια

Chair: Karin Wolf-Ostermann, Tsantali Eleni

Location: Ilida Room

14:00 - 17:30

**OC001** Karin Wolf-Ostermann Quality of life and health outcomes in residents of shared housing arrangements in Berlin: results of the Dewege-study

**OC002** Gerlinde Strunk-Richter Well-being of people with dementia in small house units

**OC003** Hilde Verbeek Small-scale living for people with dementia: implications for residents, family and professional caregivers in the Netherlands

Programme

Greek:

25ο Παγκόσμιο Συνέδριο της Alzheimer’s Disease International (ADI)

25th International Conference of Alzheimer’s Disease International (ADI)

www.adi2010.org
Programme

Wednesday 10 March 2010

Opening Ceremony
Τελετή Έναρξης
Chairs: Daisy Acosta & Magda Tsolaki
Location: Olympia Hall

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>18:30</td>
<td>Magda Tsolaki &amp; Daisy Acosta</td>
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<tr>
<td></td>
<td>Welcome</td>
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<tr>
<td></td>
<td>Μάγδα Τσολάκη &amp; Daisy Acosta</td>
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<tr>
<td></td>
<td>Καλωσόρισμα</td>
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<tr>
<td>18:40</td>
<td>Bishop of Thessaloniki</td>
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<td></td>
<td>Anthimos Παναγιώτατος Μητροπολίτης Θεσσαλονίκης, κ. Ανθίμος</td>
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<td>Bishop of Nepolis and Stavroupolis</td>
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<td></td>
<td>Varnavas Σεβασμιότατος Μητροπολίτης Νεαπόλεως και Σταυρουπόλεως κ. Βαρνάβας</td>
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<td>Rector, Πρύτανης του ΑΠΘ Αναστάσιος Μάνθος</td>
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<td>Υπουργός Υγείας Κύπρου</td>
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<td>Κήρυξη της έναρξης του Συνεδρίου</td>
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<tr>
<td>19:00</td>
<td>Chariklia Tziraki-Segal</td>
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<td>Χαρίκλεια Τζιγάκη - Segal</td>
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<td>Ένα ταξίδι της καρδιάς</td>
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<tr>
<td>19:10</td>
<td>Rector Helene Glykatzi-Ahrweiler</td>
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<td>Πρύτανης Ελένη Γλύκατζη Αρβελέρ</td>
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<td></td>
<td>Ελληνισμός και Πολιτισμός</td>
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<td>19:40</td>
<td>Entertainment</td>
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<td>Ψυχαγωγικό πρόγραμμα. Ελληνικά τραγούδια όλων των εποχών</td>
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<td>Χορωδία Δυδιμοτειχιτών, Μαέστρος Γ. Πούλιος</td>
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<tr>
<td>20:00</td>
<td>Welcome reception</td>
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<tr>
<td></td>
<td>Δεξίωση καλωσορίσματος</td>
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<tr>
<td>21:00</td>
<td>Close of welcome reception</td>
</tr>
<tr>
<td></td>
<td>Λήξη της δεξίωσης καλωσορίσματος</td>
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</tbody>
</table>
Thursday 11 March 2010

**Plenary session – What’s new in Alzheimer’s disease**
**Ολομέλεια – Νεότερα για την Νόσο Alzheimer**
Chairs: Athanassios Dimitriadis, Magda Tsolaki
Location: Olympia Hall

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>09:00</td>
<td>Sam Gandy</td>
<td>New treatment developments</td>
</tr>
<tr>
<td>09:20</td>
<td>Frank Jessen</td>
<td>Neuroimaging perspectives</td>
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<tr>
<td>09:40</td>
<td>Pieter Jelle Visser</td>
<td>MCI and the early diagnosis of Alzheimer’s disease</td>
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<tr>
<td>10:10</td>
<td>Bengt Winblad</td>
<td>Ongoing clinical trials in Alzheimer’s disease</td>
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<tr>
<td>10:30</td>
<td></td>
<td>Tea, Coffee, posters &amp; exhibition</td>
</tr>
<tr>
<td>11:00</td>
<td></td>
<td>Tea, Coffee, posters &amp; exhibition</td>
</tr>
</tbody>
</table>

**Plenary session – Global Alzheimer’s movement**
**Ολομέλεια – Παγκόσμιο κίνημα για την Νόσο Alzheimer**
Chairs: Marc Wortmann, Paraskevi Sakka
Location: Olympia Hall

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>11:00</td>
<td>Paraskevi Sakka</td>
<td>The story of the Greek Alzheimer Association</td>
</tr>
<tr>
<td>11:15</td>
<td>Daisy Acosta</td>
<td>Is dementia a priority within the World Health Organization? The Intervention Packages of Mental Health GAP</td>
</tr>
<tr>
<td>11:30</td>
<td>Jean Georges, Pekka Laine</td>
<td>Importance of planning – The European perspective</td>
</tr>
<tr>
<td>11:45</td>
<td>Peter Ashley</td>
<td>The role of people with dementia in advocacy</td>
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<tr>
<td>12:00</td>
<td>Marc Wortmann</td>
<td>Forum discussion</td>
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<tr>
<td>12:30</td>
<td></td>
<td>Lunch, exhibition &amp; posters</td>
</tr>
<tr>
<td>14:00</td>
<td></td>
<td>Γεύμα, έκθεση και posters</td>
</tr>
</tbody>
</table>
Thursday 11 March 2010

Lunchtime Symposium – The Impact of AD on Patients, Caregivers, Physicians, and Society: A Tale of Two Studies
Η Επίδραση της ΝΑ στους ασθενείς, στους περιθάλποντες και στην κοινωνία: Η ιστορία δύο μελετών

This session was made possible by Pfizer.

Chairs: Roy Jones, Daniel Christensen
Location: Grand Ballroom 2

This symposium, lead by Roy Jones and Daniel Christensen will use actual patient and caregiver video vignettes from Dr. Christensen’s archive to underscore the significance of data from the IMportant Perspectives on Alzheimer’s Care and Treatment (IMPACT) survey, which was sponsored by Eisai Inc. and Pfizer Inc, and for which Professor Jones served as Steering Committee Chair. This survey was designed to explore key attitudes, behaviours, and perceptions toward Alzheimer’s disease (AD) across 5 European countries; identify barriers to optimal AD care; and determine a common “reason to care” about dementia. Data from this survey will serve to highlight the importance of the early and persistent treatment of AD in the context of one family’s video-documented 6-year struggle with the disease.

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker(s)</th>
<th>Presentation Title</th>
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</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Roy Jones</td>
<td>Introduction</td>
</tr>
<tr>
<td>12:35</td>
<td>Roy Jones &amp; Daniel Christensen</td>
<td>An Introduction to the IMPACT Survey: European Attitudes Toward Alzheimer’s Disease</td>
</tr>
<tr>
<td>13:00</td>
<td></td>
<td>Alzheimer’s Disease From Diagnosis to Autopsy: A 6-Year Video Case History</td>
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<tr>
<td>13:15</td>
<td></td>
<td>Physician Attitudes Towards Presentation, Diagnosis, and Treatment of AD</td>
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<tr>
<td>13:30</td>
<td></td>
<td>Consequences of Caring for Someone With AD</td>
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<tr>
<td>13:45</td>
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<td>Attitudes Surrounding Caregiver Burden</td>
</tr>
</tbody>
</table>

Parallel Session - Ageing and dementia - Services
Παράλληλη συνεδρία - Γήρανση και Άνοια- Υπηρεσίες

Chairs: Socratis Papageorgiou, Foi Constantinidou
Location: Olympia Hall C

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker(s)</th>
<th>Title</th>
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<tbody>
<tr>
<td>14:00</td>
<td>Fofi Constantinidou</td>
<td>The relationship of AD8 and cognitive performance in Greek Cypriot adults: a preliminary study</td>
</tr>
<tr>
<td>14:15</td>
<td></td>
<td>Η σχέση της κλίμακας AD8 και της νοητικής απόδοσης σε Κύπριους ενήλικες: μια προκαταρκτική μελέτη</td>
</tr>
<tr>
<td>15:30</td>
<td>Claudia Miranda</td>
<td>The needs, social networks and quality of life of people with dementia living at home</td>
</tr>
<tr>
<td>15:45</td>
<td></td>
<td>Οι ανάγκες, τα κοινωνικά δίκτυα και η ποιότητα ζωής ατόμων με άνοια που ζουν σπίτι τους</td>
</tr>
<tr>
<td>16:00</td>
<td>Stelios Pantelopoulos</td>
<td>SOCIABLE: a surface computing platform empowering more effective cognitive training interventions for healthy elderly and demented patients</td>
</tr>
<tr>
<td>16:15</td>
<td></td>
<td>SOCIABLE: Πλατφόρμα υπολογιστών επιφάνειας η οποία ενδυναμώνει τις παρεμβάσεις νοητικής εκπαίδευσης σε υγιείς και ηλικιωμένους με άνοια</td>
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<tr>
<td>Time</td>
<td>Session</td>
<td>Speaker/Title</td>
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<tr>
<td>14:00 - 15:30</td>
<td>OC008</td>
<td>Amy J Streater: Service users’ involvement in the development of a maintenance cognitive stimulation therapy (CST) programme: a comparison of the views of people with dementia, staff and family caregivers.</td>
</tr>
<tr>
<td></td>
<td>OC009</td>
<td>Marie-Louise Hansen: Prognostic factors for weight loss over a one year period in patients recently diagnosed with mild Alzheimer’s disease. This includes factors such as gender, age, and the presence of comorbid conditions.</td>
</tr>
<tr>
<td></td>
<td>OC010</td>
<td>Achille Tchalla: Risk factors of rapid cognitive decline (RCD) of dementia in a prospective study: 3 years follow-up. This includes factors such as age, gender, and history of depression.</td>
</tr>
<tr>
<td></td>
<td>OC011</td>
<td>Thilo Kroll: Alzheimer’s disease: the challenges of managing multi-morbidity. This includes factors such as age, gender, and history of depression.</td>
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<tr>
<td></td>
<td>OC012</td>
<td>Zlata Felc: Dementia knowledge among health workers and other adults in a Slovenian area. This includes factors such as age, gender, and history of depression.</td>
</tr>
<tr>
<td></td>
<td>OC012B</td>
<td>Sokratis G. Papageorgiou: Frequency and Causes of Early-onset Dementia in a Tertiary Referral Center in Athens. This includes factors such as age, gender, and history of depression.</td>
</tr>
</tbody>
</table>

**Parallel Session – Quality of Life 1**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 15:30</td>
<td>OC013</td>
<td>Hidezo Mori: A creative care approach to the elderly with cognitive impairment in a group home in Japan. This includes factors such as age, gender, and history of depression.</td>
</tr>
<tr>
<td></td>
<td>OC014</td>
<td>Sherry L. Dupuis: A changing melody: triggering personal and social transformation in dementia care. This includes factors such as age, gender, and history of depression.</td>
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</tbody>
</table>
## Programme

### Thursday 11 March 2010

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>14:00 - 15:30</td>
<td>OC015 The use of global positioning system (GPS) among people with dementia and their family caregivers</td>
<td>Anne Margriet Pot</td>
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<td>OC016 IT&amp;C applications in the multi-factorial attempt of physically and/or cognitively disabled elderly at home</td>
<td>Luiza Spiru</td>
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<tr>
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<td>OC017 Rapidly progressive dementia: causes found in a Greek tertiary referral center, in Athens</td>
<td>Sokratis G. Papageorgiou, Papageorgiou G.</td>
</tr>
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<td>OC019 Dementia care and knowledge translation</td>
<td>Glenn Rees</td>
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<td>OC020 Exploring experiences of everyday activity and social interaction in early dementia and their significance for sense of self and well-being</td>
<td>Alison Phinney</td>
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<td>OC153B Care of Alzheimer’s patients in the Middle East</td>
<td>A Aybad</td>
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</tbody>
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### Parallel Session – Future treatments and diagnosis

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>14:00 - 15:30</td>
<td>OC021 The experiences of radiopharmaceuticals for Alzheimer’s disease in Taiwan</td>
<td>Kang-Wei Chang</td>
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<td>OC022 Validation of a novel blood test for the early detection of Alzheimer’s disease - challenges with an ‘imperfect gold standard’</td>
<td>Anders Lönneborg</td>
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<tr>
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<td>OC023 Improving general practice diagnosis of dementia</td>
<td>Henry Brodaty</td>
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<td>OC024 Intranasal delivery of insulin for the restoration of memory signalling in Alzheimer’s disease</td>
<td>Pankaj Dwivedi</td>
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</tbody>
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**Parallel Session – Future treatments and diagnosis**

**Chair:** Henry Brodaty, Vasileios Kokkas

**Location:** Olympia Hall A
Thursday 11 March 2010

OC025  Hee-Won Park  Crystal structures of jnk-interacting protein 1 and kinesin-1 light chain subunit: insights into molecular interactions with amyloid precursor protein

OC026  Samuel T Henderson  Ketone bodies as a therapeutic for Alzheimer’s disease

OC027  Lu Gao  Accuracy of death certification of dementia in a community sample of older people

OC027B  John D. Papatriantafyllou  Difficulties in detecting behavioral symptoms of frontotemporal lobar degeneration across cultures

Parallel Session 4 – Activities of Greek branches of Alzheimer’s Federation, all over Greece.

14:00-15:30

Andrianaki Lina  Association of Alzheimer’s disease and related disorders Athens Εταιρεία Νόσου Alzheimer και Συναφών Διαταραχών Αθηνών
Kounti Fotini  Activities of the Association Alzheimer’s disease and related disorders, Kalamaria Δραστηριότητες της Εταιρείας Νόσου Alzheimer και Συναφών Διαταραχών Καλαμαριάς
Tzanakaki Maria  Activities of the association of Alzheimer’s disease, Chania Δραστηριότητες της Εταιρείας Νόσου Alzheimer στα Χανιά
Michailidou Peny  Voluntarism and problems of Alzheimer’s association in the city of Xanthi Εθελοντισμός και προβλήματα της Εταιρείας Αλμπερτσερς στην πόλη της Ξάνθης
Kordelas Apostolos  Services of the care unit of Alzheimer disease Volos Δραστηριότητες Μονάδας Αλμπερτσερς Βόλου
Liapis Aristidis  Greek Association of Alzheimer’s disease and related disorders, Konistres Euboia Ελληνική Εταιρεία Νόσου Alzheimer και Συναφών Διαταραχών, Κονίστρες Εύβοιας
Liapis Aristidis  Institute of Alzheimer, Volos ‘ Saint Sofia’ Ινστιτούτο Αλμπερτσερς Βόλου ‘ Η Αγία Σοφία ’
## Parallel Session – Multidisciplinary approach of dementia

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
<th>Topic</th>
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<tbody>
<tr>
<td>14:00 - 15:30</td>
<td>OC030</td>
<td>Louise F McCabe</td>
<td>Sustaining and developing services for people with dementia in Kerala, India</td>
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<td>Διατηρώντας και αναπτύσσοντας υπηρεσίες για άτομα με άνοια στην Kerala, Ινδία</td>
</tr>
<tr>
<td></td>
<td>OC031</td>
<td>David M Ndetei</td>
<td>A rapid situation assessment (RSA) of the needs of elderly people (65+) care-givers in urban community informal (slum) settings in Nairobi, Kenya</td>
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<td>Αξιολόγηση ταχεία των αναγκών των περιθαλπόντων ηλικιωμένων ατόμων (65+) σε ένα φτωχό αστικό περιβάλλον στο Nairobi, Kenya</td>
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<td>OC032</td>
<td>Sabine Jansen</td>
<td>Living alone with dementia</td>
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<td>Ζώντας μόνος με άνοια</td>
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<td>OC033</td>
<td>Jenny H La Fontaine</td>
<td>Dementia care advisers: an evaluation of the Worcestershire experience</td>
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<td>Σύμβουλοι περίθαλψης άνοιας: εκτίμηση της εμπειρίας στο Worcestershire</td>
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<td>OC034</td>
<td>Miao Yu Liao</td>
<td>Patient-centered dementia group home</td>
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<td>Ομαδικά σπίτια άνοιας προσανατολισμένα στον ασθενή</td>
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<td>OC035</td>
<td>Spyros P Kasidiaris</td>
<td>Cognitive function of elderly people in an open protection frame—correlation of findings with the results on people’s efficiency</td>
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<td>Νοητική λειτουργία ηλικιωμένων σε ένα πλαίσιο ανοιχτής προστασίας—συσχετισμός των ευρημάτων με τα αποτελέσματα της αποδοτικότητας των ατόμων</td>
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# Programme

**Thursday 11 March 2010**

## ADI Workshop - Arts & dementia
**Ημερίδα ADI - Τέχνη και Άνοια**

**Chair:** Marc Wortmann  
**Location:** Ilida Room

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>14:00 - 15:30</td>
<td>WS2 Konfetti im Kopf - a photographic awareness campaign</td>
<td>Michael Hagedorn</td>
</tr>
<tr>
<td>15:30 - 16:30</td>
<td>OC037 My self, my loved one and our group – support groups for people in the early stages of AD</td>
<td>Michal K Herz</td>
</tr>
<tr>
<td>16:00 - 17:30</td>
<td>OC038 Case study: Dietary intervention using coconut oil to produce mild ketosis in a 58 year old APOE e4+ male with early onset Alzheimer’s disease</td>
<td>Mary T Newport</td>
</tr>
<tr>
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<td>OC039 Effectiveness of a stress management program for Greek caregivers of patients attending a dementia day care center: a pilot study</td>
<td>Areti L Efthymiou, Athina L. Efthymiou</td>
</tr>
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<td>OC040 Early referral for support of dementia caregivers: evaluation of the first link demonstration project</td>
<td>David Harvey</td>
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</table>

## Parallel Session - Non pharmacological interventions
**Παράλληλη συνεδρία - Μη φαρμακολογικές παρεμβάσεις**

**Chairs:** Paraskevi Sakka, Fotini Kounti  
**Location:** Olympia Hall C

<table>
<thead>
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</table>
Thursday 11 March 2010

OC041 Susanna Bergamaschi
Cortical plasticity and Alzheimer’s disease: a study with evoked potentials
Εγκεφαλική πλαστικότητα και Νόσος Alzheimer: μια μελέτη με προκλητή δυναμικά

OC042 Hua-Shan Wu
Spaced-retrieval: a memory intervention for improving eating performance of residents with dementia
Η τεχνική Spaced-retrieval: μια παρέμβαση για την βελτίωση της διατροφικής συμπεριφοράς ατόμων με άνοια

OC043 Franka JM Meiland
Electronic guidance and awareness services for community-dwelling people with dementia and their carers
Υπηρεσίες ηλεκτρονικής καθοδήγησης και ενημέρωσης για τα άτομα που ζουν στην κοινότητα και για τους περιθάλποντες τους

OC044 Christina Agogiatou
Practice of attention and parameters of executive function for patients with mild cognitive impairment (MCI)
Εξάσκηση της προσοχής και παράμετροι εκτελεστικής λειτουργίας για ασθενείς με ήπια νοητική διαταραχή

Anogiannakis Georgios
Telemedicine and clever houses
Τηλεϊατρική και έξυπνα σπίτια

Parallel Session – Supporting & educating carers 1
Παράλληλη συνέδρια - Υποστηρίζοντας και εκπαιδεύοντας τους περιθάλποντες 1
Chairs: Eleni Karkazi, Betty Haralambous
Location: Olympia Hall B

16:00 - 17:30
OC045 Betty Haralambous
The dementia resource guide project
Το πρόγραμμα οδηγός πόρων για την άνοια

OC046 Pieter M Heyns
Does a caregiver has a future?
Έχει ένας περιθάλποντας μέλλον;

OC047 Jo-Ann T Brown
Australian quality support groups project
Το πρόγραμμα της Αυστραλίας για ποιοτικές ομάδες υποστήριξης

OC048 Miriam Maldonado
Caregiver education: supporting the family caregiver through flexible sponsored training
Εκπαίδευση των περιθαλπόντων: υποστήριξη των περιθαλπόντων μέσω ευέλικτης επιχορηγουμένης εκπαίδευσης

OC050 Mei-Chun Lin
“Learning from experience”: caring for people with dementia
Μαθαίνοντας από την εμπειρία: φροντίζοντας ανθρώπους με άνοια

OC051 Nirmala M Narula
Promotion of high ideal volunteerism
Προώθηση εθελοντισμού υψηλών προδιαγραφών

OC052 Jocelyne De Rotrou
Combined interventions in dementia for patients and caregivers. results of aidma: a French controlled study
Συνδυαστικές παρεμβάσεις στην άνοια για ασθενείς και περιθάλποντες, αποτελέσματα της aidma: γαλλική μελέτη
Thursday 11 March 2010

OC053 Francesca Neviani

The Italian version of the carer’s needs assessment for dementia (CNAD): psychometric properties and influence of patients/carer characteristics on answer profiles.

OC054 Veronika Vakhapova

Phosphatidylserine containing omega-3 fatty acids may improve memory abilities in non-demented elderly with memory complaints: a double blind placebo-controlled trial

OC055 Chrysi Koliaki

The effect of Aniracetam, either as monotherapy or combined with cholinesterase inhibitors, on neuropsychological findings of patients with dementia in different stages. (data from the Greek amnesia study): aniracetam monotherapy compared with cholinesterases inhibitors.

OC056 Georg Adler

Prediction of treatment response to Rivastigmine in Parkinson’s disease dementia

OC057 Jim Jackson

Will translational research help find a cure for Alzheimer’s disease? Θα βοηθήσει η μεταφραστική έρευνα να βρεθεί μια θεραπεία για την Νόσο Alzheimer;

OC058 Vasileios T Papaliagkas

Anticholinergic drugs in elderly people: study of an Alzheimer’s day centre

OC059 Harish C. Pant

The cyclin dependent kinase 5 inhibitor (cip) reduces aβ1-42 and p25/cdk5-mediated tau hyperphosphorylation and apoptosis in neurons

OC059B Giovanni Frisoni

Alzheimer’s Disease - New Treatments and Diagnosis

OC060 Frank Pistoor

A new Medical Food (Souvenaid) in AD Νέα Ιατρική διατροφή (Souvenaid) στην NA
## Thursday 11 March 2010

### Parallel Session – Greek Parallel session : National Strategic Reference Framework 2007-2013

**Ελληνική παράλληλη συνεδρία –Εθνικό Στρατηγικό Πλαίσιο Αναφοράς 2007-2013**

**Chairs:** Magda Tsolaki, Paraskevi Sakka  
**Location:** Grand Ballroom 2

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<thead>
<tr>
<th>Time</th>
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<tr>
<td>16:00 - 17:30</td>
<td>Mniestris Nikos</td>
<td>National Strategic Reference Framework 2007-2013</td>
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<td>Εθνικό Στρατηγικό Πλαίσιο Αναφοράς 2007-2013</td>
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### Parallel Session– Neuropsychology & dementia

**Παράλληλη συνεδρία - Νευροψυχολογία και άνοια**

**Chairs:** Tessa Christodoulou, Ilia Theotoka  
**Location:** Kallipatira

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<tr>
<td>16:00 - 17:30</td>
<td>OC062 Fofi Constantinidou</td>
<td>Quality of life, years of education and neuropsychological performance in older adults</td>
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<td>Ποιότητα ζωής, έτη εκπαίδευσης και νευροψυχολογική επίδοση σε ηλικιακά μεγαλύτερους ενήλικες</td>
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<td>OC063 Manveen Kaur</td>
<td>Efficacy of cholinesterase inhibitors on neuropsychiatric symptoms of dementia- a Malaysian experience.</td>
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<td>Δραστικότητα των αναστολέων χολινεστεράσης σε νευροψυχιατρικά συμπτώματα της άνοιας – μια Μαλαισιανή εμπειρία</td>
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<td>OC064 Eleni Tsantali</td>
<td>The overlearned past knowledge in non demented, MCI and demented participants as a factor of differential diagnosis</td>
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<td>Η γνώση των προηγούμενων ετών σε φυσιολογικούς ηλικιωμένους, ΗΝΔ και ασθενείς με άνοια ως παράγοντας διαφορικής διάγνωσης</td>
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<td>OC065 Rikus Van der Poel</td>
<td>Challenges in clinical interviewing and cognitive assessment in a rural South African community.</td>
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<td>Προκλήσεις στην κλινική συνέντευξη και την νοητική αξιολόγηση σε μια αγροτική κοινότητα της βορείου Αφρικής</td>
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<td></td>
<td>OC066 Tessa Christodoulou</td>
<td>Neuropsychological measures in differentiating between mild cognitive impairment (MCI) and Alzheimer’s disease (AD)</td>
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<td>Τέσσα Χριστοδούλου</td>
<td>Νευροψυχολογικές μετρήσεις στη διαφορική διάγνωση μεταξύ ήπιας νοητικής διαταραχής και Νόσου Αλζιέρ</td>
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### Thursday 11 March 2010

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<th>Session</th>
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<tr>
<td>OC067D</td>
<td>Evanthia Stefanatou</td>
<td>Promotion of health and education: The role of school to crisis management and to the possible prevention of Alzheimer disease. Προώθηση της υγείας και της εκπαίδευσης. Ο ρόλος του σχολείου στην διαχείριση κρίσεων και στην πιθανή πρόληψη της Νόσου Alzheimer</td>
</tr>
<tr>
<td>OC067E</td>
<td>Christos Lionis</td>
<td>An effective Greek Health care delivery model for families with a patient suffering from dementia based on the experience gained from rural Crete. Ένα αποτελεσματικό πρότυπο φροντίδας υγείας για τις οικογένειες με ασθενείς με άνοια σε αγροτική περιοχή της Κρήτης</td>
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**ADI Workshop - 10/66 Dementia research group**

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<tr>
<td>16:00 - 17:30</td>
<td>Martin Prince</td>
<td>Interventions in Primary Care</td>
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**Evening Symposium – “Nutrition and Health”**

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<tr>
<th>Time</th>
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<tr>
<td>18:00 - 19:00</td>
<td>Nancy Emerson Lombardo</td>
<td>Food, diet &amp; brain healthy eating</td>
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<td>Frank Pistoor</td>
<td>The science of nutrition</td>
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Friday 12 March 2010

08:00  Registration opens
Έναρξη εγγραφών

Special IASSID Academy Workshop– Dementia and Adults with Intellectual Disabilities
Ειδική Ημερίδα IASSID - Άνοια και Ενήλικες με Νοητική Υστέρηση
Chairs: Matthew P. Janicki, Angela Hassiotis
Location: Ilida

08:30  Matthew P. Janicki  Overview of basic issues
Περίληψη βασικών θεμάτων

09:00  John Tsiouris  Psychiatric and behavioral factors in dementia and ID
Ψυχιατρικοί και συμπεριφορικοί παράγοντες στην άνοια και στη νοητική υστέρηση

10:00  Tea, coffee, posters & exhibition
Τσάι, καφές, posters & έκθεση

10:30  Angela Hassiotis  Caregiver and local services factors in dementia and ID
Τοπικές υπηρεσίες και περιθάλποντες στην άνοια και στη νοητική υστέρηση

11:45  Roy Brown  Quality of life factors
Παράγοντες ποιότητας ζωής

12:15  Questions & Answers

12:30 - 14:00  Lunch, exhibition & posters
Γεύμα, έκθεση και posters

Plenary session– Non pharmacological interventions
Ολομέλεια - Μη φαρμακολογικές παρεμβάσεις
Chairs: Mary Mittelman, Wendy Fleming
Location: Olympia Hall

09:00  Presentation of the Fondation Médéric Alzheimer and ADI award on psychosocial research
Παρουσίαση των βραβείων για την ψυχοκοινωνική έρευνα

09:10  Esme Moniz-Cook  Psychosocial Interventions
Ψυχοκοινωνικές παρεμβάσεις

09:40  Mary Mittelman  From Efficacy to Effectiveness: Translating the NYU Caregiver Intervention from Research to Practice Settings
Από την δραστικότητα στην αποτελεσματικότητα : Μεταφράζοντας την παρέμβαση NYU σε περιθάλποντες από έρευνα σε πρακτική

10:10  Robert Woods  Psychological interventions with people with dementia
Ψυχολογικές παρεμβάσεις σε άτομα με άνοια

10:30 - 11:00  Tea, coffee, posters & exhibition
Τσάι, καφές, posters & έκθεση
Friday 12 March 2010

**Plenary session – Can we prevent Alzheimer’s disease?**

**Oλομέλεια - Μπορούμε να αποτρέψουμε την Νόσο Alzheimer**

**Chairs:** Henry Brodaty, George Anogiannakis

**Location:** Olympia Hall

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<thead>
<tr>
<th>Time</th>
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<th>Topic</th>
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<tbody>
<tr>
<td>11:00</td>
<td>Michael Valenzuela</td>
<td>Can physical and mental exercise prevent cognitive decline? Μπορεί η φυσική και νοητική άσκηση να εμποδίσει την νοητική πτώση;</td>
</tr>
<tr>
<td>11:20</td>
<td>Kountouras Jannis</td>
<td>Helicobacter pylori &amp; neurodegenerative diseases Ελικοβακτηρίδιο του πυλωρού και νευροεκφυλιστικά νοσήματα</td>
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<tr>
<td>11:40</td>
<td>Barry Reisberg</td>
<td>The prevention working group of ADI Η ομάδα εργασίας πρόληψης της ADI</td>
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<tr>
<td>12:00</td>
<td>Paul Francis, Angela Clayton-Turner</td>
<td>Brain donation by people with dementia and carers Δωρεά εγκεφάλου από ασθενείς με άνοια και τους περιθάλποντές τους</td>
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</table>

**Lunchtime Symposium – Caregiver insights into optimal dementia management**

This session was made possible by Novartis

**Chairs:** TBC

**Location:** Grand Ballroom 2

This symposium will examine caregivers’ perspectives on the day-to-day management of dementia. The programme will include recent recommendations for optimal patient care – including the role of the caregiver – and caregiver perspectives on dementia management and current treatments for dementia.

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<tr>
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<tr>
<td>12:30 - 13:30</td>
<td>Magda Tsolaki</td>
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<td>13:30 - 14:00</td>
<td>Pablo Martinez-Lage</td>
<td>Title TBC</td>
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**Parallel Session - Non pharmacological interventions 2**

**Παράλληλη συνεδρία - Μη φαρμακολογικές παρεμβάσεις 2**

**Chairs:** Nancy B Emerson Lombardo, Nori Graham

**Location:** Olympia Hall C

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<tr>
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<tbody>
<tr>
<td>14:00 - 15:30</td>
<td>OC068 Li-Chan Lin</td>
<td>The efficacy of spaced retrieval and Montessori methods in managing eating difficulties for residents with dementia Η αποτελεσματικότητα των προγραμμάτων spaced retrieval και Montessori στην αντιμετώπιση των προβλημάτων σίτισης των ασθενών με άνοια</td>
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<tr>
<td>OC069</td>
<td>Wen-Yun Y Cheng</td>
<td>Application effects of walking program for cognitively impaired elders in Taiwan long-term care facility Αποτελεσματικότητα του προγράμματος «περπάτημα» για τους ασθενείς με νοητικά προβλήματα σε υπηρεσίες μακροχρόνιας φροντίδας</td>
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Friday 12 March 2010

**OC071**  
Evdokia Nikolaidou  
Eudokia Nikolaidou  
Practice of linguistic skills: cognitive training intervention in patients with mild cognitive impairment  
Επέδραση του προγράμματος γυμναστικής “fit as a fiddle” στη φυσική κατάσταση, στη συμπεριφορά και στη διάθεση ηλικιωμένων με άνοια σε Ψυχογηριατρική Κλινική.

**OC072**  
Georgia Batsila  
Γεωργία Μπατσίλα  
Cognitive training programme through musical stimuli: a non pharmaceutical cognitive training intervention in patients with mild dementia  
Πρόγραμμα νοητικής εκπαίδευσης μέσω μουσικών ερεθισμάτων: μια μη φαρμακολογική παρέμβαση νοητικής εκπαίδευσης σε ασθενείς με άνοια

**OC073**  
Aikaterini Soumpourou  
Αικατερίνη Σούμπουρου  
Orientation in current events: a cognitive stimulation and training intervention for patients with MCI  
Προσανατολισμός στην επικαιρότητα: μια παρέμβαση νοητικής διέγερσης και εκπαίδευσης για ασθενείς με ήπια νοητική διαταραχή

**OC074**  
Nancy B Emerson Lombardo  
Nutritional supplement combination therapy improves cognition in 3xtg mice will be tested in cognitively normal adults.  
Ο συνδυασμός θεραπείας με συμπληρώματα διατροφής που βελτιώνει τις νοητικές λειτουργίες στα διαγονιδιακά ποντίκια 3xtg με NA θα χορηγηθεί σε φυσιολογικούς νοητικά ηλικιωμένους

**OC075**  
Stavros C Zafeiropoulos  
Σταύρος Ζαφειρόπουλος  
Computer based cognitive training for patients with mild cognitive impairment (MCI)  
Νοητική εκπαίδευση βασισμένη σε υπολογιστές για ασθενείς με ήπια νοητική διαταραχή

**Parallel Session – Quality of life 2**  
Παράλληλη συνεδρία - Ποιότητα ζωής 2

**Chair:** Andreas Solias  
**Location:** Olympia Hall B

**14:00 - 15:30**

**OC076**  
Ioanna C Tsokanari  
Ιωάννα Τσοκανάρη  
Forms of ageing, needs and dependency: public policies and the informal sector  
Μορφές γήρανσης, ανάγκες και εξάρτηση: δημόσιες πολιτικές και ο ιδιωτικός τομέας.

**OC077**  
Jenny H La Fontaine  
Managing together an exploration of the family experience of managing the impact of dementia upon the relationship between grandparents and their grandchildren  
Εξερεύνηση της οικογενειακής εμπειρίας χειρισμού του αντίκτυπου της άνοιας στην σχέση μεταξύ των παππούδων/γιαγιάδων και των εγγονών τους

**OC078**  
Eleni Margioti  
Ελένη Μαργιώτη  
Caregivers’ opinion on current status of AD medication in Greece  
Η γνώμη των περιθαλπόντων για την τρέχουσα φαρμακευτική αγωγή της άνοιας Αλツheimer στην Ελλάδα
Programme

**Friday 12 March 2010**

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<tr>
<td>OC079</td>
<td>Occupational therapy and people with dementia in care homes</td>
<td>Martin Orrell</td>
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<tr>
<td>OC080</td>
<td>Dental status in patients with moderate and severe dementia</td>
<td>Evgenia S Gavropoulou</td>
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<td>OC081</td>
<td>The French Alzheimer national plan and the calliope web service</td>
<td>Nathalie Texier</td>
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<td>OC083</td>
<td>Jack - quality of life in dementia care</td>
<td>Anne R Kelly</td>
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<td>OC084</td>
<td>Better not face the facts? increased awareness predicts reduced</td>
<td>Katja Werheid</td>
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<td>motivation for cognitive training in mild cognitive impairment</td>
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<td>Effect of multi-component rehabilitation program on cognitive</td>
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<td>Thekla Chatziadamidou</td>
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<td>Hanumanthachar Joshi</td>
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<td>memoris in animal models relevant to Alzheimer’s disease</td>
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**Parallel Session – Mild cognitive impairment**

**Παράλληλη συνέδρια - Έπια νοητική διαταραχή**

Chair: Pieter Jelle Visser, Vasileios Vagenas
Location: Olympia Hall A

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<td>OC084</td>
<td>Better not face the facts? increased awareness predicts reduced</td>
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Friday 12 March 2010

OC089  Wen-Chuin Hsu  Reduced diffusion anisotropy and functional connectivity in patients of amnestic mild cognitive impairment: a MRI study

OC090  Ifeoma A Modebe  Subjective complaints of memory loss in older adults in south eastern Nigeria- a Nigeria 1066 report.

OC090B  Shubhangi K Pingle  Intervention of potential biomarkers of occupational health diseases in miners

Parallel Session – Greek Parallel Session Interscientific co-operation in supporting life-long education for the care of aged persons who suffer from dementia in Nursing Homes for the elderly

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PROGRAMME

Friday 12 March 2010

Gaitanou Viktoria
Γαϊτάνου Βικτώρια
Creation of relationship which forms awareness and life-style for small children.
Δημιουργία σχέσης που διαμορφώνει συνειδήσεις και τρόπο ζωής για τα μικρά παιδιά.

Sarelli-Tabaki Mersina
Σαρέλλη-Ταμπάκη Μερσίνα
The aged persons of the Nursing Home for the Elderly, an open embrace for the young persons with disfunctional or non-existent families.
Οι ηλικιωμένοι της Μονάδας Φροντίδας Ηλικιωμένων Ανοιχτή αγκαλιά για τους νέους με δυσλειτουργικές ή ανύπαρκτες οικογένειες

Parallel Session – Ethical issues
Παράλληλη συνέδρια - Ηθικά ζητήματα
Chair: Kostas Petsanis, Dimitrios Priftis
Location: Kallipatira

14:00 - 15:30
OC091 Vanessa Lawrence Improving end of life care for people with dementia: building on the experiences of family members and care professionals
Βελτιώνοντας την περίθαλψη κατά τα τελευταία στάδια της ζωής ατόμων με άνοια: οικοδομώντας πάνω στις εμπειρίες μελών οικογένειας και επαγγελματιών περίθαλψης

OC092 Kathryn Cunningham Dementia and palliative care - a community organisations role in supporting end of life
Άνοια και ανακουφιστική περίθαλψη – ο ρόλος των σωματίων της κοινότητας στην υποστήριξη των τελευταίων σταδίων ζωής

OC093 Lilia Mendoza Ethical issues
Ηθικά ζητήματα

OC094 Kees Blankman Self appointed representatives for persons with ad in Europe
Αυτοδιορισμένοι αντιπρόσωποι για άτομα με ad στην Ευρώπη

OC097 Federico Palermiti Rights of people with dementia in nursing homes: a French national survey
Τα δικαιώματα των ατόμων με άνοια σε θεραπευτήρια : μια γαλλική εθνική έρευνα

OC097B Luiza Spiru Nature & nurture dimensions of Alzheimer’s prevention
Κληρονομικότητα και ανατροφή ως διαστάσεις της πρόληψης της Νόσου Alzheimer

ADI Workshop - Making dementia a global health priority
Ημερίδα ADI - Μετατρέποντας την άνοια σε μια παγκόσμια προτεραιότητα υγείας
Chair: Jim Jackson
Location: Ilida

This workshop will contain an interactive session, with participants setting goals, developing targets and creating an advocacy checklist.

14:00 - 15:30
WS5 Michael J Splaine Making the difference through advocacy
Κάνοντας την διαφορά μέσω της υπεράσπισης
## Programme

### Friday 12 March 2010

<table>
<thead>
<tr>
<th>Session Code</th>
<th>Speaker/Panel</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>WS6</td>
<td>Frank J Schaper</td>
<td>Through the looking glass ... inventing a new organisational future</td>
</tr>
<tr>
<td>WS7</td>
<td>Debbie Benczkowski</td>
<td>Rising tides: the impact of dementia in Canada 2008 – 2038</td>
</tr>
<tr>
<td>WS8</td>
<td>Vassiliki Siapera</td>
<td>The Greek National Strategic Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30 - 16:00</td>
<td>Tea, coffee, exhibition &amp; posters</td>
</tr>
</tbody>
</table>

#### Parallel Session - Non pharmacological interventions 3

**Chair:** Fotini Kounti, Barry Reisberg

**Location:** Olympia Hall C

<table>
<thead>
<tr>
<th>Session Code</th>
<th>Speaker/Panel</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC102</td>
<td>Frans Waldorff</td>
<td>Multifaceted psycho-social intervention for patients with mild alzheimer’s disease and their primary caregivers (daisy study): a rater-blinded, randomized controlled trial with 36 months follow-up</td>
</tr>
<tr>
<td>OC098</td>
<td>Timothy Kwok</td>
<td>The effects of cognitive training in older adults: a randomized controlled trial</td>
</tr>
<tr>
<td>OC099</td>
<td>Nomiki Karpathiou</td>
<td>Workshop: use of multimedia in reminiscence program of a day care center</td>
</tr>
<tr>
<td>OC100</td>
<td>Fotini Kounti</td>
<td>Cognitive motion therapy: a non pharmacological cognitive training intervention in patients with mild cognitive impairment (MCI)</td>
</tr>
<tr>
<td>OC101</td>
<td>Juanita Hoe</td>
<td>Development of the maintenance cognitive stimulation therapy manual</td>
</tr>
<tr>
<td>OC103</td>
<td>Eleni Poptsi</td>
<td>Non pharmacological therapy of guided mental imagery for patients with mild cognitive impairment (MCI)</td>
</tr>
<tr>
<td>OC104</td>
<td>Fotini Kounti</td>
<td>Comparison of seven different cognitive training programs in MCI patients</td>
</tr>
</tbody>
</table>
### Programme

#### Friday 12 March 2010

<table>
<thead>
<tr>
<th>OC105</th>
<th>Nancy B Emerson Lombardo</th>
<th>Memory preservation nutrition intervention in assisted living and long term care: clinical practice report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Διατροφική παρέμβαση διατήρησης μνήμης στην υποστηριζόμενη διαβίωση και την μακρόχρονη περίθαλψη: αναφορά κλινικής πρακτικής</td>
</tr>
</tbody>
</table>

**Parallel Session – Supporting and educating carers 2**

**Παράλληλη συνεδρία - Υποστηρίζοντας και εκπαιδεύοντας τους περιθάλποντες 2**

**Chairs:** Karagiozi Kostantina, Maria Egezarova

**Location:** Olympia Hall B

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:00 - 17:30</td>
<td>Hefziba Lifshitz</td>
<td>Mediation between staff and adults with intellectual disability with Alzheimer disease as a means of enhancing their daily functioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Μεσολάβηση ανάμεσα στο προσωπικό και ενήλικους με νοητική αναπηρία και Νόσο Alzheimer ως μέσο ενίσχυσης της καθημερινής τους λειτουργίας</td>
</tr>
<tr>
<td></td>
<td>Lizanle De Jager</td>
<td>An evaluation report of a training course for caregivers of people challenged with dementia</td>
</tr>
<tr>
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<td></td>
<td>Αναφορά αξιολόγησης ενός εκπαιδευτικού προγράμματος για περιθάλποντες ατόμων με άνοια</td>
</tr>
<tr>
<td></td>
<td>Kazuko T Hiyoshi</td>
<td>BPSD of a patient related to burden of family caregivers in Japan</td>
</tr>
<tr>
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<td></td>
<td>Τα συμπεριφορικά και ψυχολογικά συμπτώματα άνοιας (BPSD) των ασθενών σε σχέση με την επιβάρυνση των περιθαλπόντων, στην Ιαπωνία</td>
</tr>
<tr>
<td></td>
<td>Vasiiliki Orgeta</td>
<td>Assessing psychological distress in caregivers of people with dementia: beyond the single severity score</td>
</tr>
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<td>Αξιολογώντας το ψυχολογικό στρες σε περιθάλποντες ατόμων με άνοια: πέρα από μία κλίμακα βαρύτητας</td>
</tr>
<tr>
<td></td>
<td>Marion Villez</td>
<td>Preserving intergenerational and family ties, in spite of dementia</td>
</tr>
<tr>
<td></td>
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<td>Διατηρώντας τους οικογενειακούς δεσμούς και τους δεσμούς μεταξύ των γενεών παρά την άνοια</td>
</tr>
<tr>
<td></td>
<td>Shaheen Ahmad</td>
<td>Who volunteers to be a peer supporter for family carers of people with dementia?: findings from the shield-csp pilot</td>
</tr>
<tr>
<td></td>
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<td>Ποιος δηλώνει εθελοντικά υποστηρικτής των περιθαλπόντων ατόμων με άνοια; Ευρήματα από το πιλοτικό πρόγραμμα shield-csp</td>
</tr>
<tr>
<td></td>
<td>Sanda Samitca</td>
<td>Reconciling work and care for a parent suffering from Alzheimer’s disease in Portugal</td>
</tr>
<tr>
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<td>Διευθετώντας την εργασία και την περίθαλψη για έναν γονέα που υποφέρει από την Νόσο Alzheimer, στην Πορτογαλία</td>
</tr>
<tr>
<td></td>
<td>Teresa B.K. Tsien</td>
<td>Strengths-based approach to understanding family caregiving for people with dementia: an interpretative phenomenological analysis</td>
</tr>
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<td>Μια προσέγγιση βασισμένη στις δυνάμεις για την κατανόηση της περίθαλψης από την οικογένεια ατόμων με άνοια: μια μεταφραστική φαινομενολογική ανάλυση</td>
</tr>
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[www.adi2010.org](http://www.adi2010.org)
## Programme

### Friday 12 March 2010

**Parallel Session – Prevention & public health**  
**Παράλληλη συνεδρία - Πρόληψη και δημόσια υγεία**

**Chairs:** Vasilis Vagenas, Marc Wortmann  
**Location:** Olympia Hall A

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Speakers</th>
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</thead>
<tbody>
<tr>
<td>16:00 - 17:30</td>
<td>OC115</td>
<td>Poor vision and treatment of visual disorders affect the risk of late-life dementia</td>
<td>Mary A M Rogers</td>
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<tr>
<td></td>
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<td>Η κακή όραση και η θεραπεία οπτικών διαταραχών επηρεάζουν τον κίνδυνο άνοιας σε μεγάλη ηλικία</td>
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<tr>
<td></td>
<td>OC116</td>
<td>Workshop: memory groups for healthy elderly; structure, implementation and preliminary results.</td>
<td>Eleni Margioti</td>
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<td>Εργαστήριο: ομάδες μνήμης για υγιείς ηλικιωμένους; δομή, εφαρμογή και προκαταρκτικά αποτελέσματα.</td>
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<td></td>
<td>OC117</td>
<td>Prevention, an essential factor in the work of the Alzheimer society of Finland</td>
<td>Sirpa Granö</td>
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<tr>
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<td>Η πρόληψη, ένας σημαντικός παράγοντας στην εργασία της εταιρείας Alzheimer της Φινλανδίας</td>
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<td></td>
<td>OC118</td>
<td>Cognitive performance screening project in a population of urban dwelling elderly people.</td>
<td>Paraskevi Sakka</td>
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<td>Πρόγραμμα ελέγχου νοητικής απόδοσης σε έναν πληθυσμό ηλικιωμένων κατοίκων αστικής περιοχής.</td>
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<td></td>
<td>OC119</td>
<td>Improving multicultural dementia care in a western society</td>
<td>Nienke van Wezel</td>
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<td>Βελτιώνοντας την πολυπολιτισμική περίθαλψη της άνοιας σε μια δυτική κοινωνία</td>
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<tr>
<td></td>
<td>OC120</td>
<td>Is case management effective for home support for people with dementia: a systematic review</td>
<td>Sandeep Sandhu</td>
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<tr>
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<td>Είναι η διαχείριση περιστατικού αποτελεσματική για την κατ’ οίκον υποστήριξη σε άτομα με άνοια; Συστηματική ανασκόπηση</td>
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<td></td>
<td>OC121</td>
<td>Unmet needs in residential homes, comparing persons with and without dementia</td>
<td>Hein PJ van Hout</td>
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<td>Ανάγκες που δεν ικανοποιούνται σε αστικούς οικισμούς, συγκρίνοντας άτομα με και χωρίς άνοια</td>
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<td>OC122</td>
<td>National programme integrated dementia care</td>
<td>Julie Meerveld</td>
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<td>Εθνικό πρόγραμμα ολοκληρωμένης περίθαλψης άνοιας</td>
<td></td>
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</tbody>
</table>
**Friday 12 March 2010**

**Programme**

### Parallel Session – Greek Parallel session: Alzheimer’s Disease spectrum issues in low and middle-low income municipalities in Attica Greece

**Ελληνική παράλληλη συνεδρία – Προβλήματα σε σχέση με την ΝΑ σε Δήμους με άτομα με χαμηλό ή μέσο προς χαμηλό εισόδημα στον Νομό Αττικής στην Ελλάδα**

**Chairs:** Nikolaos Degleris, Antonios Politis

**Location:** Grand Ballroom 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:00 - 17:30</td>
<td>OC122B</td>
<td>Nikolaos E. Degleris&lt;br&gt;Nikόλαος Ε. Δέγλερης&lt;br&gt;Andreas Solias&lt;br&gt;Ανδρέας Σόλιας</td>
<td>Cognitive Deficits in Alzheimers’ spectrum disorders&lt;br&gt;Νοητικές Διαταραχές σε όλο το φάσμα της εξέλιξης της ΝΑ&lt;br&gt;The annotated MMSE median score by Age and Educational Level (The Ilion – Byron – Heliopolis Municipality Hellenic Study)&lt;br&gt;Πρότυπη Στάθμιση του MMSE με βάση την επεξεργασία των υποσυνόλων των διαμέσων ηλικίας και εκπαίδευσης. (ψυχοεπιδημιολογική μελέτη στους Δήμους Ιλίου, Βύρωνα, Ηλιούπολης).&lt;br&gt;Behavioral problems in dementia&lt;br&gt;Συμπεριφορικά προβλήματα στην άνοια&lt;br&gt;Hellenic on-line society of Alzheimer’s&lt;br&gt;Ελληνική Κοινωνία για την ΝΑ στο διαδίκτυο</td>
</tr>
<tr>
<td>16:00 - 17:30</td>
<td>OC090C</td>
<td>Anna Papadopoulou&lt;br&gt;Άννα Παπαδοπούλου</td>
<td>The novel human caveolin 1 gene upstream purine complex and late-onset Alzheimer’s disease.</td>
</tr>
</tbody>
</table>
Programme

Friday 12 March 2010

OC126D Filia Makedon

ZPLAY: An Intelligent Human Computer Interface System for AD Assessment and Intervention
ZPLAY: Έξυπνο Ανθρώπινο Ηλεκτρονικό Σύστημα για την εκτίμηση και αποκατάσταση ασθενών με άνοια

ADI Workshop - Involving people with dementia in Alzheimer associations
Ημερίδα ADI - Εμπλέκοντας τα άτομα με άνοια σε συλλόγους Alzheimer
Chairs: Carolyn Popham, Vassiliki Pattakou
Location: Iliada

16:00 - 17:30

WS9 Lynda Hogg and Maureen Thom
The voice of people with dementia: a personal odyssey
Η φωνή των ατόμων με άνοια: μια προσωπική Οδύσσεια

WS10 Sherry Dupuis
Mobilizing authentic partnerships with persons living with memory loss
Κινητοποιώντας αυθεντικές συνεργασίες με άτομα τα οποία ζουν με την απώλεια μνήμης

WS11 Marin Sewell
The voice of people with dementia
Η φωνή των ανθρώπων με άνοια

WS12 Ryu Yoshino and Yoko Mizutani
Creating participation and relation for people with dementia in Japan
Δημιουργώντας συμμετοχή και σχέση για τα άτομα με άνοια στην Ιαπωνία

WS13 Peter Ashley and Suzanne Wightmann
Life History “Portrait of a life”
Ιστορία Ζωής «Πορτραίτο μια Ζωής»

Greek Evening Symposium
Evening Symposium – Current therapeutic challenges in Alzheimer’s Disease and Mild Cognitive Impairment
Απογευματινό συμπόσιο - Σύγχρονη θεραπευτική προσπέλαση της νόσου Alzheimer και της Ήπιας Νοητικής Διαταραχής: Κοινό πεδίο δράσης για Νευρολογία και Εσωτερική Παθολογία
This session is made possible by IASIS
Chair: Magda Tsolaki, Nicholas Katsilambros
Location: Olympia Hall A

18:00 - 19:00

George Georgiadis
Γεώργιος Γεωργιάδης
Overview of Alzheimer’s Disease as a major cause of morbidity in the primary and secondary care setting
Ανασκόπηση της νόσου Alzheimer ως μείζον αίτιο νοσηρότητας στην πρωτοβάθμια και δευτεροβάθμια περίθαλψη

Konstantinos Vadikolias
Κωνσταντίνος Βαδικόλιας
Overview of Vascular Dementia and Mild Cognitive Impairment: epidemiology, diagnosis, prognostic biomarkers, therapeutic strategies
Ανασκόπηση της Ήπιας Νοητικής Διαταραχής και της Αγγειακής Άνοιας: επιδημιολογία, διάγνωση, προγνωστικοί βιοδείκτες, θεραπευτική προσπέλαση

Magda Tsolaki
Μάγδα Τσολάκη
Current therapeutic challenges and future prospects in Alzheimer’s Disease and Mild Cognitive Impairment
Σύγχρονες θεραπευτικές προκλήσεις και μελλοντικές προοπτικές στη νόσο Alzheimer και την Ήπια Νοητική Διαταραχή
Evening Symposium – “Medicine in view of the latest economic downturn”
Απογευματινό συμπόσιο - Η ιατρική υπό το φως της πρόσφατης οικονομικής ύφεσης
This session is made possible by Specifar
Chair: Magda Tsolaki
Location: Olympia Hall A
19:00 - 20:30
Athanasakis Kostas Αθανασάκης Κώστας
Magda Tsolaki Μάγδα Τσολάκη
Lutz Frolich Λούτζ Φρόλιχ
Macheras Panos Μαχαίρας Πάνος
The Economics of Healthcare: is there a role for generics?
Τα οικονομικά της υγείας: υπάρχει ρόλος για τα γενόσημα?
Greek experience from generic medication in clinical praxis
Η ελληνική εμπειρία των γενόσημων φαρμάκων στην κλινική πράξη
A European experience on the use of generic medication in psychiatry
Η ευρωπαϊκή εμπειρία των γενοσήμων στην Ψυχιατρική
In vivo evaluation of generics focus in clopidogrel
Ιν vivo αξιολόγηση γενόσημων φαρμάκων: έμφαση στην κλοπιδογρέλη

Saturday 13 March 2010
07:15
Registration opens
Έναρξη εγγραφών

Special Session – IASSID Symposium on dementia factors and intellectual disabilities
Ειδική συνεδρία – IASSID Συμπόσιο σχετικά με τους παράγοντες άνοιας και τις διανοητικές αναπηρίες
Chair: Angela Hassiotis, John A. Tsiouris
Location: Ilida Room
07:30 - 09:00
OC127 Antonia MW Coppus Early age at menopause is associated with increased risk of dementia and mortality in women with down syndrome
Εμμηνόπαυση σε μικρή ηλικία συσχετίζεται με αυξημένο κίνδυνο άνοιας και θνησιμότητα σε γυναίκες με σύνδρομο Down
OC128 John A. Tsiouris Ιωάννης Τσιουρής Factors affecting onset of dementia and longevity among adults with down syndrome
Παράγοντες που επηρεάζουν την έναρξη της άνοιας και την μακροβιότητα σε ενηλίκους με σύνδρομο Down
OC129 Matthew P. Janicki Role of Alzheimer’s organizations with respect to aiding families of people with down syndrome
Ο ρόλος των οργανώσεων Alzheimer σε σχέση με την βοήθεια σε οικογένειες ατόμων με σύνδρομο Down
# Programme

## Saturday 13 March 2010

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<thead>
<tr>
<th>Session</th>
<th>Speaker</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC130</td>
<td>Frode K Larsen</td>
<td>Nationwide development programme on ageing in people with intellectual disabilities – to promote research and education on dementia: The Norwegian model</td>
</tr>
<tr>
<td>OC131</td>
<td>Angela Hassiotis</td>
<td>Dementia, service use, and expenditure in intellectual disabilities: results from an epidemiological study</td>
</tr>
<tr>
<td>OC132</td>
<td>Roy I. Brown</td>
<td>Family quality of life outcomes when aging and dementia care are factors for people with intellectual disabilities and their families</td>
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<table>
<thead>
<tr>
<th>Parallel Session</th>
<th>Title</th>
<th>Chair</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC133</td>
<td>Sebastian Voigt-Radloff</td>
<td>WHEDA study: effectiveness of occupational therapy at home for older people with dementia and their caregivers – preliminary results of a pragmatic randomised controlled trial evaluating a Dutch programme in seven German centres</td>
<td>Sabine Jansen, Maria Karagiannidou</td>
</tr>
<tr>
<td>OC134</td>
<td>Marco Blom</td>
<td>Effectiveness of an e-mental health intervention for family caregivers of people with dementia</td>
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<tr>
<td>OC135</td>
<td>Tim Wallace</td>
<td>Outcomes of using a wrist worn GPS location device</td>
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</tr>
<tr>
<td>OC136</td>
<td>Nefeli Markou Νεφέλη Μάρκου</td>
<td>Effectiveness of two different combinations of cognitive intervention in patients with mild cognitive impairment (MCI)</td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMME DETAIL

25th International Conference of Alzheimer’s Disease International (ADI)
25ο Παγκόσμιο Συνέδριο της Alzheimer’s Disease International (ADI)

Programme

Saturday 13 March 2010

<table>
<thead>
<tr>
<th>OC137</th>
<th>Maud Graff</th>
<th>The evaluation of the Dutch community occupational therapy intervention for older people with dementia and caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC137A</td>
<td>Sanna Aavaluoma</td>
<td>Psychosocial support and family psychotherapy in treatment of Alzheimer’s disease</td>
</tr>
<tr>
<td>OC138</td>
<td>Christina C Kadi</td>
<td>Cognitive empowerment programs for healthy elderly in the prefecture of Dodecanese</td>
</tr>
<tr>
<td>OC139</td>
<td>Alexia Kyprioti</td>
<td>Neuropsychiatric interventions in third age in Dodecanese</td>
</tr>
</tbody>
</table>

Parallel Session – Quality of life in dementia 3
Παράλληλη συνεδρία - Ποιότητα ζωής στην άνοια 3

Chair: Glenn Rees, Virginia M Bell
Location: Olympia Hall B

09:00 - 10:30

<table>
<thead>
<tr>
<th>OC140</th>
<th>Andrew Papadopoulos</th>
<th>Implications of the eco-systemic model of well-being upon services and interventions to people with dementia and their families</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC141</td>
<td>Johannes Gräske</td>
<td>Measuring quality of life in dementia care</td>
</tr>
<tr>
<td>OC142</td>
<td>Suvosree Bhattacharya</td>
<td>Generic and disease specific measures of health related quality of life in patients with mild ad.</td>
</tr>
<tr>
<td>OC143</td>
<td>Hannah R Wilkinson</td>
<td>Autobiographical memory, quality of life and psychosocial intervention in dementia care</td>
</tr>
<tr>
<td>OC144</td>
<td>Victoria A Cowap</td>
<td>Supporting lost carers</td>
</tr>
<tr>
<td>OC145</td>
<td>Emmelyne Vasse</td>
<td>Quality indicators for psychosocial intervention in Europe</td>
</tr>
<tr>
<td>OC146</td>
<td>Cathie Borrie</td>
<td>The long hello of Alzheimer’s</td>
</tr>
<tr>
<td>OC147</td>
<td>Virginia M Bell</td>
<td>Creating spiritual connectedness</td>
</tr>
</tbody>
</table>

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Saturday 13 March 2010

Parallel Session– Aetiology and pathology in dementias
Αιτιολογία και νευροπαθολογία στις άνοιες
Chair: Yasmin Raashid, Thanasis Salifoglou
Location: Olympia Hall A

09:00 - 10:30

OC148 Alice Skoumalova
Oxidative stress in blood in Alzheimer disease
Οξειδωτικό στρες στο αίμα στην Νόσο Alzheimer

OC148B Athanasios Salifoglou
In search of molecular etiopathological factors in neurodegenerative processes. Metallotoxin effects on NMDA and VDCC channels in hippocampal cells
Ψάχνοντας μοριακούς αιτιοπαθολογικούς παράγοντες στα νευροεκφυλιστικά νοσήματα. Επιδράσεις των μεταλοτοξινών σε κανάλια Ν-μεθυλο D-ασπαρτικού οξέως (NMDA) και τασεοελεγχόμενων διάυλων ασβεστίου (VDCC) σε κύτταρα του ιππόκαμπου

OC149 Leungwing Chu
Bioavailable testosterone decreases the risk of Alzheimer’s disease in non-demented Chinese older men: a one-year cohort study
Η βιοδιαθέσιμη τεστοστερόνη μειώνει τον κίνδυνο της Νόσου Alzheimer σε μη ανοικούς κινέζους ηλικιωμένους άντρες: μελέτη ενός χρόνου

OC150 Bruno A Bergmans
Neurons generated from app/aplp1/aplp2 triple knockout embryonic stem cells behave normally in vivo: no evidence for a cell autonomous role of app in neuronal differentiation
Οι νευρώνες που παράγονται από app/aplp1/aplp2 εμβρυικά βλαστικά κύτταρα συμπεριφέρονται φυσιολογικά in vivo: δεν υπάρχει απόδειξη για αυτόνομο ρόλο κυττάρου app σε νευρωνική διαφοροποίηση

OC151 Riwa Nakamoto
Increased incidence of visual hallucination in dementia patients complicated with diabetes mellitus
Αυξημένη συχνότητα σπειρών παραισθήσεων σε ανοικούς ασθενείς που χαρακτηρίζονται από επιπλοκές σακχαρώδη διαβήτη.

OC152 Marina Kotsani
Selected vascular indices may reveal possible dementia and cardiovascular disease co-existence in the elderly
Επιλεγμένοι αγγειακοί δείκτες μπορεί να αποκαλύψουν παθήνη συνυπαρχούσας άνοιας και καρδιαγγειακής ασθένειας σε ηλικιωμένους

OC153 Luiza Spiru
Conversion of mild cognitive impairment to Alzheimer disease in a group of elderly Romanian patients
Εξέλιξη της Ήπιας Νοητικής Διαταραχής σε Νόσο Alzheimer σε μια ομάδα ηλικιωμένων ρουμάνων ασθενών

OC153B A Aybad
Care of Alzheimer’s patients in the Middle East
Περίθαλψη των ατόμων με άνοια στην Μέση Ανατολή

OC153C Anogianakis Georgios
Use of telemedicine for management of patients with Alzheimer’s Disease
Η χρήση τηλεπιθετικής για την διαχείριση ατόμων με Νόσο Alzheimer

www.adi2010.org
Saturday 13 March 2010

Parallel Session – Activities of Greek branches of Alzheimer’s Federation, all over Greece.
Ελληνική παράλληλη συνεδρία – Δραστηριότητες των Παραρτημάτων της Πανελλήνιας Ομοσπονδίας Νόσου Alzheimer

Chairs: Magda Tsolaki, Ioannis Metalinos, Kostantinos Dimas, Vasilios Vagenas, Kortsidaki Ioanna

Location: Grand Ballroom 2

09:00 - 10:30

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<td>Kortsidaki Ioanna</td>
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<td>Δραστηριότητες Εταιρίας Νόσου Alzheimer &amp; Συναφών Διαταραχών Ηρακλείου</td>
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<td>Παρουσίαση δραστηριοτήτων της Εταιρείας Alzheimer στο Ρέθυμνο</td>
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<td>Georgios Maris</td>
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<td>Γεώργιος Μόρης</td>
<td>Νόσους Alzheimer και Χίος</td>
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<td>Oikonomidis Dimitrios</td>
<td>Services of the association of Alzheimer's disease, Middle Macedonia</td>
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<td>Οικονομίδης Δημήτριος</td>
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<td>Aggelidou Evagelia</td>
<td>Presentation of the activities of the newly established association, Chalkida</td>
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<td>Αγγελίδου Ευαγγελία</td>
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<td>Eleni Kampourou-Nili</td>
<td>Greek Association of Alzheimer’ Disease, Larisa: An innovative action by the volunteers</td>
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<td>Ελένη Καμπούρου-Νιφλή</td>
<td>Ελληνική Εταιρεία Νόσου Alzheimer Λάρισας : Μια καινοτόμος δράση από τους εθελοντές</td>
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<td>Maria Papadopoulou</td>
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<td>Μαρία Παπαδοπούλου</td>
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<td>Antigoni Diakou</td>
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<td>Αντιγόνη Διάκου</td>
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Parallel Session – Training of professional carers
Παράλληλη συνεδρία - Εκπαίδευση επαγγελματιών περιθαλπόντων

Chair: Peng Chye Ang; Ioannis Papatriantaillou, Fotini Kounti

Location: Kallipatra

09:00 - 10:30

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<td>09:00 - 10:30</td>
<td>OC154</td>
<td>Marie D Alford</td>
<td>Visual stories - training health professionals with the voices of people living with dementia</td>
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<td>Οπτικές ιστορίες- εκπαιδεύουντας τους επαγγελματίες γυέιας με της φωνές ανθρώπων που ζουν με την άνοια</td>
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### Saturday 13 March 2010

| OC155 | Joshua Kua | Knowledge and beliefs about symptoms, treatment and outcome of dementia of eldercare agencies staff in Singapore  
Γνώση και απόψεις σχετικά με τα συμπτώματα την θεραπεία και τα αποτελέσματα της άνοιας στο προσωπικό οίκων ευγηρίας στην Σιγκαπούρη |
| OC156 | Aura E Tovar | Caregivers in the third world: the academic profile of certified caregiver students in the third world, according to the IDIS experience  
Οι περιθάλποντες στον τρίτο κόσμο: το ακαδημαϊκό προφίλ των πιστοποιημένων φροντιστών φοιτητών στον τρίτο κόσμο, σύμφωνα με την εμπειρία IDIS |
| OC158 | David P Harvey | Breaking knowledge translation and exchange barriers with the Alzheimer knowledge exchange  
Σπάζοντας τα όρια στην μετάφραση και μεταφορά της γνώσης με την ανταλλαγή γνώσης για την Νόσο Alzheimer |
| OC159 | Susan D Gilster | Preparing future health care professionals in a specialized Alzheimer’s facility  
Προετοιμάζοντας μελλοντικούς επαγγελματίες υγείας σε μια ειδικευμένη μονάδα Alzheimer |
| OC160 | Wen-Yun Y Cheng | Application of the KAP model to predict nurses’ job satisfaction and caregiving stress: a national study of dementia education program  
Εφαρμογή του μοντέλου KAP για την πρόβλεψη της εργασιακής ικανοποίησης των νοσοκόμων και του στρες της περίθαλψης: μια εθνική μελέτη ενός εκπαιδευτικού προγράμματος άνοιας |
| OC161 | Kevin Charras | Fitting professional caring competencies and tools to individual preferences and characteristics of people with late stage dementia in special care units  
Ταιριάζοντας τις επαγγελματικές ικανότητες περίθαλψης και τα εργαλεία με τις ατομικές προτιμήσεις και τα χαρακτηριστικά ατόμων με άνοια τελευταίου σταδίου σε ειδικές μονάδες περίθαλψης |

**ADI Workshop - Fundraising for a sustainable future in difficult times**  
Ημερίδα ADI - Εξεύρεση πόρων στους δύσκολους οικονομικούς καιρούς  
Chair: Marc Wortmann  
Location: Ilida

09:00 - 10:00  
Jim Jackson  
Introductions – no money, no mission; beware of the fairy godmother!  
Johan Vos  
The Alzheimer’s New Zealand National Appeal Week  
Li-Yu Tang  
An Asian perspective  
Birgitta Martensson  
More than clocks and chocolate – the Swiss experience  
Diane Mansour  
Organising a successful Fundraising Dinner  
Discussion and questions  
Developing a fundraising checklist – how to do it
Programme

Saturday 13 March 2010

10:30 - Tea, coffee, posters & exhibition
11:00  Τσαϊ, καφές, posters & έκθεση

Plenary session – Improving care and treatment
Oλομέλεια - Βελτίωση περίθαλψης και θεραπείας
Chairs: Nori Graham
Location: Olympia Hall

11:30  Rose-Marie Dröes  New approaches to home care
       Νέες προσεγγίσεις στην κατ' οίκον περίθαλψη

12:00  Magda Tsolaki, Μάγδα Τσολάκη
       Longitudinal benefit of non pharmacological interventions
       Μακροχρόνιες ωφέλειες μη φαρμακολογικών παρεμβάσεων

12:30  Sadao Katayama  Therapeutic treatment and care for patients with dementia and their family in Japan
       Θεραπευτική αντιμετώπιση και φροντίδα ασθενών με άνοια και των οικογενειών τους στην Ιαπωνία

Closing Ceremony
Τελετή λήξης
Chairs: Marc Wortmann, Magda Tsolaki
Location: Olympia Hall

13:00  Marc Wortmann  Closing remarks

13:10  Magda Tsolaki, Μάγδα Τσολάκη  Another Unique Experience
       Άλλη μια Μοναδική Εμπειρία

13:20  Kelly Duffin  Introduction to Toronto 2011

13:30  Close and end of meeting
**Abstracts - Plenary speakers**

**PL 1**  
Sam Gandy

The era of gene discovery and mouse models in Alzheimer’s research has given way to a period of enormous growth in translational research in diagnosis and treatment. While no new effective medications have been approved in nearly a decade, there is reason to be optimistic that that will change within the next five years. This “five year window” has often been applied to this situation in the 25 years since the discovery of the first Alzheimer’s gene was discovered, but the current generation of medications show exceptional promise. Two such medications are known as Bapineuzumab and Dimebon, and other drugs, known as gamma secretase inhibitors, are moving ahead rapidly. New diagnostics are also on the horizon, as are a whole host of new drug targets. PiB, short for “Pittsburgh Compound B”, has emerged as the first means of seeing inside the brain and watching amyloid plaques accumulate during life. Yet, a newly recognized type of amyloid clump, known as the oligomer, has begun to supplant the plaque as the focus of amyloid research.

Dr Gandy, Chairman Emeritus of the National Medical and Scientific Advisory Council of the US Alzheimer’s Association now, after having chaired or vice-chaired the Council for 9 years, will review the most promising developments in translational research in Alzheimer’s disease, emphasizing those points that have the greatest potential for entering clinical practice within the next few years. Join Dr Gandy for a peek into the promise of the future and for a “de-mystification” of all the newest Alzheimer’s research jargon.

**PL 2**  
Frank Jessen

The field of neuroimaging in Alzheimer’s Disease (AD) has drastically evolved over the last two decades. It has contributed substantially to both diagnosing AD and understanding the pathological progression of the disease. In the field of magnetic resonance (MR) highly sophisticated strategies for structural data analysis have been created that enable investigator independent early disease recognition and tracking. In addition new MRI application allow assessments of white matter integrity (diffusion tensor imaging, DTI), biochemical brain tissue composition (MR-spectroscopy), brain function at rest and during cognitive task (testing state and functional MRI) and contrast media free perfusion measures (arterial spin labelling, ASL). All of these techniques provide information on different aspects of brain function and are currently applied to improve diagnosis and the understanding of pathophysiological processes.

The other field of major advances in neuroimaging of AD is positron emission tomography (PET). The well established fluorodeoxyglucose (FDG-PET) is a very sensitive indicator for early synaptic dysfunction. The novel tracers for amyloid deposition, such as Pittsburgh Compound B (PiB-PET), visualize the pathological hallmark of AD. Both are highly valuable markers for early disease recognition. Applied in combination, in longitudinal studies, these two markers have provided improved insight into the temporal dynamics of AD.

The presentation will cover novel aspects of recent advances in both, MRI and PET in AD.

**PL 3**  
Pieter Jelle Visser

Mild cognitive impairment (MCI) refers to cognitive impairment that is not severe enough to meet the criteria of dementia. Alzheimer’s disease is one of the causes of MCI. Progress has been made in the identification of subjects with Alzheimer’s disease among subjects with MCI. Markers in cerebrospinal fluid, PET imaging, neuroimaging, or a combination of clinical and cognitive markers can provide an estimate of the risk that a subject with MCI have Alzheimer’s disease. These advancements give opportunities for early treatment of subjects with Alzheimer’s disease. Still, also subjects at high risk for Alzheimer’s disease according to these markers may remain cognitively stable for many years. The aim of the this presentation is to provide an overview of markers for Alzheimer’s disease in subjects with MCI and to discuss how these markers may be used in the clinical evaluation of subjects with MCI and in clinical research.

**PL 4**  
Bengt Winblad

Ongoing clinical trials in Alzheimer disease Alzheimer disease (AD) is the most common cause of dementia in advanced age. Currently available medications improve AD symptoms, and development of disease-modifying drugs is a very active area of research, which includes cholinergic, antiamyloid compounds, drugs targeting tau-protein or mitochondria, neurotrophins and other therapeutic approaches.

The amyloid cascade hypothesis dominates current drug development strategies, but whether Aβ is more pathognomonic than pathogenetic is not yet clear, and so is the therapeutic role of Aβ removal. Identification of effective disease-modifying drugs will benefit from understanding the interplay between mechanisms causing neurodegeneration in AD. Combined therapy could me a more effective strategy to halt AD progression. Solving methodological problems in clinical trials on AD - including use of standardized diagnostic criteria able to identify homogeneous group of patients, appropriate treatment duration and measures of disease-modifying effects - will help finding a cure for AD.

The lecture will summarize the main findings for new, and less new drugs with novel therapeutic use in AD, focusing mainly on compounds in the human testing phase.

**PL 5**  
Paraskevi Sakka

The Greek Association of Alzheimer’s Disease and Related Disorders is a nonprofit organization founded in 1995 in Thessaloniki. In 1996 it became a member of the Alzheimer Disease International and in 1997 a member of Alzheimer Europe. It has organized five Pan-Hellenic Interdisciplinary Conferences on Alzheimer’s Disease. It runs 3 Day Care Centers for dementia patients. It provides programs and services for caregivers and health professionals aiming at promoting education and research covering all aspects of dementia.

The Athens Association of Alzheimer’s Disease and Related Disorders was founded in 2002 by dementia patients, caregivers and doctors interested in dementia. It runs 2 Day Care Centers for dementia patients. Its activities also include Home Care programs for patients, information and prevention programs for healthy elderly, counseling for families, seminars and congresses for health professionals and publishing of leaflets and books posted free to anyone interested.

In 2007, together with 20 Associations from major cities around Greece the Greek Alzheimer’s Federation was founded.

On February 2009, Athens Alzheimer’s Association launched the “Greek Alzheimer’s Initiative”, a signature - collection campaign considered to be the first step towards a national action plan against Alzheimer’s disease. We managed to secure more than 12,000 signatures which were presented to the Greek Minister of Health by people with dementia on Alzheimer’s Day, 21st of September 2009.
Abstracts - Plenary speakers

PL 6
Jean Georges

In his presentation, Jean Georges of Alzheimer Europe will present the campaign of Alzheimer Europe to make dementia a European and national priority. In particular, he will present the Paris Declaration which was adopted by the member organisations of Alzheimer Europe in Paris in 2006 and how the organisation used the declaration to lobby policy makers on a European and national level.

He will give an overview of some of the promising outcomes of this campaign, including the development of national dementia or Alzheimer’s strategies in France, Norway and the United Kingdom and the European Alzheimer’s initiative developed by the European Commission.

PL 7
Pekka Lane

IMPORTANCE OF PLANNING – THE EUROPEAN PERSPECTIVE
P. Laine*
1Alzheimer Europe, Alzheimer Society of Finland, Helsinki, Finland

Objectives and Study: Financial crises of Alzheimer Europe in the late 1990’s and the need for collaboration on the reimbursement issue created a situation on the national level to identify the means to solve the emerging problems. On the national level in some of the European countries the need to be an interest organisation had become imminent and the same need led to the presentation of the need on the European level.

Methods: If you want to pursue the interest of the patient and caregiver you had to recognise the needs on the national level. On the basis of that analysis, you can create a strategy and action plan. In the late 90’s-the way to solve the financial crises was to create a plan, which you could sell to sponsors. Necessary for proceeding and developing the planning process was to deepen the knowledge by joint projects, creating networks, disseminating the results and being founding member of the European Patients’ Forum.

Results: Our approach led to recognition of our activity by the European Commission and their financial support to the “Eurocode – European Collaboration on dementia” project. We have also tried to position ADI in our planning and our thinking was presented to the chairman of ADI during the Alzheimer Europe conference in Paris in 2006.

Conclusions: If you want to pursue the interest of the patient and caregiver you had to recognise the needs on the national level. On the basis of that analysis, you can create a strategy and action plan. Our approach led to recognition of our activity by the European Commission and their financial support to the “Eurocode – European Collaboration on dementia” project. We have also tried to position ADI in our planning and our thinking was presented to the chairman of ADI during the Alzheimer Europe conference in Paris in 2006.

PL 8
Esme Moniz-Cook

There are a number of emerging evidence based psychosocial interventions in dementia care but practitioners often find it difficult to know which of these will work for who and in what circumstances. This paper will:
• define psychosocial intervention (PSI) in dementia care
• review some of the psychosocial interventions that are known to be of help across the dementia trajectory, including updating ongoing applied dementia care research in the UK;
• describe the conceptual development of a stepped care framework for psychosocial interventions in dementia and the first stages of its validation using a study of 766 people with dementia referred to specialist dementia services in an NHS Trust over a 6 month period; and
• propose methods of assessing for, coordinating and evaluating psychosocial interventions in dementia across primary secondary and tertiary care.

PL 9
Bob Woods

Psychological therapies have been used with people with dementia for at least 50 years, aiming to improve or maintain cognition, functional abilities, quality of life and adjustment and to reduce distress, anxiety, depression and behavioural difficulties. In recent years, some interventions have been subject to more rigorous evaluation, and there are already some encouraging findings, for example in relation to cognitive stimulation and behavioural approaches. Effect sizes comparable with those associated with pharmacological therapies have been reported, with less adverse effects. However, it is important to continue to ask ‘what works for whom’. No approach will be appropriate for, or effective with, the whole range of individuals who experience a dementia. Interventions need to be tailored and targeted to the individual in his / her unique circumstances and context. The drive for ‘evidence-based practice’ must not be allowed to stifle creativity in the development and application of psychological interventions that can maintain social relationships and quality of life.
PL 10
Barry Reisberg

THE PREVENTION WORKING GROUP OF ALZHEIMER’S DISEASE
INTERNATIONAL (ADI): CURRENT POSSIBILITIES FOR THE PREVENTION
OF ALZHEIMER’S DISEASE
24. Invited Speaker ONLY

B. Reisberg

1Aging and Dementia Research Center, NYU Langone Medical Center, New York, United States

Objectives and Study: The ADI Prevention Working Group (PWG) was founded in December, 2008. The PWG is comprised of 55 ADI Medical and Scientific Advisory Panel (MSAP) members (>50% of the MSAP membership). The goals are to improve knowledge with respect to the origins of AD, and simultaneously, to develop treatments for AD prevention.

Methods: There is increasing evidence from diverse studies that AD pathogenic processes may impact brain functioning, and cognition, in young adults (Reiman, et al., PNAS, 2004; Snowdon, et al., Ann NY Acad Sci, 2000) and even in children (Bloss, et al., Biol Psychiatry, 2008), and infants (Wright, et al., Pediatr Res, 2003), Even human embryonic developmental effects of AD related pathogenic events have been reported (Zetterberg, et al., Neurosci Lett, 2002). Similarly, key elements of AD neuropathology such as neuroibrillary changes become evident in a majority of subjects by age 55 (Braak and Braak, 1997).

Results: Clinical correlates of these processes are also manifest years and decades prior to the beginning of dementia. A mild cognitive impairment (MCI) stage (Reisberg, et al., Drug Dev Res, 1988; Flicker, et al., Neurology, 1991; Petersen, et al., Arch Neurol, 1999; Winblad, et al., J Intern Med, 2004) lasting about 7 years (Reisberg, Geriatrics, 1986; Kluger, et al., J Geriatr Psychiatry Neurol, 1999) prior to the advent of AD in dementia, is now widely recognized. A prior subjective cognitive impairment (SCI) stage is noted in 25 to 55% of persons over age 65 (Jonker, et al., Int J Geriatr Psychiatry, 2000) and appears to last 15 years prior to the MCI of AD (Reisberg and Gauthier, Int Psychogeriatr, 2008). Physiologic markers of this SCI stage, such as decrements in cerebral metabolism (Mosconi, et al., Biol Psychiatry, 2008), are being identified which, together with other findings, permit the development of AD treatment studies decades prior to the advent of manifest dementia.

Conclusions: The ADI PWG seeks to exploit these and related findings towards the development of clearly effective AD prevention approaches.

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PL 11
Paul Francis

BRAIN DONATION - THE EXPERIENCE OF BRAINS FOR DEMENTIA RESEARCH

P. T. Francis

1Wolfson Centre for Age-Related Diseases, King’s College London, London, United Kingdom

Objectives and Study: The majority of scientific advances in our understanding of Alzheimer’s disease (AD) have resulted from study of post-mortem human tissue at some stage. There is now a lack of material suitable for the new techniques and in particular from people without dementia. Brains for dementia research is a new £2.3M initiative by UK Alzheimer Society and Alzheimer Research Trust to address this problem and help discover new treatments and eventually find a cure.

Methods: Four existing brain banks in London, Manchester, Oxford and Newcastle have joined the BDR network and we have established recruitment centres in these cities plus Cardiff to consent and assess people over 65 with and without dementia with standard tools. The co-ordinating centre and the brain banks have been working together to develop standard operating procedures for brain collection and processing.

Results: Publicity within the Alzheimer Society and Alzheimer Research Trust have resulted in over 350 new enquires about brain donation with the majority of these from people without dementia.

Conclusions: A shortage of suitable brains is resulting in major delays in the search for a cure or treatments for dementia as it limits the opportunity for high quality research. The need for effective treatments has never been greater – in less than 20 years nearly a million people will be living with dementia. Since the start of our project in May 2008 a sound infrastructure has been established and we are beginning to see public awareness of the need for brain donation increase. Brains generously pledged for donation in advance will provide the very best resource for scientists as they will be able to carry out regular assessments of the donor prior to the donation. Brains from people without dementia are particularly important as they help us work out the differences between healthy older people and people with dementia.
Abstracts - Plenary speakers

**PL 12**
Angela Clayton-Turner

A qualitative discourse exploring a range of issues affecting those who have been diagnosed with dementia, their families and those who might choose to donate their healthy brain for comparison purposes.

**PL 13**
Rose-Marie Dröes

In Europe alone 3.8 million older persons suffer from dementia and with the ageing of the population this number is forecasted to be twice as high by 2050. It is expected that at least 70% of the people with dementia will reside in their own homes due to the growing shortage of long term care facilities. This will generate a great pressure on the family of people with dementia as well as on professional carers providing home care. To address these societal problems new approaches to home care are being developed, varying from family support network meetings right after diagnosis and combined support programmes for people with dementia and their carers, to assistive technology such as, telecare and smart homes. Attempts to increase the effectiveness of home care by changing from service-directed care approaches into need and demand-directed care approaches are made as well. And finally, initiatives are undertaken to develop regional chains of care and welfare services that provide care and support tailored to the needs and wishes of individuals in different stages of the disease and in different circumstances. In this lecture an overview is provided of new directions and approaches in the care for community dwelling people with dementia and their carers.

**PL 14**
Sadao Katayama

Dementia makes people forgetful unsoundly such as negligence of personal appearance or memory loss of even an appointment with a friend so that they come to spend every day in anxiety and finally lose happiness of their life. In order to keep their well being or a smile in their face, it is essential to be diagnosed at early stage and to notify them and their family of not only the disease itself but also a way or guidance how to maintain quality of life for themselves. Besides arranging quality treatment and care system supporting people with dementia and their family, the party concerned so called Family Associations have been organized nationwide in which family in suffering support and help each other.

In Japan, Family Associations have been tackling to coordinate medical care, welfare service and government so that all of concerned can jointly set a future of well being for people with dementia and their family.
The public has become increasingly aware of research suggesting that food and nutrition can make a difference in their risk of developing Alzheimer’s disease, vascular dementia and other forms of cognitive decline.

Recent epidemiological studies suggest that comprehensive diets, such as the Mediterranean diet [1] or the DASH [2] anti-hypertensive diet, can do more than single foods or nutrients, in protecting the brain. However, for practical reasons, these studies are looking at established diets rather than analyzing all available evidence to suggest key elements of a brain healthy nutritional strategy. Using this evidence, a Memory Preservation Nutrition (MPN) [3,4] program was designed emphasizing strategies applicable to any culture’s cuisine.

This presentation summarizes some key concepts explaining why nutrition can be important for promoting brain health, lays out the key strategies of a brain healthy nutrition program, and suggests steps involved in implementing changes in nutrition programs. Changing dietary practices includes assessment of current practices and preferences, and the programs need evaluation for feasibility, acceptability, and effectiveness.

As the evidence mounts, whole food nutritional interventions to promote brain health will become mainstream treatment options, for individuals as well as in group settings. Future effectiveness and efficacy studies of whole foods and combination nutrient interventions for brain health are needed.

References:

SS3A European experience on the use of generic medication in psychiatry

Prof. Dr. Lutz Frölich
Leiter, Abteilung für Gerontopsychiatrie
Zentralinstitut für Seelische Gesundheit
Medizinische Fakultät Mannheim, Universität Heidelberg

In the era of the ageing population in most European countries and the rise in health care costs associated with this, generic medicine allows patients to get access to safe, effective, high-quality medicine at 20%-80% of the price of branded originator medicines. In this way, generics support the sustainability of health care provision and contribute to controlling pharmaceutical expenditure. In psychiatry, innovative medicines against depression and psychosis, developed in recent years, have become generic by now and this has broadened their availability to the patients. Especially for diseases with high prevalence, e.g. depression and dementia, the use of generic medication improves the medical care for the general population. In addition, government agencies like NICE or the German IQWiG use generic medicines to establish standards of cost/benefit ratios as a reference point to compare originator medication. This competition from generic’s medicines also forces originator companies to develop more innovative medicines and to reduce price on off-patent originator medicines thus generating additional savings to patients. Savings on the pharmaceutical budget, in turn, enable governments to reimburse newer, more expensive medicines. Thus, generic medication not only improves the medical care on a population level, but also drives the development of medical innovations, by this contributing to the development of medicine.
OC002 WELL-BEING OF PEOPLE WITH DEMENTIA IN SMALL HOUSE UNITS
19. Quality of life in dementia
G. Strunk-Richter1, C. Sowinski2
1Care of the Elderly, Kuratorium Deutsche Altenhilfe, Köln, Germany

Objectives and Study: The project “Evaluation of potential in the care of people with dementia in small house units by using benchmarking methods”. (Evanced by the German Federal Ministry of Health, aims to develop care quality with temporary processes of benchmarking. Therefore, a group of 18 small house units - specialised to support people with dementia - is organized by the Kuratorium Deutsche Altenhilfe (KDA) and the Konkrete Consult Rüih (KCR). The project lasts from May 2008 until February 2010.

Methods: Seven methods are being used:
- querying of staff and care-givers
- dementia care mapping (DCM)
- profile of well-being
- analysis of the structure of the small house units
- analysis of the structure of the clients, living in
- small house units
- profile of professional qualifications of the staff
- analysis of the concept of the small house units

The quality results of the dementia care mapping in small house units are compared with DCM results obtained in nursing homes for the elderly by means of case studies.

Results: There is a significant difference between the quality of well-being in small house units and nursing homes for the elderly. In case studies you find that the group WBI-Store (well-being) between traditional nursing homes and small house units is 0.7 to 1.2 but the well-being in small house units is between 1.4 and 2.2. The individual WBI-Store is between 0.4 and 1.5 and between 1.1 and 2.7 in small house units.

Conclusions: The structure of small house units (managability, face-to-face-interaction), the consequent appearance of the person-centered approach of Tom Kitwood (the originator of DCM), and the assistance to independence leads to a better quality of life for people with dementia.

OC003 SMALL-SCALE LIVING FOR PEOPLE WITH DEMENTIA: IMPLICATIONS FOR RESIDENTS, FAMILY AND PROFESSIONAL CAREGIVERS IN THE NETHERLANDS
H. Verbeek1, E. van Rossum1, M. G. Zwakhalen1, G. I. J. M. Kempen1, J. P. H. Hamers1
1School for Public Health and Primary Care dep of Health Care and Nursing Science, Maastricht University, Maastricht, Netherlands

Objectives and Study: In dementia care, traditional large-scale nursing homes are transformed into or replaced by small-scale and homelike facilities. These facilities offer a stimulating environment, in which residents are encouraged to participate in household activities. Insight into their characteristics and experiences is, however, relatively unknown. Additionally, information regarding quality of life and residents’ characteristics is scarce. This study explores characteristics and experiences with small-scale living and traditional nursing home wards in the Netherlands.

Methods: A survey was conducted to investigate facilities' characteristics. In-depth interviews (n=45) were conducted with the executive board and management of nursing homes, staff and family to explore their experiences with small-scale living, especially focusing on issues regarding quality of life. Additionally, a cross-sectional study was performed to investigate residents’ characteristics, including 28 small-scale living houses and 21 traditional nursing homes.

Results: Results indicate that most projects consist of a clustering of homes, both in the community and near a large nursing home, and have a home-like living principle. All participants report positive experiences regarding personal contact, a home-like atmosphere, particularly regarding quality of life. Nursing staff welcome the broadening of tasks. Management of nursing homes expresses doubt regarding the costs, availability of family and professional caregivers. Residents’ characteristics significantly differed in some areas: residents in small-scale living had a higher cognitive and functional status compared with residents in regular nursing home wards.

Conclusions: Although positive experience are reported, there remains uncertainty regarding the development of small-scale living for older people with dementia. Longitudinal research is needed to investigate effects and feasibility.
OC005 THE RELATIONSHIP OF AD8 AND COGNITIVE PERFORMANCE IN GREEK CYPRIOIC ADULTS: A PRELIMINARY STUDY
02. Ageing and dementia
F. Constantinidou1, M. Stavrou1, M. Christodoulou1, D. Themistrion2, S. Papasavas1
1Department of Psychology, University of Cyprus, Nicosia, Cyprus, 2Department of Psychology, University of Cyprus, 3Cyprus Institute of Neurology and Genetics, Nicosia, Cyprus

Objectives and Study: This study is part of the first systematic research program exploring neuropsychological-neurocognitive performance and quality of life issues in the elderly Greek-Cypriots. The primary objective was to investigate neurocognitive abilities in relationship with AD8, a brief sensitive test screening for mild dementia. The hypothesis was that high scores of AD8 will relate to low performance on tests of cognitive functioning.

Methods: Subjects: Participants were 84 Greek-Cypriot men and women, between 55 to 85 years (x = 69.4, s = 6.5) with average education 9.5 years (sd = 3.8) and average MMSE 27.2 (sd = 1.8).

Procedures: All participants were screened for global cognitive and memory decline prior to participating in the project. A battery of standardized clinical neuropsychological tests to assess neurocognitive abilities was administered. Family members completed the AD 8 which consists of 8 questions related to cognitive functioning and possible noted change across time.

Results: Statistical analyses revealed a negative relationship (r = 0.17) between levels of cognitive performance and age. In addition, the analyses identified significant relationships between years of education and cognitive abilities. Participants in the higher education groups (13 years and above) scored significantly higher (x = 70) on cognitive tests than individuals with lower education levels. The presence of decline on the AD8 was negatively related to performance on other cognitive tests such as the MMSE and the HKT. Finally, education was significantly related to fewer symptoms reported on AD8.

Conclusions: The above findings provide evidence for the position that education may operate as a protective factor to cognitive decline associated with normal aging. In addition, this preliminary study supports the use of the AD 8 as an additional screening measure in order to identify patients who may be at risk for mild cognitive impairment.

OC006 THE NEEDS, SOCIAL NETWORKS AND QUALITY OF LIFE OF PEOPLE WITH DEMENTIA LIVING AT HOME
02. Ageing and dementia
C. Miranda1, M. Orell2
1Mental Health Sciences, University College London, London, United Kingdom
2Department of Mental Health Sciences, Research Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom

Objectives and Study: There is lack of evidence about the unmet needs of people with dementia living at home. The main aim of this study was to identify the needs, social networks and quality of life of people with dementia living at home.

Methods: 152 persons with dementia were interviewed about their needs, cognitive status, and quality of life; and 128 informal carers were interviewed about the people with dementia’s needs, quality of life, social networks, behavioral and psychological symptoms, functional status, and services used. Carers were also interviewed about their own symptoms of depression, anxiety, burden, and satisfaction. One-third of the sample was living alone and the rest was living with others.

Results: The most frequent unmet needs were daytime activities (77, 50.7%), company (60, 39.5%), physical distress (47, 30.9%), eyeglasses/hearing (33, 22.0%), and accidental self-harm (23, 15.1%). Higher behavioral and psychological symptoms, low-community involvement social networks, having a younger carer and higher carer anxiety were found to be predictors of higher unmet needs. A model of the relationship among the variables was proposed and tested. According to the final model, social networks and behavioural and psychological symptoms have an indirect effect on self-rated quality of life through unmet needs.

Conclusions: The management of people with dementia living at home should consider: an interdisciplinary and coordinated system which includes environmental, physical, social and psychological areas and also interventions aiming to reduce unmet needs through the treatment of behavioral and psychological symptoms and the involvement of people with dementia in the community. By doing this, people with dementia’s quality of life will be ultimately improved.

OC007 SOCIABLE: A SURFACE COMPUTING PLATFORM EMPOWERING MORE EFFECTIVE COGNITIVE TRAINING INTERVENTIONS FOR HEALTHY ELDERLY AND DEMENTED PATIENTS
02. Ageing and dementia
O. Lymperopoulou1, C. Kittasopoulos2, S. Pantelopoulos1
1Neurodegenerative Brain Diseases Department - Memory Clinic, Hygeia Hospital, Chalandri, Greece, 2Department of Mental Health Sciences, Research Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom

Objectives and Study: In this presentation, we introduce a novel cognitive training paradigm, which exploits leading edge ICT (Information and Communication Technologies), notably in the area of surface computing. This paradigm combines the, ever important, human care and support with innovative ICT enabled services offered by care centers and expert operators in order to:

• Enable healthy and demented elderly to access a motivating play-online (but also offline) environment based on mixed-reality interfaces technologies and play-related therapeutic tools with a view to preventing the evolution of dementia. The environment includes various pleasant cognitive training-gaming activities targeting memory, language, attention etc which range from individualized cognitive training and learn to play to networking games involving multiple-age users.

• Facilitate medical experts in structuring cognitive training programs and sessions.

• Provide automated ICT tools for collecting statistical data regarding the assessment of the cognitive status patients with mild dementia. This involves the provision of information about the patients’ mood, preferences and cognitive performance, as well as context-related information. Such information will be collected, maintained and presented in a systematic way so as to support medical experts in tracking their patients’ cognitive performance and defining appropriate interventions.

Methods: The presented approach is thoroughly investigated in the SOCIABLE project, which is funded by the European Commission in the scope of its FP7 research program (Contract No: 239891). The project involves 11 partners, including several hospitals and care centers from Greece, Italy, Norway and Spain. The proposed approach will be therefore piloted with over 350 users across the four European countries mentioned above.

Results: Preliminary results are very promising, yet remain to be confirmed.

Conclusions: The SOCIABLE surface computing platform is a novel cognitive training paradigm which is based on leading edge ICT and has the potential to empower more effective cognitive training interventions for healthy elderly and demented patients.
**OC009** PROGNOSTIC FACTORS FOR WEIGHT LOSS OVER A ONE YEAR PERIOD IN PATIENTS RECENTLY DIAGNOSED WITH MILD ALZHEIMER’S DISEASE

**02. Ageing and dementia**

M. Hansen1, F. B. Waldorp1, G. Waldemar1

1Memory Disorder Research Group, Dept. of Neurology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark

**Objectives and Study:** The aim of the study was, with a prospective design, to identify prognostic factors for weight loss in patients recently diagnosed with mild AD, with special emphasis on the patients’ social participation and living arrangements.

**Methods:** The data used in this study was part of the Danish Alzheimer Intervention study (DANSY). The sub-population used in this study was enrolled from April 2004 to July 2005; home living patients with a clinical diagnosis of probable AD or mixed AD, established or confirmed within the past 12 months; age > 50 years; MMSE score ≥ 20, informed consent, and alive and agreeing to participate at 1 year follow-up. In total, 298 patients were included. Predictors of weight loss at 1 year follow-up was assessed by a logistic regression analysis. Inspired by Wallace et al (1995), we used a cutoff of 4% in 1 year for defining weight loss.

**Results:** The mean age at inclusion was 76.1 (range: 54-93); 66 patients (21.4%) lost more than 4% of body weight during the first 12 months of the study. The logistic regression showed that an increase of one baseline body mass index (BMI) point significantly increases the odds of weight loss by 9%. Furthermore, the results suggested that for men, living alone was a risk factor for losing weight (living alone OR=2.4 vs. living with someone OR=1.0), while for women there was an actual higher risk associated with living with somebody (living alone OR=1.9 vs. living with someone OR=2.7).

**Conclusions:** The risk of losing weight seems to increase with baseline BMI. Furthermore, the patients’ gender and living status also influenced the risk of losing weight, modified by each other. These results suggest that certain social factors do have an important role in regard to weight loss. Since weight loss is a predictor of mortality in AD patients, clinicians should be aware of these prognostic social indicators, in order to prevent or halt a potential negative development.

**OC010** RISK FACTORS OF RAPID COGNITIVE DECLINE (RCD) OF DEMENTIA IN A PROSPECTIVE STUDY: 3 YEARS FOLLOW-UP

**02. Ageing and dementia**


1Recherche clinique et biostatistique, Faculté de médecine et pharmacie, 2CMR, CHU - Hôpital Jean Rabier, 3CMR, Centre Jean-Marie Léger, LIMOGES, France

**Objectives and Study:** Dementia is characterized by marked interindividual differences in the rate of cognitive decline. This variability probably implicates different factors including ageing - associated and - non associated factors. Previous studies found that extrapyramidal and psychotic symptoms, cardio-vascular risk factors and denutrition were associated with RCD. Thus, the aim of this study was to assess risk factors of RCD in dementia of the elderly.

**Methods:** We used the database of LIMOGES, (France), from the Observatory of rapid cognitive decline, from June 1st 2006 to May 31st 2009. In the population-based survey of patients suffering from dementia, RCD was defined by the loss of at least 3 points in 6 months or 4 points in 12 months in Mini Mental State Examination (Greco version, MMSE). Multivariate analysis was used.

**Results:** Of 392 included patients, 244 (62.2%) suffered from Alzheimer’s disease, 93 (23.7%) from mixed dementia, 12 (3.1%) from dementia with Lewy bodies, 9 (2.3%) from Parkinson’s disease related dementia, 8 (1.5%) from primary progressive aphasia, 6 (1.5%) from subcortical dementia, 5 (1.3%) from frontotemporal dementia and 17 dementias (4.3%) had unknown etiology. The mean age of dementia diagnosis was 81.1 ± 9.9 years and 83.1% were women. 122 patients (31.1%) showed RCD. The factors significantly associated with RCD were: denutrition (OR, 2.3 [IC95%, 1.2 – 4.4]; p<0.0133), psychotic symptoms (OR, 1.9 [IC95%, 1.1 – 3.3]; p=0.0227) and depression (OR, 1.7 [IC95%, 1.1 – 2.7]; p=0.0243).

**Conclusions:** Denutrition, psychotic symptoms and depression were significantly associated with a rapid cognitive decline. These factors seem to be different from younger adult demented patients and may suggest specific evolution factors with ageing.

**OC011** ALZHEIMER’S DISEASE: THE CHALLENGES OF MANAGING MULTI-MORBIDITY

**02. Ageing and dementia**

T. Kroll1, U. Nauß2

1School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom, 2Life Science Governance Research Platform, Department of Political Science, University of Vienna, Vienna, Austria

**Objectives and Study:** The management of Alzheimer’s Disease along with other long term conditions, including cerebro- and cardiovascular disease, depression, diabetes, arthritis, and cancer creates particular challenges for health care systems, practitioners, caregivers, and individuals with Alzheimer’s Disease. This presentation has three principal objectives: (1) To examine the evidence-base for clinical co-management of Alzheimer’s Disease alongside other long term conditions; (2) to identify methodological challenges in studying multi-morbidity; and (3) to outline how health care systems and practitioners may respond when facing multi-morbidity.

**Methods:** Data from national surveys in England (e.g., English Longitudinal Study of Ageing, Waves 1-3) are used to examine multi-morbidity at the population level. A structured literature review involving five data sources (MEDLINE, EMBASE, CINAHL, PSYNINFO and COCHRANE) limited to English (years 2000-2009) with focus on ‘depression’, ‘cerebro- and cardiovascular disease’, ‘diabetes’, ‘arthritis’ and ‘cancer’ explores clinical management issues when additional long-term conditions are present.

**Results:** At present insufficient data is available to determine multi-morbidity of Alzheimer’s Disease due to a variety of conceptual, sampling and methodological challenges. The current evidence base for the management of co-morbidity reported in the scientific literature is scarce. Information is primarily available for depression but little in terms of co-management. Few reports provide an evidence base for the management of multiple, and often long term conditions and their impact on individuals’ health and well-being. This information is crucial for resource planning as well as for providing families and care providers with adequate support.

**Conclusions:** A single focus on Alzheimer’s Disease is disguising the fact that many older adults face substantial multi-morbidity. We need better population and individual-level data to develop an evidence base for effective management of multiple, and often long term conditions and their impact on individuals’ health and well-being. This information is crucial for resource planning as well as for providing families and care providers with adequate support.

**OC012** DEMENTIA KNOWLEDGE AMONG HEALTH WORKERS AND OTHER ADULTS IN A SLOVENIAN AREA

**02. Ageing and dementia**

Z. Felc1

1Association of Western Styrian Region for Help at Dementia Forget-me-not, Association of Western Styrian Region for Help at Dementia Forget-me-not/Senjič, Šenčur, Slovenia

**Objectives and Study:** Early recognition of dementia symptoms promotes adequate help-seeking and increases early identification and treatment of dementia. The aim of this study was to determine how much Slovenian health workers and other adults know about symptoms of dementia, and if they want more information about dementia.

**Methods:** A questionnaire consisting of 12 questions was sent to Slovenian e-mail users. During May and August 2009 we managed to obtain 120 questionnaires filled-out by 60 health workers (mean age 40.00, SD = 11.77, range 23-67), and 60 other adults (mean age 44.27, SD = 16.20, range 23-83; t = 1.651; p>0.05).

**Results:** Health workers reported consistently more dementia symptoms than other adults (5.15 v. 3.00, p < 0.001). Although participants’ knowledge about dementia symptoms overall was fair, less than 5 % reported a gradual loss of skills needed to carry out daily activities to be symptom of the disease. Additional information about dementia want 77% of health workers and 75 % of other adults. 100% of participants recognized the role of associations for the help at dementia as very important.

**Conclusions:** In spite of small sample, this study demonstrated that efforts to increase knowledge about dementia symptoms should be expanded, with special attention to a gradual loss of skills needed to carry out daily activities. Improved recognition of dementia symptoms will promote adequate help-seeking behaviors and will increase early identification and treatment of dementia.
OC012F FREQUENCY AND CAUSES OF EARLY-ONSET DEMENTIA IN A TERTIARY REFERRAL CENTER IN ATHENS
Sokratis G. Papageorgiou, MD, Theodoros Kontaris, MD, Anastasios Bonakis, MD, Nikolaos Kalfakias, MD, and Demetrios Vassilopoulos, MD, PhD
Objective: To investigate the frequency and causes of early-onset dementia (EOD) in consecutive patients in a highly specialized dementia referral center, focusing on unusual cases, particularly with early and/or rapid onset, in Athens, Greece.
Methods: Patients referred for dementia diagnosis according to specific referral criteria during a 3 years period. We examined the distribution of patients diagnosis and differences in sex, education, dementia severity, cognitive function, and the duration of disease (from onset to referral) between the EOD (>65 y) and the lateronset dementia (LOD) groups.
Results: From a total of 260 consecutive demented patients, there were 114 EOD patients or 44% of all demented patients. No significant differences were observed between the EOD and LOD groups in cognitive or behavioral measures. However, the duration from onset to consultation was significantly longer in the EOD group. Also, in the EOD group, the rates of patients with Alzheimer disease and Parkinson disease dementia were relatively low and the rate of patients with frontotemporal lobar degeneration was relatively high and the proportion of secondary dementias was high.
Conclusions: We conclude that EOD patients are more likely to be seen in specialized settings. The underlying diseases are considerably different in EOD compared with LOD. Secondary causes are often found in patients with EOD. Patients with EOD had an unexpectedly longer time-to-diagnosis than their patients with LOD. This argues for a need of better education about the clinical presentation of dementia in the young and middle aged.

OC014I A CHANGING MELODY: TRIGGERING PERSONAL AND SOCIAL TRANSFORMATION IN DEMENTIA CARE
S. L. Dupuis1,2, J. L. Gilles2
1Murray Alzheimer Research and Education Program, University of Waterloo, Waterloo, Canada, 2OC010A

Objectives and Study: Partnership approaches in healthcare that recognize and embrace the unique knowledge-bases of all involved in care, including persons with illness or disability, their family members, and professionals, are critical to meeting the needs of individuals and their families. Nonetheless, partnership approaches in dementia care that actively include persons with dementia in decision-making have been slow to develop, largely due to the misunderstanding and stigma associated with dementia. For the past seven years, the Murray Alzheimer Research and Education Program at the University of Waterloo has brought together persons with early stage dementia, family partners in care and professionals in the development and implementation of A Changing Melody (ACM) – a learning and sharing forum designed specifically by and for persons with early stage dementia and their families. This presentation presents the findings from a systematic evaluation conducted to examine the impact of this type of forum on changing images, understandings, and actions of forum participants.

Methods: Using constructivist grounded theory methodology (Charmaz, 2006), a range of data collection strategies were employed over the seven years, including pre- and post-forum evaluation forms; active interviews with persons with dementia (30), family members (24), and professionals (20) who attended the forum; participant observations at all forums; and evaluation forms; active interviews with person with dementia (30), family members (24), and collection strategies were employed over the seven years, including: pre- and post-forum evaluations; systematic evaluation conducted to examine the impact of this type of forum on changing images, understandings, and actions of forum participants.

Results: The findings suggest that ACM has a profound impact on not only persons with dementia but their care partners, triggering personal and social transformation. More specifically, ACM is creating a new face of dementia through gaining new knowledge and insights, connecting and identifying with others, triggering new awakenings and hope, enabling and empowering persons, and producing strong dementia advocates.

Conclusions: Negative images and misunderstandings can have significant impacts on the quality of life of persons with dementia and influence the care approaches of family members and professionals. ACM forums have important implications not only at the personal level in better preparing those facing dementia for the journey, but also have broader social implications for breaking the silence and reducing the stigma associated with dementia, ensuring the highest quality of life for those experiencing it.

OC013I A CREATIVE CARE APPROACH TO THE ELDERLY WITH COGNITIVE IMPAIRMENT IN A GROUP HOME IN JAPAN
H. Mori1, N. Fukuyama1, Y. Ikeya2, T. Fuzi3, T. Tanabe2, K. Hanayama4, K. Kimura2, M. Hosoya5
1Psychology and Cardiology, 2Physiology, 3Cardiology, 4Rehabilitation, Tokai University School of Medicine, Isehara, 5Medicine and Home care, Shouju Clinic, Yokohama, Japan

Objectives and Study: Group Home (GH), recently developed in Japan and characterized by all single rooms and group-care in a community, is a special nursing home for the elderly with cognitive impairment. Daily life care, including meal supply, giving a bath and assistance of body wastes, is provided to 5-9 elder tenants in a house unit.

Methods: The effects of a creative care on 36 tenants in GH (32 females and 4 males, 83.8±8.7 in age) was analyzed retrospectively. The caregivers assist the tenants to wash clothes as possible as they can, to eat food by themselves even taking a long time, and to join in walking outside in order to keep their activity of daily life. They encourage the tenants to make a chance daily for playing, dancing or singing together in order to enhance their social contact and promote the tenants to join in cooking, washing and cleaning in order to keep meaningful occupation and stimulation. They give a bath everyday in order to keep the tenants’ lives without discomfort.

Results: The mini-mental state examination (MMSE) score of the 36 tenants was 6.7±5.8. Physical Activity of Daily Living (ADL) was assessed by (1) (independent), (2) (dependent) scoring on 8 items (bathing, dressing, personal grooming, toileting, continence, transferring, walking and eating). The median values for numbers of items of score-I-A and-D in each tenant were 0, 3 and 3, respectively. The number of death, evacuation to hospital, and deterioration in cognitive function (>3 score in MMSE) in the last 1 year were 0, 3, and 1, respectively. ADL became worse (>2 items) in the 6 tenants, in contrast improved (>2 items) in the other 6 tenants.

Conclusions: This study suggests beneficial effects of the creative care on GH tenants.

OC015I THE USE OF GLOBAL POSITIONING SYSTEM (GPS) AMONG PEOPLE WITH DEMENTIA AND THEIR FAMILY CAREGIVERS
14. New approaches to home care
A. Pot1, B. Willemse2, S. Huyse3
1Program on Aging, Netherlands Institute of mental health and Addiction, Utrecht, Netherlands

Objectives and Study: Many people with dementia get lost at some point in their illness, and a few percent get lost repeatedly. Getting lost may lead to dangerous situations for the person with dementia, may be a burden for the caregiver, and may eventually result in nursing home placement. GPS is a way of少了 what help the people that are independent for longer.

Methods: A pilot-study on the use of GPS technology by older adults with dementia and their family caregivers has been carried out. The following research questions have been addressed: Is this system feasible and acceptable for the target-group? Is a change found on the experienced quality of life of the participants with dementia, the extend of worry while the person with dementia is outside without supervision and the experienced care burden of the informal caregiver after using the GPS technology three months? Are the GPS watchers in the study are living at home with a family caregiver (n=34). Results of the pilot study will be presented.

Conclusions: Conclusions and recommendations for whom and how to use GPS will be discussed.
OC016 ITSC APPLICATIONS IN THE MULTIFACTORIAL ATTEMPT OF PHYSICALLY AND/OR COGNITIVELY DISABLED ELDERLY AT HOME 14. New approaches to home care

L. Spiru1, I. Turcu1, C. Ghita2
Research and Development, Ana Aslan International Academy of Aging, Bucharest, Romania

Objectives and Study: The International Plan of Action on Ageing (Madrid 2002) includes the development of supportive environments for the elderly as a priority direction. One of the most important actions in this respect is the development of Assistive Technology (AT). Our presentation deals with the notion and implications of this new, promising technology in the provision of support and protection for cognitively disabled elderly at home.

Methods: An overview of the main notions, specific ontologies is performed, technologies, products and services dealing with AT, as well as the main obstacles that prevent elderly people from benefiting from information society achievements is performed. The list of the most important European projects in the field is commented as gauges of the European Model of AT development for elderly at home.

Results: We present our partnership outcomes in the SHARE-It and KeyCare STREP Projects, co-funded in the EU’s FP6. Examples of the struggle with the above, challenging matters. Our presentation also point out some main topics such as the remarkable heterogeneity of functional profiles in elderly or disabled people, often combining cognitive and physical impairments, the improvement of the tools of their evaluation and monitoring, the definition of their needs and impairment profiles, useful for the elaboration of innovative forms of agent-based artifacts that will enhance the autonomy of the target user group in their daily life.

Conclusions: The development of AT and AmI is one of the most suitable answers to global aging and its medical and economical challenges. AT and AmI impact lies on the creation of supportive environments for the elderly as a priority direction. One of the most important European projects in the field is commented as gauges of the European Model of AT development for elderly at home.

OC017 RAPIDLY PROGRESSIVE DEMENTIA CAUSES FOUND IN A GREEK TERTIARY REFERRAL CENTER, IN ATHENS

Sokratis G. Papageorgiou, MD, Theodoros Kontias, MD, Anastasios Bonalis, MD, Georgios Karahalios, MD, Nikolaos Kalfakis, MD, and Demetrios Vassilopoulos, MD, PhD

Alzheimer’s Disease is generally considered as rapidly progressive (rapidly progressive dementia (RPO)), in cases with overt cognitive impairment, established within months. Data about the relative frequency of underlying diseases in cases of RPO are few and extremely variable, depending on the clinical setting. We examined the relative frequency of the underlying causes of RPO, in a university tertiary referral center, in Athens. A series of consecutive patients presenting with RPO in a 3-year period was included. All patients received a comprehensive clinical, imaging, and laboratory evaluation. Of a total of 279 patients hospitalized for dementia diagnosis, 68 patients had RPO (37 males and 31 females). Mean age at onset ±SD was 65.5±10.0. The most common cause of RPO was secondary dementias, accounting for 18 cases (26.5%). Alzheimer disease and frontotemporal dementia were almost equally represented, accounting for 12 (17.6%) and 11 (16.2%) cases, respectively. Vascular dementia, Creutzfeldt-Jakob disease, and various neurodegenerative diseases accounted for 9 cases each (13.2%). In a tertiary referral center, secondary dementias represented the most frequent cause of cases presenting with RPO. As a substantial number of these cases are potentially treatable, our findings reinforce and underscores the importance of an exhaustive evaluation in any case presenting with RPO.

OC019 DEMENTIA CARE AND KNOWLEDGE TRANSLATION 19. Quality of life in dementia

G. Rees1
1National Office, Alzheimer’s Australia, Soullin, Australia

Objectives and Study: Alzheimer’s Australia is establishing a National Quality Dementia Care Network to improve the quality of dementia care through knowledge transfer and collaboration.

Methods: The Network will achieve this through the rapid dissemination and uptake of research evidence via the various mechanisms of knowledge transfer. This is to be achieved through better collaboration between dementia care researchers, consumers and service providers. The Network will not commission new research projects, but rather facilitate the translation of current and future research into education and training initiatives, guidelines, policy recommendations and procedures for best practice dementia care.

Examples of dementia care issues where current research outcomes have not been taken up include pain management strategies, how to minimise the use of medical restraint and developments in palliative care.

The proposal will be unique in involving consumers in all aspects of knowledge transfer, from identifying priorities through to approving and monitoring projects and advising on dissemination strategies.

Results: Alzheimer’s Australia has taken the initiative in the development of this proposal because of a recognition that the quality of dementia care in Australia will only improve if there is greater collaboration between consumers and those with a stake in research, service delivery, training and clinical experience, underpinned by the understanding and contribution of people with dementia and their families.

Conclusions: Alzheimer’s Australia believes it is positioned to drive this initiative with the three Dementia Collaborative Research Centres, because it has built good relationships with the Centres and it is positioned at the local level to collaborate with a range of partners dependent on the priorities set for knowledge transfer. The Network is planned to start later in 2010.

OC020 EXPLORING EXPERIENCES OF EVERYDAY ACTIVITY AND SOCIAL INTERACTION IN EARLY DEMENTIA AND THEIR SIGNIFICANCE FOR SENSE OF SELF AND WELL-BEING

19. Quality of life in dementia

A. Phinney1, D. O’Connor2, H. Chaudhury3
1School of Nursing, 2School of Social Work, University of British Columbia, 3Gerontology, Simon Fraser University, Vancouver, BC, Canada

Objectives and Study: It is generally accepted that older adults who engage in activity tend to experience improved health and well-being. However, the extent to which this kind of involvement plays a similar role in the lives of people with dementia is less well understood. In particular, how people with dementia themselves view the importance of activity has not been explored to any great extent. The purpose of this study was to investigate how people with a recent diagnosis of dementia perceive their everyday activities and social interactions, focusing especially on the relationship between this involvement and their sense of self and well-being.

Methods: This was a naturalistic study using interpretive ethnographic methods. 10 participants were recruited within six months of receiving a diagnosis. They were interviewed and observed in their home and neighbourhood environment over a period of several months. Several family members were also interviewed, and a sub-set of participants were seen again a year later for a follow-up interview. Field notes and transcribed interviews were analysed using established methods of interpretation.

Results: The emerging thematic structure demonstrates the important place of activity and social interaction in the everyday lives of people with early dementia, while revealing a certain tension between activities that have persisted and those that are changing. Moreover, findings demonstrate a close relationship with concepts of personhood and quality of life, illustrating the role of activity in helping people understand and feel about themselves, particularly in the context of family and community life.

Conclusions: This study illustrates how involvement in everyday activity and social interaction contributes to supporting personhood and quality of life for people with early dementia. Findings suggest directions for further research and development of community-based supports.
OC020 IMPROVING GENERAL PRACTICE DIAGNOSIS OF DEMENTIA
05. Diagnosis and treatment - role of GPs
H. Brodaty1, K. M. Saeedi1, D. Poon2, B. M. Draper1
1Dementia Collaborative Research Centre, University of New South Wales, Randwick, 2Discipline of General Practice, University of Newcastle, Newcastle, Australia

Objectives and Study: Screening for cognitive impairment by primary care physicians (PCPs, general practitioners, GPs), while controversial, has been recommended as routine for targeted populations such as patients aged 75 years or more as a way of redressing the low rate of diagnosis of dementia. The objective of present research is to determine the therapeutic potential of beta-amyloid plaques in AD research. In Taiwan, [18 F]FDDNP and [123I]IMPY had complete the document of chemical property and toxicology. In future plans, we will to exploitative the microSPECT showed that Tg2576 brain section/referen cebasement ratio larger than control mice. In In vivo and Ex vivo study, take those mice (post-injected for 30min) for microPET or microSPECT and then sacrificed the mice and take its brain for sagittal section for imaging.

Results: High quality of [18F]FDDNP and [123I]IMPY (Radiochemical purity >95%, by radio-HPLC) were synthesized by auto-synthesizer. In vitro assay, whatever in Tg2576 or human brain, A-beta rich regions showed high retention ratio. In vivo imaging, dynamic microPET or microSPECT showed that Tg2576 brain section/reference (onelevel) ratio larger than control mice. In Ex vivo study, hippocampus and frontal cortex region (A-beta; rich sites) Tg2576 had better retention than control mice.

Conclusions: In the report, we modified the synthesis protocol ([18F]FDDNP and [123I]IMPY) on auto-synthesizer instrument and estimate in vitro, Ex vivo and In vivo assay by transgenic mice (Tg2576). Now, success synthesis and superiority result in high quality product for tracing beta-amyloid plaques in AD research. In Taiwan, [18F]FDDNP and [123I]IMPY had complete the document of chemical property and toxicology. In future plans, we will to exploitative the precitcal platform for early diagnosis on AD patients.

OC021 THE EXPERIENCES OF RADIOPHARMACEUTICALS FOR ALZHEIMER’S DISEASE IN TAIWAN
05. Diagnosis and treatment - role of GPs
K. Chang1, S. Lee1, C. Chen1, W. Lin1
1Radiation Application, Institute of Nuclear Energy Research, Taoyuan, Taiwan

Objectives and Study: Alzheimer’s disease (AD) is one of the epidemic neurodegenerative disorder-affecting millions of elders. Numbers of dystrophic neuritis has correlated with severely of dementia been associated with florid A-beta (beta-amyloid). As white plaques (GP) and neurofibrillary tangles (NFTs) are hallmarks in AD, histological dyne biomarker for mapping A-beta, like [18F]FDDNP and [123I]IMPY, showed the superiority characteristics.

Methods: A new synthesis protocol of [18F]FDDNP and [123I]IMPY were apply on auto- synthesizer. In vitro, In vivo and Ex vivo study were used transgenic mice (Tg2576) for the assay. In vitro and competition autoradiography study was used Tg2576 and human brain section soaked with pure radiochemticals and together with radio-free compound in adjacent brain section. In In vivo and Ex vivo study, take those mice (post-injected for 30min) for microPET or microSPECT and then sacrificed the mice and take its brain for sagittal section for imaging.

Results: High quality of [18F]FDDNP and [123I]IMPY (Radiochemical purity >95%, by radio-HPLC) were synthesized by auto-synthesizer. In vitro assay, whatever in Tg2576 or human brain, A-beta rich regions showed high retention ratio. In vivo imaging, dynamic microPET or microSPECT showed that Tg2576 brain section/reference (onelevel) ratio larger than control mice. In Ex vivo study, hippocampus and frontal cortex region (A-beta; rich sites) Tg2576 had better retention than control mice.

Conclusions: In the report, we modified the synthesis protocol ([18F]FDDNP and [123I]IMPY) on auto-synthesizer instrument and estimate in vitro, Ex vivo and In vivo assay by transgenic mice (Tg2576). Now, success synthesis and superiority result in high quality product for tracing beta-amyloid plaques in AD research. In Taiwan, [18F]FDDNP and [123I]IMPY had complete the document of chemical property and toxicology. In future plans, we will to exploitative the precipical platform for early diagnosis on AD patients.

OC022 VALIDATION OF A NOVEL BLOOD TEST FOR THE EARLY DETECTION OF ALZHEIMER’S DISEASE - CHALLENGES WITH AN ‘IMPERFECT GOLD STANDARD’
05. Diagnosis and treatment - role of GPs
B. B. Booij1, 2, P. D. Rye1, G. Grau1, H. Andersen1, L. Kristiansen1, M. Jensen1, K. Bårdsen1, T. Lindeløv1, P. Sharma1, A. Lönnborg1
1DiaGenic ASA, DiaGenic ASA, Oslo, Norway

Methods: Our unique approach detects the presence of disease by measuring the pattern of specific gene expression changes in peripheral blood. This is a novel diagnostic approach as it measures the systemic effects of the disease. The test requires a 2.5 mL venous blood sample collected in an FDA approved PAXgene tube, which stabilizes and preserves the RNA. The RNA is then extracted and cDNA prepared before application to a low density array (ADetect®). The performance of all the 96 gene arrays in the real-time RT-PCR analysis is evaluated by an algorithm that results in a test score indicating the presence or absence of AD.

Results: In a multicenter study of N=248 subjects the test is able to discriminate AD subjects from cognitively healthy controls with a 73% overall agreement with the clinical diagnosis. The test performance is confirmed in an independent validation study, and shows similar good performance in mild (MMSE 20-27) and moderate AD cases.

Conclusions: We have developed a blood test (ADetect®) that can be used to aid the early diagnosis of AD. Our current findings show that ADetect® is a reliable and diagnostically relevant biomarker for the early detection of AD. Assuming a clinical accuracy of 80% in a validation study, a biomarker with 90% “true” accuracy can be expected to give an observed accuracy of 70-75%. The ADetect® blood test is particularly valuable as an aid in the diagnosis of mild AD cases with minor cognitive decline which are clinically the most difficult cases to diagnose.

OC023 INTRANASAL DELIVERY OF INSULIN FOR THE RESTORATION OF MEMORY SIGNALLING IN ALZHEIMER DISEASE
08. Future treatments in Alzheimer’s disease
P. Deevi1, U. Gupta1, N. K. Jain1
1Department of Pharmaceutical Sciences, Dr. Hari Singh Gour University, Sagar, India

Objectives and Study: Alzheimer’s disease (AD) is characterized by marked atrophy of the cerebral cortex. The objective of present research is to determine the therapeutic potential of nano-carriers for delivering insulin into the brain, employing a non-invasive approach (intranasal delivery). In this line, the present work conceives the formulation, optimization, encapsulation and in vitro release profile of Insulin from Plain PLGA and PEGylated PLGA nanoparticles.

Methods: PEG-PLGA copolymer has been synthesized and characterized by IR, NMR, and Mass spectrometry. Plain PLGA and PEGylated PLGA nanoparticles were formulated by double emulsionification method. The size of optimized Plain and PEGylated nanoparticles were found to be 130±1.26 and 286±3.24, nm, respectively.

Results: To the best of our knowledge, this is first ever work that reports the optimization of nanoparticle formulation taking three types of surfactant (Poly vinyl alcohol (PVA), Tween-20 and Tween-80) as one of formulation variables, along with stirring rate and entrapment efficiency. Outcomes suggested Tween-80 to be the best surfactant for nanoparticle formulation, wherein the parent PLGA systems showed an entrapment of 37.78±2.91%, as opposed to 31.18±3.38% and 29.78±3.78; %, entrapment with Tween-80, Tween-20 and PVA, respectively. PEGylation of systems resulted in further enhancement in entrapment efficiencies, which showed 59.78±2.97, 44.97±3.74 and 29.78±3.78; %, entrapment with Tween-80, Tween-20 and PVA, respectively.

Conclusions: From the in vivo data it has been concluded that PEGylated PLGA nanoparticles prepared by using tween-80 have shown better percentage entrapment and prolonged release, thus improving stability of the drug.
OC026 CRYSfAL STRUCTURES OF JNK-INTERACTING PROTEIN 1 AND KINESIN-1 LIGHT CHAIN SUBUNIT: INSIGHTS INTO MOLECULAR INTERACTIONS WITH AMYLOID PRECURSOR PROTEIN

H. Pars1,2,*, H. Zhu1,2,*, H. Lee1, Y. Shen1, L. Shen1, F. MacKenzie2, W. Tempe2, Y. Tong2
1Pharmacology and Toxictyology, 2Structural Genomics Consortium, University of Toronto, Toronto, Canada

Objectives and Study: Our objective is to advance molecularly targeted therapy for Alzheimer's disease (AD) by developing inhibitory peptides that specifically disrupt the binding of Thn686- phosphorylated amyloid precursor protein (AβP) to the JNK-interacting protein 1 (JIP1) and the binding of this complex to an axonal transport motor protein kinesin-1. Phosphorylation of AβP at Thn686 plays an important role in regulating APP transport as well as APP processing. APP can be phosphorylated at Thn686 by a number of protein kinases including c-jun N-terminal kinase (JNK). APP phosphorylation at Thn686 by JNK is increased by the association of APP with an adaptor/scaffolding molecule, JIP1. The phosphoThn686-AβP/JIP1/JNK complex is known to be co-transported by JIP1–KLC1 to axon ends, and defects in kinesin-1-dependent axonal transport (i.e., the obstruction of axonal flow) increase APP processing to Aβx, probably because the phosphoThn686-AβP of this complex is exposed to beta- and gamma-secretases that are independently transported to the axon end.

Methods: x-ray crystallography

Results: We crystallographically show the binding site of JIP1 for the APP peptide and the binding site of kinase-1 tight chain subunit (KLCl) for the JIP1 peptide, providing a basis for the development of inhibitory peptides that interfere with the formation of the Thn686-phosphoAPP-JIP1-KLCl complex.

Conclusions: These inhibitory peptides may be crucial for the prevention of AD pathogenesis by decreasing APP[Thn686] phosphorylation and kinesin-1-dependent axonal transport to prevent Aβ production.

OC025 ACCURACY OF DEATH CERTIFICATION OF DEMENTIA IN A COMMUNITY SAMPLE OF OLDER PEOPLE

L. Gao1, M. E. Dewey2
1MRC Biostatistics Unit, IPH, Cambridge, United Kingdom, 2Section of Epidemiology, Institute of Psychiatry, London

Objectives and Study: To describe the accuracy of death certification for dementia with a view to evaluating the reliability of the use of certificates for surveillance for detecting incidents of causes of dementia in older people

Methods: MRC-CFAS is a longitudinal population-based cohort study with follow-up for mortality. It includes six centres in England and Wales. The participants aged 65 and over living in the community were recruited via a lists held by general practitioners and interviewed with a schedule. They have been followed for up to 16 years with re-interview at various times. In this analysis, we used study diagnosis and mention of dementia on death certificate as main outcomes, estimated sensitivity, specificity and Cohen's kappa to measure agreement and logistic regression to predict mention of dementia on the death certificate from age, sex, place of residence, place of death, time from the last interview to death.

Results: Accuracy of death certificate diagnosis of dementia was poor with sensitivity 0.24 (95% confidence interval 0.22 to 0.26), specificity 0.92 (95% confidence interval 0.91 to 0.92), and Cohen's kappa 0.30 (95% confidence interval 0.28 to 0.32). Mention of dementia on the death certificate was more likely if respondents had been living in an institution at the time of the death.

Conclusions: We conclude that the use of routine death certificate information for surveillance for rare causes of dementia, in older people cannot be supported.

OC026 KETONE BODIES AS A THERAPEUTIC FOR ALZHEIMER’S DISEASE

B. T. Henderson1, J. L. Vogel1, L. J. Bari1, F. Garvin1
1Clinical Research, Accera Inc., Bloomfield, United States

Objectives and Study: The rationale and results for the use of ketone bodies as a therapy for Alzheimer’s disease (AD) is reviewed. An early feature of AD is region specific declines in cerebral glucose metabolism. One therapeutic approach is to supplement the brain’s normal glucose supply with ketone bodies.

Methods: An oral ketogenic compound, AC-1202, was tested in subjects with mild to moderate AD in two clinical studies to examine the cognitive effects of induced ketosis. Acute administration of AC-1202 was tested in 20 AD participants in a blinded, randomized, crossover study. Chronic administration of AC-1202 was tested in 152 AD subjects in a US-based, 90-day, randomized, double-blind, placebo-controlled, parallel-group study. In both studies, subjects were on a normal diet, most were taking approved AD medications, and results were stratified by APOE4 carriage status.

Results: In both acute and chronic dosing, AC-1202 significantly induced ketosis 2 hours after administration. After acute dosing, non-E4 carriers demonstrated a significant difference in the ADAS-Cog test compared to E4 carriers (p=0.039). After chronic dosing, non-E4 carriers demonstrated a significant difference between AC-1202 and Placebo in mean change from Baseline in ADAS-Cog score on Day 45 (4.77 point difference, p=0.005) and Day 90 (3.36 point difference, p=0.0148). In the dosage compliant population, non-E4 carriers receiving AC-1202 differed in ADAS-Cog from Placebo by 6.26 points at Day 45 (p=0.0011) and 5.33 points at Day 90 (p=0.0063). In addition, significant correlations between serum ketone bodies and cognitive performance were found in both studies.

Conclusions: AC-1202 rapidly elevated serum ketone bodies in AD patients and resulted in significant differences in ADAS-Cog scores compared to the Placebo. Effects were most notable in APOE4(-) subjects who were dosage compliant.

OC027B DIFFICULTIES IN DETECTING BEHAVIORAL SYMPTOMS OF FRONTOTEMPORAL LOBAR DEGENERATION ACROSS CULTURES

John D. Papapiotyfylou, MD,1 Indre V. Viskontas, PhD,2 Sokratis G. Papageorgiou, MD,2 Bruce L. Miller, MD,2 Daniele Pavlic, BA,2 Ayse Bingol, MD,2 and Gorsey Yener, MD, PhD
1Cross-cultural studies of neurodegenerative disorders especially important when the disease in question is difficult to diagnose, particularly if symptoms of the illness include behavioral disturbances that may be interpreted differently in different cultures. Our study underscores the need to create culturally appropriate indices of the behavioral symptoms of FTLD, so that patients may be diagnosed and treated at an earlier stage.

ABSTRACTS
OC032 LIVING ALONE WITH DEMENTIA
11. Multidisciplinary approach of dementia

S. Jansen1, S. Weiß2, U. Hauser3, H. Schneider-Scheifele2
1Geschäftsführender Direktor, 2Gesundheitszweig, 3Deutsche Alzheimer Gesellschaft e.V. Selbsthilfe Demenz, Berlin, Germany

Objectives and Study: The number of people with dementia is increasing worldwide because people are getting older. Also the number of people living alone increases in Germany as well as in other countries. In Germany already 60 % of people over 80 are living in single households. Support facilities are in many cases not available or not useful for people with dementia who live alone.

Methods: The German Alzheimer Association (Deutsche Alzheimer Gesellschaft) therefore in 2007 started the project “People with dementia living alone – education in the municipality”. The project is financially supported by the ministry of family, senior citizens, women and youth.

Results: The project includes different working steps: First of all interviews with people with dementia to get more knowledge about their wishes and needs. In a second step education materials for different target groups (police, firemen, bank employees, salespersons, people in the neighbourhood) were developed and tested to inform people in municipalities and make them more sensitive for people with dementia. At last a manual for municipalities is in work. The project will be finished in spring 2010.

Conclusions: The presentation will show results of the interviews, give an overview about the different educational materials and their implementation and a perspective of the manual.
OC034 PERSON-CENTRED DEMENTIA GROUP HOME: 11. Multidisciplinary approach of dementia

M. Liao*(1), P. Hsu(1), C. Hor(1), K. Fang(2)

(1) Family Medicine Department, Taichung Hospital, Taichung, (2) Department of Science and Technology, National Li-Yuan University, Yung Li City, Taiwan

Objective and Study: Currently, the dementia patients have occupied more than 5% of the elders in Taiwan. The emerging incidence that cares for the dementia patients are increasing and will continuously dominate the entire hospital setting in the near future. Struggling with the memory loss, thinking problem, and behavior changes, dementia patients’ families and themselves suffer from a variety of pains and social problems, including family, care burden, time spend, social perspectives. Taichung Hospital initiated a new care model of Patient-Centered Group Home for Dementia patients in March, 2008 aimed at to make these patients feel like at home, receive professional medical care.

Methods: Patient-Centered Group Home consists of the following components: 1. Tailor-made hardware, Patient-centered group home design, where nine people in a small unit with equipment such as living room, restaurant, multi-functional sensor room and hidden nurse station, ensuring to help patients bridge the perception gap between hospital and home. 2. Integrated team of Patient-Centered group home will cooperate in a teamwork that have family physicians, neuro doctors, psychiatrics, rehabilitation doctors, nurses, name role, social workers, pharmacists, and dietitian, making the integrated care plans possible in regard to short, medium, long-term medical, psychological, social aspects, for the Dementia patients. 3. Integrated care plan: Our residents had their own room, or we followed the rules in the 3 months. More importantly, At the beginning, standard evaluation form (Clinical Dementia Rating scale) was measured for Dementia patients and then, Geriatric depression score and satisfaction questionnaire were given every 6 months for monitoring the change of their situations and perceptions.

Results: Our Integrated team plan for every resident is 100%. CDR results showed that 88% of dementia patients are mild or moderate and 12% are severe type. Based on CDR (Geriatric Depression Scale), data is recorded with normal situation and 37% in mild depression. Field trially three percent of residents satisfied with our group home (≥90%).

Conclusions: The results revealed that group home care model is good for mild to moderate dementia patients associated with maintaining their original life model, keeping their function, dignity and privacy. Since the group home care is a new care model in Taiwan, it is hopeful that this model provides a rough direction for its exploration.

<Disclosure of Interest: None declared>

Presentation method: Oral or Poster presentation

The abstract version above is only for information, please note that your next email software might have corrupted some characters in the sending or receiving. In this case, please refer to the online version of the abstract.
Abstracts - Oral presentations

OC038  CASE STUDY: DIETARY INTERVENTION USING COCONUT OIL TO PRODUCE MILD KETOSES IN A 58 YO APOE4+ MALE WITH EARLY ONSET ALZHEIMER’S DISEASE

M. T. Newport, 1 1Neurology, All Children’s Hospital, Spring Hill, United States

Objectives and Study: To determine if mild ketosis from ingestion of medium chain fatty acids (MCFAs) in coconut oil will improve effects of Alzheimer’s disease.

Methods: An APOE4+ 58 year old caucasian male with probable early onset Alzheimer's disease received coconut oil in 35 ml daily with breakfast. On Day 35, dosing was increased to twice per day and on Day 54 to three times per day. MMSEs were administered on Day 0, four hours after Day 1 dose and on day 65. On Days 0, 14 and 37 the Clock Test was repeated. On Day 32, plasma ketone acetocetate and beta-hydroxybutrylate levels were measured and before and at several intervals following 35 ml of coconut oil at two meals.

Results: On Day 0, SNJ scored 14/30 on MMSE. Four hours after Day 1 dose of coconut oil, MMSE increased to 18/30 and on Day 65, 20/30. Accompanying image shows clock drawings on Days 0, 14 and 37. Day 52 levels of acetocetate/beta-hydroxybutrylate (mM) peaked at 0.143/0.0335 gams 180 after 35 gram dose coconut oil at breakfast and increased to 0.2710/1.135 180 after dinner dose. By Day 90, SNJ reported resolution of visual disturbance that interfered with reading, and author/caregiver noted normalization of gait, near resolution of facial and intention tremor, improvements in interaction, conversation, sense of humor, memory of recent events, task completion, renewed interest in exercise and learning, and expression of hope for the future.

Conclusions: Previous studies using 20 gm of MCT oil have shown improved cognition in persons with AD. Similar improvement may occur using equivalent amount of MCFAs as coconut oil, more widely available to world populations.

OC039  EFFECTIVENESS OF A STRESS MANAGEMENT PROGRAM FOR GREEK CAREGIVERS OF PATIENTS ATTENDING A DEMENTIA DAY CARE CENTER: A PILOT STUDY

A. L. Ethlymenos, 1, A. Nika, 2, C. Nikouli, 1, P. Sakka, 2, A. Harlal

1Dementia Day Care Center, Athens Association of Alzheimer’s Disease and Related Disorders, 2BIRT, Institute on Research and Therapy of Behavior, Athens, Greece

Objectives and Study: Within the last 20 years non-pharmacological interventions for dementia patients have become an unequivocal part of the therapeutic approach. A considerable amount of literature confirms the beneficial effects of these interventions for the dementia sufferers as well as for their caregivers. Cognitive behavioural group therapy programmes have a very promising role. These programmes markedly contribute to the reduction of caregivers’ stress and strain in everyday life. Caregivers experiencing feelings of frustration and guilt are at an increased risk of depression. They also have physical illnesses (hypertension, gastrointestinal disorders) and mental illnesses (anxiety, depression, and increased mortality. Disturbances in the sympathetic nervous system may mediate these conditions. Stress management interventions based on cognitive therapy and therapy give positive outcomes among caregivers.

Conclusions: To evaluate the effectiveness of a stress management program based on cognitive-behavioural therapy in caregivers of patients with dementia.

Methods: 12 caregivers of demented patients aged 41 to 73 participated for 6 months in a stress management program. The program was conducted on a fortnight basis at the Dementia Day Care Center of Athens Association of Alzheimer’s Disease. It was structured according to cognitive-behavioural therapy. Subjects received training in cognitive-behavioural model, psychoeducation on anxiety and stress, relaxation, assertiveness skills, anger management, breathing retraining, problem-solving, stress and anxiety inventories (BAI, BDI, Cohen PSS, COPE) were administered pre and post - intervention. The statistical package for the social science (SPSS, version 13) was used to analyze data collected.

Results: Comparison of stress and anxiety inventories, pre and post – intervention was made. At the end of the intervention there was a statistically significant improvement in BDI (Z=2.38, p=0.017) and PSS scores (Z=2.29, p=0.022).

Conclusions: Stress management program based on Cognitive Behavioural Therapy appears to be beneficial for caregivers of dementia patients in this pilot study. Perhaps such programs assist caregivers with everyday hassles. Carer organisations and/or Dementia Day Care Centers could use these kind of intervention in designing support programs for caregivers.

OC040  EARLY REFERRAL FOR SUPPORT OF DEMENTIA CAREGIVERS: EVALUATION OF THE FIRST LINK DEMONSTRATION PROJECT

15. Non-pharmacological interventions

C. A. McKinney, 1 D. Harvey, 2 L. E. Hillier, 2 P. Stokes, 3 M. Schulz, 1 Michael, 1

1Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, 2Member Services Department, Alzheimer Society of Ontario, Toronto, 3Lawson Health Institute, St. Joseph’s Health Care London, London, 4Health Studies & Gerontology, University of Waterloo, Waterloo, 5Information, Support Services and Education, Alzheimer Society of Canada, Toronto, 6Program Services, Alzheimer Society of Saskatchewan, Regina, Canada

Objectives and Study: First Link(TM) is an innovative program involving collaborations between primary care providers, Alzheimer Societies, and other health professionals that aims to support people with Alzheimer’s and their related diseases (ARD) and their families by linking them and their family members with support services earlier in the disease course. It was expected that by linking people with supports and services earlier in the disease, caregivers’ ability to cope would increase and feelings of burden would decrease. An evaluation of First Link has been conducted in the Canadian provinces of Ontario (4 sites) and Saskatchewan (2 sites). The goals of the evaluation were to:

1. examine the utilization of First Link among family physicians, specialists and other providers;
2. assess the impact of First Link on caregivers: a) knowledge and understanding of ARD; b) understanding of community resources; c) coping and level of burden; and d) describe the implementation of First Link (e.g., facilitators and barriers to implementation, suggestions for improvement and sustainability).

Methods: The study involved a mixed method, prospective cohort design. Data sources included:

a) First Link referrals and client contacts, b) surveys of caregivers, and c) interviews and focus groups with key stakeholders, persons with dementia, and caregivers.

Results: During the two years of the program, 4263 individuals have been referred to the Alzheimer Society with 47% of these referrals coming through First Link. Among the First Link referrals, the majority have come from physicians (73%). Most of the First Link referrals accepted Alzheimer Society involvement; 12% declined and 20% of those referred did not have a diagnosis of ARD. In terms of caregiver impacts, the caregiver survey data revealed that almost 60% of caregivers reported an increase in knowledge of ARD and community resources between the initial and follow-up surveys. Almost 40% reported that they were more confident in their ability to manage the caregiving role.

Conclusions: The First Link program has been well received by physicians, and positive impacts have been reported by caregivers. Strategies for improvement and sustainability will be discussed.

OC041  CORTICAL PLASTICITY AND ALZHEIMER’S DISEASE: A STUDY WITH EVOKED POTENTIALS

15. Non-pharmacological interventions

B. Bergamaschi, 1 C. Spironelli, 1 A. Angriol, 1 A. Capua, 2 S. Mondini, 3

1Department of General Psychology, University of Padova, Padova, 2, Casa di Cura Figli di San Camillo, Cremona, Italy

Objectives and Study: the present study was aimed at investigating the efficiency of a cognitive training in modulating learning processes and the underlying cortical re-organization in patients with mild to moderate Alzheimer’s disease (AD).

Methods: Twelve AD patients were selected on the basis of a geriatric visit, the assessment with traditional test for the diagnosis of dementia (e.g. MMSE) and the neuro-radiologic documentation (CT). Patients entered a five week cognitive training, 2 hours/day, 4 days/week, in which they were administered exercises to stimulate the main cognitive functions. All patients performed two computer tasks which stressed visual-spatial recognition, attention, and working memory. In the experimental task (Color), repeated every other day during the training session, patients had to memorize the colour of a single square and, after a 2-second inter-trial interval, they had to recognize it among four coloured squares (3AFC-Go/No-Go paradigm). In the control non-task (Motor), a fixation cross was followed by a yellow or blue square: patients had to respond by pressing the button corresponding to the color of the square. Neurophysiological, behavioral (Response Times [RTs] and Error rates [ERs]) and electrophysiological (ERPs) data were compared before and after training.

Results: The neuropsychological assessment pre- and post-training did not show statistical differences, notwithstanding a qualitative improvement of patients’ performance in some tests. After the training, analyses showed faster RTs in both tasks, and a significant decrease of ERs (more than 50%) in the Colour task (p<0.05). Three contiguous time intervals have been selected after the onset of the first stimulus for ERPs analyses: from 1.5 to 2 s (late phase of the initial contingent negative variation, CNV); from 2 to 2.5 s (early phase of the terminal CNV) and from 2.5 to 3 s (corresponding to the last 500 ms of the terminal CNV). Analyses revealed that, before the training, the two tasks elicited a bilateral pattern of activation in the same brain regions. After the training, the Colour task showed greater levels of cortical negativity/activation in the left anterior hemisphere (p<0.05), whereas the Motor task revealed a bilateral activation distributed to both anterior and posterior regions.

Conclusions: results suggest that, during the training, AD patients developed new cognitive strategies able to activate their undamaged neural networks. Thus, an intensive, cognitive training modulated AD patients’ learning skills and contributed to induce a plastic re-organization of the residual cortical regions.
OC042 SPACED-RETRIEVAL: A MEMORY INTERVENTION FOR IMPROVING EATING PERFORMANCE OF PATIENTS WITH MILD COGNITIVE IMPAIRMENT (MCI)

15. Non-pharmacological interventions

C. Agogiatou

Objectives and Study: Dementia led to progressive loss of learning behaviors, including self-eating ability (Volker et al., 1989). Compared with Parkinson's disease and cerebrovascular disease, dementia was obviously related eating difficulty (Ahn et al., 1989). Spaced-retrieval relied on intact prefrontal neural circuitry of patients with dementia to compensate memory problems and help them carry out daily tasks (Yanco & Farr, 2007). Therefore, the study was to explore the effects of spaced-retrieval on daily eating performance of patients with dementia.

Methods: A one-group pretest-posttest design was used. Thirty-two residents with dementia were chosen from one special care unit in north Taiwan. The subjects received an eight-week spaced-retrieval training program. It consisted of eight writing messages about eating procedures and their practice for three 30-40 minute sessions per week. Spaced-retrieval used immediate, 1, 2, 4, 8, 16, 32 minutes time interval trials to train subjects. Between time interval trials, Montessori-based activities were used to maintain interests of the subjects.

Results: After an eight-week intervention, the Edinburgh Feeding Evaluation in Dementia (EdFED) scores, meal consumptions, body weights, and Mini-Nutritional Assessment (MNA) scores in posttest were significantly improved more than that in pretest. These data indicated that residents who received spaced-retrieval promoted eating ability and the amount of a meal consumed, and then increased body weights and nutritional status. Besides, depressive status of the subjects measured by Cornell Scale for Depression in Dementia (CSDD) was significantly reduced.

Conclusions: Spaced-retrieval resulted in positive effects in eating performance, nutrition, and emotions of residents with dementia. Using blind, experimental design to increase validity was recommended.

OC044 PRACTICE OF ATTENTION AND PARAMETERS OF EXECUTIVE FUNCTION FOR PATIENTS WITH MILD COGNITIVE IMPAIRMENT (MCI)

15. Non-pharmacological interventions

A. Agogiatou, F. Kounis, M. Tsolaki

Greek Association of Alzheimer’s Disease and Related Disorders, Association of Alzheimer's Disease and Related Disorders, Kalmar.

Objectives and Study: Aim of this study was the improvement of cognitive and functional performance of patients with MCI through practice of attention and parameters of executive function with paper and pencil tasks.

Methods: The study included 46 women and 28 men with MMSE=27.59 (1.47), age= 68.06 (7.23), and education=7.8 (3.83), classified in one experimental and one control group matched in age (P=0.34), gender (P>0.81), education (P=0.13), MMSE (P=0.12), and cholinesterase inhibitors (P=0.55). The experimental group attended 20 weekly sessions for a period of 6 months targeting the enhancement of visual attention, verbal learning, working memory, shifting of visual spatial attention, switching of attention, delayed verbal recall and dual task. Controls did not attend any non-pharmacological therapy during the same period. Participants were assessed at baseline and at the end of the therapy.

Results: At baseline, there were no differences between groups in cognitive and functional performance. At the end of the therapy, differences were noticed between groups in favor of the experimental group, in general cognitive ability (P=0.02), attention (P=0.00), ADL (P=0.02); visual perception (P=0.00), and executive function (P=0.00). Within group analysis showed improvement in the experimental group in ADL (P=0.02), executive function (P=0.00), attention (P=0.01), visual memory (P=0.04), naming (P=0.01), and visual perception (P=0.01). Controls maintained stable cognitive and functional performance.

Conclusions: The experimental patients had a significant benefit from the cognitive training of attention and parameters of executive function, and the cognitive improvement was generalized in ADL.
OC046 DOES A CAREGIVER HAVE A FUTURE?
21. Supporting and educating caregivers
P. M. Heyns1, J. C. Potgieter2
1Psychology, University of the Free State, Bloemfontein, 2School of Psychosocial Behavioral Sciences, Potchefstroom, South Africa

Objectives and Study: To what extent does the high level of stress accompanying the task of caring for a patient with dementia affect the caregiver's well-being and perspective on the future? It has been shown that a positive outlook on the future and long-term goal setting has a motivational effect which enhances a person's psychological well-being during trying circumstances. Preoccupation with the present is associated with emotional distress and feelings of hopelessness. The objective of this study was to determine the interplay between caregivers' time perspective and psychological well-being.

Methods: The self-administered SELSE-instrument, consisting of incomplete sentences, was completed by 40 participants, comprising of 4 subgroups: participants who either cared for or did not care for a spouse with dementia who was still alive or who had already passed away.

Results: The relatively low focus of the respondents on the past dispels the myth of the elderly being overly reminiscent and focused on the past. Caregivers displayed strong negative feelings about the present as well as the future. They seem to be trapped in the present and are restricted to plan beyond what lies in the immediate future. Caregivers whose spouses had passed away also seem to encounter serious problems to regain a grip on the future and are faced with an existential vacuum. This severely compromises their quality of life and well-being.

Conclusions: The results emphasize the importance of support for the caregiver to empower him or her to nurture interests and maintain a positive future perspective.

OC047 AUSTRALIAN QUALITY SUPPORT GROUPS PROJECT
21. Supporting and educating caregivers
J. T. Brown1,2
1Policy and Information, Alzheimer's Australia NSW, Sydney, Australia

Objectives and Study: The Australian Quality Support Groups Project is the first comprehensive investigation of support groups for carers of people with dementia in Australia. It investigates quality in a carer support group and determines best practice guidelines that can be applied to a range of groups.

Methods: With ethics approval and collaboration with Macquarie University, Alzheimer’s Australia NSW collected data from 350 non-identified participants of support groups. A triangulated method of data collection was employed using questionnaires, focus groups and telephone interviews. Analysis was undertaken using SPSS.

Results: 159 support groups were located. Membership was varied in age and ethnicity but mostly female (75%) and spouse (72%) carers. Findings indicated a quality support group led by a skilled leader relieves carer isolation and provides effective information about care, dementia and related services. Significant evidence for mutual aid amongst members is identified which breaks down barriers between members and forms connections via the commonality of dementia care. The profound impact of grief and loss on the lives of carers is evident with five dimensions of grief and loss identified. These dimensions influence care stress levels and can be relieved by participation in a support group.

Conclusions: The research findings enabled the formulation of best practice guidelines to assist leaders and group members to develop and maintain quality outcomes. A quality support group provides carers with positive social, emotional and educational outcomes to enable them to manage their situation as well as the grief and loss they experience as dementia carers. These groups are a cost-effective, worthwhile initiative to enhance the carer’s health and wellbeing and in turn, the life of the person with dementia. Worldwide social policy encourages ageing in place for all individuals and to that end a quality support group is a necessary support and empowerment required to enable a person with dementia to stay at home longer.

OC048 CAREGIVER EDUCATION: SUPPORTING THE FAMILY CAREGIVER THROUGH FLEXIBLE SPONSORED TRAINING
21. Supporting and educating caregivers
C. A. Person1, M. Maldonado2
1Center for Aging, University of Texas School of Nursing, 2Caregiver Education Program, Area Agency on Aging, El Paso, United States

Objectives and Study: To evaluate a unique caregiver education program designed to provide support for family caregivers during the caregiving period as well as provide an opportunity for a career choice or advancement when care giving ceases. This program was a collaboration between a private educational institution offering certified nursing assistant (CNA) training and an Area Agency on Aging (AAA) Caregiver Support program in El Paso Texas.

Methods: Methods: We conducted a review of the program after 12 months to determine predictions of successful completion of the training and uncover barriers to enrolment and completion of the program.

Results: Results: A total of 12 students successfully completed the program in the first 12 months. Support for students included full scholarships, including books and supplies, and respite care for the 12 family caregivers who were accepted to the 6-week CNA program. The population of El Paso is 84% Hispanic, primarily Spanish-speaking, with less than a 9th grade education, thus, the requirement of the high school equivalency (the GED) exam was waived for these trainees.

Conclusions: Conclusion: With support, trainees were successful. All 12 trainees successfully passed the state-sponsored CNA licensing examination; one is currently enrolled in a nursing program. Students who had 70% literacy in English and had the GED were more successful; however, all eventually obtained the GED during the training. Cost per participant was $2,833 ($34007.04 for all). Individual trainee commitment, as well as support from the school and the AAA, helped one woman who brought her husband (he has Alzheimer’s disease) to class with her for three days while respite was being arranged. Face-to-face meetings and regular email encouragement supported trainees through the many difficulties they encountered during the 6-week training period.

OC049 “LEARNING FROM EXPERIENCE”: CARING FOR PEOPLE WITH DEMENTIA
21. Supporting and educating caregivers
M. Lin1
1Department of Nursing, Cardinal Tien College of Healthcare & Management, Taipei, Taiwan

Objectives and Study: Introduction The provision of health-care in the United Kingdom has altered, with a shift in policy from institutional to community-based care over three decades. It is far more likely that a cared-for person living at home for longer will be cared for and have their immediate needs met by a lay carer, rather than a healthcare professional.

Aim: This study explored learning experiences of carers who caring for people with dementia over time.

Methods: A longitudinal grounded theory approach was applied. In-depth interviews were conducted at the beginning, at six months and at eighteen months. A constant comparative analysis of digital recording and transcribed interviews was used. Six spouses of people with dementia were recruited.

Results: Learning from the experience of caring was the explanation of caring. Learning from experience presents a personal and individual reflection from carers who were able to review their previous understanding and practical skills. Not only had this but they all managed to build on such reflections and handle the problems they faced in light of their new knowledge and abilities. Learning is a process which requires a developmental progression from carers’ recognition of an issue and finding ways of circumnavigating it.

Conclusions: Learning from other’s experience provides an example of dealing with certain things or situations for carers but there is still a potentially unhelpful risk in applying it to practice as the effective strategy may differ from person to person in different circumstances. On the other hand, importantly, learning about one’s self offers a uniquely useful approach to a deep understanding and realization about one’s situation.
OC051 PROMOTION OF HIGH IDEAL VOLUNTEERISM
21. Supporting and educating caregivers

N. M. Narula
Alzheimer's Care, Alzheimer's and Related Disorders Society of India, New Delhi, India

Objectives and Study: Promotion of High Ideal Volunteerism – Through a collection of empirical wisdom attained through firm practice.

Methods: The approach to enable volunteerism by ARDIS through volunteers in the context of serving the people affected with Alzheimer’s and related disorders, took a logical journey of trying different interventions, isolation through internization and these include:
- Identification and nurturing people with key traits, which is of paramount importance, such as possessing:
  - resolve to serve others;
  - proactive sense to meaningfully contribute to the society and dedicate time;
  - knowledge of the problem and have interest and belief in what they do;
- Create awareness on the importance of caregivers’ needs assessment in dementia management than pharmacotherapy alone. Regarding families the PEP had significant benefits. Regarding patients, results suggest that those whose caregivers have a better understanding of the disease and better coping strategies could have a lower risk of decline and institutionalization.

OC052 COMBINED INTERVENTIONS IN DEMENTIA FOR PATIENTS AND CAREGIVERS. RESULTS OF AIDMA: A FRENCH CONTROLLED STUDY
21. Supporting and educating caregivers

J. De Rotrou1, V. Fauconneau1, M. Pino1, A. Rigaud1
1Gerontology, Broca Hospital, Paris, France

Objectives and Study: In dementia management, results of combined pharmacologic and psychosocial interventions are limited. The aim of this study was to determine whether a Psycho-Educational Program (PEP) for family caregivers in conjunction with pharmacotherapy for patients with mild-to-moderate Alzheimer’s disease (AD), could improve outcomes in patients and/or families. We performed a randomized controlled trial.

Methods: A total of 167 dyads “patient-caregiver” (n=334) were recruited through 15 memory clinics, and randomized to two parallel groups. In the intervention group caregivers participated in the PEP involving 12-hour-teen weekly sessions over three months. In the control group caregivers did not follow the PEP. All patients were receiving pharmacotherapy. Dyads were assessed at baseline, 3-month, 6-month follow-up. Evaluation criteria for patients included: VAS-Coq, DAD, NPI. Caregivers were assessed using Zarit scale, Sense of Competence Questionnaire, MADRS, VAS.

Results: Both groups were comparable at baseline on all criteria. At 3 and 6 months, patients showed stabilization of their condition in both groups. Concerning caregivers, in the intervention-group differences were observed on VAS measures of disease understanding at 3 months (p=0.007) and 6 months (p<0.001), and on VAS measures of coping strategies at 6 months (p<0.02). In the control group depressive symptoms increased (p<0.02) whereas scores remained unchanged in the intervention group.

Conclusions: The AIDMA study confirms that combined therapies have a larger impact in dementia management than pharmacotherapy alone. Regarding families the PEP had significant benefits. Regarding patients, results suggest that those whose caregivers have a better understanding of the disease and better coping strategies could have a lower risk of decline and institutionalization.

OC053 THE ITALIAN VERSION OF THE CARER’S NEEDS ASSESSMENT FOR DEMENTIA (CNAD): PSYCHOMETRIC PROPERTIES AND INFLUENCE OF PATIENTS/CAREGIVER CHARACTERISTICS ON ANSWER PROFILES.
21. Supporting and educating caregivers

M. Neri1, F. Navar1,2, B. Manni1, S. Iori1, M. Monzani1, J. Wancata1, R. Chattat2, A. Pelosi1,2, E. Concial1
1Department of Medicine and Geriatrics, University of Modena and Reggio E., Modena, Italy, 2Department of Psychiatry, Medical University of Vienna, Vienna, Austria

Objectives and Study: For purpose of service planning for dementia, an instrument was developed to assess 18 pre-defined areas in which determine the relevance of caregiver’s needs and whether they are met. From the original german version, an Italian version was developed. Till now, a sample of 30 Ss has been examined.

Results: There have been difficulties, limitations and learning gains at the trial stage leading us to condense our experiences to other stages as education for future practice. Today the efforts of ARDIS stands tall and has a band of 25 trained volunteers, who have been providing support to the patient’s families by visiting them regularly enabled through a dedicated helpline, enhancing capacities of family members and their caregivers, training of external caregivers towards professionalism etc., on Alzheimer’s care. They contribute in promoting awareness to identify possible deficiencies earlier, respecting the rights of families and care, access enable to right health and social care etc. This affected patients and their families reached by ARDIS volunteers in Delhi accounts to nearly 500 cases and the family members have appreciated the meaningful contributions by volunteers. More so, the old age homes in Delhi are adept and empowered to handle Alzheimer’s patients with due capacity enhancement and knowledge enabled by the ARDIS volunteers.

Conclusions: The essence of high ideals of volunteerism in India back to historic days and has come as a legacy to its people. Their self-belief in doing things, self-leads, of utility to the society on a proactive basis has been incomparable. Keeping to its tradition, the author treaded a path leading by example and had worthy people to follow; now this is no more a ritual, but a practice full of collective empirical wisdom as a full-fledged movement. This is a platform to share the success story to create a boom of volunteerism among the needy as the people suffering from the disease of Alzheimer’s needs it badly beyond the medical care available in hospitals.

OC054 PHOSPHATIDYLSERINE CONTAINING OMEGA-3 FATTY ACIDS MAY IMPROVE MEMORY ABILITIES IN NON-DEMENTED ELDERLY WITH MEMORY COMPLAINTS: A DOUBLE BLIND PLACEBO-CONTROLLED TRIAL
21. Supporting and educating caregivers

Veronica Vakhapova1 and Amos D. Korczyn2
1Neurology Department, Tel-Aviv Sourasky Medical Center, Tel-Aviv, Israel, 2Sieratzki Chair of Neurology, Tel-Aviv University Medical School, Ramat Aviv, Israel

Background: Phosphatidylserine (PS) may have beneficial effects on cognitive functions. We evaluated the efficacy of a novel preparation of PS containing ω-3 long-chain polyunsaturated fatty acids attached to its backbone (PS-DHA) in non-demented elderly with memory complaints.

Methods: 167 participants were randomized to receive either PS-DHA or placebo for 15 weeks. Cognitive performance was evaluated at baseline and endpoint by Rey Auditory Verbal Learning Test and at week 7 and 15 by Clinicians’ Global Impression of Change scale.

Results: 131 participants completed the study although nine were excluded from the efficacy analysis due to protocol violation. At endpoint, verbal immediate recall was significantly improved (p=0.031) and 6 months (p=0.001), and on VAS measures of coping strategies at 6 months (p=0.02). In the control group depressive symptoms increased (p<0.02) whereas scores remained unchanged in the intervention group.

Conclusions: The AIDMA study confirms that combined therapies have a larger impact in dementia management than pharmacotherapy alone. Regarding families the PEP had significant benefits. Regarding patients, results suggest that those whose caregivers have a better understanding of the disease and better coping strategies could have a lower risk of decline and institutionalization.
OC005 The Effect of Aniracetam, Either as Monotherapy or Combined with Cholinesterase Inhibitors, on Neuropsychological Performance of Patients with Dementia in Different Stages. (Data from the Greek Amnesia Study: Aniracetam Monotherapy Compared with Cholinesterase)

Methods: In our prospective, multi-centre, open-label study, we enrolled a total of 252 patients (mean age 71.38 years, 89 male) with cognitive disorders of variable severity (25 patients with MCI, 192 with Alzheimer’s disease and 35 with other forms of dementia). The study population comprised 4 groups: the no treatment group (n=77), the aniracetam monotherapy group (n=47), the ChIs monotherapy group (n=68) and the group of combination treatment (n=62). Patients were examined with validated neuropsychological tests at baseline, and after 3, 6 and 12 months.

Results: Patients without treatment demonstrated a significant decline in cognitive performance at 12 months of follow-up (p<0.004). In patients treated with aniracetam, all studied parameters were adequately maintained at 6 and 12 months, while emotional state was significantly improved at 3 months (p<0.03). In patients treated with ChIs, we observed a statistically significant deterioration of cognitive status at 12 months (p<0.01). The combination treatment group exhibited a substantial amelioration of emotional profile at 3 months (p<0.04), but there was a significant worsening of mental and functional parameters at 12 months (p<0.04, p<0.05 respectively). The comparison between aniracetam and ChIs monotherapy in patients with moderate dementia (MMSE 15-25) revealed a significantly better cognitive performance in the aniracetam group at 6 months of treatment (MMSE= 23.4±3.1 vs. 18.7±4.2, p<0.005). When comparing aniracetam monotherapy with combination treatment in moderate dementia, aniracetam performed better in cognitive and functional scales at 6 months (p<0.002 and p<0.05), while the mood of patients treated with aniracetam was significantly enhanced at 12 months (p<0.03).

Conclusions: Our findings indicate that aniracetam (an AMPA potentiator with glutamatergic activity and neuroprotective potential) is a promising option for patients with moderate cognitive deficit. In our study, aniracetam monotherapy preserved all neuropsychological parameters for at least 12 months, and seemed to exert a favorable effect on emotional stability of demented patients.

OC006 Prediction of Treatment Response to Rivastigmine in Parkinson’s Disease Dementia

Methods: Within the Rivapark study, we examine the relationships between various indicators of cholinergic deficit and treatment response to rivastigmine in 158 outpatients with PDD. Attention, short-term memory and quantitative EEG are assessed before treatment initiation and after two weeks of rivastigmine treatment. Treatment response is evaluated after six and twelve months of treatment initiation.

Results: So far, the data of 32 patients (19 men, 13 women) at ages between 61 and 83 years, with MMSE scores from 15 to 27, have been evaluated. After two weeks of rivastigmine treatment, performance in the attentional task (Alterkonzentrations test, AKT) and in verbal short-term memory were significantly improved, EEG theta power had decreased.

Conclusions: This preliminary analysis shows that short-term cholinergic treatment with rivastigmine in Alzheimer patients leads to a decrease in EEG theta power and to improvements in parameters of attention and short-term memory. Thus, these parameters may be suited for a prediction of treatment response.

OC007 Will Translational Research Help Find a Cure for Alzheimer’s Disease?

Methods: A literature search of Alzheimer’s research published in 2009 is used to identify the main areas of current research activity.

Results: 1. The main areas of current research activity will be contrasted with the results from a preliminary survey in 2007.
2. The main avenues of current published research will be described.
3. The comparison of the translational research model with current research activity will be analysed to identify gaps and weaknesses in current research programmes.

Conclusions: 1. The results will be used to consider if there is evidence of translational research influencing current research and whether it is likely help find a cure for Alzheimer’s disease.

OC008 Anticholinergic Drugs in Elderly People: Study of an Alzheimer’s Day Centre

Methods: 96 elderly people (28 males, 68 females; mean age± SD 72.92±8.42; mean years of education 8.94±4.68) were examined in an Alzheimer’s Day centre. A complete neuropsychometric evaluation was performed in most of them, including the tests MMSE, MOCA, FRISID, FUCAS, GDS, NPI. According to the Anticholinergic Cognitive Burden (ACB) scale, the anticholinergic drugs were divided according to their properties. Drugs with possible anticholinergic effects were given a score of 1, whereas drugs with established anticholinergic effects were given a score of 2 or 3. It is believed that anticholinergic drugs have a significant effect on cognition when total ACB score is 3 and over.

Results: A high level of anticholinergic burden was found. The mean (±SD) total ACB score was 1.9±1.3 and ACB score was 3 and over in 26 subjects (27.08% of the total patients) and 2 in 13 subjects (13.54%). Moreover, no significant correlation was observed (p=0.05) between ACB score and the score of the elderly in all the neuropsychometric tests performed.

Conclusions: According to the results of our study, there is a considerable percentage of elderly people that receive anticholinergic medication in a dosage that can lead to cognitive problems. Therefore it seems that the prescription of the drugs must be given with more caution, and drugs ‘over the counter’ should be avoided. However, there does not seem to be any correlation between anticholinergic activity and cognition as it is assessed by the performance of the patients in the neuropsychometric tests.
OC059 THE CYCLIN DEPENDENT KINASE 5 INHIBITOR (CIP) REDUCES Aβ1-42 AND P25/CDK5-MEDIATED TAU HYPERPHOSPHORYLATION AND APOPTOSIS IN NEURONS

H. C. Pant1
1. Laboratory of Neurochemistry, National Institutes of Health, Bethesda, United States

Objectives and Study: The extracellular aggregation of amyloid β peptides and the intracellular hyperphosphorylation of tau and neuronal proteins at specific epitopes are pathological hallmarks of neurodegenerative diseases such as Alzheimer’s disease (AD) and Amyotrophic Lateral Sclerosis (ALS). Cdk5 is a member of the Cdk family of serine/threonine kinases, most of which are key regulators of the cell cycle. Unlike mitotic Cdk5, Cdk5 plays a critical role in brain development, neuronal migration, neurite outgrowth, axon patterning and neuronal survival but has no known role in the mitotic cell cycle. Cdk5 activity is regulated through association with its neuron-specific activators, p35 and p36.

Methods: The denervation, the abnormal localization activity of Cdk5 phosphorylates tau and neurofilament proteins at AD-specific epitopes when it associates with p25. P25 is a truncated activator, which is produced from the physiological Cdk5 activator, p35, upon exposure to amyloid β peptides (Aβ), calpain activation and other neuronal insults.

Results: We have found that the Cdk5 Inhibitory Peptide (CIP), a 125-residue derived from p35, has a much higher affinity for Cdk5 than does p25. CIP effectively and specifically inhibits the activity of Cdk5 in vitro and in vivo. We show that neuronal infections with Cdk5 inhibitory peptide CIP, selectively inhibits p25/Cdk5 activity and suppresses the aberrant tau and neurofilament phosphorylation in cortical neurons. Furthermore, Aβ-induced apoptosis of these cortical neurons is also reduced by co-infection with CIP. Most importantly, our results showed that CIP inhibition is highly specific. It inhibits the neurotoxic effects produced by p25/Cdk5 complex but did not alter the ‘normal’ role of p35/Cdk5 complex, which is essential for brain development and survival.

Conclusions: Accordingly, we suggest that utilization of the CIP or smaller molecules with similar inhibitory properties, could lead to useful agents to ameliorate some of the neurological pathology produced by p25/Cdk5. This raises the intriguing possibility that such agents might be therapeutic for AD and other neurodegenerative diseases, which exhibit abnormal phosphorylation of neuronal cytoskeletal proteins by p25/Cdk5

EFFICACY OF A MEDICAL FOOD (SOUVENAID®) IN MILD ALZHEIMER’S DISEASE: A RANDOMISED CONTROLLED TRIAL

Frank HM Pluim1, Patrick JSH Kamphuis2, Philip Scheltens3
1. Nutricia Advanced Medical Nutrition, Schiphol, The Netherlands
2. Danone Research, Centre for Specialised Nutrition, Wageningen, The Netherlands
3. Alzheimer Centre, VU University Medical Centre Amsterdam, Amsterdam, The Netherlands

Ten years of research into the role of nutrients in Alzheimer’s disease (AD) have resulted in the development of a new medical food, Souvenaid® containing a combination of nutrients (Fortasyn™ Connect) designed to improve cognitive performance. The effect of Souvenaid® on memory and cognitive performance was recently investigated in a randomised double-blind, 12 week study in 212 drug naïve mild AD patients. Primary outcome measures were a delayed verbal memory task (Wechsler Memory Scale-revised) and the 13-item modified ADAS-Cog. No significant baseline differences were detected, and there was no decline in modified ADAS-cog and verbal memory in the control group. In the intervention group, however, a significant benefit was found on the delayed verbal memory task. Although unadjusted analyses showed no significant effect on ADAS-cog, baseline ADAS-cog score was a predictor for the intervention effect, i.e., patients with a higher baseline score showed a greater effect of Souvenaid®. This proof-of-concept study showed that Souvenaid® given for 12 weeks improves memory in patients with mild AD.

To confirm and further strengthen the results, two additional trials started in 2009. A 24-week study in drug naïve mild AD patients, and a 24-week study in mild-moderate AD patients using AD medication. Results of both clinical studies are to be expected late 2010.

OC063 QUALITY OF LIFE, YEARS OF EDUCATION AND NEUROPSYCHOLOGICAL PERFORMANCE IN OLDER ADULTS

13. Neuropsychology and dementia

F. Constantinidou1, C. Charalambous2, C. Mathioudakis2, A. Philippou3
1. Department of Psychology, University of Cyprus, Multidynamic Center, Strovilos, Nicosia, Cyprus

Objectives and Study: This study is part of the first systematic research program exploring neuropsychological-neurocognitive performance and quality of life issues in the elderly Greek-Cypriots. The primary objective was to investigate verbal learning, working memory, and executive functioning abilities and quality of life issues in Greek-Cypriots over the age of 60.

Methods: Participants Ninety male/female Greek-Cypriot adults between 55–85 years (x = 69.4, sd = 6.5) and average education 9.5 years (sd = 3.9) with average MMSE scores 27.2 (sd = 1.8) and from various socioeconomic backgrounds participated in the project. Procedures. All participants were screened for global cognitive and memory decline prior to participating in the project. A battery of standardized clinical neuropsychological tests to assess neurocognitive abilities and the WHO Quality of Life (WHOQOL-BREF) questionnaire were administered.

Results: Statistical analyses revealed significant relationships (p < .01) between years of education, quality of life, and cognitive abilities. Specifically, years of education correlated significantly with physical health. In addition, physical health was significantly correlated with psychological health and speed of processing abilities. Both physical and psychological health were correlated with strong naming abilities, while psychological health was also positively correlated to social relationships and environmental support.

Conclusions: Results indicate that certain aspects of quality of life relate to cognitive functioning. In addition, higher education relates to perceptions of physical health in adults over 60.

OC059B Alzheimer’s Disease -New Treatments and Diagnosis.

Giovanni Frisoni

Better understanding the pathophysiology of the neurodegenerative cascade in Alzheimer’s Disease has led to the development of drugs aimed to delay the progression of neurodegeneration. Such drugs may be the more helpful the earlier they are prescribed in the disease course. Early diagnosis thus becomes a cornerstone of this scenario. A proposal for new diagnostic criteria has recently developed pointing that AD might be diagnosed at the mild cognitive impairment, predementia, stage with imaging and biological markers. The application of these criteria in a memory clinic will be described as well as amyloid imaging data showing that positivity identifies MCI and healthy persons at increased risk of developing AD in the following years.

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OC063 EFFICACY OF CHOLINESTERASE INHIBITORS ON NEUropsychiatric SYMPTOMS OF DEMENTIA: A MALAYSIAN EXPERIENCE.

M. Kaur 1, N. Zainal 1, E. Ebenezer 1
1Psychological Medicine Unit, University Malaya Medical Centre, 2Department of Psychological Medicine, University Malaya, Kuala Lumpur, 3Department of Psychiatry, Perak Medical College, Ipoh, Perak, Malaysia

Objectives and Study: To determine the efficacy of Cholinesterase Inhibitors in the treatment of neuropsychiatric symptoms in patients with Dementia.

Methods: Patients newly diagnosed with mild to moderate Dementia attending the Memory Clinic treated with any of three cholinesterase inhibitors (AChEIs). Donepezil, Rivastigmine and Galantamine, were recruited. Similar patients who were not on treatment with cholinesterase inhibitors were selected as controls. All patients were rated by their care giver at baseline, 12 weeks and 24 weeks on Neuropsychiatric Inventory Questionnaire (NPI-Q) for severity of symptoms and distress given to the care giver.

Results: A total of 100 patients commenced on AChEIs and 50 controls were recruited. After 24 weeks on AChEIs, the treated group showed significant improvement in NPI-Q severity scores compared to control group (mean change -3.8 vs 1.7 points; p<0.001), and in NPI-Q caregiver distress scores; 5.8 vs 3.1 points; p<0.001. Sixty one percent of patients on AChEIs had a 36% reduction in total NPI-Q score from baseline. All neuropsychiatric symptoms showed improvement with treatment and AChEIs, along with reduction in care giver distress level.

Conclusions: AChEIs had significant efficacy in treating neuropsychiatric symptoms in patients of mild to moderate dementia.

OC064 THE OVERLEARNED PAST KNOWLEDGE IN NON DEMENTED MCI AND DEMENTED PARTICIPANTS AS A FACTOR OF DIFFERENTIAL DIAGNOSIS

E. Tsantali 1, D. Economou 1, S. Rippoulu 2
12nd Dept. Internal Medicine, Geriatric Unit, Hippocration hospital, Aristotle University of Thessaloniki, 2Neurologic Clinic, Panagia hospital, Thessaloniki, Greece

Objectives and Study: The literature refers that Alzheimer’s disease patients have severe difficulties to learn new information and to connect the new one with the old information. However, there is well preserved the old learned information in most of the cases. The aim of our study was to investigate if the overlearned past knowledge which can be detected via a delayed memory task can discriminate non demented elderly, mild cognitive impairment (MCI) and Alzheimer’s disease patients (AD).

Methods: Our sample was 96 non demented, MCI and AD outpatients recruited from the Memory clinic of the Geriatric Clinic of Hippocration hospital and the Neurologic clinic of Panagia hospital in Thessaloniki in Greece. The diagnosis was set by an expert intercollegial team using clinical, laboratory, neuropsychological and neuroimaging data. The participants were 68.4(SD=11.0) years old and they had 9.2(SD=3.9) years of typical education. The mean of the MMSE for the non demented, MCI and AD participants was 28.7(SD=1.5), 26.5(SD=3.3) and 22.3(SD=3.4) respectively. Though the mean of the Overlearned past knowledge task was 5.4(SD=3.96) and 1.4(SD=1.46) respectively.

Results: There was strong correlation between MMSE and the Overlearned past knowledge task r=.706, p=.01. The one way ANOVA showed statistically significant differences between groups according to the Overlearned past knowledge task(F(2, 99)=9.2, p<0.001). Tukey analysis also performed that there is statistically significant difference (p<0.00) between non demented elderly and AD participants, non demented elderly and MCI (p<0.00), and AD and MCI patient( p<0.000). The discriminant analysis correctly classified 93.3% of the original grouped cases, 81% for the AD patients and 84.6% for the MCI ones. Though 15.6% of the MCI participants classified wrong as AD.

Conclusions: Our conclusion is that the overlearned past knowledge is starting to declined fasterly from MCI and impaired more during the first stages of AD.
OC067 VALIDATION STUDY OF PANDA QUESTIONNAIRE IN GREEK POPULATION

I. THIOTOKA1, V. VAGENAS2, E. KAPANI3, M. MALTEZOULI3, E. KOUREMENOS3, I. LIAPPA3

1Psychiatry, Eginition Hospital, Athens, Greece; 2Neurology, A. IKA Hospital, Neurology, Eginition Hospital, Athens, Greece

Objectives and Study: The aim of this work is to validate in greek population the PANDA Questionnaire for the assessment of mild cognitive deficits and dementia. So, there is a need for time-economic, reliable and sensitive screening tools for cognitive dysfunction. The PANDA (Parkinson Neuropsychometric Dementia Assessment) is a short instrument for the assessment of cognitive abilities in patients with PD.

Methods: The study included two groups. The first group consisted of 20 patients with PD, who were outpatients in the Movement Disorder Clinic and the Memory Clinic of the Neuroradiological Clinics of two public health general hospitals and a university hospital. The second group consisted of 20 healthy controls. The ten groups were matched for age and education. Patients with PD and healthy controls (in order to ensure normal cognitive status) were evaluated with MMSE, Clock Test, IADL (Instrumental Activities of Daily Living). Years of PD were taken into consideration. In two groups, PANDA Questionnaire was also administered. All subjects were evaluated by an experienced clinical neuropsychologist.

Results: PD patients performed statistically significantly worse than controls in all PANDA subscores, except the first subscore of immediate recall, where the two groups did not differ. PANDA is very well correlated with all neuropsychological tests. People performed better than females in immediate recall and verbal fluency (this result should be treated with caution due to small sample size). In the others subscores no gender differences were observed. Years of illness and age affected in a statistical significant way the PANDA performance. Healthy controls were intact cognitively with all instruments.

Conclusions: Greek version of PANDA can be an effective tool. PANDA has a good correlation with all tests used in this study and differentiates well PD patients from controls. Small sample size is a limitation of the study. In order to complete the validation study, we need a bigger sample.

OC067B ALZHEIMER’S DISEASE (AD), FRONTAL TEMPORAL DEMENTIA (FTD) AND HEALTHY ELDERLY ASSESSMENT USING MEASURES OF EXECUTIVE FUNCTION AND GENERAL COGNITIVE FUNCTION

T. Christodoulou1, N. Kakogianni2, M. Tsolaki3, D. Okonomidis4

1Day Centre of Greek Association of Alzheimer’s disease and relative disorders, 2Clinical Fellow in the Department of Memory-Dementia, 32nd Pathological Clinic, Aristotel University, 43rd Department of Neurology Aristotel University, Greek Association for Alzheimer’s disease and relative disorders, 5Director of Geriatric Unit, Hippocration hospital of Thessaloniki, Aristotel University of Thessaloniki, Medical School, Thessaloniki, Greece

Objectives and Study: Individual differences with respect to tests of mental abilities range in complexity from simple reaction time to abstract reasoning. The concept of ‘general intelligence’ or Spearman’s g is common to every type of cognitive performance and is the crucial factor in most tests’ practical validity. Genetic and environmental influences have an impact on g with shared environmental influences predominating early in life, but dissipating near zero by adulthood. Dysfunction results in a range of impairments immediately reminiscent of this concept. The theory links g to neural processes involved in the speed and efficiency of information processing. The most representative test is the Raven’s progressive matrices (RPM). The aim of the study is to use this measure to differentiate among AD, FTD and healthy elderly.

Methods: The sample consisted of 30 subjects in each group. All participants underwent the same assessment which consisted of the RPM, the Short-Global Cognitive Assessment covering a wide range of cognitive functions including orientation, memory, visuospatial abilities, comprehension, encoding, recall, reproduction, verbal fluency in addition to perception, Mini Mental State Examination (MMSE) assessed overall level of function and the Geriatric Depression Scale to identify symptoms of depression.

Results: We hypothesized that AD will underperform in tests assessing memory, verbal fluency and orientation whereas FTD will show widespread impairments in executive function. Both dementia groups will have deficits in their general intelligence as measured by the RPM compared to controls and show lower scores.

Conclusions: Based on our hypothesis the RPM is able to differentiate among the three groups with the two dementias showing greater deficits. Overall sensitivity and cut off scores will also be presented.

OC070: PROMOTION OF HEALTH AND EDUCATION, THE ROLE OF SCHOOL TO CRISIS MANAGEMENT AND TO THE POSSIBLE PREVENTION OF ALZHEIMER DISEASE (PRESENTATION OF THE EDUCATIONAL PACKAGE «SOUND MIND & HEALTHY BODY»)

Evanthia Stefanatou

The educational package « Sound Mind & Healthy Body » was made on the frame of the educational programs for the treatment and the promotion of health from the person in charge of Primary’s education Health Treatment of the prefecture of Heraklion as to contribute:

- To management of crisis that develops in the family frame when the relative of a child is taken ill by the Alzheimer disease.
- In the development of a frame that will relate to the prevention of Alzheimer disease.

The more specific aims of the educational package are:

- The strengthening of family relations and the refinement of the harmonic coexistence between childhood and the third age.
- The refinement of empathy, of the respect and the understanding of the needs of individuals of the third age.
- The development of a frame that will provide the possibility to students to develop positions and attitudes in relation to the conscious promotion of their physical and mental health.
- The formation of children's positive attitude in relation to voluntarism through the knowledge of the actions of the voluntary company of the Alzheimer disease of Heraklion prefecture.

The present educational package includes:

- A sensitization fairytale relating to the Alzheimer disease and the acknowledgement of the voluntary actions of the Alzheimer disease company "SOLIDARITY" of the prefecture of Heraklion. Through the fairytale the creative frame of contact between the children and the taken ill is proposed.
- An informative notebook which informs the children of the function of the brain, proposes a prevention frame in relation to the disease, develops ways of emotion management and creative ways of contact with individuals of the third age as well.
- An instructive poster of sensitization with reference to the behaviour of children in their relation to individuals that have been taken ill by the Alzheimer disease.

The aimed result is the positive approach of the Life Cycle in which we can all coexist as long as we respect the needs not only of the individuals that need our help but ours as well because then we will be able to turn crisis into the possibility of adoption of healthy attitudes and behaviours.

OC070: AN EFFECTIVE GREEK HEALTH CARE DELIVERY MODEL FOR FAMILIES WITH A PATIENT SUFFERING FROM DEMENTIA BASED ON THE EXPERIENCE GAINED FROM RURAL CRETE

Christos Lionis

Professor of General Practice and Primary Health Care (elect), School of Medicine, University of Crete

Although Integrated Primary Care and General Practice/Family Medicine have received prompt attention in the current literature in regards to the management of cognitive and mood disorders, unfortunately in the community it remains a neglected issue in the Greek Health policy agenda. This presentation attempts to report an effective Greek health care delivery model for families with a patient suffering from dementia based on the experience gained from rural Crete.
Abstracts - Oral presentations

OC068 THE EFFICACY OF SPAECED RETRIEVAL AND MONTESORI METHODS IN MANAGING EATING DIFFICULTIES FOR RESIDENTS WITH DEMENTIA
15. Non-pharmacological interventions

L. Lin1
1Institute of Clinical and Community Health Nursing, National Yang-Ming University, Taipei, Taiwan

Objectives and Study: To construct a training protocol for spaced retrieval and to investigate the effectiveness of spaced retrieval and Montessori-based activities in decreasing eating difficulty in older residents with dementia.

Methods: A single evaluator, blind, randomized control trial (two treatments and one control) was used. Three special care units for residents with dementia in long-term care facilities in Taiwan were the sites for the study. Eighty-five institutionalized residents with dementia participated in the study, with 82 subjects completing the 8-week study. To avoid any confounding of subjects, the three institutions were randomized into three groups: spaced retrieval, Montessori-based activities and a control group. The intervention includes three 30-40 minute sessions per week, for eight weeks.

Results: After receiving the intervention, mean differences in the EdFED#2, the variables fed by caregivers, physical assistance, verbal assistance, self-eating time and MNA among the three groups were significantly different. Further analysis showed the mean differences in physical assistance and verbal assistance in the spaced retrieval group were significantly lower than in the Montessori-based activities and control groups, while the mean difference in the MNA was significantly higher than the Montessori-based activities and control group. Mean differences in self-eating time in the Montessori-based activities group was significantly higher than in the control group.

Conclusions: This study confirms the efficacy of spaced retrieval and Montessori-based methods in decreasing eating difficulty in older residents with dementia.

OC069 APPLICATION EFFECTS OF WALKING PROGRAM FOR COGNITIVELY IMPAIRED ELDERLY IN TAIWAN LONG-TERM CARE FACILITY
15. Non-pharmacological interventions

W. Y. Cheng1, J. J. Wang2
1School of Nursing, National Cheng Kung University, Tainan, Taiwan, 2.

Objectives and Study: Very few empirically based programs for prescribing interventions have been developed for elderly people suffered from dementia in Taiwan long-term care facilities (LTCFs). Though activities of daily living (ADL) are part of basic human needs, the aim of this quasi-experimental study was to evaluate the impact of a walking program with endless loop on cognitively-impaired elders’ physical, psychological, and cognitive functions.

Methods: The purposive sample was eight dementia elders, aged 67-82 (y=77), from a LTCF in southern Taiwan. The length of stay in nursing home ranged from 0.25 to 7.5 years (x=1.5). Based on the Progressively Lowered Stress Threshold (Hall & Buckwalter, 1987), the program had run during the most available hours for Sundowning Syndromes (4:30-5:30 pm) for eight weeks. 30 minutes per session, three sessions per week.

Results: (1) The Barthel Index increased from 10.70 to 61.0 (p=0.007); (2) The Geriatric Depression Scale decreased from 6.88 to 3.00 (p=0.014), 71% changed into good mood; (3) The Mini-Mental Status Examination and Clinical Dementia Rating improved however insignificantly (χ²=7.71→13.86, 1.93→1.21; p=0.062, 0.687); and (4) Ryden Agitation Scale improved (physically: χ²=2.01→0.90; verbally: χ²=0.59→0.52).

Conclusions: The data support positive effects for the program. Large sample sizes and individually tailored programs would be strongly recommended for future studies.

OC071 PRACTICE OF LINGUISTIC SKILLS: COGNITIVE TRAINING INTERVENTION IN PATIENTS WITH MILD COGNITIVE IMPAIRMENT
15. Non-pharmacological interventions

E. Nikolaou1, F. Kourti1, M. Tactaki2
1Day Center of Greek Association of Alzheimer’s Disease and Relative Disorders, 2nd Department of Neurology, Aristotle University of Thessaloniki, Greek Association of Alzheimer’s Disease and Relative Disorders, Thessaloniki, Greece

Objectives and Study: Linguistic deficits are often observed in patients with Mild Cognitive Impairment (MCI) concerning naming, verbal fluency, word finding, speed of verbalization, and comprehension of oral and written speech. The aim of this study was to examine the effectiveness of a cognitive training intervention enhancing linguistic skills of MCI patients.

Methods: The study included 24 women and 7 men, age 68.41 (5.60), education 9.85 (4.02), and MMSE 27.93 (1.61) classified in one experimental and one control group. The groups were matched in gender (p=0.47), age (p=0.33), education (p=0.18), MMSE (p=0.30), and medication-cholinesterase inhibitors (p=0.64). The experimental group participated in 20 weekly therapeutic sessions for a period of 6 months. Linguistic skills were practiced via written and oral tasks, while the control group did not participate in any type of non-pharmacological intervention and was on waiting list. The neuropsychological assessment was performed at baseline and at the end of intervention.

Results: At baseline, there were no differences between groups in cognitive and functional performance. At the end of the intervention were found differences in favour of the experimental group in attention (p=0.05), visual perception (p=0.03), and verbal fluency (p=0.01). The within group analysis for the control group had shown deterioration in attention (p=0.00). For the experimental group it was observed improvement in attention (p=0.01), verbal fluency (p=0.00) and visual memory (p=0.05).

Conclusions: The cognitive training improved the targeted linguistic skills of the experimental patients and the improvement was noticed also in other cognitive areas.

OC072 COGNITIVE TRAINING PROGRAMME THROUGH MUSICAL STIMULI: A NON PHARMACOLOGICAL COGNITIVE TRAINING INTERVENTION IN PATIENTS WITH MILD DEMENTIA
15. Non-pharmacological interventions

G. Batsila1, F. Kourti1, M. Tactaki2
1Greek Association of Alzheimer’s Disease and Relative Disorders, Association of Alzheimer’s Disease and Related Disorders, Kalamaria, 2nd Department of Neurology Aristotle University of Thessaloniki, Greek Association of Alzheimer’s Disease and Relative Disorders, Thessaloniki, Greece

Objectives and Study: The project investigated the effectiveness of cognitive training through musical stimuli. The intervention aimed at the stabilization of cognitive and functional performance of patients with mild dementia.

Methods: The study included 25 women and 6 men with age=75.13 (4.83), education >7.74 (3.75) and MMSE=22.20 (3.12) in two groups: one experimental and one control group matched in age (p=0.45), gender (p=0.32), education (p=0.26), MMSE (p=0.09) and cholinesterase inhibitors (p=0.18). The experimental group attended 20 weekly sessions for a period of six months with music stimuli as crucial component in exercises of attention, memory, dual task and language. Controls did not attend any non pharmacological therapy during the same period and were on waiting list. Participants were assessed with the same psychometric battery at baseline and at the end of the therapy.

Results: At baseline the experimental and the control group were matched in cognitive abilities assessed in the study. At the end of the therapy there were not found differences between groups. Within subjects analysis showed that ADL was improved for the experimental group (p=0.00), while it remained stable for the control group.

Conclusions: Cognitive training with musical stimuli was beneficial in the experimental patients, because their cognitive performance remained stable and the performance in ADL was improved.
OC073 | ORIENTATION IN CURRENT EVENTS: A COGNITIVE STIMULATION AND TRAINING INTERVENTION FOR PATIENTS WITH MCI

A. Sounpouros1*, F. Kousi2, M. Tsiakas3
1Day Center of Greek Association of Alzheimer’s Disease and Relative Disorders, 2nd Department of Neurology of Aristotle University, Thessaloniki, Greek Association of Alzheimer’s Disease and Relative Disorders, Thessaloniki, Greece

Objectives and Study: The cognitive stimulation and training intervention could reduce or inhibit the cognitive impairment in MCI patients. The intervention aimed to enhance cognitive abilities in MCI patients through orientation in current events.

Methods: Forty one participants, men and women, 55-80 years old, neuropsychiatric symptoms free, diagnosed with MCI, were classified in one experimental and one control group, matched in age (p=0.05), education (p=0.08), gender (p=0.32) and drugs (p=0.37). The experimental group attended 24 weekly sessions in a period of 8 months, while the control group did not (waiting list). Cognitive Intervention included discussion of every day issues, orientation techniques and visual-auditory stimulation. Neuropsychological assessment was performed at baseline and at the end of the intervention.

Results: At baseline, between groups comparison yielded differences in attention (p=0.018) and visual memory (p=0.018). At the end of the intervention there were differences between groups in favor of the experimental group in verbal fluency (p=0.007). Within group analyses for the experimental group showed improvement in naming (p=0.013), verbal fluency (p=0.021), visual memory (p=0.007) and learning ability (p=0.031). Controls have retained stable cognitive performance.

Conclusions: Orientation in current events, improved cognitive performance in patients with MCI.

OC074 | NUTRITIONAL SUPPLEMENT COMBINATION TREATMENT IMPROVES COGNITION IN 3XTG AD MICE WILL BE TESTED IN COGNITIVELY NORMAL ADULTS.

N. B. Emerson Lombardo1*, J. Vala2, B. Braden3, L. Lin4, H. Simonne-Nelson2, E. Engele1, A. Garcia5, N. Young1, S. H. Auerbach6, B. Bowman7, A. Wolf8, K. Page9, Y. Kusne10, L. Volicer11
1Neurology, Boston Univ. Sch. Medicine, Boston, MA, 2Barone Neuro-Instit., St. Joseph’s Hosp & Medical Center; Phoenix, 3N, Arizona St Univ, Tempe, 4, Univ-Miss Fla, Tampa, United States

Objectives and Study: Animal model and epidemiological studies suggest that some diets can slow cognitive decline in early AD. Using brain health related evidence, an interdisciplinary team led by Dr. Emerson Lombardo designed a whole foods Memory Preservation Nutrition Program (MPNP) program emphasizing synergistic contributions of increasing Omega-3s, foods with anti-oxidant, anti-inflammatory properties, and which attenuate insulin resistance. This led to polyunsaturated interventions for clinical research on AD, using available nutritional supplements.

Methods: Dr. Jon Vala’s team administered Memory Preservation Nutrition Supplement Program (MPNP) supplements incorporated into standard mouse chow to triply-transgenic mice known to develop features of AD with age. MPNP®-a poly-nutrient powder comprised of 100% organic freeze-dried fruits and vegetables, spices, grains and probiotics; an amalgam of herbs and spices chosen for their reported anti-inflammatory properties; and cod liver oil. Mice (N=56) were fed either supplemented or standard chow beginning at an average age of 38 weeks in age- and sex-matched cohorts in a full 2x2 design (genotype x diet). At the beginning of 4 months of supplementation, mice were cognitively tested on a delayed match to position (DMP), a 30-minute DMP delay challenge, as well as spatial reference memory Morris maze.

Results: Were gender dependant. The supplemented diet enhanced learning of the DMP task in male Tg mice only. The female Tg mice were the only group to be impaired by the 30-minute delay on the DMP task, and the diet prevented this impairment. The diet had no effect on learning in WT mice.

Sample size was insufficient on some tests.

Conclusions: Polyunsaturated supplementation may counter functional consequences of AD-related brain changes. Studies are underway to deduce the effects of MPNP® on glucose uptake, mitochondrial function, amyloid and tau pathology, inflammatory markers. Boston University is conducting a feasibility, safety biomarker study in cognitively normal adults, with a similar polyunsaturated therapy, Nutritional Supplement Combination Therapy, looking at similar biological parameters. Fish oil is cod liver oil and DHA- enhanced fish oil. 2000 IUL of vitamin D3 was added.

OC075 | COMPUTER BASED COGNITIVE TRAINING FOR PATIENTS WITH MILD COGNITIVE IMPAIRMENT (MCI)

S. C. Zafeiropoulos1*, M. Vaskouli3, F. Kousi2, M. Tsiakas3
1Day Center of Hellenic Association of Alzheimer’s Disease and Relative Disorders, Hellenic Association of Alzheimer’s Disease and Relative Disorders, 2nd Department of Neurology, School of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece

Objectives and Study: Brain activation through computer training of attention and executive function could stimulate brain plasticity in patients with MCI Cognitive Impairment (MCI). The study aimed to investigate the effectiveness of a computer based training on visual spatial abilities, visual attention, executive function and visual memory, in MCI patients.

Methods: The participants were 59 MCI patients, age 68.08 (7.25), education 9.17 (3.93), and MMSE 27.73 (1.35), classified in one experimental (N=30) and one control group (N=29). The groups were matched in age (p=0.60), education (p=0.06), drugs (0.51) and gender (p=0.52). The experimental group attended 20 weekly sessions in a period of 6 months, including tasks of visual attention, visual spatial abilities, visual memory, and executive function. The control group did not participate in any type of intervention and was in a waiting list. Neuropsychological assessment was performed at baseline and at the end of the training.

Results: At baseline, there were no differences between groups in cognitive abilities. At the end of the training, between groups comparison yielded differences in favor of the experimental group in performance in attention (p=0.00), verbal fluency (p=0.00), visual memory (p=0.01), verbal memory (p=0.00) and learning through feedback (p=0.00). Within group analysis of the experimental group’s performance has shown improvement in attention (p=0.00) and daily function (p=0.00). Controls have shown an improvement in perseverative responses and cognitive flexibility (p=0.00) and naming (p=0.02), and deterioration in abilities of attention (p=0.00).

Conclusions: Computer cognitive training helped the experimental group to improve attention abilities and verbal memory. The improvement was noticed also in ADL.

OC076 | FORMS OF AGEING, NEEDS AND DEPENDENCY: PUBLIC POLICIES AND THE INFORMAL SECTOR

19. Quality of life in demidria

I. C. Tsokanari1*, A. Melkas2, M. Tsiakas3
1Team of care at home, Greek Association of Alzheimer’s Disease and Relative Disorders, Thessaloniki, Greece, 2Unit,SSSA of the INSERN, University of Tours, Tours, France, 3President, Greek Association of Alzheimer Disease and Related Disorders, Thessaloniki, Greece

Objectives and Study: There is a general discussion regarding to ageing population in Europe, their needs, their rights and their dependency. Furthermore there is an issue about public policies and informal sector of care in the Alzheimer’s patient’s field in Greece.

Methods: Semi structured interviews were taken from thirty families, caregivers and patients, and health professionals; doctors, psychologists, social workers.

Results: The Social Security for the third age in our country is mainly characterized by the important role that the family still continues playing. Most of the patients with Alzheimer’s disease in Greece stay at home—mostly because of lack of qualified, easy-available care centers but also for emotional reasons. An informal care is usually provided by patients’ close relatives. The caregivers are children or spouses of patients. The care takes them seven days a week and most of the caregivers have no possibility of rest. They all-caregivers and professionals of health agree that many things need to be done by the state in order elderly and people suffering from Alzheimer’s disease can have more help. They all believe that it is needed to be constructed elder’s homes with specialized personnel who could treat their patients better so they will feel safe to take their patient there. They mostly ask for short term elder’s homes in order to rest for a while. They all ask for more money; better pensions and provision of financial aids to all demented people. They also ask for better and more convenient provision of services from the insurances. They all ask for free help at home provided by the state even for a few hours a day or sometimes in a week. And what they all ask is for better information; they want to be informed by their insurance for everything they can get and not having to search in order to find something.

Conclusions: It is easily understood that the basic effort for the elderly should be in the maintenance of their good quality of life, their self-sufficiency, as their protection in case of illness. The growth of services and structures for elderly becomes important role that the family still continues playing. Henceforth imperative: in the developed countries exist beds that correspond in the 10% of number of old people, that is the percentage of old people that needs protected stay or benefit of nursing services. That is to say our country would be supposed to have roughly the 150.000 protected beds. Unfortunately however we have not developed relative structures yet.
OC077 MANAGING TOGETHER AN EXPLORATION OF THE FAMILY EXPERIENCE OF MANAGING THE IMPACT OF DEMENTIA UPON THE RELATIONSHIP BETWEEN GRANDPARENTS AND THEIR GRANDCHILDREN

J. H. La Fontaine1, S. Harper2

1Oxford Institute of Ageing, University of Oxford, Oxford, United Kingdom

Abstract: Among evidence points to the fact that while families are affected by dementia, the majority of research in this area has focused upon the person with dementia or the primary carer. Minimal research has considered the impact on the wider family, even though relationships are a significant factor influencing the wellbeing of people with dementia and the person primarily involved in caregiving. The impact of dementia upon grandparent and grandchild relationships has received limited attention, in spite of research evidence indicating the value of grandparent-grandchild relationships to wellbeing. This study sought to achieve an in-depth understanding of the impact of dementia upon the relationship between grandparents and grandchildren, even younger grandchildren and to develop meaningful practical outcomes from the research which may benefit families.

Methods: This year ethnographic study was jointly funded by the James Martin Foundation and the Alzheimer’s Society. 54-depth interviews and 18 hours of participant observation were achieved with 7, three generational families, including the person with dementia, their spouse, their adult children and their younger grandchildren aged 12 or below. Analysis occurred using NVivo and was informed by Narrative Theory.

Results: Analysis revealed that families valued the role of grandparent and the relationship between grandparent and grandchildren and made significant efforts to maintain the relationship. Specific challenges occurred as a consequence of the progression of the illness. The nature of the dementia experienced, the individual characteristics of family members and the family relationships. Strategies identified by family members to support the relationship included vigilance, facilitation and risk management.

Conclusions: Results reinforce the value of taking a family oriented approach to dementia and to supporting the family to develop and maintain strategies for managing relationships between grandparents and grandchildren. Information sheets concerning the strategies to support the relationship between grandparents and grandchildren. Information sheets concerning the strategies to support the relationship between grandparents and grandchildren. Information sheets concerning the strategies to support the relationship between grandparents and grandchildren.

OC078 CAREGIVERS’ OPINION ON CURRENT STATUS OF AD MEDICATION IN GREECE

E. Margiset1, O. Lympopoulou2, P. Zoi1, F. Kalliogerou1, P. Sakka1

1Athens Association of Alzheimer’s Disease and Related Disorders, Athens, Greece

Objectives and Study: From January to July 2009, the Athens Association of Alzheimer’s Disease and Related Disorders conducted a survey among caregivers of patients with Alzheimer’s disease (AD) who attended its Day Care Centers. The aim was to record caregivers’ stance towards caring and their opinion on current status of AD treatment in Greece.

Methods: Interviews with caregivers were performed by clinical psychologists as part of social history taking. A 4 or 5-point Likert-like scale was used to record opinions impossible to express with a “yes” or “no” answer.

Results: 300 caregivers participated, mainly women over 45 years old of middle/lower level of education, living in the same house with the patient and having a first-degree relationship with him. 85% of the caregivers reported that caring for an AD patient has increasing negative psychological implications as the disease progresses. Main reported feelings were (in order of frequency): sorrow, frustration and anger. Nonetheless, more than 85% of caregivers did not wish admittance the patients to be admitted in a nursing home. All patients were under pharmaceutical treatment receiving on average 4 medication per day. There had been on AD medication for 3.45 years on average and since diagnosis they had tried more than 2 different drugs. The medication was characterized as at least ‘somehow inconvenient’ by 63% of the caregivers. Caregivers of patients with severe disease reported more difficulties in ensuring medication compliance and adherence to dosage schedule, mainly due to patient refusal to cooperate.

Conclusions: As expected, negative feelings are strongly related to caring for a person with dementia, especially as the disease progresses. Caregivers experience difficulties with AD medication and seem to be rather skeptical about its effectiveness. Interestingly, the vast majority of caregivers were unwilling to place patients in a nursing home. There is an urgent need to recognize the significant practical and emotional burden of caregivers and support the development of respite services in Greece.
OC001  THE FRENCH ALZHEIMER NATIONAL PLAN AND THE CALLIOPE WEB SERVICE FOR PATIENTS WITH ALZHEIMER DISEASE: TOWARDS A EUROPEAN EXTENSION

N. Texier1, S. Schuich2, P. Robert3, B. Dubois1
1Kappa Santé, 2Epidemiology, Kappa Santé, Paris, 3CHU Nice, 4CHU Pitié Salpêtrière, Paris, France

Objectives and Study: The French national plan against Alzheimer disease was launched on February 1st 2008. The main outputs are 44 topics carried out, concerning clinical research, support to families and healthcare organisation. This plan has received high level political from President Sarkozy. Similar plans are being developed across Europe to prepare for the emerging health and social care challenges presented by dementia. One of the orientations of the plan is to collect data from memory centers in order to have national epidemiologic data and to have data of activities of the specialized centres.

Methods: This measure will contribute to adapt the offer of specialized care memory centers through the regional plans of care organization and to estimate the quality of their functioning. Information from all the memory centres will be captured by an electronic database. For that purpose, Calliope, a web service developed by Kappa Santé was chosen.

Results: This web service is used by 183 specialized memory centers to follow patients, with some clinical, diagnostic,therapeutic and cognitive evaluation data. 81 979 patients are in the data base with 183 952 consultations. A data set has been elaborated specifically for the plan. This data set will be the minimum requirement of information for patients with Alzheimer’s disease and will be launched in October 2009.

Conclusions: The next step will be a European collaboration around the Calliope web service, in order to get some common european epidemiologic data on Alzheimer’s disease.

OC081  OPIATE ACTIVITY OF INHIBITORY SUBSTANCES: A VIRTUAL SCREENING APPROACH

M. Hug2, A. Ziegler1, W. die Glase2
1Psychiatry, Humboldt University, Berlin, 2Psychology, Justus Liebig University, Giessen

Objectives and Study: This study investigated the relationship between awareness of memory deficits and motivation for cognitive therapy in patients with MCI Cognitive Impairment, compared to cognitively unimpaired older adults.

Methods: Awareness was in 32 patients and 72 age-matched control participants measured by the Memory Failures Questionnaire (MFQ), a self-report measure of everyday memory failures containing five subscales: frequency and perceived severity of everyday memory failures, use of external memory aids, retrospective memory ability, and auto-referential comparison of actual and former memory. Motivation for cognitive training was measured by the self-developed questionnaire whose answers were combined to a single score through linear combination. To obtain a pure measure of therapy motivation, indices of education, depression, and cognitive executive functions and language skills. In contrast, the control group showed no significant improvement at the end of the eight month period in verbal and non-verbal episodic memory, executive functions and language skills. In contrast, the control group showed no significant improvement at the end of the eight month period in verbal and non-verbal episodic memory, executive functions and language skills.

Results: Regression analysis revealed that in MCI patients, increased motivation for cognitive training went along with lower frequency of memory failures, and more frequent use of external memory aids. This pattern differed from the control group, in which therapy motivation was best predicted by higher levels of retrospective memory, and lower self-perceived autobiographical memory ability.

Conclusions: Our findings challenge the view that greater awareness in MCI increases motivation for cognitive training. They might indicate avoidant coping with the threat of dementia diagnosis when mild cognitive deficits are emerging. This point should be considered when designing and implementing interventions for MCI patients.
OC086 PREVALENCE OF ANTICHOLINERGIC DRUGS IN PATIENTS WITH MILD COGNITIVE IMPAIRMENT IN EUROPE: DESCRIPTIVE STUDY.
M. Tsalaki1, V. T. Papailiakos2, A. Tsalaki1, G. Frison1, L. Frolich1, R. Jones4, H. Sorinen1, L. Spur1, J. Touchon1, F. Verhey1, P. Visser1, B. Weibald1
1Third Neurological Clinic, Aristotle University of Thessaloniki, Greek Association of Alzheimer's Disease and Related Disorders. 2Department of Experimental Physiology, Aristotle University of Thessaloniki, Greek Association, of Alzheimer's Disease and Related Disorders, Thessaloniki, Greece. 3Laboratory of Epidemiology, Neuromaging, & Telemedicine, University of Brescia, Brescia, Italy. 4Division of Geriatric Psychiatry, Central Institute of Mental Health, Mannheim, Germany. 5Research Institute for the Care of the Elderly, University of Bath, Bath, United Kingdom. 6Department of Neurobiology, University of Kuopio, Kuopio, Finland. 7Third Neurological Clinic, Aristotle University of Thessaloniki, Greek Association, of Alzheimer's Disease and Related Disorders, Thessaloniki, Greece. 8Centre de Recherche de la FAA 11, International Academy of Aging, Bucharest, Romania. 9Centre Memoire de Recherche et de Recherche, University of Montpellier, Montpellier, France. 10Department of Psychiatry and Neuropsychology, University of Maastricht, Maastricht, Netherlands. 11Department of Neurobiology, Care Sciences and Society, Karolinska Institute, Stockholm, Sweden.

Objectives and Study: The aim of this study is to reach an evidence-based European consensus and develop clinical criteria on the identification of subjects with prodromal Alzheimer's disease (AD). Anticholinergic drugs are believed that can worsen cognition in elderly people, especially those that have already cognitive problems. The aim of this study is to investigate the prevalence of anticholinergic drugs in patients with mild cognitive impairment (MCI) in Europe.

Methods: 880 patients (375 males, 505 females; mean age±SD 70.34±7.8; mean±SD years of education 10±3.2±2.0) with mild cognitive complaints, who were recruited from 20 European centres, were studied. Exclusion criteria were age below 55 and obvious causes of cognitive impairments. A complete history was taken in all patients, demographic data was collected and several factors were studied, including type and dosage of medication taken. According to the Anticholinergic Cognitive Burden (ACB) scale the anticholinergic drugs were divided according to their properties: Drugs with possible anticholinergic effects were given a score of 1, whereas drugs with established anticholinergic effects were given a score of 2 or 3.

Results: The MCI patients that participated in this program took totally 2674 drugs of which 224 (8.53%) were anticholinergics. On average each patient was taking 3 drugs. The vast majority of the anticholinergic drugs taken were those with score 1 (80% of the anticholinergic drugs).

Conclusions: According to the results of our study, there is a considerable percentage of patients with cognitive impairment that receive anticholinergic medication. However, most MCI patients received only drugs with possible anticholinergic effects. Therefore it seems that physicians in Europe carefully consider prescription of anticholinergic drugs in elderly people with cognitive impairment.

OC087 OLFATORY DEFICITS IN HEALTHY ELDERLY AND IN TYPE II DIABETIC PATIENTS WITH & WITHOUT MILD COGNITIVE IMPAIRMENT (MCI).
T. Chatzidiamidou1, M. Propanis2, N. Kokologis3, M. Tsalaki4, D. Economou5
12nd Dept. Internal Medicine, Geriatric Unit, EMT Dept. NHS, Hippokration hospital, Aristotle University of Thessaloniki, 23rd Neurologic Clinic, Papankoukio hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece.

Objectives and Study: Studies of olfactory tasks have consistently shown olfactory identification deficits in patients with Alzheimer's disease in relation to control subjects. In addition there is growing evidence relating diabetes mellitus with dementia. However, there is limited information on olfactory identification test performance in patients with MCI defined broadly as fitting into the category between being “normal” and having “dementia.” Objective: To investigated the presence of olfactory deficits in elderly normal subjects and in Type II diabetic patients with and without MCI.

Methods: A cross-sectional study of smell identification in 60 Type II diabetic elderly patients, 30 with and 30 without MCI and 30 control subjects. The study was conducted at an academic (geriatric) unit. Smell was studied using a kit of Sniffin' Sticks® a test of nasal chemosensory function that is based on pen-like odor dispensing devices. Previous work established its test-retest reliability and validity. The cognitive status of subjects studied was assessed using a battery of validated dementia assessment tools.

Results: The score of smell identification was significantly lower in diabetic patients with MCI to both the control subjects (p<0.021) and the diabetics without MCI (p=0.033). By use of univariate and multivariate analyses, this difference could not be explained by individual factors such as age, sex, tobacco or alcohol consumption but was related to diabetes.

Conclusions: Our results suggest that smell recognition is impaired in patients with diabetes mellitus but more seriously in diabetic patients with MCI suggesting a possible relation between diabetes and dementia.

OC088 REDUCED DIFFUSION ANISOTROPY AND FUNCTIONAL CONNECTIVITY IN PATIENTS OF AMNESTIC MILD COGNITIVE IMPAIRMENT: A MRI STUDY
J. Wang1, Y. Wei2, C. Hsiao3, W. Hsu1, H. Feng4
1Medical Imaging and radiological Sciences, ChangGung University, 2Radiology and Intervention, ChangGung memorial Hospital, 3Radiology and Intervention, Neurology, ChangGung Memorial Hospital, Taoyuan county, Taiwan.

Objectives and Study: To assess the brain connectivity and microenvironmental changes in patients of amnestic Mild Cognitive Impairment (aMCI) using resting fMRI and diffusion tensor imaging (DTI).

Methods: 16 patients of aMCI (aged 67±8.4 years) and 14 normal controls (aged 63±12.5 years) were included. The diagnosis was made based on the criteria of the National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer’s Disease and Related Disorders Association of Dementia: All subjects were prompted to remain wakeful and rest. Resting fMRI was performed using a single-shot T2*-weighted EPI sequence with whole brain coverage and the imaging parameters: TR/TE = 2500/35 ms, pixel size of isotropic 3mm and 144 measurements in approximately 6 minutes. DTI was measured using a spin-echo EPI sequence and the parameters were: TR/TE=7300/87 ms and b-value=1000 s/mm2 in 64 directions and an in-plane resolution of 1.5 mm. The acquisition time was approximately 8 minutes. The diffusion tensor reconstruction, tract based spatial statistics and the independent component analysis (ICA) in resting state fMRI were all performed by using FSL following the prescribed procedure.

Results: When compared to normal volunteers, decreased Fractional Anisotropy was noticed in regions nearby the entorhinal, middle temporal, parahippocampal and superior temporal cortex, suggesting a loss of white matter integrity. The default mode network showed a reduction of functional connectivity in both cingulate and hippocampus.

Conclusions: The study suggested a loss of coherence in neuro-network in patients of aMCI, which could be detected by the reduced regional activities in the default mode network and the decreased Fractional Anisotropy in the surrounding white matter. Functional imaging of human brain such as resting state fMRI and DTI therefore has the potential to detect the subtle functional changes in neurodegenerative diseases such as Alzheimer’s Disease.
Subjective complaints of memory loss are sometimes exaggerated when compared to actual performance on memory tests. The study describes subjective complaints of memory loss in older adults.

**Methods:** Methods. Data were obtained from older adults who make use of a village community social centre in rural Nigeria. The GHS 12 and Katz index of independence in activities of daily living were used to measure psychological distress and impairment of functioning respectively. Self-reported subjective memory assessment was obtained.

**Results:** Results. 162 older persons (63.6% males), mean age 71 ± 9.4 years, 47.5% widowed, 8.6% living alone and 59.3% without any formal education were studied. About 17% of the subjects had psychological distress, 44% reported some difficulty with at least one ADL, and 95% reported more than one physical symptom. Nearly 47% of the subjects complained of memory performance on memory tests. The study describes subjective complaints of memory loss in older adults.

**Conclusion:** Conclusion. Many community dwelling older adults complain of memory loss. This may be associated with other health and mental conditions.

DEKAA’s forum offers the capability of accessing information and contact during hours that provide professional advice.

**Objective and Study:** The aim of this study was to investigate the perceived content of good end of life care for people with dementia during this time requires informed choices from family members or carers. This can include the person with dementia being involved in their care through their Advance Directive documentation. Where this is not achievable families and carers need to be supported through decision making processes which for many involve medical issues they have not previously encountered, as well as legal, emotional, cultural and familial issues.

**Conclusion:** This study concluded that neoparin and Heme oxygenase –1 are important specific biomarker for early diagnosis of the mines.

**Objective and Study:** The review attempted to classify each biomarker in terms of its appropriateness as a biomarker of exposure, effect or susceptibility.

**Conclusion:** The literature on Aluminium-specific biomarkers is fairly extensive, but no definitive conclusions that can be put into practice have been reached.

**Conclusion:** This study concluded that neoparin and Heme oxygenase –1 are important specific biomarker for early diagnosis of the mines.

**Objective and Study:** The key worker will work with families to integrate psychological and spiritual aspects of care either within a home or residential care environment. This model will empower family members and carers to be confident in decision making but also allow them with specialised one on one support during the decision making process enabling professional carers to attend to the needs of the person with dementia whilst the key worker provides the support so often lacking.

**Conclusion:** An issue arises for family members and carers when they feel unsure about questioning practices during the final stages – especially where the degeneration of the disease process leaves the person with dementia unable to communicate effectively and the family member or carers feels more isolated. Communication and access to support for the families and carers at their own pace, within their own environment and based upon their individual need is an integral part of the key worker model.
Abstracts - Oral presentations

OC093: ETHICAL ISSUES

07. Ethical issues

L. Mendoza1
Education, Asociacion Guatemalteca Alzheimer, Mexico, Mexico

Objectives and Study: ETHICAL ISSUES

In recent years an increasing number of younger people in early stages have been diagnosed with dementia, mainly in English speaking countries. They look just like you or me. They have exactly the same human rights as everybody else, with a myriad of ethical and legal issues. It is no longer a matter between us and them, but of everybody’s concern. People with dementia have established their own NGO’s (Non Governmental Organizations) to express their voices, needs and fight for their human rights –examples of these are Scottish Dementia Working Group (SDWG) and DASHN (Dementia Advisory Support Network International). And why not? To teach us about Alzheimer or other types of dementia from the inside out. We need to break up the stigma that dementia is only a disease of late stages. As everything else, it has an onset, a beginning. Few “lucky” people go to the “right” physician for a diagnosis that takes a long time and cost a lot of money, with the right to know what is wrong with them. Ethical issues have to do with the economic development of a certain society (country), the legal organization, with attitudes, values, social standards, cultural and religious patterns, common sense and everybody concerns. But also with concepts like dignity, respect, autonomy, independence, confidentiality, privacy, quality of life and death. Almost every time there is a need to choose between (a) or (b) situations one is confronted with an ethical issue. Examples: giving up the job, handling money, changing residence, driving, knowing or not diagnosis and technological advances, etc. It reflects in society and government, family, physicians and researchers, pharmaceutical industry, staff and institutions. And most of all, we can no longer neglect the people with dementia.

Conclusions: WE can no longer neglect the people with dementia

alzheimerassoc@gmail.com

Methods: Interviews and questionnaires bibliographical review

Results: People with dementia own NGO’s organizations

Conclusions: WE can no longer neglect the people with dementia

OC097: RIGHTS OF PEOPLE WITH DEMENTIA IN NURSING HOMES: A FRENCH NATIONAL SURVEY

07. Ethical issues

F. PALERM1, D. FONTAINE2
1Research Manager, Fondation Medicale Alzheimer, 2Surveys and Statistics Department Manager, Fondation Medicale Alzheimer, Paris, France

Objectives and Study: Since 2002, French legislation has reinforced, within nursing homes, several ethical principles and universal values, such as respect of dignity, privacy and intimacy, right to be informed, freedom of choice, informed consent, non-discrimination, right to be protected, freedom of movement. Fondation Medicale Alzheimer produces regular national surveys to observe field practices concerning care of people with dementia in France. In 2008, a survey focusing on the respect of the rights of people with dementia has been conducted in 6,950 nursing homes, collecting quantitative information about residents’ rights and obstacles encountered by care professionals.

Methods: A 4-part declarative questionnaire (admission, daily life, legal protection and end-of-life issues) was sent to nursing home directors. 2,662 questionnaires (47%) were returned and analysed.

Results: Results of our survey show that before admission, 48% of nursing homes declare delivering adapted information to people with dementia, using simplified explanation or individual interviews. About 75% of nursing homes state that admission may be denied to people with dementia, mostly because of a risk of disemotional or escape that cannot be managed by staff. 88% of respondents declare that they implemented measures limiting residents’ freedom of movement (using electronic door codes or geoclassification systems). Concerning respect of privacy, individual rhythm and life routines (wake-up, bedtime) are the most frequent ethical issues for care teams (70%). Concerning the respect of intimacy, 60% of respondents care homes declare limiting personal belongings and furniture, 70% do not allow pets and 79% to smoke in private spaces. Concerning citizens’ rights, 54% of care homes facilitate voting procedures. Measures concerning legal protection are implemented for 35% of people with dementia in care homes. Legal representatives are mostly non-professional associations (40%).

Conclusions: The data of this national survey will enable a quantitative insight in the ethical debate about implementing the rights of people with dementia in nursing homes and the ways to fill the gap between the legal context and the specific issues linked to dementia.
OC108  THE EFFECTS OF COGNITIVE TRAINING IN OLDER ADULTS: A RANDOMIZED CONTROLLED TRIAL

A. Yip1, S. Cheng2, T. Kiew3, F. Ho4
1. Jockey Club Centre for Positive Ageing, Department of Medicine & Therapeutics, The Chinese University of Hong Kong; Hong Kong, Hong Kong Special Administrative Region of China

Objectives and Study: This study examined the effectiveness of a cognitive training protocol to older adults in Hong Kong.

Methods: The study was conducted between September 2008 and June 2009. 223 older adults with memory complaints were recruited from 6 different community centers. Participants were randomly assigned into either the intervention group or the control group, and underwent a 12-week program. 1.5 hours each session, conducted by a trained occupational therapist. The intervention group received training in attention and concentration (e.g. visual search), mnemonic strategies (e.g. categorization, visualization, association and organization), and reasoning skills (e.g. global identification, subtask analyses and activity scheduling). The control group received psycho-education lectures on topics such as mood disorders, heart diseases and stroke.

Participants were evaluated before and after the 12-week program by the Chinese Auditory Verbal Learning Test (CAVLT), the Chinese Dementia Rating Scale (CDRS) and the Stroop Color Word Test - Chinese Translated Victoria version (VST).

Results: 207 older adults completed the intervention program and the post-test assessment. ANCOVA analysis showed that, after adjusting for the baseline differences and education level, the intervention group had higher conceptualization subscore of the CDRS (M=30.6) than the control group (M=29) after the 12-week program. F(1, 200)=10.1, p<0.002. No other significant differences were found.

Conclusions: Conceptualization skill is one of basic skills required in problem solving and performing daily activities. This study suggested that older adults can improve their conceptualization skills through cognitive training.

OC109  COGNITIVE MOTION THERAPY: A NON-PHARMACOLOGICAL COGNITIVE TRAINING INTERVENTION IN PATIENTS WITH MILD COGNITIVE IMPAIRMENT (MCI)

E. Bocqвидо1, F. Konet2, M. Teska2
1. Greek Association of Alzheimer’s Disease and Related Disorders, Association of Alzheimer’s Disease and Related Disorders, Kalamaria, Greece; 2. Greek Association of Alzheimer’s Disease and Related Disorders, Association of Alzheimer’s Disease and Related Disorders, Kalamaria, Greece

Objectives and Study: Kinetic and cognitive development are closely related. An intervention comprising cognitive training through kinetic exercises could improve cognitive and functional performance of patients with MCI.

Methods: The study included 46 women and 12 men, MMSE=27-66 (1.74), age=69-74 (7.10), education=8.58 (4.33), classified in experimental and control groups matched in age (p=0.10), gender (p=0.81), education (p=0.06), MMSE (p=0.06), and cholinesterase inhibitors (p=0.24). The experimental group attended 20 sessions including kinetic exercises targeting attention, memory, motor skills, language and visual-spatial abilities. Controls did not attend any non pharmacological therapy during the same period. Participants were assessed at baseline and at the end of the therapy.

Results: At baseline, there were not differences between groups in cognitive abilities. At the end of the therapy, differences were observed in favor of the experimental group, in general cognitive performance (p=0.04), attention (p=0.00), ADL (p=0.00), visual perception (p=0.01) and verbal fluency (p=0.01). Within group analysis the experimental group showed improvement in ADL (p=0.00), general cognitive performance (p=0.02), executive function (p=0.00), attention (p=0.00), verbal memory (p=0.00), verbal fluency (p=0.00) and visual perception (p=0.00). Cognitive and functional performance of the control group remained stable.

Conclusions: The experimental patients had a significant benefit from the Cognitive Motion Therapy and the cognitive improvement had a significant effect on ADL.

OC109  WORKSHOP: USE OF MULTIMEDIA IN REMINISCENCE PROGRAM OF A DAY CARE CENTER

N. Karpaticou1, E. L. Eftymiou2, E. Dimitropoulos2, E. Tryfonopoulou1, C. Nikolaou3, P. Sakka3
1. Dementia Day Care Center, Athens Association of Alzheimer’s Disease and Related Disorders; 2. Dementia Day Care Center, Athens Association of Alzheimer’s Disease and Related Disorders, Athens, Greece

Objectives and Study: There is evidence to suggest that psychosocial interventions can significantly improve the quality of life of people with dementia and their families (Woods et al., 2009). The reminiscence program is a psychosocial intervention that is based on remembering past events. There are many different tools that people can use in reminiscence process to help the remembering.

The present workshop proposes an alternative way of reminiscence with the use of Information and Communication technologies (ICT).

Methods: During the workshop, the structure and implementation of reminiscence program using multimedia for dementia patients will be presented. 15 dementia patients over 65 years old participated in this program, which consisted of 24 weekly 1hr sessions and was conducted by trained health professionals. The participants developed their personal WebPages, with photo and video library and personal information about their past lives. They had the opportunity to choose all the graphics and materials.

Results: During this process the participants were highly involved and enthusiastic. Caregivers contributed in this project by helping their patients to gather additional information and material. At the end of the program, an event took place in order the patients to present their WebPages to patients families.

Conclusions: This study suggests an alternative tool in reminiscence program. The use of multimedia in reminiscence appears to motivate the dementia patients and their families. Positive interaction was established between patients and their social environment. Psychosocial interventions need to take into account the ICT as useful tools.
OC102 MULTIFACETED PSYCHO-SOCIAL INTERVENTION FOR PATIENTS WITH MILD ALZHEIMER'S DISEASE AND THEIR PRIMARY CAREGIVERS (DASY STUDY): A RATER-BLIND, RANDOMIZED CONTROLLED TRIAL WITH 36 MONTHS FOLLOW-UP
15. Non-pharmacological interventions
F. Waldorf1, A. Eckerman1, D. V. Buss1, A. Vogel1, M. Hansen1, O. Waldern1
1Memory Disorders Research Group, Dept. of Neurology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark

Objectives and Study: To evaluate the effectiveness of an individualised multifaceted intervention program (with individual and group counselling, teaching courses, written information materials, and telephone follow-up counselling) aimed to educate patients with recently diagnosed mild Alzheimer's disease (AD) mixed AD or dementia with Lewy Bodies (DLB) and their primary caregivers.

Methods: 330 patients with mild AD (n=239), mixed AD (n=48), or DLB (n=9) and their primary caregivers were recruited from secondary care dementia clinics and allocated to usual care (n=167) or to the multifaceted intervention program (n=163). The duration of the standardized intervention program was 5-12 months. Inclusion criteria were age 50-75 years, a recent diagnosis of AD (within the past 12 months), and a Mini-Mental State Examination (MMSE) score ≥20 and having a primary caregiver who were willing to participate in the study. Patients living in nursing homes, and patient with significant co-morbidities were excluded.

The primary patient outcomes were: MMSE, proxy rated quality of life EQ-5D visual analogue scale (EQ-VAS), and the primary caregiver outcomes were: EQ-VAS and Geriatric depression scale score (GDS-30). Trained raters interviewed patients and caregivers in their homes. The raters were blinded for the group allocation of the patients. Statistical analyses were done on an intention to treat basis based on observed cases at 36 months evaluation.

Results: Mean patient age was 76, mean caregiver age was 66. At baseline the mean baseline MMSE was 24.1 and proxy rated EQ-VAS was 83.5. Mean caregiver EQ-VAS was 80 and mean GDS was 4.8. No baseline differences were detected. At total of 200 participants completed the 36 month follow-up visit. Mean MMSE at 36 months was 17.9. No significant differences between the two groups were found for any of the primary outcomes at 36 months.

Conclusions: This is the largest RCT to date to address the potential effectiveness on disease variables of a psycho-social intervention in patients with mild AD. No differences were detected on the primary care intervention and control groups. Further research is warranted, in order to identify relevant outcomes and identify patients who will likely benefit from counselling.

OC103 NON PHARMACOLOGICAL THERAPY OF GUIDED MENTAL IMAGERY FOR PATIENTS WITH MILD COGNITIVE IMPAIRMENT (MCI)
E. Popali1, M. Kounti1, M. Tzoilaki1
1Day Center of Hellenic Association of Alzheimer's Disease and Relative Disorders, Hellenic Association of Alzheimer’s Disease and Relative Disorders, 3rd Department of Neurology, Aristotle University of Thessaloniki, Thessaloniki, Greece

Objectives and Study: Visuospacial deficits characterize one of the four early neuropsychological profiles of dementia. Consistent practice of mental imagery could improve visuospatial abilities. The study aimed to investigate the effectiveness of a non pharmacological therapy of Mental Imagery on visual spatial abilities, visual perception, and visual memory, in patients with Mild Cognitive Impairment (MCI).

Methods: The participants were 48 MCI patients with M.O (SD): 14.29 (7.41) in Beck’s Depression Inventory. They were classified in one experimental and one control group, matched in age (p>0.05), education (p>0.05), gender (p>0.05), and emotional performance (p>0.05). The experimental group attended 24 sessions in a period of 6 months, while the control group did not (waiting list). Neuropsychological assessment was performed at baseline and at the end of the therapy.

Results: At baseline, there were no differences between groups in cognitive abilities. At the end of the therapy, comparison between groups yielded differences in favor of the experimental group in executive function of ADL (p<0.05), attention (p<0.05), visual perception (p<0.05), and general cognitive performance (p<0.05). Within group analyses of the experimental group’s performance has shown improvement in attention (p<0.05), language (p<0.05), visual perception (p<0.05), visual memory (p<0.05), general cognitive performance (p<0.05), daily function (p<0.05), and finally in anxiety (p<0.05) and depression (p>0.05). On the contrary, the control group, showed improvement in attention (p<0.01) and deterioration in daily function (p=0.05).

Conclusions: Mental imagery therapeutic program, helped participants with MCI to improve their visual perception, and visual memory. The cognitive improvement was noticed also in the general cognitive, emotional, and functional performance.

OC104 COMPARISON OF SEVEN DIFFERENT COGNITIVE TRAINING PROGRAMS IN MCI PATIENTS
F. Kounti1, C. Aggouliou1, E. Popali1, E. Bakogiou1, B. Batli1, S. Zafeiropoulos1, M. Vasilogou1, K. Sambounou1, A. Diamantidou1, E. Nikolaidou1, M. Triant1
1Greck Alzheimer Association, Alzheimer Association of Kalamaria, Greece Alzheimer Association, Alzheimer Association of Kalamaria, 3rd Department of Neurology, School of Medicine, AUTh, Thessaloniki, Greece

Objectives and Study: The study compared the effectiveness of seven different cognitive training programs in MCI patients.

Methods: One hundred sixty four MCI patients were included: 52 men and 132 women, with age=68.88 (7.15), education=9.95 (4.39), and MMSE=27.63 (1.71). Participants randomly assigned to one of the seven programs: practice of attention (N= 39), mental imagery (N= 24), visuospatial abilities training (N=16), practice of mental imagery on visual spatial abilities, visual perception, and visual memory, in patients with Mild Cognitive Impairment (MCI).

Results: At baseline, there were no differences between groups in cognitive abilities. At the end of the interventions, comparison between groups yielded differences in favor of the mental imagery program in executive function of ADL (p<0.05), attention (p<0.05), visual perception (p<0.05), and general cognitive performance (p<0.05). Within group analyses of the experimental group’s performance has shown improvement in attention (p<0.05), language (p<0.05), visual perception (p<0.05), visual memory (p<0.05), general cognitive performance (p<0.05), daily function (p<0.05), and finally in anxiety (p<0.05) and depression (p>0.05). On the contrary, the control group, showed improvement in attention (p<0.01) and deterioration in daily function (p=0.05).

Conclusions: At baseline, there were no differences between groups in cognitive abilities. At the end of the therapy, comparison between groups yielded differences in favor of the experimental group in executive function of ADL (p<0.05), attention (p<0.05), visual perception (p<0.05), and general cognitive performance (p<0.05). Within group analyses of the experimental group’s performance has shown improvement in attention (p<0.05), language (p<0.05), visual perception (p<0.05), visual memory (p<0.05), general cognitive performance (p<0.05), daily function (p<0.05), and finally in anxiety (p<0.05) and depression (p>0.05). On the contrary, the control group, showed improvement in attention (p<0.01) and deterioration in daily function (p=0.05).

Conclusions: Mental imagery therapeutic program, helped participants with MCI to improve their visual perception, and visual memory. The cognitive improvement was noticed also in the general cognitive, emotional, and functional performance.

OC105 MEMORY PRESERVATION NUTRITION INTERVENTION IN ASSISTED LIVING AND LONG TERM CARE: CLINICAL PRACTICE REPORT
N. B. Emerson Lombardo1, M. Tsolaki2, M. Kounti1, E. Poptsi1, A. Diamantidou1, A. Vogel1, A. Eckermann1, D. V. Buss1, O. Waldern1, A. Vasilogou1, K. Soumbourou1, M. Vasilogou1, G. Waldemar1
1Neurology, Boston Univ. Sch. Medicine, Acton, United States

Objectives and Study: Animal model and epidemiological studies suggest that some diets, e.g. with features of the Mediterranean diet, can slow cognitive decline in early AD. Using brain health related evidence, an interdisciplinary team led by Dr. Emerson Lombardo designed a whole foods Memory Preservation Nutrition ref.1,2(MPN) program emphasizing synergistic contributions of increasing Omega-3s, foods with anti-oxidant, anti-inflammatory properties, and which attenuate insulin resistance and/or which reduce oxidation of LDL cholesterol. The objective is to implement this intervention model in real life settings, e.g. group meals served to residents of assisted living and other settings in order to reduce risk of, or slow, cognitive decline, and to assess the program’s feasibility, acceptability, and effectiveness.

Methods: A real world clinical intervention which includes training and educational sessions with all facility staff (not just culinary), and with residents, their families, and referral sources. Program includes assessment of current practices (pantry, menus, recipes, dining presentation, culinary capabilities) and preferences; then consultation about how to change these practices, in doable steps and stages, to achieve a brain healthy, delicious, nutrition program, following the Memory Preservation Nutrition protocol, responsive to resident preferences and medical conditions, budgetary, marketing and other considerations.

Results: Preliminary results (after 9-18 months in various residences) suggest feasibility and good acceptance of this model nutritional program in assisted living communities, with changes accomplished in basic ingredients, menus and recipes as well as some dining practices. Emphasis on memory/AD special care units. Effectiveness studies were not done. Staff and referring providers appear eager to learn better nutrition for themselves, not just their clients, reflecting growing awareness in U.S. in how nutrition affects brain and body health.

Conclusions: Some of the Memory Preservation Nutrition program’s nutrients recommended for cognitive aspects of brain health are also potent treatments for emotional and other aspects of brain and body health. As the evidence mounts, whole food nutritional interventions to promote brain health both for primary and secondary prevention will become mainstream treatment options, for individuals as well as in group settings. Future effectiveness and efficacy studies of whole foods interventions for brain health are needed.
OC106 AN EVALUATION REPORT OF A TRAINING COURSE FOR CAREGIVERS OF PEOPLE CHALLENGED WITH DEMENTIA.

L. de Jager*
EPODG, University of the Free State, Bloemfontein, South Africa

Objectives and Study: The purpose was to provide an evaluation report of a training course provided by Alzheimer’s South Africa in dementia care giving. The training course was presented over a period of 6 days, and aimed at educating caregivers on various aspects of dementia in order to broaden their knowledge and increase their effectiveness as caregivers.

Methods: The evaluation process was qualitative in design. Information was obtained from a literature review of books, journal publications, and the training manual of the course along with various internet based sources. The evaluator attended the course to observe participants and to become familiarized with the course content. Data collection took place by means of pre- and post-evaluation procedures, including personal interviews, focus group discussions, self- administered questionnaires and evaluation sheets.

Results: Dementia is a phenomenon that is not easily understood by untrained caregivers; an aspect which complicates the caregiver’s task. By educating these caregivers they experienced improved coping in the workplace and the quality of their care increased. A more holistic understanding of dementia has the effect that the carers know what to expect and what to be cautious of. Valuable themes were identified and will serve to enrich future training.

Conclusions: The training course empowered caregivers and fostered feelings of self-worth. An improvement in the quality of service delivery was also a notable effect of the training, enabling caregivers to act with more self-confidence. Training has proven to be very effective and beneficial for both the caregiver and the patient. The care facilities as well as the direct family members of those suffering from Alzheimer’s disease or dementia also drew benefit from having personnel who are better trained.

OC107 ASSESSING PSYCHOLOGICAL DISTRESS IN CAREGIVERS OF PEOPLE WITH DEMENTIA: BEYOND THE SINGLE SEVERITY SCORE

V. Orgeta1, B. Woods1, B. Housman1, M. Orel2
1Department of Mental Health Sciences, University College London, London, UK; 2Benger Centre for Research & Development on Dementia Care, Institute of Medical & Social Care Research (IMiSC), Bangor University, Bangor, United Kingdom

Objectives and Study: A large body of research suggests that caring for a relative with dementia is a stressful experience, with established evidence of increased psychological morbidity in carers. The aim of the present study was to investigate the subcomponents of psychological distress in caregivers and identify which patient and carer characteristics are associated with various aspects of psychological distress.

Methods: A sample of 189 carers, each caring for a relative with dementia completed the General Health Questionnaire (GHQ-28), and rated their current health status (European Quality of Life-5 Dimensions, EQ-5D). Patient characteristics were assessed with the Cornell Scale for Depression in Dementia (CSDC), the Rating of Anxiety in Dementia (RoAD), and the Bristol Activities of Daily Living Scale (BADLS).

Results: Factor analysis of the GHQ resulted in four subscales: ‘anxiety and insomnia’, ‘depression’, ‘social dysfunction/loss of self-esteem’, and ‘somatic symptoms’. Current health status contributed to the explanation of GHQ total score and the three GHQ subscale scores with an explanatory power of 26% for total GHQ, 15% for ‘anxiety and insomnia’, 11% for ‘depression’, 7% for ‘social dysfunction/loss of self-esteem’, and 37% for ‘somatic symptoms’. In multiple regression analysis, current health state, the CSDD and BADLS score, explained 30% of the variance in ‘anxiety’.

Conclusions: Current findings show that the GHQ provides the opportunity to differentiate between different patterns of psychological distress and that these are differentially associated with specific patient and carer characteristics. Results demonstrate that health parameters of the carer have a considerable predictive value in the experience of psychological distress. The present results can inform the design of interventions aimed at reducing levels of psychological distress for dementia caregivers.

OC108 BSOD OF PATIENT RELATED TO BURDEN OF FAMILY CAREGIVERS IN JAPAN

K. T. Hisabe1, N. Becker2, A. Kinoshita3
1Department of Functional Brain Imaging Human Brain Research Center, Kyoto University, 2Kokoro Research Center, Department of Human Health Sciences, Kyoto University, Kyoto, Japan

Objectives and Study: The aim of this study is to elucidate the relation of BSOD (behavioral and psychological symptoms of dementia) to the burden of family caregivers of patients living at home in Japan.

Methods: 43 family caregivers (72% female, 28% male; mean age 61.2 [SD = 11.2]; patient mean age 84.1 [SD = 6.6]) completed questionnaires on their caregiving situations, including the Zarit Care Burden Scale-II to measure the burden of family care, the Press Burnout Scale, and the NPI (Neuropsychiatric Inventory) to measure the seriousness of BSOD. Their responses were analysed using correlation coefficient of Pearson.

Results: 55.8% of family caregivers showed signs of burnout, related positively to their Zait Care Burden scores. Our findings showed significant positive correlations between scores on the Zait Care Burden Scale and agitation (r = 0.60), aggression (r = 0.10), and irritability (r = 0.05) of BSOD. However, burnout was not correlated with particular symptoms of BSOD.

Conclusions: This research clarifies how the degree of BSOD (severity of symptoms) influences caregiver burden and burnout. Caregiver burden correlates with particular symptoms of BSOD, but burnout does not correlate directly with total BSOD. Caregiver burden correlates with caregiver burnout. Agitation, disinhibition, and irritability of patients increased their family caregiver burdens, so BSOD of patients may affect burden of caregivers by increasing their burdens. When patients show these behavioral and psychological symptoms of dementia, public support for caregivers may be required.

OC109 PRESERVING INTERGENERATIONAL AND FAMILY TIES, IN SPITE OF DEMENTIA

M. Villez
Local initiatives, Fondation Mederic Alzheimer, Paris, France

Objectives and Study: The role of family caregivers around people with dementia is recognized as essential, and as a key element for their quality of life. Support for carers has been developed, to help them to preserve their physical and psychological health and to continue their role of caregivers.

In addition to immediate carers, the whole family is concerned by Alzheimer’s. Often, Alzheimer’s and its symptoms isolate the person with dementia from her all relatives. So, it’s necessary to find ways for encouraging the continuity of a family life, including several generations.

Methods: Our qualitative study includes:
- long term examination of sponsored initiatives after a call for projects ‘preserve intergenerational and family ties, in spite of dementia’.
- interviews of professionals and family members during study visits of the projects.
- multidisciplinary focus groups.

Results: First, we note the variety of implemented initiatives: parties, family birthday lunch bringing together several generations with the elderly person having dementia. In care homes, gardens and playing grounds for children, or flat designed and dedicated to welcome more intimate family meetings. Colouring book to explain Alzheimer to younger, etc.

Then we will present the main characteristics, difficulties, results and perspectives of such initiatives. As key findings, we can notice a better understanding and capacity to explain dementia, less fear to bring children into a care home. But, a long process is needed to increase the awareness of family members to enlarge the circle around the person with dementia.

Conclusions: More and more professionals take into account the family ties, considering all the generations and each family as a specific system. These systemic approaches produce a greater benefit for people with dementia and their carers, and show that life with dementia remains an ongoing family story, in the present and the future.
OC110 WHO VOLUNTEERS TO BE A PEER SUPPORTER FOR FAMILY CARERS OF PEOPLE WITH DEMENTIA?: FINDINGS FROM THE SHIELD-CSIP PILOT

S. Ahmad, G. M. Charlesworth, K. Burnet, M. Ornel

Dementia Services, Age Concern Harwaring, Division of Research Strategy, Mental Health Sciences, University College London, LONDON, United Kingdom

Objectives and Study: Voluntary organisations play a large part in providing support for family carers and people with dementia in the UK, and peer support is part of the National Dementia Strategy in England. The aim of the SHIELD Carer Supporter Programme is to evaluate the impact of one-to-one support for newer carers of people with dementia by more experienced peers. This paper describes the characteristics of peer support volunteers known as Carer Supporters (CSIs).

Methods: Potential CSIs were recruited through voluntary organisations and advertising. Inclusion criteria were that CSIs volunteers should: be former family carers of people with dementia or family carers supporting people with later stages of dementia; be willing to undertake screening checks; take part in orientation / training sessions; be able to commit to the role for up to 12 months. Demographic details and information on caregiving history were collected at registration. Psychological and social data were collected separately for those who completed the training.

Results: Only 1 in 2 of those expressing interest in being a carer supporter met the inclusion criteria. The volunteers completing the screening checks and orientation sessions were almost exclusively female, with the modal age range being 65 to 74 years. The volunteers’ experiences of caring had most commonly been for a spouse or parent with Alzheimer’s disease, with smaller proportions having experienced caring for a relative with vascular dementia or dementia-not specified.

Conclusions: Carer Support volunteers matched newer carers in terms of demographic characteristics with the exception of gender where males were underrepresented. Recruitment strategies to target male supporters are considered, as are strategies for identifying appropriate carer supporters for carers of relatives with a rarer dementia.

OC111 STRENGTH-BASED APPROACH TO UNDERSTANDING FAMILY CARED FOR PEOPLE WITH DEMENTIA: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

T. R. X. Tsien*

*Applied Social Sciences, Hong Kong Polytechnic University, Hong Kong, Hong Kong Special Administrative Region of China

Objectives and Study: In recent years, qualitative studies investigating dementia caregiving process are on the rise. Given the complexity of caregiving process, the present study would like to provide a new piece of information in supplementing the existing findings on dementia caregiving. Simultaneously, the present study is pioneer in covering caregiving (CGs) in different roles within a Chinese context, which aimed at providing a culture-specific finding on dementia caregiving.

Methods: Interview using strengths-based approach is proposed here to examine how CGs and their families take up the challenge of dementia caregiving and resolve conflicts along the way.

Results: Though CGs face unavoidable stresses and strain, with increasing knowledge and experience, many CGs are able to transform themselves from being at loss, being angry, to "being in control, being calm." With certain morality or religious belief, some caregivers and their families are able to transform themselves from "need help" to "offer help", i.e., actively share their knowledge and experience through voluntary work and community participation.

Conclusions: By focusing on strengths in action reported by CGs through in-depth interviews, the study will help consolidate the empirical base on which more practical and effective interventions to enhance the web-being of both the care recipient and the caregivers in vivo can be devised.

OC112 NATIONAL WIDE DEVELOPMENT PROGRAMME ON AGING IN PEOPLE WITH INTELLECTUAL DISABILITIES – TO PROMOTE RESEARCH AND EDUCATION ON DEMENTIA

F. K. Larsen

Aging and Health, Norwegian Centre for Research, Education and Service Development, Intellectual Disabilities and Ageing, Tensberg, Norway

Objectives and Study: The life expectancy for people with Intellectual disabilities (ID) has increased significantly over the past decades. The municipalities and specialised health services experience the consequences of these changes and an increased number of people with ID and dementia. In 2004 the Norwegian Centre for Dementia Research with financial support from the Ministry of Health and Care Services, started a three-year nationwide development programme about ageing in people with ID. Main target for this program (UAU) was to promote knowledge and competence about the ageing process for people with ID and how to make good care models/services in the municipalities. Dementia was one of the main diseases UAU was focused on.

Methods: To achieve these targets there was established a national knowledge centre with library, education programmes, research and professional networks. During the spring 2002 the programme was evaluated from MMI Synovate on commission from Norwegian Department of Health.

Results: UAU achieved to meet the main target for the development programme and was established as a permanent centre from 2006. Financed through the Norwegian national budget. The new name for the centre is Intellectual Disabilities and Ageing which is one of three units in Ageing and Health, Norwegian Centre for Research, Education and Service Development.

Conclusions: The presentation will provide an overview of the evaluation of the development programme and demonstrate research and educational programmes that were accomplished.

OC113 POOR VISION AND TREATMENT OF VISUAL DISORDERS AFFECT THE RISK OF LATE-LIFE DEMENTIA

M. A. M. Rogers*, K. M. Lang

Internal Medicine, University of Michigan, Ann Arbor, United States

Objectives and Study: Ocular abnormalities have been described in patients with dementia but the extent to which they contribute to cognitive impairment is not well defined. The purpose of the study was to assess whether poor vision affected the risk of developing dementia and whether treatment of visual disorders could modify this risk.

Methods: Using a retrospective cohort design, linked data from the nationally-representative Health and Retirement Study and Medicare files (1992 to 2005) were used to follow the experiences of 625 elderly participants who had normal cognition at baseline. The outcome was a diagnosis of dementia, cognitively impaired but no dementia (CIND), or normal cognition. Results were adjusted for age, gender, race, education, APOE 4 alleles, previous head injury, diabetes, hypertension, stroke and heart disease.

Results: Poor vision was associated with the development of dementia (p=0.0048); individuals with very good or excellent vision at baseline had a 63% reduced risk of dementia (95% CI; 20%, 82%) over a mean follow-up period of 8.5 years. Participants with poorer vision who did not visit an ophthalmologist had a 9.5-fold increased risk of Alzheimer’s disease (95% CI; 2.3, 39.5) and a 5-fold increased risk of CIND (95% CI; 1.6, 15.9). Poorer vision without a previous eye procedure increased the risk of Alzheimer’s disease 5-fold (95% CI; 1.5, 18.8). For Americans 90 years and older, 77.9% who maintained normal cognition had at least one previous eye procedure, this compared with 51.7% for those with Alzheimer’s disease.

Conclusions: Poor vision is a risk factor for late-life dementia. The results suggest that treatment of visual disorders may delay the diagnosis of dementia, particularly Alzheimer’s disease.
OC116  WORKSHOP: MEMORY GROUPS FOR HEALTHY ELDERLY. STRUCTURE, IMPLEMENTATION AND PRELIMINARY RESULTS.

O. Lymperopoulou1, E. Margrioti2, P. Sakka1, V. Kambitselis1
1, Athens Association of Alzheimer’s Disease and Related Disorders, Athens, Greece

Objectives and Study: The vast majority of older adults report memory decline, are concerned about dementia and are interested in learning techniques for enhancing memory functioning in their everyday lives. A memory education and intervention program was developed and administered to community-dwelling older adults aged 60+ attending Municipal Recreation Centers in Athens, Greece.

Methods: During this workshop, the structure and implementation of memory groups for healthy elderly will be presented through illustrative examples. Brief cognitive testing was conducted to screen out participants with possible memory impairment. Participants were also excluded if they had medical problems that could affect cognition. 85 participants were recruited. The program consisted of 12 weekly 1hr sessions and was conducted by trained psychologists (volunteers from the Athens Association of Alzheimer’s Disease and Related Disorders) in 8 groups with 9-12 participants in each group.

Results: The goals of the intervention were fully met: • general knowledge regarding memory, aging and dementia increased, • self-reported day-to-day memory functioning significantly improved No significant changes were observed in objective memory performance as measured by formal memory testing.

Conclusions: Overall, the findings of the study are very promising. The preliminary results suggest that elderly people can improve their knowledge on dementia, the way they perceive their cognitive performance and the strategies they can use through brief memory education and training. What remains to be explored is the long-term effectiveness of the gains obtained by the end of the program.

OC117  PREVENTION, AN ESSENTIAL FACTOR IN THE WORK OF THE ALZHEIMER SOCIETY OF FINLAND

S. Gran1, S. Kajanne1, H. Hyytiä2, T. Fredriksson1, T. Troost3
1Services Development, Alzheimer Society of Finland, Helsinki, Finland

Objectives and Study: Health promotion and prevention has become a cornerstone in social and health care politics in Finland. Increasing evidence from the scientific studies promises good primary, secondary and tertiary prevention visions for the dementia illnesses. Prevention and health promotion have been essential factors in the work of the Alzheimer Society of Finland since 2004 with the aim to prevent people from the denteming illnesses and to minimize the effects of the diseases both for the individuals and for the society.

The Alzheimer Society was established in 1988 to provide help and assistance for people with Alzheimer’s disease and their caregivers. The society is a non-profit organization and it is mainly funded by the Finnish Slot Machine Association. The Society consists of a national office with 3 local branches and 44 local associations across the country with around 10,000 members altogether.


Results: A memory training course model for retired people and teaching material for young people developed. The Model of Rehabilitation Services created and taken to the practice in evaluative projects in local pilot communities and local associations.

Conclusions: The Alzheimer Society of Finland sees its role in the future very much as an intermediary between the scientific world and the everyday practice in the prevention process. It will get the parties concerned to cooperate and bring all the information available to the best possible client-centered practices.

OC118  COGNITIVE PERFORMANCE SCREENING PROJECT IN A POPULATION OF URBAN DWELLING ELDERLY PEOPLE.

P. Sakka2*, O. Pantazis2, M. Voula1, E. Margrioti2, P. Zoi2, N. Nikar2, V. Kambitselis1, M. Katsar1, A. Nikita1, A. Yiangou2, D. Potamianou2, M. Mavrias2, E. Aravani2, E. Ganos1
1, Athens Association of Alzheimer’s Disease and Related Disorders, Athens, Greece
2, Athens Association of Alzheimer’s Disease and Related Disorders, Athens, Greece

Objectives and Study: Athens Association of Alzheimer's Disease and Related Disorders in collaboration with Athens Municipal Recreation Centers for the Elderly organized a project aiming to increase awareness about Alzheimer’s disease and to promote prevention and early diagnosis of dementia. The project included site presentations about memory and dementia followed by memory testing offered to those interested. The objective was to record and explore memory problems in a population of urban dwelling elderly people.

Methods: A group of neurologists and cognitive psychologists visited 20 Municipal Recreation Centers for the Elderly located in different areas of Athens Municipality and interviewed those interested in memory evaluation. Demographics were collected for each participant, reason for taking the examination and specific memory dysfunction complaints were recorded. Cognitive tests performed were Mini Mental State Examination (MMSE), Clock Drawing Test (CDT) and Geriatric Depression Scale - short version (GDS).

Results: 314 people (283 women and 36 men), 60+ participated. The average age was 72.4 (±2.3) years and the average years of education 14.1 (±2.4). According to the Honolulu Scale, 32% of the participants were housewives, 49% were technicians, skilled and unskilled manual employees and 19% had middle/lower level education.

Although 70.1% reported memory dysfunction as the reason for taking the examination, mean MMSE score was 26.75/30 (±4.4) and 63.3% of the participants scored 25 and over. Mean CDT score was 7.6/10 (±1.9). According to the GDS scores, 66% of the participants had no depression, 22% had mild depressive symptoms while 11% showed severe depression.

Conclusions: Memory complaints of the elderly participants in our project were not related to memory deficits confirmed by cognitive tests. The relatively high percentage of the MMSE scores below the cut off value of 25 points (10.7%) may be explained by the fact that many of the participants had been already facing memory problems and were offered the opportunity to recognize it.

OC119  IMPROVING MULTICULTURAL DEMENTIA CARE IN A WESTERN SOCIETY

N. van Weerden1
1Care innovation. The Dutch Alzheimer Association, Bunnik, Netherlands

Objectives and Study: Dementia will increase among ethnic minority groups in the Netherlands over the coming years, and remains unknown and undiscussed by these groups. This means people generally know little about the disease and possibilities for healthcare. Provision of information and prompt identification of dementia enables patients and family caregivers to initiate the correct treatment in order to deal with the disease properly. This research project has four objectives: 1) to make dementia a topic open to discussion among ethnic minority groups, 2) to increase knowledge about dementia and on the possibilities for healthcare, 3) to promote communication regarding dementia between ethnic minorities and professional care providers and 4) to promote quality of life for dementia patients from ethnic minority backgrounds, family caregivers and their communities through the promotion of medicated and non-medicated care.

Methods: The target-group-specific created toolkit ‘Knowing about forgetting’ (WOV) is used in a specially created infrastructure for health education. This education of WOV is given by 18 consultants from ethnic minority backgrounds, who are trained by Alzheimer’s Netherlands. These consultants organise specific information sessions on dementia and theme-based meetings for larger groups. The WOV project reaches between 500-1500 family caregivers, senior citizens and other members of their communities. An action plan and evaluation of results is drawn up for each of the objectives. This project investigates the effectiveness and feasibility between 150 participants and 150 non-participants.

Results: The information strategy is expected to reach a large number of people from ethnic minority backgrounds. The strategy is “successful” if the information sessions attract the aimed numbers of participants. During the period covered by the education programme (18 months), a total of 18 home-base meetings (minimum reach: 180 participants), 4 theme-based meetings (minimum reach: 200 participants) and 12 dementia meetings (minimum reach: 180 participants) will be held. Regarding the effectiveness of the education programme it is expected that people within the target group: 1) will discuss the issue of dementia more frequently, 2) will have improved their knowledge on the subject of dementia, 3) will discuss dementia issues with care providers and 4) will experience a reduced burden and higher quality of life.

Conclusions: The wide coverage of the target group in this project opens up possibilities for additional (new) research regarding effectiveness of the interventions in relation to dementia and dementia care. Results from this additional research will be converted into healthcare policy, more effectively unifying supply and demand in health care.

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OC1120: IS CASE MANAGEMENT EFFECTIVE FOR HOME SUPPORT FOR PEOPLE WITH DEMENTIA? A SYSTEMATIC REVIEW

S. Sandhu1*, S. Reilly2, C. Miranda3, J. Young1, D. Chait4, D. Gnaill1
1Department of Mental Health Sciences, University College London, London; 2PISSRU, University of Manchester, Manchester, United Kingdom

Objectives and Study: To evaluate the effectiveness of case-management approaches to home support for people with dementia from the point of view of the different people involved (patients, carers, and staff) compared with other forms of treatment including ‘treatment-as-usual’ (standard community treatment and other non-case-management interventions) on delaying institutionalization, improving quality of life and/or reducing the number of hospitalizations.

Methods: Randomised controlled trials (RCTs) looking at case-care management approaches to home support for people with dementia were considered for this Cochrane review. A broad range of controlled comparison studies were screened, including controlled before and after studies and interrupted time series studies. As an adequate number of RCTs were found which could be included in the review, other experimental designs were excluded from the meta-analysis. The participants were people with dementia of any type, living in the community, and their carers. The primary outcomes include maintenance of community residence (avoidance of institutionalisation), numbers of hospital admissions, length of hospital stay and patient quality of life/well-being.

Results: The results of the review will be presented using the results of the meta analysis and also the sub group analyses, with details on the included/excluded studies, discussion on the potential risks of bias in included studies, and details on the potential effects of the interventions.

Conclusions: Case management is widely used internationally and acknowledged as good practice in dementia care; however, there is little evidence for its effectiveness. This discussion of the review will include the overall completeness and applicability of the evidence, the quality of the evidence according to the Cochrane guidelines, and the implications for practice and research.

OC1122: NATIONAL PROGRAMME INTEGRATED DEMENTIA CARE

M. Ohadi1*, A. Mirabaei2, K. Kamali1, M. Zarif Yeganeli1, Y. Hashmi1
1Genetics Research Center, Clinical Psychiatry, University of Social Welfare, “Department of Biostatistics, Genetics Research Center, Tehran University of Medical Sciences, Tehran, Iran (Islamic Republic of)

Objectives and Study: To investigate the novel human caveolin 1 (Cavin1) gene upstream purine complex in late-onset Alzheimer’s disease (AD). Aternant expression of the Cavin1 gene is associated with AD brain. We have recently reported a polymorphic purine stretch of GAGA and GAAA motifs located at between 1.8 and 1.5 kb flanking the Cavin1 gene, with multiple binding sites for numerous transcription factors including the Ets and IRF families. This region has been conserved across several species including mouse, rhesus, chimpanzee and human.

Results: The frequency of the extreme alleles in the heterozygous control study design of 240 late-onset AD cases and 250 controls, we report.

Conclusions: The results were impressive: 90% of the country participated with 206 improvement projects fitting the needs of patients and families. Providers of care, welfare and cure worked together with volunteers of the Alzheimer Nederland. Nevertheless, more incentives were necessary to integrate help for people with dementia and their families from the beginning until the end of the dementia.

Methods: Alzheimer Nederland collected the wishes and demands of families of patients in 160 focus groups and within the ‘LDP-questions’ (N=1500 in 2007 and n=1547 in 2009).

Results: The results were impressive: 90% of the country participated with 206 improvement projects fitting the needs of patients and families. Providers of care, welfare and cure worked together with volunteers of the Alzheimer Nederland. Nevertheless, more incentives were necessary to integrate help for people with dementia and their families from the beginning until the end of the dementia. Therefore in 2008 the second programme started: ‘Purchasing integrated dementia care’.

The new in this programme was the participation of 2N, the sector organisation representing the providers of healthcare insurance in the Netherlands. The goal is to provide and purchase integrated support including case-management. A purchase guide is developed (also in English) with a description of the ‘ideal region’ for people with dementia and their families from the beginning until the end of the dementia, based on the clients’ perspective. 2N made guidelines to finance the integrated care. Care providers who develop integrated dementia care, including case-management, receive extra budget. Again volunteers participate as patient advocates being spokesperson for people with dementia and their families in the region.

Conclusions: Financial incentives are necessary to integrate help for people with dementia and their families from the beginning until the end of the dementia.

Methods: National Programme in integrated dementia care (Alzheimer Nederland) organises the evaluation (focus groups and questionnaire) of the programme from a perspectives.

In March 2010 first results will be presented. Do we see an improvement in quality of dementia care e.g. coordination, patientcentredness, timelessness, comprehensiveness?

Conclusions: Financial incentives are necessary to integrate help for people with dementia and their families from the beginning until the end of the dementia.
OC124: GENETIC AND PROTEIN BIOMARKERS FOR THE DETECTION OF ALZHEIMER’S DISEASE

R. Kandimala1, P. Srivastava2, K. Giri2
1Biochemistry, Neurology, PGIMER, Chandigarh, India

Objectives and Study: The most promising strategy to detect AD in preclinical or pre-symptomatic stage need specific biomarkers. In this study we elucidated the relationship between Apo E genotype and CSF biomarkers Aβ42 and Total tau in Alzheimer’s Disease (AD) Patients, Non AD (NAD) patients, Neurological controls (NCs) and Healthy Controls (HCs).

Methods: In this study we included 30 HC, 30 AD patients, 40 NAD, and 46 NC from Nauhir Hospital, PGIMER, Chandigarh, India after obtaining informed consent from all the subjects. Apo E Genotyping was done according to the Werthem PP et al,1991. The levels of Aβ42 and total tau were determined by ELISA kits LloImmunogenetics, Belgium.

Results: Our data of CSF Aβ42 and tau levels in conjunction with Apo allele had shown specificity and sensitivity of 100% and 42.8% respectively for the detection of AD. Aβ42 and Apo E e4 combination had shown specificity 80.8% and sensitivity 72.1 %. The e4 allele distribution frequency was 40% and 2.5% in AD and NAD respectively, whereas apoe4 genotype and Apo e4 genotype distribution was 10 % and 50 % respectively. Our data has shown that e4 allele in combination with Aβ42 to have better sensitivity and specificity in the diagnosis of AD. AD patients with at least one e4 allele had significantly lower CSF Aβ42 levels than those without e4 allele (P<0.001). There was a positive correlation of Aβ42 with low MMSE scores.

Conclusions: Observation from our study suggest that increased Aβ42 and increased tau level in CSF along with Apo e4 allele as risk factors for AD. Our study also shows e4 allele incidence to be a risk factor for AD.

OC125: ELDERLY CARE SUPPORT AND ICT INNOVATIONS: THE PARADIGM OF THE LLM PROJECT

Panagiotis Bamidis

In this paper, we review innovative information and communication technology (ICT) approaches in designing healthcare systems that promote independent living of the elderly population. Emphasis is placed on three aspects: firstly, the accelerating nature of emerging applications; secondly, elderly trial methodologies and strategies for measuring impact indicators; finally, emerging market concerns that govern any design alternatives. In the second part of the paper, emphasis is given on the elements composing the Long Lasting Memories (LLM) service currently under development in the LLM EU project.

OC126: USABILITY OF A COGNITIVE REHABILITATION SOFTWARE IN CENTERS WORKING WITH DEMENTIA PATIENTS

MA Franco-Martín, Y. Bueno-Aguado, J. Ferrer, J. Velasquez; T. Orihuela; T. Cid

Gradior program was implemented in 30 centers for treatment of dementia patients (most of them suffering Alzheimer disease). Professionals were trained about the functioning of the program and a research project was proposed in order to promote the use of the computers in the residential centers for elderly people. After one year was made an study about the difficulties and facilitators for develop programs for cognitive rehabilitation with Gradior. The program is well accepted but in many cases have not used because the organizational activities didn’t include times, sites and programs for cognitive training. So, the Gradior, as tool for cognitive training and rehabilitation, is only useful when professionals and leaders of the center are involved for developing interventions for increasing the quality of life and brain functions.

OC124B: GENETICS, EPIDEMIOGENETICS AND GENOMICS OF DEPRESSION IN ALZHEIMER’S DISEASE

Petr Prohaiski, Atila M. Szw, PhD

ART research fellow and ART network administrator

MRC Centre for Neurodegeneration Research

Institute of Psychiatry

King’s College London

Dep of Neuroscience

INTRODUCTION: Many patients with Alzheimer’s disease (AD) have depressive symptoms with serious consequences for patients and caregivers. Interactions between stressful life events (SLE), the Val66Met polymorphism in the brain-derived neurotrophic factor (BDNF) gene and depression have been described in children and adults, but not in AD. BDNF regulates neuronal plasticity and may be compromised in aging and age-related neurodegenerative disorders making it a good candidate for depression in AD.

AIM: Our aim was to examine the relationships between polymorphic variation, transcriptomic variation and epigenetic modification in the BDNF gene and correlate them with SLE in AD patients with depression.

METHODS: The Val66Met polymorphism of the BDNF gene was genotyped for ~1000 probable AD patients including 40 autopsy confirmed AD brains (and 5 controls) from the UK with full behavioural data including the Cornell Scale for Depression. Demographic data was used to quantify SLE. Three CpG islands regions from the BDNF promoter were investigated, capturing more than 150 CpGs, using the Sequenom MassARRAY EASY-Typer platform and real-time PCR was used in order to quantify the expression of the BDNF promoter. DNA and RNA were extracted from 7 different brain regions (BA4, BA9, BA10, BA14, Entorhinal Cortex, Superior Temporal Gyrus and Occipital Cortex) of the 45 brains and methylation and expression analysis were performed on each area.

RESULTS: A significant association was identified between the number of SLE and depression (p=0.01) in the whole dataset but the Val66Met polymorphism was neither associated with depression nor interacted with SLE. Different levels of DNA methylation were observed across different types of tissues, especially between cortical regions and blood. A significant correlation was found between frontal-cortex BDNF promoter methylation and depression in AD after controlling for anti-depressant use (p=0.003, R²=43% for BA4 and p=0.024, R²=22% for BA4 respectively). No interactions were however found between polymorphic variation and epigenetic methylation. Expression analysis of the BDNF promoter will provide an indication on the effect of different methylation patterns on gene expression.

CONCLUSIONS: Investigation of the interaction of genetics, genomics, epigenetics and environment allow us to examine the possibility of detecting a peripheral biomarker for depression and life events in AD.

OC1216: THE ROLE OF EMOTION IN ELDERLY TRIALS FROM A NEUROSCIENCE PERSPECTIVE

Christos Frantzidis, Panagiotis Bamidis, Ana Vivas, Magda Tsolaki, Christos Pappas

Several issues have to be tackled upon the provision of greater support - towards their independent living- to senior citizens. More specifically, the particular needs of elderly people form a lifestyle pattern which greatly differs from the daily activities of the young and middle-aged adults. Isolation from their surrounding environment is a common feeling among senior citizens. Their negative emotional mood is further enhanced by the experience of loneliness since they often miss their own relatives. In this paper we review approaches to study the emotional state of the elderly from a neuroscience perspectives, and propose selected protocols that may be of great value when measuring the impact of specific interventions.
OC106C: ACCEPTABILITY AND SATISFACTION OF COGNITIVE TRAINING SOFTWARE (GRADATOR) VS. TRADITIONAL PSYCHO-STIMULATION INTERVENTION.

MA. Franco-Martín, J. Porto, Y. Bueno-Aguado; A. Solis; JL. Mufoz; Y. Miguel; C. Tobón.

It's made a clinical trial comparing between two different programs for cognitive training in dwelling elderly people in Zamora (Spain). People who refer memory complaints but without cognitive impairment (after neuropsychological assessment) is randomly selected for one of the two intervention groups: traditional intervention involving 16 sessions of one hour (two for week) in which elderly people make in group several cognitive activities tailored by a neuropsychologist; and by the other hand, innovation intervention using a cognitive training software called Gradator. Gradator group received the same number of sessions and hours of cognitive training involving cognitive exercises made by computer. After the interventions is applied a questionnaire for score the satisfaction with every intervention and we compare the results. Conclusion: the computer is well accepted, even more than traditional interventions. Besides, computer intervention is cheaper than traditional. So, it's recommended to promote the computer for cognitive training in elderly people in order to prevent the Alzheimer.

OC102D: ZPLAY: AN INTELLIGENT HUMAN COMPUTER INTERFACE SYSTEM FOR AD ASSESSMENT AND INTERVENTION

Filia Majadon, Andrew J. Saykin, Li Shen, Georgios Alexandrakis, Heng Huang, Olga Dreibel

1 Harackiau Human Centered Computing Laboratory, Computer Science and Engineering Department, Univ. of Texas at Arlington, Arlington, TX 76019, 2 Radiology and Imaging Sciences, Indiana University School of Medicine, Indianapolis, IN 46202, 3 Biomedical Engineering Department, University of Texas at Arlington, Arlington, TX 76019, 4 Computer Science and Engineering Department, Univ. of Texas at Arlington, Arlington, TX 76019, 5 School of Health Professions at the University of North Texas Health Science Center (UNTHSC), Fort Worth, TX

This paper describes an intelligent Human-Computer Interface (HCI) system, ZPLAY, to be used for assessment and treatment for Alzheimer’s. The work uses game-based diagnosis and intervention for the early – prodromal and early – stages of the disease (rather than the moderate, late to end stages), as it associates game performance data with INR (functional near infrared) imaging classification to determine AD disease progression through noninvasive monitoring of functional brain activity. INR protocols for Alzheimer’s test the prefrontal cortex, by placing the INR probes on the forehead, to measure the hemodynamic response to higher order cognitive functions such as doing anagrams. INR is an emerging neuroimaging technology, that studies the cortex in the clinic and under more realistic conditions. It uses near-infrared light to measure changes in the concentration of oxygenated and deoxygenated hemoglobin in the cortex and is limited to the outer cortex. It is less invasive, portable, and more affordable than other neuroimaging methods. It is also more robust to artifacts caused by movement and can be integrated with other technologies such as EEG. The project’s team has been validating INR brain activation outcomes with parallel INR studies.

OC127: EARLY AGE AT MENOPAUSE IS ASSOCIATED WITH INCREASED RISK OF DEMENTIA AND MORTALITY IN WOMEN WITH DOWN SYNDROME


1Epidemiology and Biostatistics, Erasmus Medical Centre, Rotterdam, 2Dichterhuis, Centre for Intellectually Disabled, Gennap, 3Heeren Loo- Midden Nederland, Centre for Intellectually Disabled, Ermelo, 4Neurology, Academic Medical Centre, Amsterdam, 5Epidemiology and Biostatistics, Erasmus Medical Centre, Rotterdam, Netherlands

Objectives and Study: Whereas the general population shows a clear excess of women among the elderly, the population of elderly Down syndrome (DS) patients is characterized by an excess of men. The origin of the excess males in elderly patients with DS is not clear. We tested the hypothesis that an earlier age at menopause is associated with the age at onset as well as the risk of AD and mortality in elderly women with DS.

Methods: In a prospective longitudinal cohort study of dementia and mortality in persons with Down syndrome (DS), aged 45 years and older, 85 postmenopausal women were followed for a median follow-up time of 4.3 years (range 0.0 to 7.4 years). The effect of age at menopause on age at diagnosis of dementia and survival was estimated using correlation analysis and Cox Proportional Hazard Model.

Results: We found a significant correlation between age at menopause and age at diagnosis of dementia (p=0.52; p=0.01), and between age at menopause and age at death (p=0.49; p=0.01). Early age at menopause is associated with a 1.8 fold increased risk of dementia. Hazard Ratio (HR): 1.82 (95% Confidence Interval (CI): 1.31-2.52) and with risk of death: HR: 2.05 (95%CI: 1.33-3.16).

Conclusions: Our study suggests that age at menopause in women with DS is a determinant of age at onset of dementia and mortality.

OC128: FACTORS AFFECTING ONSET OF DEMENTIA AND LONGEVITY AMONG ADULTS WITH DOWN SYNDROME

J. A. Tsioris, 1, P. J. Patil, 2, M. J. Flynn 3

1BHR George A. Jervis Clinic, New York State Institute for Basic Research in Developmental Disabilities, Staten Island, United States

Objectives and Study: To assess, in adults with Down syndrome (DS), (1) the effects of antidepressants on the age at dementia and longevity; (2) years of survival after late onset seizures; and (3) effect of mosaicism on onset of dementia and longevity.

Methods: The files of 367 adults with DS evaluated in a tertiary clinic over an 18 year period between 1990 and 2008 were reviewed. Ages ranged from 37 to 71 years (mean 52.1, SD 7.5). Late-onset seizures were present in 58 cases (35%). Longevity and age until dementia among treated vs. not treated cases, mosaic vs. non-mosaic cases, and those with and without late-onset seizures were compared using ANOVAs and Cox regressions.

Results: Average age at onset of dementia among those who received antidepressants was 52.3 years (S.D. 6.66) versus 51.4 years (S.D. 7.71) among those without antidepressants (p=2.2). Maximum age (age at death or current age) among those on antidepressants was 54.8 years (S.D. 8.69) versus 52.7 years among others (S.D. 7.52; F(1,295)=1.574, p<0.3). Mean survival after first late-onset seizure was 4.29 years (S.D. 3.88 ). Maximum age among 15 subjects with mosaicism for whom information was available was 57.8 years (S.D. 5.1) versus 53.4 years (S.D. 7.4) among 262 without mosaicism (F(1,286)=9.33, p<0.03). Age at dementia onset (or current or last age) was 56.1 years (S.D. 6.35) among 17 subjects with mosaicism versus 52.1 years (S.D. 6.60) among others (F(1,305)=5.15, p<0.02).

Conclusions: Authors found that (1) antidepressants did not delay dementia but did increase longevity in adults with DS; (2) mean survival after late onset seizures was longer among those treated; and (3) greater ages were attained and onset of dementia was delayed among subjects with mosaicism.
OC129 ROLE OF ALZHEIMER’S ORGANIZATIONS WITH RESPECT TO AIDING FAMILIES OF PEOPLE WITH DOWN SYNDROME

M. P. Janicki1, H. Wilkinson2
1Disability and Human Development, University of Illinois at Chicago, Rockport, Maine, United States,
2Community Health Science, University of Edinburgh, Edinburgh, United Kingdom

Objectives and Study: Estimates are that of the 24 million adults projected to be affected by dementia worldwide, at least 225,000 are older adults with an intellectual disabilities (ID). Adults with Down syndrome (DS), a genetic condition and form of lifelong ID, represent about 10% of the typical population of any nation’s adults with ID. Although in general adults with ID do not have an elevated risk of Alzheimer’s disease (AD), adults with DS do present with a high risk for AD (with some 80% of adults age 60 and older showing signs of behaviors associated with clinical dementia). With the progressive increase in longevity of people with Down syndrome, the presentation of dementia of the Alzheimer’s type among people with DS has caused many national and local Alzheimer’s organizations to be drawn into providing technical and clinical resources to families, NGOs, and adults with DS.

Methods: An international survey was undertaken of Alzheimer Disease International’s (ADI) 77 national affiliates to see how ADI’s affiliated organizations respond to people with ID and DS and their families.

Results: Of the respondents, about 2/3s noted that they considered aiding people with ID/DS as part of their mission. 2/3s said they have cooperative working agreements with national or local ID NGOs, and about half said they undertook cooperative endeavors with the NGOs and had developed and disseminated consumer materials related to ID and dementia. With respect to governmental supports the affiliates reported mixed results, with some finding public officials aiding in cooperative endeavors and others reporting disinterest and encountering systemic and attitudinal barriers.

Conclusions: Generally, the survey revealed a need for more education and involvement by governments in aiding people with ID/DS affected by dementia and a greater level of technical assistance to affiliate to manage resources to aid related to ID/DS and dementia, particularly those from families.

OC130 MEDIATION BETWEEN STAFF AND ADULTS WITH INTELLECTUAL DISABILITY WITH ALZHEIMER DISEASE AS A MEANS OF ENHANCING THEIR DAILY FUNCTIONING

H. Liibizita, P. S. Klein
1School of Education, Bar-Ilan University, Ramat Gan, Israel

Objectives and Study: This study explored a novel means of mediation between staff and elderly persons with an intellectual disability (ID) and affected by Alzheimer-type dementia (AD) in Israel, i.e. the MISC (Mediation Intervention for Sensitizing Caregivers) model. Applications of the MISC were tested for use in interactions between staff and adults with ID/AD. The objective was to help caregivers and direct staff relate to their dependents in a way that would enhance their cognitive, emotional, and behavioral functioning. It is based on the integration of person-centered, cognitive rehabilitation, and mediational approaches. Six mediational parameters can be applied during daily activity: meals and medication time, work sessions and leisure activities.

Methods: A case study method was employed using a 54-year old adult male with Down syndrome who exhibited early signs of Alzheimer type dementia according to the Dementia Questionnaire for Mentally Retarded (DMQ). A tailored program was built based on the MISC mediational parameters and tested in an in vivo situation.

Results: Study outcomes showed that although the subject’s memory difficulties remained, his functionality improved and his daily life became a little easier and less stressful. He was able to learn new strategies that compensated for his deterioration in short-term memory and disorientation in time and space. His score on the DMQ decreased by four points.

Conclusions: The data demonstrated the efficacy of applications of the MISC to persons with ID/AD. Our results support the claim that not all gains that might result from training would have any clinically significant impact. The MISC employs a holistic approach relating to areas that are not covered in the DMQ. Notwithstanding a drop in DMQ scores, there was success in subjective functional improvement and quality of life enrichment, aspects not sensitive to the DMQ.

32 PSYCHOSOCIAL SUPPORT AND FAMILY PSYCHOTHERAPY IN TREATMENT OF ALZHEIMER´S DISEASE

A. Haasluoto1, M. King2, N. Perez-Achiaga2, G. Livington1, A. Strydom1, R. Romeo1, M. Knaep1
1Mental Health Sciences, University College London, 2Health Economics, Institute of Psychiatry, London, United Kingdom

Objectives and Study: the cost of caring for people with intellectual disability (ID) accounts for a large proportion of care budgets and may increase as the ID population ages. There have been no published studies of costs of care of a representative sample of older people with ID in the UK. Thus, we studied the service use and costs for older people with ID, including accommodation, health care and personal care, and explored the influence of socio-demographic and illness-related determinants.

Methods: Comprehensive data were collected on a representative sample of older adults with ID aged 60 and older (n = 212), including accommodation charges, receipt of all health and social care, and time spent caring by family and other carers, in addition to information about physical and mental illness, medication usage, and disability status. All participants were assessed for dementia and sensory impairment.

Results: The average weekly cost per older person with ID was £789 [£699] or £41,028 per year [£44,748]. Accommodation accounted for 74% and daytime activities and health care for most of the remainder. Overall costs were highest for those living in institutional settings. Those in more independent settings had the highest cost for non-accommodation elements. Sex, ID severity, hearing impairment, physical disorder, and mental illness had significant independent relationships with costs. Mental illness was associated with the largest additional weekly cost (£202 or £202).

Conclusions: Older adults with ID consume up to 5% of the total personal care budget in England although comprising about 0.15 – 0.25% of this population. Mental illness and physical disorders in older adults with ID are significant determinants of over-all costs, and appropriate interventions, if implemented, may prove cost-effective in the longer-term.

OC132 PSYCHOSOCIAL SUPPORT AND FAMILY PSYCHOTHERAPY IN TREATMENT OF ALZHEIMER’S DISEASE

15. Non-pharmacological interventions

S. Aavula1*, T. Tammar1*, 1Project, Helsinki Alzheimer Association, Helsinki, Finland

Objectives and Study: Alzheimer’s disease gives the family a sad view to future. It is natural, that the family likes not to think about it, and try to keep living as if the illness didn’t exist. Many questions and confusion arises in the minds of the family members, they would like to talk about it, but without professional help it’s too painful. The silence leads to tensions between the family members. The family care givers have a heavy task to decide for the treatment on the behalf of their loved. The issues that stayed unspoken, live in the minds of the family members. The demented person may act them out as verbalization is not possible anymore.

In Helsinki Alzheimer-association we have developed psychosocial support and family psychotherapeutic models since 2000 to help families with Alzheimer’s disease. There have been 127 family members attending the groups and therapy sessions. The projects have been regional and national.

Methods: We have combined methods of psychodrama-, couple- family- and group psychotherapy.

Results: Reaching the young patients is challenging. Most families experienced that they would have needed psychosocial support earlier they got it. They also feel sad for not speaking out all important issues when it still was possible also for the demented family member. Even short interventions helped the family to take important issues up.

Conclusions: Serious illness brings up the whole course of life with its delight, grief and unfinished issues.

The process of adaptation challenges the whole family to face its vulnerability, needs, helplessness, loss and death. Therefore the families need psychosocial setting to face their changing reality and to remain hope in the future of the family even with the presence of approaching Death.

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Abstracts - Oral presentations

OC133  WHEDA STUDY: EFFECTIVENESS OF OCCUPATIONAL THERAPY AT HOME FOR OLDER PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS – PRELIMINARY RESULTS OF A RANDOMISED CONTROLLED TRIAL EVALUATING A DUTCH PROGRAMME IN SEVEN GERMAN CENTRES

Objective and Study: A Dutch mono-centre randomised controlled trial design has shown that occupational therapy improves daily functioning in dementia. The present study compared effects of the Dutch community occupational therapy programme with a community occupational therapy consultation on daily functioning in older people with dementia and their primary caregivers in a German multi-centre context. A Dutch multi-centre randomised controlled trial design was used in seven health care centres. Participants were 1:1 randomised to treatment or control group. Assessors were blind to randomisation. One hundred and thirty-two patients and caregivers were included in the trial. The control intervention consisted of one community occupational therapy consultation based on information material of the Alzheimer Society. The intervention consisted of one community occupational therapy consultation based on information material of the Alzheimer Society. Participants in both groups were followed during an intervention period of three months. Measures of quality of life and caregiver burden were recorded at baseline and one month intervals during the project period. Participants were interviewed to gain feedback on their experiences during the trial.

Methods: Design and Setting. A multi-centre single blind randomised controlled trial design was used in seven health care centres. Patients were 1:1 randomised to treatment or control group. Assessors were blind to group assignment and performed measurements on both groups at baseline and at post-treatment assessment in week 6 after baseline. Participants: Community dwelling older people aged 60 years or older with mild or moderate dementia and their primary caregivers. Interventions: The experimental intervention consisted of a community occupational therapy programme including 10 therapy sessions at home. The control intervention consisted of one community occupational therapy consultation based on information material of the Alzheimer Society. Providers of both interventions were occupational therapists experienced in treatment of cognitively impaired older people and trained in both programmes. Outcome: The primary outcome was patients’ daily functioning assessed with the performance scale of the Interview for Deterioration in Daily Living Activities in Dementia, and video tapes of daily activities rated by external raters blind to group assignment using the Perceive, Recast, Plan and Perform System of Task Analysis. Secondary outcomes were patients’ and caregivers’ quality of life, mood, satisfaction with treatment and resource utilisation, the caregiver’s sense of importance, the incidence of long-term institutionalisation. Process evaluation was performed by questionnaires and focus group discussion.

Results: We recruited a sample of 131 patient-caregiver-dyad pairs, carried out 66 control and 67 experimental interventions. Post-treatment assessment was applied to 132 dyads. The process evaluation revealed no interventional differences between the experimental and the control intervention groups. The control intervention consisted of one community occupational therapy consultation based on information material of the Alzheimer Society. The experimental intervention consisted of one community occupational therapy consultation based on information material of the Alzheimer Society. Providers of both interventions were occupational therapists experienced in treatment of cognitively impaired older people and trained in both programmes. Outcome: The primary outcome was patients’ daily functioning assessed with the performance scale of the Interview for Deterioration in Daily Living Activities in Dementia, and video tapes of daily activities rated by external raters blind to group assignment using the Perceive, Recast, Plan and Perform System of Task Analysis. Secondary outcomes were patients’ and caregivers’ quality of life, mood, satisfaction with treatment and resource utilisation, the caregiver’s sense of importance, the incidence of long-term institutionalisation. Process evaluation was performed by questionnaires and focus group discussion.

Conclusions: Preliminary results on post-treatment assessment of the primary outcome and conclusion will be presented.

T. Wallace1
1DBMAS, Alzheimer’s Australia SA Inc, Glenelg, Australia

OC134  EFFECTIVENESS OF AN E-MENTAL HEALTH INTERVENTION FOR FAMILY CAREGIVERS OF PEOPLE WITH DEMENTIA

Objective and Study: In November 2008, an innovative eMental Health intervention for family caregivers of people with dementia, called ‘Mastery over Dementia’, was launched in the Netherlands. The intervention is built on principles of psycho-education, cognitive behavioral therapy, problem solving behavior, relaxation therapy and assertiveness training. Interactive feedback is given by a coach. Themes covered in the course are: coping with behavioral problems, arranging help from others, time for yourself, thinking and feeling, non-helping thoughts, helping thoughts, assertiveness and communicating problems. In May 2009, we started a randomised controlled trial (RECT) to measure the effectiveness of the ‘Mastery over Dementia’ intervention. The experimental group (N=15) received ‘Mastery over Dementia’, the control group received a minimal intervention consisting of a series of information bulletins sent by e-mail. Participants in both groups were followed during approximately 5 to 6 months. Caregivers in the experimental group had additional follow-ups at 3 and 6 months after finishing the intervention. Effectiveness of Mastery over dementia has been determined on psychological well-being, feelings of burden and perceived health.

Methods: Randomized control study: caregivers in the experimental condition took part in the ‘Mastery over Dementia’ which consists of eight lessons and a booster session (follow-up). Each lesson consists of information, practice rehearsal and homework. Participants are in contact with a coach (a professional counselor) who gives feedback. On average caregivers took one lesson every two weeks. After the course people were invited to take part in a special forum. Caregivers in the control condition receive an information bulletin by e-mail. There is no contact with the coach. Statistical analysis will be performed on the basis of intention to treat.

Results: In September 2009, 80 caregivers were enrolled in the study. We expect to collect data for another 70 caregivers until March 2010. At the conference data on the short term effectiveness of the intervention will be presented.

Conclusions: In a pilot-project, 15 caregivers took part in the eMental Health intervention. They were highly satisfied and evaluated the intervention positively. First findings show that caregivers are highly motivated to take part in the study.

M. Bloom1, A. Pout2
1Research and Policy, Alzheimer Nederland, Bunnik, 2Clinical Psychology, VU University, Amsterdam, Netherlands

OC135  OUTCOMES OF USING A WRIST WORN GPS LOCATION DEVICE

Objective and Study: Global Positioning System (GPS) technologies have improved substantially over the last few years with continuing miniaturization making novel form factors for GPS location devices available. Alzheimer’s Australia South Australia (AASA) has received increasing requests for GPS location technology to be available from both people diagnosed with dementia and their carers. AASA undertook qualitative research into the outcomes of using a GPS location device for people with dementia at risk of becoming lost due to wandering type behaviours. The research was investigating acceptability and usability of the GPS device; impact of the use of the GPS device on the quality of life of the person with dementia; and impact of the GPS device on caregiver burden.

Methods: Ten participants with dementia who were independently mobile with a recent history of wandering behaviours and their carers (legal guardians) were recruited to the research project for a period of three months. Measures of quality of life and caregiver burden were recorded at baseline and one month intervals during the project period. Participants were interviewed to gain feedback on their experiences during the trial.

Results: Analysis of data collected during the project indicates a variable response to wrist worn GPS location devices. Whilst the intention of this type of technology is to improve quality of life and reduce caregiver burden, for some participants issues related to reliability, usability and stigma from the use of the device has a paradoxical outcome.

Conclusions: Wrist worn GPS location devices are a potentially useful tool for reducing the stress experienced by carers of people with dementia who are at risk of becoming lost. As the remaining technological issues are addressed, legal and ethical social issues will need to be addressed.

T. Wallace1
1DBMAS, Alzheimer’s Australia SA Inc, Glenside, Australia

OC136  EFFECTIVENESS OF TWO DIFFERENT COMBINATIONS OF COGNITIVE INTERVENTION IN PATIENTS WITH MILD COGNITIVE IMPAIRMENT (MCI)

Objective and Study: The study aimed to comparatively evaluate the effectiveness of two different combinations of cognitive intervention in patients with MCI. The study included 20 patients (11 women, 9 men) with MMSE= 27.6 (1.98), age= 72.50 (7.47) and education= 8.40 (3.57), classified in two experimental groups. Group A attended practice of memory and Reality Orientation (N=9) and group B attended the same programs plus physical exercise (N=9). There was also a control group (N=7) without cognitive intervention during the same period. The experimental groups attended 20 weekly sessions for a period of 6 months targeting the enhancement of verbal, visual memory and visual perception. Neuropsychological assessment was performed at baseline and at the end of the intervention.

Methods: The study included 20 patients (11 women, 9 men) with MMSE= 27.6 (1.98), age= 72.50 (7.47) and education= 8.40 (3.57), classified in two experimental groups. Group A attended practice of memory and Reality Orientation (N=9) and group B attended the same programs plus physical exercise (N=9). There was also a control group (N=7) without cognitive intervention during the same period. The experimental groups attended 20 weekly sessions for a period of 6 months targeting the enhancement of verbal, visual memory and visual perception. Neuropsychological assessment was performed at baseline and at the end of the intervention.

Results: At baseline, there were not differences between groups, in cognitive and functional performance. At the end of the intervention, in favor of the experimental groups, differences were noticed between the control and the group A in attention (p=0.00) and between controls and the group B in visual perception (p=0.03). There were no differences between the experimental groups. Within group analysis has shown that the experimental groups remained stable in daily function, executive function, attention, visual memory. The experimental group B improved in visual perception (p=0.03) and the control group deteriorated in attention (p=0.00), verbal memory (p=0.01) and visual perception (p=0.03).

Conclusions: The combination of memory practice, R.O., and physical exercise has provided a benefit in visual perception that was not present in the combined intervention without the physical exercise.
Abstracts - Oral presentations

OC137 THE EVALUATION OF THE DUTCH COMMUNITY OCCUPATIONAL THERAPY INTERVENTION FOR OLDER PEOPLE WITH DEMENTIA AND CAREGIVERS

M. Graaf1, J. F. Vermeel-Dassen2, M. G.M. Olde-Rikkert2
1IQ Healthcare, University Medical Center Nijmegen, Nijmegen, 2IQ Healthcare, University Medical Center Nijmegen, Geriatrics, University Medical Center Nijmegen, Nijmegen, Netherlands

Objectives and Study: Community occupational Therapy (OT) for older people with dementia and their caregivers is a multi-component psychosocial intervention that has proven to be very effective in the different phases of the Continuum of Increasing Evidence have been used to reach evidence based occupational therapy intervention in dementia. Methods and outcomes will be presented.

Methods: the “Continuum of Increasing Evidence” of the MRC framework, eligible for evaluation of complex multi-component interventions, was used. This model consists of different research phases: 1) a theoretical; 2) a modelling; 3) a randomized controlled trial; 4) an exploratory trial; 5) an implementation phase.

Results: In the exploratory phase our occupational therapy guideline was developed on extended literature review, practical experience and consensus rounds. In the modelling phase, qualitative case studies were performed and defined possible successful components of this OT intervention. In the exploratory trial phase, a pilot study was carried out and determined good feasibility of the intervention and research design based on these successful components. Positive changes were found after OT intervention (n=11 patients and caregivers). Based on these results, the randomized controlled intervention approach was developed (n=135 patients and caregivers) and high effectiveness and cost-effectiveness of this OT intervention was found. In the implementation phase, a pilot implementation study determined barriers for facilitators and facilitators for implementation. The design of the recent implementation study was guided by these outcomes on OT and organizational level, which is now tested in a RCT (n=45 institutes; 90 OTs; 180 patients and caregivers).

Conclusions: The highly effective and cost-effective outcomes of our studies confirm the importance to follow all phases of the continuum of increasing evidence.

OC138 COGNITIVE EMPOWERMENT PROGRAMS ON HEALTHY ELDERLY IN THE PREFECTURE OF DODECANES

C. C. Kadi1, A. E. Kipriol2, K. O. Staia1, T. K. Velegakis1, A. A. Platis1
1Mental Health, Children and Adults Mental Health Community Services Development Federation, 2Mental Health, Children and Adults Mental Health Community Services Development Federation PANACEA, Rhodes, Greece

Objectives and Study: Cognitive empowerment programs are specifically structured mental exercise programs that are performed either in groups or individually and applied in combination with medication. The purpose of the program is to enhance the cognitive functions of patients through a series of specific exercises and methods. The programs are often applied proactively, i.e. in healthy population in order to maintain good memory function and learning techniques in everyday life.

Methods: On the island of Rhodes, mental reinforcement programs were implemented in the 1st Open Care Centre of the Municipality of Rhodes. Specifically, two groups of 10 and 8 people aged 60-75 years were created, whose members were examined, before the beginning of the applied program, through the following psychometric tests: 1) The Mini Mental Status Examination Test, about the diagnosis of cognitive function, 2) The Clock Test about diagnosis of cognitive function, 3) The Geriatric Depression Scale (GDS) to detect depression indicators, 4) A short demographic questionnaire and functional elements. Twenty-two, one-hour weekly meetings took place, during which the completion of crisis, immediate and delayed recall exercises were applied. After 22 meetings, all the participants of the programme were further assessed through the same tests.

Results: The comparison of the results showed: 1) Stabilization or improvement in cognitive function in 15 people 2) A reduction of cognitive function in 3 people 3) Emotional state improvement in 10 subjects.

Conclusions: The results also clearly show the immediate need of preventive, cognitive empowerment programs, aiming to the constant, cognitive exercise, socialization as well as emotional support of elderly people.

OC139 NEUROPSYCHIATRIC INTERVENTIONS IN THIRD AGE IN DODECANES

A. A. Platis1, A. A. Platis
1MENTAL HEALTH, Children and Adults Mental Health Community Services Development Federation PANACEA, RHODES, Greece

Objectives and Study: During the last three years, when “Panacea”, as a Children’s and Adults’ Mental Health Community Services Development Federation, started its activities, it became more than obvious the fact of the inadequate presence of services and need covering for third aged people in Dodecanese. More specifically, for the time being, the services that take action for people in third age are the following:

- the “Help at Home” programme,
- two “Day Care Centers” and two “Open Protection Centers” for aged people in Rhodes and in Karpathos island,
- one “Friendship Club” in Kos island,
- two “Geriatric Houses” in Rhodes and Kalymnos island as well as
- one “Health, Physical and Social Rehabilitation Center” in Rhodes.

In smaller islands of the Dodecanese Complex, the only programme under function is the “Help at Home” one, which, in several occasions, sub-functions, due to lack of employees and support by relative local services. Nevertheless, the main concern of “Panacea” and of the inhabitants has focused on the absolute absence of preventive and therapeutic services for patients suffering from Dementia and their caregivers.

Concerning the population of Dodecanese, which is approximately two hundred thousands, the absence of such services is considered to be completely unacceptable.

Methods: Wishing to cover the mentioned need, “Panacea” started taking actions in the Dementia field by establishing in year 2005 the “Consultant Center” for patients suffering from Dementia and in October 2008, the “Memory Center” and the “Therapeutic and creative Occupational Center” for Dementia Patients. Since January 2009, when the union of all these services took place, the “Day Center for Dementia Patients, Arsinoi” started functioning till today.

Results: The “Arsinoi” center provides -without any fees- diagnostic, therapeutic and creative occupational services for Dementia Patients and support services for their caregivers and their families.

Conclusions: In future time, we aim to the creation of a service net between Rhodes, Kos and Kalymnos, to the stable collaboration with smaller islands, as well as to the creation of a Psychogeriatric Structure in Rhodes, for the best possible quality services towards third aged people.

OC140 IMPLICATIONS OF THE ECO-SYSTEMIC MODEL OF WELL-BEING UPON SERVICES AND INTERVENTIONS TO PEOPLE WITH DEMENTIA AND THEIR FAMILIES

A. Papadopoulos1
1Psychology Department, Recovery and Well-being Programme, Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom

Objectives and Study: To identify the implications for service delivery and psychosocial interventions of the recently developed Ecosystemic Model of Well-being in older people (Papadopoulos, Biggs and Tinker, 2009) upon people with Dementia and their families.

Methods: Presentation of the research programme on well-being undertaken at King’s College London and development of the well-being model.

Results: To identify the implications of the model within the aims and objectives of current UK policy for people with dementia and their families.

Conclusions: To identify recommendations to the provision of services to this population.
OC141 MEASURING QUALITY OF LIFE IN DEMENTIA CARE
19. Quality of life in dementia
J. Gräskén1, K. Wolf-Ostermann2, T. Fischer1, A. Kuhlmey
1Institut für Medizinische Soziologie, Charité Universitätsmedizin Berlin, 2, Alice Salomon University of Applied Sciences Berlin, Berlin, Germany

Objectives and Study: In Germany Shared Housing Arrangements (SHA) – a specific kind of small-scale living facility for older, care-dependent persons often suffering from dementia - have increasingly become an alternative to traditional residential facilities. As at date no cure for dementia is available, one of the primary goals in caring for people with dementia is the improvement of Quality of Life (QoL). The aim of our study is to give a review on dementia-specific QoL-assessments designed especially for use in dementia care under particular consideration of applicability in the framework of SHA.

Methods: To identify QoL-assessments a systematic search of literature was performed including databases like Pubmed and Cinahl without a time limitation. Search terms included “dementia”, “Alzheimer’s Disease”, “instrument” and “Quality of Life” in English and German. Publications were analysed regarding the instruments used to measure Qol, with regard to different settings, time to collect data, complete the questionnaire and severity of dementia.

Results: Dementia-specific Qol instruments as well as general Qol instruments were identified. Three different methods are employed to assess dementia-specific Qol: in institutional or community settings: Direct interviews with residents (e.g. Quality of Life for Dementia), proxy ratings by care staff (e.g. The Quality of Life – Alzheimer’s Disease) and observation of residents by trained observers (e.g. QUALID). Approaches used depend on dementia severity. Domains include independence, self-esteem, social relations among others. Most instruments show good to excellent interrater reliability and internal consistency. No instrument was developed especially for the use in the context of small-scale living facilities.

Conclusions: In the last ten years twelve Qol-instruments were developed and used in dementia care, so the need for QoL-assessments is evident. Available instruments for assessing Qol in dementia care are highly specific for setting and severity of dementia, which imposes assessments across settings and along the continuum of care. An instrument adapted to small-scale living arrangements should be developed to account for the specific conditions of the setting.

OC142 GENERIC AND DISEASE SPECIFIC MEASURES OF QUALITY OF LIFE IN PATIENTS WITH MILD AD.
19. Quality of life in dementia
S. Bhattacharyya1, F. Waldorf2, A. Vogel3, M. Hansen1, G. Waldemar1
1Memory Disorders Research Group, Dept. of Neurology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark

Objectives and Study: Quality of life (Qol) is now being recognized as an important outcome variable in clinical trials of AD. Therefore, there is a growing need to investigate the associative pattern of Qol with standard outcome variables on cognitive performance, activities of daily living, and behavioral and psychological symptoms in AD. The present study investigated the associative pattern of a generic and a disease specific Qol scale with important clinical variables in AD.

Methods: The study was based on baseline data from 321 home living patients with mild AD who participated in the Danish Alzheimer Intervention Study (DAISY) together with their primary caregivers. The patients and the caregivers separately completed the generic Euro-Qol 5D (EQ-5D) and Euro-Qol visual analogue scale (EQ-VAS) and the disease specific Quality of life in Alzheimer’s disease scale (Qol-AD), rating the quality of life of the patient. Apart from these, Cornell depression scale, Alzheimer Disease Cooperative Study activities of daily living scale (ADCS-ADL), Neuropsychiatric Inventory (NPI-Q), and Mini-Mental State Examination (MMSE) were also administered. Pearson correlations were conducted to analyse the correlation among the two Qol scales as well as their associative pattern with the clinical variables.

Results: The mean age was 76 (+/-7.1) and the mean MMSE was 24.0 (+/-2.5). The patient rated as well as the caregiver rated versions of the two Qol scales were significantly correlated with each other (r=0.001). The carer rated EQ-5D vs. Qol-AD had significant correlation with Cornell, ADCS-ADL, and NPI-Q scores. For the patient rated Qol measures significant correlations were observed with Cornell and NPI-Q scores, but not with ADCS-ADL. MMSE was not significantly correlated with either of the Qol scales.

Conclusions: The generic and the AD specific quality of life scales correlated well with each other and showed a similar pattern of correlation with the clinical variables. This indicates that using a simple generic instrument as the EQ-VAS may reflect the same trends and pattern of association as more specific scales like Qol-AD.

OC143 AUTOBIOGRAPHICAL MEMORY, QUALITY OF LIFE AND PSYCHOSOCIAL INTERVENTION IN DEMENTIA CARE
19. Quality of life in dementia
H. R. Wilkinson1, E. D. Moniz-Cook2, R. Wood3, R. T. Woods2
1Older Adults, Institute of Rehabilitation, Hull, 2DDC Wales, Bangor University, Bangor, United Kingdom

Objectives and Study: Autobiographical memory or ‘recollect’ of the past is commonly retained and personally relevant pleasant memories may have a positive effect on quality of life. We explored the relationship between autobiographical memory and quality of life (QoL) in people with dementia.

Methods: 124 community dwelling people with dementia completed the Autobiographical Memory Interview (AMI) and the self assessed Quality of Life in Alzheimer’s disease (QoL-AD) measure.

Results: No direct relationship was noted between the AMI and QoL-AD but stepwise regression modelling suggested that personally meaningful (i.e. semantic) autobiographical memories were associated with reduced likelihood of difficulties in mood and everyday living activity in people with dementia as well as stress and burden in the family carer. Where the quality of the relationship between the person and their family carer was perceived as warm (rather than ‘critical’ or conflict-laden), high levels of QoL on the relationship sub-scales of the QoL-AD were seen.

Conclusions: Path analysis suggested that personally relevant semantic autobiographical memory on the AMI predicts a warm relationship between the person and their family carer as well as good QoL for personal relationships on relevant QoL-AD subscales. The implications of these findings for the targeting of reminiscence therapies to maintain quality of life in dementia care is discussed.

OC144 SUPPORTING LOST CARERS
19. Quality of life in dementia
V. A. Cowap*, J. E. Butler*
*Adult Social Services, Norfolk County Council, Norwich, United Kingdom

Objectives and Study: Last year Norfolk Care Homes Service was fortunate in winning a bid from the Mental Health Foundation to provide funding for a two year project to develop a positive model of relative’s involvement and support to residents who live in care homes. Although the project has only been running since February 2009, we have been able to successfully engage relatives in the sessions run to date. Indeed the project enables family and friends to continue to play a key role in the life of their relative ‘because’ and not in ‘spite’ of being in residential care.

Methods: Despite the best efforts of staff, sadly it is not unusual for the relatives of residents admitted into residential care to feel they have lost their caring role and to experience a great sense of grief especially if the relative had previously looked after their loved one at home for a long period of time. To quote one relative – “After 50 years, you need help and something to fill the void”.

Feedback from relatives thus far is very enthusiastic about both the content and social aspect of the sessions and they have reminded us of the value of having opportunities to share their stories and feelings with each other. Indeed relatives are saying to us – ‘just give us more’. Additionally through the project, care staff have been able to obtain a better understanding of the residents they care for. All people are unique, but how do you find out about a person if they are in the advanced stages of dementia? One way is by engaging relatives and friends who are keepers of important information about the resident who has dementia.

Results: The project is designed to focus on the needs of ‘lost carers’ whose relatives live in residential care whilst at the same time delivering real benefits in terms of:
• Supporting relatives continued positive involvement
• Designing individual appropriate activities for residents
• The ability of utilizing expert inputs and opportunities from other external agencies
• The improved understanding by employees of individual residents

Conclusions: Already relatives have seen the benefits of sharing experiences and feelings, learning more about the conditions around dementia and appreciating that they are not alone and that they can maintain a very positive role with their loved ones and with other relatives. As one of the participating establishment managers has said – “We need to engage the person’s relatives/friends from the beginning, they are the most important people to the resident. Most people would desperately like to be able to continue to care for their relative at home, and feel terrible guilt when they can’t. A lot of people do not understand dementia.”
Conclusions and Study: The quality of psychosocial care for persons with dementia and their families can be improved and made more comparable between countries by the use of quality indicators for psychosocial interventions. The aim of this study is to test the feasibility of quality indicators for psychosocial interventions developed in the Eurocode project.

Methods: The feasibility of the potential set of 15 quality indicators for psychosocial interventions was investigated in a pilot-study by studying the care registered in patient files. Therefore a data extraction form has been made. Patient files of the following settings were used to gather the data: memory clinic, day care center, nursing home, home care service. The results on feasibility were discussed in a meeting of European dementia care experts.

Results: Quality indicator data were extracted for 45 persons with dementia and their carers from 8 European countries. Availability of the data was high in patient files in most settings and countries. The highest availability was shown on the indicator: Number of people with dementia with registration of personal and social needs in care plan and/or medical record. There was a remarkable difference in the use of the quality indicator on discussing the diagnosis with the patient. Not all of the 15 quality indicators were applicable to all settings. Feedback from the professionals who extracted the data will be used to improve formulation and thereby the feasibility of the set of quality indicators.

Conclusions: The results of this pilot-study show that it is feasible to implement the set of quality indicators for psychosocial care in dementia in different European countries. It should be noted that the pilot-study included patient files from dementia care services that were more than average interested in psychosocial interventions.

The set of indicators can be used to compare quality of psychosocial care between European countries and between dementia services within countries.

Objectives and Study: Creating Spiritual Connectedness

The authors have closely worked with participants in a dementia specific day center for 25 years and during that time have become very aware of the spiritual needs of persons with dementia. Persons with dementia retain their spiritual selves, being touched by the arts, music, religious beliefs and traditions, nature, helping others, and relationships with others. Family and professional carers must, the author's argue, help create a time and space for persons with dementia for their spiritual connectedness.

The goal of this presentation is to define spirituality, to discuss the spiritual needs of persons with dementia, and describe how those needs can be met.

Methods: The authors have

- Designed activities for persons with dementia for both group and one-on-one that touch the spirit;
- Through the use of writing, and by engaging directly with the experience.

Magical and limitless potential of the Alzheimer's mind. These powerful insights were gained serving as proof that love, loyalty, openness, presence, and listening can provide a canvas for the making of something that means suffering and despair, that new and beautiful insights into the poetic and eccentric realities of dementia emerge. Based upon lived experiential knowledge, this presentation illustrates how the use of the quality indicators can be used to create an environment that is receptive to spirituality than the rest of us.

When we take the time to reflect on spirituality, take time to be in the present, the very thing that nourishes the person with dementia will nourish us as well.

Objectives and Study: The long hello of Alzheimer’s

1. Review the limitations of traditional, stereotypic viewpoints of Alzheimer’s.
2. Identify examples of the positive aspects of the Alzheimer’s disease experience from the lived experience of an adult adult care partner.
3. Discuss the possibilities available in relationships with those living with Alzheimer’s disease when invited to express altered and emerging narratives without limitation or censorship.

Results: The mother’s recorded voice weaves throughout the presentation with insight, humour, and astonishing poetic sensibility, and it through her voice, against a background that includes suffering and despair, that new and beautiful insights into the poetic and eccentric realities of dementia emerge.

Conclusions: When the language of the changing mind is embraced in a long hello—the limiting, negative and pervasive stereotypes commonly associated with dementia are challenged, serving as proof that love, loyalty, openness, presence, and listening can provide a canvas for the making of something that means suffering and despair, that new and beautiful insights into the poetic and eccentric realities of dementia emerge.
OC148B In search of molecular etiopathological factors in neurodegenerative processes. Metalloprotein effects on NMDA and VDCC channels in hippocampal cells

Athanassios Salifoglou,* Christiane Nday

Department of Chemical Engineering, Laboratory of Inorganic Chemistry, Aristotle University of Thessaloniki, Thessaloniki 54124, Greece
* Tel: +30-2310-96179, Fax: +30-2310-969196, E-mail: saf@auth.gr

Abstract

Objectives and Study:
Over the past two decades, metalloproteins (iron, copper, aluminium) have been implicated in the initiation and progression of neurodegenerative processes. Although not understood, these neurotoxins have been linked to numerous pathological disorders and associated with the onset of neurological diseases such as Alzheimer Disease. Their targets - ensuring transport and absorption by the hippocampal cells - include N-methyl-D-aspartic acid (NMDA) and Voltage-Dependent Calcium Channels (VDCC), stimulating receptors on neurocellular membranes linked to Ca(II) homeostasis and playing an important role in memory. These targets were the subject of the current investigation, seeking to understand the molecular interactions with structure-specific soluble aluminum a being bound to low molecular mass hydroxycarbonic acids involved in cellular processes, and to underlying the neurotoxic effects on hippocampal cells and the repercussions in neurodegeneration in Alzheimer’s disease.

Methods:
In an effort to comprehend the transport of this neurotoxic metal ion from the environment to the hippocampal cells variably susceptible to degenerative processes. Short and long term exposure of the cells to aluminum defines their susceptibility to apoptosis and necrosis as evidenced by Ca(II) homeostatic variations at both the neuronal and glial cell level.

Conclusions:
The results unravel the diverse reactivity of neurotoxic aluminum as that is formulated by the nature of bound ligands in aqueous media, the arised spectrophotometry, and portray the effects brought on by its variable structurally complex forms. The interaction of the well-defined forms of aluminum with NMDA and VDCC cellular structures denote the salient features of both natural and synthetic pharmaceuticals used in acute toxicity studies, using Ca(II) imaging techniques, on primary rat hippocampal cell cultures. However, the normal function of APP still remains unclear. To address this matter, we generated a transgenic mouse model in which APP was knocked out from the mouse genome. Our results suggest that despite the absence of APP these neurons derived from tKO ES cells can differentiate, establish neuronal polarity, extend neurites and form synaptic contacts. Further work will be needed to clarify the function of APP in neurons.

OC149 BIOAVAILABLE TESTOSTERONE DECREASES THE RISK OF ALZHEIMER’S DISEASE IN NON-DEMENTED CHINESE OLDER MEN: A ONE-YEAR COHORT STUDY

B. A. Bergmans1, A. S. A. M. Shariati2, H. Bando1, S. Yamada2, S. Matsubara3, S. Nakanoto4, S. Amano1, Jeffrey C Watkins5, L. Chu6, Y. Song7, S. Tam8, K. Lam4

1Department of Medicine, 2Department of Biochemistry, The University of Hong Kong, Division of Clinical Biochemistry, Queen Mary Hospital, Hong Kong, Hong Kong Special Administrative Region of China

Objectives and Study: Objective: There was limited data on testosterone and Alzheimer’s disease in Chinese elderly populations. The objective of this study was to investigate the protective effects of serum total (TT) and bioavailable testosterone (BT) levels on the subsequent risks of Alzheimer’s disease in non-demented Chinese older men.

Methods: Methods: This was a one-year prospective cohort study of ambulatory community-living Chinese-elderly men without dementia at baseline. Morning blood samples for serum total testosterone (TT) and bioavailable testosterone levels were collected from all subjects for subsequent assays. The primary outcome was conversion to Alzheimer’s disease (AD) at one-year follow-up. AD was diagnosed in accordance to the NINCDS-ADRDA criteria.

Results: Results: 83% of the baseline subjects (n=153) had full one-year follow-up. Their mean age was 72.7 years. 6.5% (n=10) developed dementia (i.e. converters) all having Alzheimer’s disease. 93.5% (n=143) did not develop dementia (i.e. non-converters). Multivariate logistic regression analyses for independent predictors of AD showed that the baseline serum BT level, systolic blood pressure (SBP) and ApoE 4 genotype were independent predictors after adjustment for age, education, body weight, BMI, fasting plasma glucose level, serum HDL-C and SBP levels. The baseline serum BT level was an independent protective factor for AD, and the adjusted relative risk (RR) of BT was 0.22 (95% CI of 0.07 to 0.69). Baseline SBP and ApoE 4 genotype were independent risk factors, with RRs of 1.04 and 5.04 respectively.

Conclusions: Conclusion: Bioavailable testosterone is a strong protective factor against future AD development in Chinese elderly men.

OC151 INCREASED INCIDENCE OF VISUAL HALLUCINATION IN DEMENTIA PATIENTS COMPROMISED WITH DIABETES MELLITUS

L. Nakamoto1, S. Yamada1, H. Bando1, S. Yamaguchi1, S. Matsuura1

1Psychiatry, Internal medicine, Matsuura Hospital, Kanazawa, Japan

Objectives and Study: Diabetes mellitus is known not only to cause neuropathy and retinopathy but also to increase the risk of dementia. However, diabetic complications have not been determined to contribute to the development of psychotic symptom in dementia patients, and the current study was designed to evaluate the incidences of psychotic symptom of visual hallucination in dementia patients compromised with diabetes mellitus.

Methods: Methods: 231 dementia patients attending Matsuura Hospital between January 2007 and March 2009 were enrolled in this study, with an age range of 65-93 years and with < 20 points of Hasegawa Dementia Screening Scale. 128 of these individuals were diagnosed with Alzheimer-type, 35 with vascular dementia, 11 with mixed dementia, and 11 with Lewy body disease. Diagnosis of diabetes mellitus was based on fasting blood glucose (FBG) > 126 mg/dl and hemoglobin A1c (HbA1c) > 6.5 %.

Results: Results: 41 patients were diagnosed with diabetes mellitus. 38 patients displayed symptoms of visual hallucination. 17 patients were complicated with both diabetes mellitus and visual hallucination. Considering that the prevalence of visual hallucination was 19 / 190 in patients without diabetes, it was remarkably high (11 / 41) in patients with diabetes.

Conclusions: Dementia patients with diabetes mellitus are inclined to associate with psychotic symptom of visual hallucination. In thinking 40% of patients have retinopathy, they may misunderstand what they see through their damaged eyes when their cognitive functions are impaired. Furthermore, diabetic patients often complicate peripheral neuropathies which can involve oculomotor nerve and cause double vision, which may occur visual hallucination in dementia. Hypoglycemia may also harm central nervous system directly and cause visual hallucination.

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OC152 SELECTED VASCULAR INDICES MAY REVEAL POSSIBLE DEMENTIA AND CARDIOVASCULAR DISEASE COEXISTENCE IN THE ELDERLY
M. Kotsani1, T. Chatziadamiou1, N. Kakogianni1, M. Dampali1, N. Perilepi1, D. Economides1
1Geriatric Unit, 2nd Dept Internal Medicine, Hippokration Hospital, AUTH, Thessaloniki, Greece

Objectives and Study: Both dementia and cardiovascular disease (CVD) are conditions of high prevalence in the old age. Growing evidence suggests that cardiovascular disease risk factors can be found in either group of patients with dementia of vascular and Alzheimer’s type. Objectives: To investigate the degree of co-existence of dementia and CVD’s risk factors, as well as indications of established clinical or subclinical CVD, in subjects aged 65 years and over.

Design: A case-control study was conducted at the outpatient clinic of an academic Geriatric Unit, in Thessaloniki Greece. The subjects were 85 demented patients and 109 non-demented controls.

Methods: A battery of neuropsychological screening tests for detecting dementia, special questionnaires, history and clinical examination and selected laboratory tests and screening tools for cardiovascular morbidity were used. Statistical processing was performed by SPSS 16.0 for windows. Multiple logistic regression analysis provided us with the odds ratio, displaying the possibility of existence of each of the studied parameters in relation to dementia.

Results: A higher possibility of dementia was found in relation to peripheral vascular disease, abnormal ankle-brachial index, carotid artery disease, white matter lesions in brain computed tomography, raised levels of homocysteine and history of vascular operation. Lower possibility of dementia was found in relation to raised body mass index.

Conclusions: The study provided evidence that selected cardiovascular indices may discriminate patients who have greater possibility to also suffer from dementia and so require an additional thorough specific examination.

OC153 CONVERSION OF MILD COGNITIVE IMPAIRMENT TO ALZHEIMER DISEASE IN A GROUP OF ELDERLY ROMANIAN PATIENTS
L. Spine1, Ioanici2, F. Hai3
1Research and Development, Ana Aslan International Academy of Aging, Bucharest, Romania, 2, 3

Objectives and Study: Alzheimer Disease (AD) as well as other dementia have a complex etiopathology in which neurobiological, cognitive, anthropometrical and social risk factors are interfering with a specific genetic vulnerability. According to different authors, the rate of annual conversion of MCI to AD could vary between 6-25%. This study belongs to DESCIPA project and represents its first descriptive attempt in the East-European area. Its goal was to evaluate the predictors of MCI’s conversion to AD in Romanian patients.

Methods: Sixty patients were diagnosed with MCI in our Memory Clinic using clinical criteria, psychometric, imagistic and laboratory tests. The neuro-psychological evaluation was performed by screening tests such as MMSE, clock test, ADL, IADL, as well as tests focusing on several specific cognitive domains: memory, language, executive function/problem solving, praxis/visuo-construction, and attention/concentration (Grober Buschke, Rey figure, Verbal Fluency). Data processing included t-test for independent samples, partial correlations, and a logistic regression model (PASW). P-value less than 0.05 was considered significant.

Results: Statistically significant differences between the MCI group that did not progressed to dementia and the MCI group that did it were found with respect to MMSE(p<0.01), Clock test (p<0.01), ADL (p<0.01) and verbal fluency (p<0.05).

Conclusions: The best predictors of MCI to AD progression detected by us to the Romanian patients under study were verbal fluency and age (p<0.05). Larger prospective studies are necessary in order to confirm their role as markers for this conversion.

OC153B CARE OF ALZHEIMER’S PATIENTS IN THE MIDDLE EAST
A Abyad
CEO/General Manager, Social Services Association, Director, Abyad Medical Center and Middle East Longevity Institute Tripoli-Lebanon

Middle Eastern countries have certain cultural, social and economic characteristics in common with similar aspiration. The percentage of elderly in the Middle East is expected to increase with improvement of the health care delivery in the area. The region, like other developing countries, needs to define the policies and programs that will reduce the burden of aging populations on the society and its economy. There is a need to ensure the availability of comprehensive health services for the elderly. A rising geriatric population, with increasingly unmet health care needs, strongly suggest the necessity for a better educational preparation of those health professionals actually or potentially serving them. The absence of sufficient numbers of trained geriatricians and gerontologists, among health professionals, seriously undermines the ability of the country’s health care system to adequately assess, treat, and rehabilitate the growing aging population.

This shortage leads to inappropriate care, higher costs, and poorer patient outcomes.

As the population age the number of Alzheimer’s patients will increase as well. Specialised services for Alzheimer’s disease in the region are scarce. Usually Alzheimer patients are treated on the same floor of long term stay. There is lack of adequate services for Alzheimer’s patient in the region.

Current available services will be reported and at the same time future recommendation will be made.

OC051SC USE OF TELEMEDICINE FOR MANAGEMENT OF PATIENTS WITH ALZHEIMER’S DISEASE
Anagnostakis Georgios, Papalagkas Vasileios
Department of Experimental Physiology, Aristotle University of Thessaloniki, Greece

Current management of Alzheimer’s Disease (AD) incorporates the early prevention, diagnosis and treatment of AD. Today, the use of telecommunications for health care has substantially increased. Therefore, prevention, diagnosis and treatment of AD, are potential targets of telemedicine services, which aim at the best assessment of AD patients and the reduction of caregiver burden. The results of studies performed on the use of telemedicine for AD showed that it is as accurate as face to face examination and also the patients were keen and willing to try the use of new technologies. The use of “smart homes” with the integration of technology and services through home networking, provide AD patients a better quality of living and can help them lead safe and independent lives.

Moreover telemedicine might serve in the education not only of doctors and other health professionals (such as psychologists and nurses), but also of the caregivers or even the patients themselves, on various aspects of AD.

To conclude, telemedicine can be used in a broad sense for the diagnosis and treatment of AD, it reduces time and distance in health care provision and it can serve as a future, easy and accurate, way for the assessment of AD patients.
OC154  VISUAL STORIES - TRAINING HEALTH PROFESSIONALS WITH THE VOICES OF PEOPLE LIVING WITH DEMENTIA  

22. Training of professional caregivers

M. D. Alford

SA and NT Dementia Training Study Centre, Alzheimer's Australia SA, South Australia, Australia

Objectives and Study: During the placement of Adelaide University 5th year medical students at Alzheimer's Australia South Australia as part of their compulsory learning activities, student feedback found that students had many questions about dementia and would like the opportunity to speak with a person with dementia or their carer. A similar concept was also expressed by nursing students. Whilst this opportunity was explored by the South Australia and Northern Territory Dementia Training Study Centre (SA & NT DTSC), it was concluded that the opportunity for a student to speak with a person with dementia or their carer would not be a practical nor sustainable possibility for the placement program, nor was it always appropriate.

Methods: In order to be able to address some of the student's questions, the SA & NT DTSC identified the opportunity to develop a visual resource which utilises the lived experience of people living with dementia, their family and friends. This visual resource will be used in the education of health professionals to assist their understanding of the needs of a person with dementia and their carers. After viewing the DVD and working through the handbook the health professional should be able to:

Articulate the prevalence of dementia and the importance of its impact on contemporary practice
Understand the different types of dementia
Understand a range of issues to be considered when meeting a person with dementia and/or their carer
Recognise how the quality of health professionals' relationships can support people with dementia and their carers to enjoy an improved quality of life

Results: The film makers were granted access to people’s homes, their families and friends as well as archives of family photographs and memories. Some of the images and words which people have chosen to describe their experiences may be uncomfortable to view or hear however we believe that the truth for the individual can be reflected in the resource and may assist health professionals to connect with the stories on an emotional level – enhancing their practice.

Conclusions: This is an innovative and unique resource (unlike any currently available in Australia) that presents the unscripted experiences of people with dementia and their carers in a way that imparts an understanding of the uniqueness of the needs of people with dementia and their carers, in a positive way, and that is presented by the person with dementia and their carer.

OC155  KNOWLEDGE AND BELIEFS ABOUT SYMPTOMS, TREATMENT AND OUTCOME OF DEMENTIA OF ELDERCARE AGENCIES STAFF IN SINGAPORE  

22. Training of professional caregivers

J. Hua1, Y. Ye2, Y. Tan2, L. Kong2, H. Wong3

1Aged Psychiatry Community Assessment and Treatment Service, Institute of Mental Health,  
2Senior Biostatistician, Ministry of Health, Singapore, Singapore

Objectives and Study: It aims to understand the literacy of dementia amongst staff of eldercare agencies to enable more targeted training and earlier detection of dementia.

Methods: 149 staff from 13 eldercare agencies answered the questionnaire. It comprised 15 MCQs (symptoms), 10 MCQs (risk factors), Likert scale 1 to 10 to assess beliefs about the helpfulness of (i) treatment modalities (medications, psychosocial interventions, ‘alternative’ treatments), (ii) care providers (informal, doctors, non-doctors). They also rated outcome if patient refused/received treatment. Association between total dementia score and age, gender, education, socioeconomic class, work experience, training, source of knowledge, having friends/relatives with dementia & self-perceived understanding of dementia was assessed using linear regression analysis with SPSS version 16.

Results: Mean age: 40.6 (SD=11.2). The majority were female (82.6%), Chinese (83.3%), had post-secondary education (73.6%), had experience working with elderly (69.4%, average 5.5 years), no formal training in dementia (64.3%) and commonest knowledge on dementia were talks (47.7%) and media (42.3%). For symptoms, average number of correct answers was 9.4/15 (62.7%). Memory problems & non-doctors (e.g. TCM, 28.8%). With treatment, 77.4% less participants believed ‘patient will become worse’, & 58.6% believed ‘patient will recover fully but problems would probably re-occur’.

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OC156  CAREGIVERS IN THE THIRD WORLD: THE ACADEMIC PROFILE OF CERTIFIED CAREGIVER STUDENTS IN THE THIRD WORLD, ACCORDING TO THE IDIS EXPERIENCE  

22. Training of professional caregivers

A. E. Tovar1

1Human Resources, Institute of Human Resources for People with Disabilities- IDIS-, Caracas, Venezuela

Objectives and Study: This paper examines conclusions reached in the Institute of Human Resources for People with Disabilities (IDIS) concerning how to select the right kind of students to enroll a care giver training programs. The purpose is to succeed sponsored studies with those persons who finally will work as domestic certified caregivers next to an Alzheimer’s disease patient and not of those who solely do the training but later do not carry out the profession of a domestic caregiver.

Methods: The IDIS caregiver training programs are offered massively and for free. Since 2006, we have held the program 6 times. The requirement to be accepted includes a certificate of studies plus an interview.

Results: So far out of 3,000 people interviewed, IDIS selected and sponsored 1,200. 75% of the selected students finished the program successfully. Those who finally started working next to an Alzheimer patient, were mainly persons who did not complete Highschool and were living in a low income district.

Conclusions: Alzheimer patients in the first stages of the disease (with no further health complications) need caregivers with responsibility and basic, holistic - not necessarily sophisticated - knowledge. The main purpose is to provide a solid affordable service for families of adult patients who do not have the economical resources to hire a registered nurse. Even though we would prefer to select students with higher academic levels, the ideal caregiver in the third world, according to our experience, is a person with low academic level (who entered Highschool but did not finish), low income (with the necessity to have a job), but at the same time with the capacity to intellectually follow and complete all requirements of the caregiver training program.

OC157  BREAKING KNOWLEDGE TRANSLATION AND EXCHANGE BARRIERS WITH THE ALZHEIMER KNOWLEDGE EXCHANGE  

22. Training of professional caregivers

D. P. Harvey1, M. Harris1, K. Le Clay2

1Member Services, The Alzheimer Society of Ontario, Toronto, 2Department of Psychiatry, Faculty of Health Sciences, Queen’s University, Kingston, Canada

Objectives and Study: A major challenge for both paid and non-paid care partners of individuals with dementia is timely access to relevant research-based information, best care practices, and to the services, resources and supports provided by various government and community agencies and organizations. Engaging these care providers in knowledge translation and exchange (KTE), through networks, can facilitate the flow and use of meaningful information, to support evidence-informed decision making and better care for people with dementia.

In Ontario, the Alzheimer Knowledge Exchange (AKE) promotes and supports a knowledge translation and exchange (KTE) Interface amongst researchers, educators, care partners (paid and non-paid), policy makers and stakeholder organizations. The AKE connects all sectors, settings, and disciplines, in order to support the learning needs of people seeking practice change.

Methods: The Knowledge Transfer Cycle (Sullivan et al., 2004) which illustrates the 5 non-linear phases of knowledge transfer was used in the context of the PARSH Framework (Hilton et al., 2008) which suggests that successful knowledge transfer is a result of the interplay between three key factors: evidence, context and facilitation. This evidence provided the theoretical foundation for successful KTE interventions.

Results: Since adopting these theoretical foundations to inform the KTE strategies of the AKE in 2006, AKE membership has more than doubled (from 1153 members in April 1, 2008 to 2358 members by March 31, 2009), the number of people engaging with the online resource tools has increased by approximately 400%, and knowledge exchange opportunities have more than doubled (from approximately 139 events in 2008 to 400 in 2009).

Conclusions: Valuable lessons have been learned by the AKE, captured through both summative and formative evaluation, about developing and nurturing communities of practice, the role of the knowledge broker and information specialist, stimulating practice change and engaging researchers, caregivers and policy makers.
OC159 PREPARING FUTURE HEALTH CARE PROFESSIONALS IN A SPECIALIZED ALZHEIMER’S FACILITY
22. Training of professional caregivers
S. D. Gilster1, J. L. Delesandri2
1, 2 Administration, Alois Alzheimer Center, Cincinnati, United States

Objectives and Study: Thirty five million people have Alzheimer’s disease worldwide, and projections of numbers affected for the future are staggering. Currently, there is little formal Alzheimer’s disease training for health care professionals to prepare them for independent practice which will include the care of individuals and families facing dementia. A facility exclusively for persons with Alzheimer’s disease has afforded a unique teaching opportunity. The merging of academia and the service sector is a positive experience, promoting Alzheimer’s competency through more effective educational programs improving patient care and providing a forum for the exchange of information between students and staff.

Methods: Physicians, pharmacists, nurses and students in a variety of health related fields experience the effects of this disease on individuals and families, and learn to best manage their care by participating in weekly interdisciplinary rounds in a dedicated Alzheimer’s continuum of care. University affiliations and agreements were developed and students are assigned a facility preceptor. Students complete pre-surveys regarding expectations and objectives. Following their experience, post-surveys consist of how well their objectives were met, strengths, and weaknesses of the experience. Students’ comments and other data are analyzed to determine additional needs and how to enhance the educational experience.

Results: Over the past 23 years, over 3,000 students from a variety of fields such as medicine, nursing, pharmacy, administration, gerontology, social work, geropsychiatry, etc., have participated in this program, generating more effective educational programs and clinical experiences. Benefits for staff, students, families and residents were explored and a determination of the student experiences were examined by comments made on evaluations. Comments include, “Overall, this may be the strongest aspect of our geriatric rotation,” “Rounding was a really good learning experience – knowledge that you don’t get from textbooks,” “Having the pharmacy students as well as the nursing students present gave us a different perspective,” and, “It was an eye opening experience.”

Conclusions: Comments on student evaluations reinforce that even students with extensive training are not fully in touch with the impact of Alzheimer’s disease and dementia on the individual or their family without first-hand experience. This opportunity helps future health professionals understand the true impact of this disease.Reportedly students are more sensitive, can be moderated by care and that knowledge concerning behavioural symptoms is not.

OC160 APPLICATION OF THE KAP MODEL TO PREDICT NURSES’ JOB SATISFACTION AND CAREGIVING STRESS: A NATIONAL STUDY OF DEMENTIA EDUCATION PROGRAM
22. Training of professional caregivers
W. Y. Cheng1, S. M. Chang2, W. S. Lin1, L. T. Kao1
1 School of Nursing, 2 School of Statistics, National Cheng Kung University, Tainan, Taiwan

Objectives and Study: This study examined the applicability of a 9-hour dementia education program to evaluate nurses’ learning effects, which were tested using a quasi-experimental design. Participants were examined by using the Dementia Knowledge, Attitude, and Perceived Self Efficacy Questionnaires. Job Satisfaction & Caregiving Stress Scale.

Methods: National conferences were applied with purposeful sampling techniques to select registered nurses who were working at Long Term Care Facilities in Eastern and Western Taiwan. An anonymous, self-administered questionnaire based on the theory of Golden Triangulation of Knowledge, Attitude, and Perceived Self Efficacy was distributed to 322 nurses. A total of 350 nurses who had returned the questionnaires were used for the analyses.

Results: Structural Equation Modeling (SEM) to test the KAP (you may write other terms) model indicated that knowledge (B = .03), attitudes (B = .15 & .21), and perceived self efficacy (B = .37 & .17) were significantly direct effects on nurses’ outcomes (job satisfaction & caregiving stress). The hypothesized model test indicated overall, X2(31, N=300)=43.75, p=0.084, GFI = 974, RMSEA = .036. The KAP model constructs accounted for 54% of the variance in nurses’ learning outcomes.

Conclusions: The KAP appears to be an appropriate theoretical model capable of predicting nurses’ outcomes of job satisfaction and caregiving stress. Recognizing the related demographic factors for the KAP model with practical utility to develop more effective strategies for the dementia education program to improve quality of dementia care.

OC161 FITTING PROFESSIONAL CARING COMPETENCIES AND TOOLS TO INDIVIDUAL PREPREFERENCES AND CHARACTERISTICS OF PEOPLE WITH LATE STAGE DEMENTIA IN SPECIAL CARE UNITS
22. Training of professional caregivers
K. Charras1
1 Social Studies Department, Fondation Medecin Alzheimer, Paris, France

Objectives and Study: There is a general consensus around the fact that behavioural symptoms can be moderated by care and that knowledge concerning behavioural symptoms is not necessarily sufficient and accompanied by corresponding changes in practices. As a matter of fact staffs in nursing homes are often uninformed and have limited training. Thus there is a need of follow-up of to maintain knowledge and practice changes. In this communication we will present a training program that was partly designed to fit and understand interior design adaptations that are made in special care units (SCUs) and partly designed to help accompany people with dementia by using of panel of psycho-social tools in order to fit best individual characteristics and preferences.

Methods: The training program was implemented with the staff members of 4 SCUs. The staff members benefited of 12 consecutive training sessions and one follow-up session 8 weeks after the last training session. Reports describing elements that have been taught in the training session, themes of concern of the staff members, atmosphere during the training session, implication of the trainees and organisational issues were transmitted to the experiencers at the end of each training session. A burnout inventory was administered to the staff before and after the training sessions.

Results: Results will be discussed in terms of assiduity, leadership, motivation, adhesion and resistances to the training program, staff-resident relationships, engagement, and frustrations.

Conclusions: We will conclude this presentation on the global issues concerning the training program and the benefits of developing tools to help professional carers of people with dementia to fit their practice to the residents they take care of.

OC067C: EVERYTHING IS A MATTER OF EDUCATION

Among our interventions - not related to medication - towards patients and their families, was the Society’s launching of a new activity connected to school education, which aimed at familiarizing and sensitizing children about Alzheimer’s.

Discussions with School Boards of Parents on the disease were the first step towards this direction and their consequent approval led, the following year, to the application of a pilot program to primary and high schools.

The training of the programs were:
• To power family ties, focusing on symbiosis between children and the elderly.
• To stress that quality of life at present reduces the prognosis of the disease in the long term.
• To urge children to focus on strengthening family ties, on caring about and helping other people.
• To sympathize with the problems of the elderly.

As a result, the material of the above pilot program was adopted by the Greek Ministry of Education, Educational Institute, and is strongly suggested as supportive to interactive programs of health education at schools.
WS2 KONFETTI IM KOPF - A PHOTOGRAPHIC AWARENESS CAMPAIGN

M. Hagedorn1, 2, Rellingen, Germany

Objectives and Study: “Konfetti im Kopf” (“confetti in your head”) is a multi-faceted campaign on dementia. It started in Berlin in October 2009 and will travel to other cities. The heart of Konfetti will be a large-scale open air exhibition displaying pictures from my long term photo project on dementia. It was my intention to reach the general public, clearing out prejudices about dementia and helping to plant new pictures in heads and hearts of people. During the pre-phase of the campaign 18 professional organisations dealing with age care could be activated to contribute their know-how and manpower.

Methods: Patron of the campaign is former Federal President of Germany, Prof. Dr. Roman Herzog. Klaus Wowereit, mayor of Berlin, also became a Konfetti-mentor, together with celebrities like actors, athletes, authors and singers.

The exceptional campaign was present all over Berlin, especially in the Central Station on big banners, posters, bill-boards and screens. At an information desk people could learn about dementia and were encouraged to visit the open-air exhibition. The Web site provides in-depth details about the campaign. Every day visitors were involved in a supporting program with readings, plays, films, concerts, workshops, lectures and dance.

Results: The campaign “Konfetti im Kopf” was successful in bringing together many different professional organisations concerned with dementia care and using the synergistic effect for this important issue. Several German cities expressed their strong interest in continuing “Konfetti im Kopf” in 2010.

Conclusions: Dementia is a socially relevant issue, usually communicated in dreary colours. “Konfetti im Kopf” uses a constructive and colourful approach to handle this subject. Thus the campaigning manages to show new perspectives and to encourage people to look into the subject more closely.

WS3 ART THERAPY FOR PEOPLE WITH DEMENTIA - CASE REPORT

15. Non-pharmacological interventions

N. Mimica1, K. Glamuzina2, K. Vujić3, M. Gatin4, T. Dajčić5, G. Simić5, M. Mladinov6, M. Trease-Arlo6, E. Nory-Radotić6, University Department of Psychiatry, Psychiatric Hospital Vrapče, 1 Nursing home for older and incapable people Medvesčak, 2 Alzheimer Disease Societies Croatia, 3 Croatian Institute for Brain Research, Medical School, University of Zagreb, 4 DZ Tjme, Zagreb, 5 Neuropsychiatric Hospital Dr. Ivan Barbot, Popovaca, Croatia

Objectives and Study: To see if art therapy, as a non-pharmacological intervention, can be beneficial in persons with dementia (PwD).

Methods: We are presenting a case report of a person with Alzheimer’s disease (AD) who was involved in art therapy while attending the Day care centre for PwD.

Results: Alzheimer Disease Societies Croatia (ADSC) which is located in Zagreb, the capital of Croatia, has been running the Counselling centre from its foundation in 1999. We have monthly meetings for families of PwD and all others interested. The centre (self) and Mr. Zvonko, who was diagnosed with Alzheimer’s dementia of moderate stage, came one day to the Counselling centre. He was already on standard pharmacological treatment with antidementives but behavioural disturbances were present. After his individual and family status were evaluated, he was advised to attend the Day care centre in a Nursing home for older and incapable people “Medvesčak”, in Zagreb. This Day care centre, which has the longest experience with rehabilitation of PwD in Croatia, is located in the centre of the town, and the transportation for PwD is provided. They are equipped with occupational therapists who are providing a person-centered rehabilitation. They have agreed that for Mr. Zvonko, who was a technician, art therapy may be appropriate. Although he has never painted pictures before developing AD, everybody, including his wife, was surprised with his talent and creativity. While painting the pictures he was calm and satisfied and his behaviour in the Day care centre, also at home, became much more adequate.

Conclusions: Art therapy, as an add-on non-pharmacological intervention, can be beneficial for behavioural disturbances in PwD who are taking antidementives.

WS4 MY MOTHER’S SECOND LIFE....

Dario Garau Setzu1
1 voluntary caregiver and tutor of my mother, Selargius, Cagliari, Italy

Objectives and Study: My mother’s second life. My mother, 81 years old, has suffered for almost 10 years from Vascular Dementia (and probably AD).

Methods: After an initial period of standard pharmacological therapy (about two months of neuroleptics, antidepressives and sedatives), during which my mother was very rundown, incredibly confused, very restless, no more able to eat by herself, to walk, etc., and she was given a diagnosis of a few months of life (!), I thought to change strategy, to stop gradually (in a few weeks) the pharmacological therapy (with very insignificant exceptions), and I began to analyze, catalogue, reproduce in a maniacal way her behavior, her new words and signs language and every single action of her. I converted, transformed everything (our behavior, the language’s form, the gesticulation, etc.... as well as the apartment, the lighting, the position of the objects.... and her surrounding world on the whole) according to her aptitudes and new personality. I built a kind of theatre-therapy: a paradoxical theater setting of every action, gesture, conversation of her and our everyday life, above all for the solution of her frequent delirium and violence episodes. I have at home one or more actresses-assistants from Ukraine. It has been important for my mother a sort of piano improvisation therapy too (I am a musician). She is and feels free and feels totally at ease, still today, despite another strong ictus (April 2008) which caused new complications (a Parkinsonism, she is now only hardly able to speak and walk); and we once more transformed our theatre-therapy according to her new stadium.....

Results: Till April 2008 my mother was getting incredibly better in every aspect: cognitive, mental, physical, for the sense of direction, the articulation of language, the understanding. She shows, seems at present still, despite her current poor state of health, that presumably, obviously, will progressively get worse - to have learning ability (like a child!). And still, she always feels at her ease and protected,..... and goes on with her creative language and (for our logic but not for hers) absurd activities with our collaboration, etc. etc.....

Conclusions: My mother’s neurologists and I are conscious that her case, our theatre-therapy and its results are impressive and amazing. This experience highlights among other things that many Senile Dementia Patients have or, better, find their own efficacious, rich (and partially) logical (new) life organization, that we have to respect and facilitate. I am ready to present the case of my mother to you in Thessaloniki (in my bad English! I can speak better several other languages), if possible with the backing of a DVD, for example to screen silently during my oral presentation.

The most important thing that I’d like to communicate is that I consider my mother’s disease a PROJECT (one of the most interesting projects of my life), and not a misfortune: a totally different perspective of the problem......
WS5  MAKING THE DIFFERENCE THROUGH ADVOCACY

M. J. Splaine 1
Advocacy and Public Policy, Alzheimer's Association US, Washington, United States

Objectives and Study: Participants will be able to name five essential components of an advocacy activity and use a planning grid for same.

Methods: Lecture, discussion, case examples, handouts

Results: What makes the difference in winning and losing policy issues? The broad answer is a well planned and executed strategy, but this session will specifically break down the five core elements of strategy (setting goals, reviewing organizational considerations, identifying constituents and allies, developing targets and creating winning tactics) using examples of both successes and failures from recent advocacy campaigns across the world.

Conclusions: Inspiration and capacity to replicate advocacy activities in home countries/communities

WS6  THROUGH THE LOOKING GLASS ... INVENTING A NEW ORGANISATIONAL FUTURE

F. J. Schaper 1
CEO, Alzheimer's Association WA Ltd, Subiaco, Australia

Objectives and Study: Not applicable

Methods: Not applicable

Results: Not applicable

Conclusions: Disease-specific peak organisations are often cast in a traditional mould that revolves around creating public awareness, advocacy, lobbying government and providing a voice for its constituents. Some organisations take on a service provision role often in the belief that genetic services don't have the necessary expertise or insight required to provide appropriate support or develop responsive service models.

Those more adventurous may even encourage research and be directly involved in providing suitable research participants and funding. Is itpossible to redefine such an important yet convention role? How can organisations reinvent themselves in order to increase their impact, be more responsive to the future demands of their consumers/constituents, ensure that best practice services are provided to all those that need them, and that credibility is enhanced?

This presentation will tell of Alzheimer’s Australia WA’s journey in redefining itself to be better positioned strategically to influence government policy and academic programs, creating a practical focus on applied research, while developing strong national and international ties. Secondly, the presentation will challenge participants in re-thinking the roles of disease-specific peak organisations, how they can create a new environment by working collaboratively with industry to build/strengthen the capacity of others to meet the growing needs of their constituents. Alzheimer’s Australia WA is currently in the process of moving its entire operation onto a local university campus. This unique collaboration between the university and Alzheimer’s Australia WA has given a new meaning to “best practice” dementia care and facilitates the emergence of interdisciplinary practices across a range of university faculties and industry partners. This “capacity building” role of Alzheimer’s Australia WA will enable the organisation to work effectively with service providers to improve dementia care practices and create practical and appropriate care models that reflect the needs of those that live with dementia.

WS7  RISING TIDES: THE IMPACT OF DEMENTIA IN CANADA 2008 - 2038

D. P. Harvey 1, D. Benczkowski 2, P. Wilkinson 3
Member Services, The Alzheimer Society of Ontario, 2CEO (Interim), 3Media and Government Relations, Alzheimer Society of Canada, Toronto, Canada

Objectives and Study: While other countries have recognized the current and impending impacts of dementia on their societies, Canada has just begun to do so. In 2008, the Alzheimer Society of Canada initiated a project to spur policymakers to action. The study projected the cost to society and to individuals, of Alzheimer’s Disease and related dementias, for each of the next 30 years, and analyzed the reduction in economic burden of four evidence-based scenarios which demonstrated how the projected burden could be changed.

Methods: 1. Using its Life at Risk® evaluation framework, RiskAnalytics developed a base case estimate of health and economic impacts of dementia in Canada over the next 30 years (assuming no policy or treatment interventions).
2. Dementia subject experts identified "what if" scenarios to explore where evidence-based interventions could have a significant impact on the base case.
3. "What if" scenarios were applied to the base case to quantify the impacts of prioritized interventions on the economic burden of dementia in Canada.

Results: 1. The cumulative total economic burden is expected to reach $872 billion (2008 dollars) over the 30-year simulation period.
2. Four interventions could significantly reduce the economic burden of dementias:
   o Increasing physical activity: $52 billion
   o Delaying the onset of dementia: $219 billion
   o Supporting caregivers: $63 billion
   o Providing a System Navigator to clients and families: $114 billion

Conclusions: The study concludes that the time to act is now, and suggests that a Pan Canadian response is needed. This should include:
- Investment in dementia research, particularly prevention and early intervention research
- Recognition of the important role of caregivers
- Floater; integrated models of care
- Strengthening Canada’s dementia workforce.

WS9: THE VOICE OF PEOPLE WITH DEMENTIA

Lynda Hogg, and Maureen Thom
Alzheimer’s Scotland

Lynda Hogg, who has a diagnosis of Alzheimer’s disease, will take the audience through her own personal odyssey. She will show how she has chosen to not just sit back and lament her losses but to get involved in positive activities, including:

- Taking part in the Scottish Dementia Group
- Joining Alzheimer Scotland’s Council
- Being an active member of various reference and advisory groups
- Giving presentations to a wide range of audiences in Scotland, the UK and beyond
- Volunteering at a day club for older people with dementia, and much more.

Lynda is passionate about the importance to people with dementia, their families and friends of appropriate and timely information. This led to her getting involved with Alzheimer Scotland’s multidisciplinary information Guidelines Working Group which is developing practical information guidelines and tools to help health and social care staff in Scotland provide a better service at any stage of the journey through dementia. Lynda and I aredragon will describe the work of the Information Guidelines Working Group and its outputs so far.
WS11: THE VOICE OF PEOPLE WITH DEMENTIA
19. Quality of life in dementia

M. Sewell*
Scottish Dementia Working Group, Alzheimer Scotland, Glasgow, United Kingdom

Objectives and Study: As far as we are aware, the Scottish Dementia Working Group remains the only national campaigning group of people with dementia in the UK. Why is this? How can we help other countries develop their own groups? What has the SDWG achieved? How do members benefit from being part of the group?

Methods: The presentation will take the audience through a journey which begins with the early stages of AD and sets the SDWG workforce in context. The audience will be taken on a guided tour of the Scottish Dementia Working Group’s work to date, with a focus on the group’s achievements to date, in working with the Scottish Government on the development of the new Dementia Strategy. Members are participating on equal terms with professionals, in a way that promotes recognition of the real value the contribution of people with dementia can make and the unique perspective they can bring.

Results: • campaigning on medical issues and respite care, amongst other things
• meeting with government ministers and other politicians
• submitting views to a wide range of organisations
• producing two DVDs and work in underway on a new training DVD
• membership of the Scottish Government’s Dementia Forum and Mental Health Collaborative Dementia Reference Group
• speaking at conferences in Scotland and abroad
• contributing to the professional training of student social workers, doctors and nurses

Conclusions: We will conclude with a review of our current work, including perhaps the pinnacle of our achievements to date, in working with the Scottish Government on the development of the new Dementia Strategy. Members are participating on equal terms with professionals, in recognition of the real value the contribution of people with dementia can make and the unique perspective they can bring.

WS12: CREATING PARTICIPATION AND RELATION FOR PEOPLE WITH DEMENTIA IN JAPAN

Ryu Yashiro, Yoko Mizutani
Alzheimer’s Association Japan

In the occasion of ADI International Conference in Kyoto in 2004, Japanese person with dementia spoke out. Following that, governmental measures for dementia in Japan have been advanced greatly. In 2005, “The committee for supporting network of people with dementia” was established as a supporting project by government, in which AAJ has been carrying secretariat. We will report concerning participation and relationship of people with dementia in AAJ activities as follows:

• Appeal and presentation at a meeting of people with dementia “Summit on dementia of early onset”.
• Presentation at memory lecture by people with dementia on World Alzheimer’s Day” and “Organizing participation in a branch office”.

WS13: LIFE HISTORY – “PORTRAIT OF A LIFE”

Peter J S Ashley, Suzanne Wightman

It has become a well-established fact that stimulating people with dementia to become involved in intellectually challenging pursuits can be highly beneficial to their wellbeing and therefore that of their carers. The beneficial effects can, in some, slow down their decline and provide stimulus and interest by looking back at their own history throughout their life. Ongoing benefits thus derived are a personal history of the subject which can be used in the future to maintain a much better quality of life (the reminiscence effect).

In the United Kingdom the South West Yorkshire Partnership Trust (West Yorkshire Partnership Trust Collaborative, of which the presenter is proud to be the Patron) has developed a multimedia toolkit for this Life Story work.

This toolkit, entitled “Portrait of a Life” has been spearheaded by a small project team lead by Suzanne Wightman, one of the Trust’s senior nursing managers and Collaborative lead and who will be co-presenting today.

“Portrait of a Life” received funding from the UK Mental Health Foundation following an open competition with over 150 applicants. The product has been professionally produced by the team in the Collaborative and comprises a multimedia toolkit aimed at care homes, hospitals, the voluntary sector and all those concerned with the wellbeing of people with dementia.

In this presentation, a marvellous couple Leo, who has dementia, and his wife and carer Edith, have allowed us to use them as an example of how the toolkit can be applied to very positive effect. Prior to starting with our project team, Leo was quiet and introverted, demonstrating the classical signs of late dementia. As they worked with our project team Leo became much happier and he became outgoing with his IQ scores raised by some 10 points.

We launched this product in the UK this February/March and because of its instant success, we decided to bring it to the attention of the International community at this ADI Conference.
P001 CRISIS RESOLUTION/HOME TREATMENT APPROACHES TO HOME SUPPORT FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS: A SYSTEMATIC REVIEW

S. Sandrin1, C. Miranda2, J. Hoo1, D. Chail1, M. Oreal1
1Department of Mental Health Sciences, University College London, London, 2PSSRU, University of Manchester, Manchester, United Kingdom

Objectives and Study: To evaluate the effectiveness of crisis resolution/home treatment approaches to home support for older people with mental health problems compared with other forms of treatment including ‘treatment as usual’, standard community treatment and other non-crisis resolution/home treatment interventions.

Methods: A broad range of controlled comparison studies and papers which incorporate quantitative as well as qualitative research will be considered for this review. Randomised controlled trials provide the most reliable evidence on the effectiveness of interventions but there have been few studies in this area. The studies will be rated against a set of pre-defined criteria to rate the quality of each study and to assess eligibility for inclusion.

The participants to be included in this review are older people who live in the community and have a mental health problem (and their carers) who present to or are referred to a health/social care home treatment/crisis service because they were experiencing a psychosocial crisis. The primary outcomes to be considered for this review will be maintenance of community residence/avoidance of institutionalisation and length of hospital stay in the weeks after the crisis.

Results: The results of the review will be summarised in the following way: details of included and excluded studies will be presented; interventions which have been identified will be summarised by characteristics, effectiveness and outcomes. Each study included will be quality rated which will be highlighted in the results.

Conclusions: Crisis resolution and home treatment approaches for people with dementia are becoming more widespread particularly in the UK to help older people with mental health problems remain at home longer. The hospital does an important role in crises. However, many anecdotal reports of reductions in bed usage the effectiveness of such services remain very much under researched. This review is very much needed to assess the evidence available and to consider applicability in current practice.

P002 USEFULNESS OF ADMINISTRATION OF 10MG/DAY DOSAGE DONEPEZIL HYDROCHLORIDE (ARICEPT) TO DEMENTIA ALZHEIMER’S TYPE (DAT): COMPARATIVE STUDY WITH 5 MG BY NEUROPSYCHOLOGICAL TESTING AND SPECT IMAGING--

K. Kanaya1, M. Abe1, M. Sakai1, H. Fujii1, K. Kozumi2, T. Iwamoto3
1Geriatric medicine, 2Radiology, Tokyo medical university, Tokyo, Japan

Objectives and Study: Although DAT is normally treated in Japan with donepezil hydrochloride (DH) at a dosage of 5 mg/day, use at a dosage of 10 mg/day has recently been approved for advanced DAT. We assessed symptoms and changes in cerebral blood flow after increasing the dosage to 10 mg/day in advanced DAT patients having previously undergone long-term administration at 5 mg/day to investigate the usefulness at the higher dosage, the results of which are reported here.

Methods: The subjects consisted of 25 DAT patients for which dosage of DH had increased to 10 mg/day after progression of dementia symptoms (7 men, 18 women; average age: 72.8 years). The study consisted of assessing the subjects by MMSE, ADAS-cog and to assess cerebral blood flow, 99mTc-ECD SPECT, (before after administration at 5 mg and 10 mg. The study was evaluated by judging MMSE: -2 and ADAS: -2.0 to indicate improvement, MMSE<2 and ADAS: 2.0 to indicate exacerbation, and other results to indicate no change based on a comparison before and after increasing dosage. Comparison of cerebral blood flow after increasing dosage was used SPMB based on MATLAB.

Results: Although administration was discontinued in only 1 case due to adverse effects including gastrointestinal symptoms, compliance was favorable. Improvement of cognitive functions using ADAS-cog at the increased dosage was observed in 31.2%, no change in 37.5% and exacerbation in 31.3%, while inhibition of progression of symptoms (improvement + no change) was observed in 87.7%. The comparison of changes in cerebral blood flow, significant increases were observed in the bilateral temporal, occipital, and parietal lobe at 10 mg DH as compared with 5 mg DH.

Conclusions: Administration of Aricept at 10 mg/day is considered to be somewhat effective in considerably advanced cases of DAT in terms of dementia symptoms and cerebral blood flow.

P003 AN ELECTROPHYSIOLOGICAL MODEL OF RETROGENESIS

L. R. Borza

Objective and Study: We perform a systematic review and a metaanalysis based on the relevant EEG original papers from the scientific literature.

Results: We show that the EEG activity pattern in AD inversely recapitulates the one in normal development. In AD there is a progressive increase in fast wave activity and a progressive decrease in slow wave activity, while in normal development, with increasing age, slow wave activity is replaced by fast wave activity.

Conclusions: The present work creates an EEG retrogenic model that could help us to improve the management of AD.

P004 THE ATTITUDES TOWARDS AGING, DEMENTIA AND BPSD

R. N. Krsteska1, D. Jovancevic1, K. Bukovec1
1Department for Geriatric Psychiatry, Psychiatric hospital Skopje, 2Medical office Paskovski, 3Gerontology Institute, Skopje, The former Yugoslav Republic of Macedonia

Objectives and Study: In many developing countries studies for dementia are missing. The specialists are meeting patients in moderate and severe stages of dementia.

The aim of this study is to analyze the situation in the country. Epidemiological studies don’t exist in 31.2%, no change in 37.5% and exacerbation in 31.3%, while inhibition of progression of symptoms (improvement + no change) was observed in 87.7%. The comparison of changes in cerebral blood flow, significant increases were observed in the bilateral temporal, occipital, and parietal lobe at 10 mg DH as compared with 5 mg DH.

Conclusions: Administration of Aricept at 10 mg/day is considered to be somewhat effective in considerably advanced cases of DAT in terms of dementia symptoms and cerebral blood flow.

80% of the patients were in moderate and severe stage of dementia. The average time from the beginning of the disease was 3.6 (±1.8) years. The Behavioural and Psychological Symptoms of dementia (BPSD) were present in all patients with average time of 17 (±15) months. The motivation for examination or hospitalisation was BPSD. The patient’s family took care in 86.7 %.

Conclusions: The patients who were on examination were in high percentage in the advanced stages. The motivation for examination was BPSD and the examination happens when the tolerance of the family is exceeded. The patient’s family carry the huge burden of dementia. The tradition that children care about elderly, accepted problems with memory associated with age has influence on later taking patients on examination. The family and the physicians of the primary care are not informed enough about the nature of the disease and possibilities for treatment. Epidemiological studies for dementia are needed. Education of healthcare providers for dementia and BPSD is needed as well as change of the attitude towards treatment of dementia in general.
Abstracts - Poster presentations

P005 RETROGENESIS: EVIDENCE FROM BRAIN DEVELOPMENT
02. Aging and dementia
L. R. Borza1, B. Reisberg2, V. Astarehabae
1Psychiatry, University of Medicine and Pharmacy Gr. T. Popa, Iasi, Romania, 2Psychiatry, Silberstein Institute for Aging and Dementia, New York University School of Medicine, New York, United States, 3Forensic Medicine, University of Medicine and Pharmacy Gr. T. Popa, Iasi, Romania

Objectives and Study: The objective of the present work is to offer brain developmental evidence for retrogenesis, a process of Alzheimer's disease (AD) degenerative inverse recapitulation of human ontogenic acquisition patterns.

Methods: We complete a systematic review and a metaanalysis of magnetic resonance imaging (MRI) articles that have been carefully selected from the PubMed database.

Results: Our study points out that the brain regions that normally develop last are the first to degenerate in AD. Brain atrophy occurs in a well-defined sequence as AD progresses, mirroring the sequence in which the normal brain structures develop.

Conclusions: This work defines a new retrogenic model that can be relevant for the understanding of the nature of AD, thus pointing to previously unexplored prevention and treatment approaches.

P006 AGGRESSIVE COGNITIVE COURSE IN AN OLD WOMAN
02. Aging and dementia
B. Beaumatin1, I. Saulnier1, F. Lachal1, T. Dantoine2
1OMIR, CHU – Hôpital Jean Rabely, LIMOGES, France

Objectives and Study: The dementia is defined by the decline of cognitive functions with daily life activities impairment. Two kinds of evolution are described: “slow cognitive decline” and “rapid cognitive decline” (RCD - 13 points on the MMSE by Greco and + 4 points on the Atlas-cog in 6 months). The main predictive factors of RCD are: onset before 65 years, dementia, extrapyramidal or psychotic’s symptoms, apoprotein 4 or butyrylcholinesterase x.

Methods: A 75 year old Woman suffering from Alzheimer’s disease (AD) diagnosed in 2006, visited geriatric memory clinic in 2007 for important cognitive decline [MMSE: 26/30 (04/2006), 17/30 (12/2007)] and a perceptive delusion. To confirm the diagnosis, a standard geriatric assessment was realized (anamnesis, previous history, neuropsychological tests, clinical and psychiatric examination, cerebral CT scan, standard serum parameters, electrocardiogram).

Results: The previous history was: dyslipidemia, hypertension and no dementia’s family history. Cerebral CT scan, biological and neurological exams were normal. A weight loss of less than 10 % was observed. The cognitive assessment showed a decrease of performance on memory lasting. Consequently the diagnosis of AD was confirmed and a treatment by RIVASTIGMINE was started. Thereafter, ECG conduct disorder lead to stop RIVASTIGMINE and to introduce MEMANTINE. Moreover, a home care and memory workshop’s were started in 2008. However RCD persisted. Lastly, patient had repeated stress.

Conclusions: This observation illustrates the case of RCD with only one predictive factor (psychotic troubles) despite treatments and non-drug care. This decline appears in a repeated stress context. RDC’s etiology is unknown but setting up an antidepressant treatment and cerebral MRI exam may be the clues...

P007 KNOWLEDGE ATTITUDES AND BELIEVES OF THE GENERAL POPULATION REGARDING ALZHEIMER DISEASE
03. Challenging behaviours
M. Diomidou1*, S. Zimeras1, I. Piatok1, N. Katouli2, A. Liapis3
1Department of Public Health, National Kapodistrian University of Athens, Athens, 2Department of Statistics and Actuarial-Financial Mathematics, University of the Aegean, Samos, 3Institute of Alzheimer, Mitropoli Dimitriades, Volos, Greece

Objectives and Study: The present study has been undertaken between January – July 2009, in the following regions: Athens, Thessaloniki, Volos, Evia. The sample was comprised of 150 persons under the age group of 30-80 years old and 150 undergraduate and graduate students under the age 18-30 years old. In the sample were included people working both in the health field and in other not related professions. From them 180 were women and 120 mean.

Methods: For the collection of the data, a standards questionnaire with 33 questions was used as well as open interviews to selected persons. The data analysis was performed with the use SPSS 13.

Results: The results saw that women were more informed in 70% more than men regarding the clinical manifestation of the disease as well as the methods used for the diagnosis of Alzheimer’s disease. The analysis also indicated the same results for the undergraduate and graduate students, especially for the later in the percentage of 87%. Regarding the causation and the therapeutically treatment of the disease, women were adequately inform in the percentage of 45% and men of 35%, meanwhile students were more knowledgeable of the causation, pathogenesis of therapy of the disease in percentage of 70%. The results to the question regarding the organization and the provision of care both from the state and the church were partly contradictory focusing to the fact that, more combined efforts are needed to tackle the serious problem of the continuously rising number of the Alzheimer’s disease victims (160000 victims in the Greek territory).

Conclusions: Knowledge and attitudes of the general and the student population of selected regions of Greece was found to be satisfactorily regarding Alzheimer’s disease. As far as it concerns the provision of health and economical support from the state and the church to the Alzheimer’s disease patients the results saw that the level of support is still in the medicise stage.

P008 ESTABLISHING QUALITY CARE BY IMPROVING SLEEPING PATTERN
03. Challenging behaviours
S. Mishiro1
1Skilled Nursing Home, Jyshmon no Sato Nursing Home, Katori-gun, Japan

Objectives and Study: Sleeping pattern of people with dementia are often abnormal. There may be many reasons why a person with dementia has difficulty sleeping. The purpose is to evaluate the sleep-improving effects by changing the care service and to establish the quality life of a person with dementia.

Methods: For an 82-year-old man with Alzheimer’s disease and sleep disorder, we conducted the care service based on the objectively measured sleep-wake pattern. His sleep-wake pattern was measured by SLEEP SCAN(Pramount Bed,Japan). SLEEP SCAN is a new technology to measure sleeping pattern without wearing anything. By 2 weeks monitoring, we decided to conduct 4 action plans for him, preventing the nap after 14:00 and encouraging daytime activities. There may be many reasons why a person with dementia has difficulty sleeping. The purpose is to evaluate the sleep-improving effects by changing the care service and to establish the quality life of a person with dementia.

Results: After 1 month intervention, the cause of sleep disorder was defined A nap after lunch was reduced and a short walk was taken. The active participation in the rehabilitation program increased and sleep conditions were improved.

Conclusions: The causes of sleep difficulties were reduced and the daily life of a person with dementia was settled down. It was indicated that the care service based on the objectively measured sleep-wake pattern was effective for the aged care.
**Abstracts - Poster presentations**

**P009** THE VALIDATION OF THE ITALIAN VERSION OF THE GPCOG (GPCOG-IT): A SCREENING TOOL FOR DEMENTIA IN GENERAL PRACTICE
05. Diagnosis and treatment - role of GPs

A. Pisanò1, H. Brondi1, D. Zaccarini2, M. Neri3, E. Martinò4, F. Noviello1
1Interdisciplinary Geriatric Research Group, Dementia Assessment Unit, The Gian Battista Platiss Nursing Home Foundation, Centro - FE, Italy
2Primary Dementia Collaborative Research Centre, University of New South Wales, Sydney, Australia
3Interdisciplinary Geriatric Research Group, Dementia Assessment Unit, The ‘Gian Battista Platiss’ Nursing Home Foundation, Centro - FE, Italy
4Chair of Geriatrics, University of Modena and Reggio Emilia, Modena, Italy

**Objectives and Study:** To validate the Italian version of GPCOG (1) (GPCOG-IT). The General Practitioner Cognitive Assessment of Cognition (GPCOG), a brief, efficient dementia-screening instrument for use by general practitioners (GPs), consists of cognitive test items and historical questions asked of an informant. The validity of instruments across different cultures and languages requires confirmation.

**Methods:** The validity of the GPCOG-IT was assessed against standard criteria for diagnosis of dementia (Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition) as well as the Clinical Dementia Rating scale. Participants: 200 community-dwelling patients aged at least 55 years with (patient group) or without memory complaints (control group). Seven GPs were involved. Measurements: Cambridge Cognitive Assessment, Mini-mental State Examination with standard cutoff (25/26) and revised cutoff (22/23), Alzheimer Disease Assessment Scale-Cognitive scale and Geriatric Depression Scale.

**Results:** The GPCOG-IT, total score and two-stage method, were at least equivalent in detecting dementia to the MMSE using the standard 24/25 or the Italian 26/27 cutoffs. The two-stage method of administering the GPCOG-IT (cognitive testing followed by informant questions if necessary) had a sensitivity of 82%, a specificity of 92%, a misclassification rate of 17.4% and positive predictive value of 95%. Patient interviews took less than 4 minutes to administer and informant interviews less than 2 minutes; this was half that needed for MMSE administration.

**Conclusions:** GPCOG-IT maintains the same psychometric features and time efficiency as the original English version of the GPCOG. Despite methodological limitations, i.e. use of defined samples, the GPCOG-IT performed well in detecting clear cut and borderline cognitively impaired patients and can be introduced in Italian GPs’ daily practice.

**P010** THE ROLE OF LEPTIN IN THE PATHOGENESIS OF THE ALZHEIMER’S DISEASE AND ITS POTENTIAL THERAPEUTIC USE
05. Diagnosis and treatment - role of GPs

M. Taintour1*
1University of Thessaly, School of Medicine, Larissa, Greece

**Objectives and Study:** Leptin was initially found to be a hormone, produced by lipocytes, regulating the metabolic energy levels via acting on the hypothalamus receptors, which check the feeding behaviour(1). Its receptors have been determined in various peripheral tissues, while they abound in the arcuate nucleus, the median eminence of the hypothalamus and the hippocampus(2).

Leptin is distributed in the cerebral tissue since it crosses the blood-brain barrier and it acts via special receptors(3). Its action is multiple and it is needed to the capability of boosting various signaling pathways.

As far as the Alzheimer’s disease (AD) is concerned, leptin was found to lead to the Alzbeta peptide reduction both in vitro and in vivo(4), and to the down-regulation of the Tau phosphorylation in vitro (5). Thus, in the classic “amyloid cascade” and “tau and tangle” hypotheses, which largely explain the AD pathology, leptin gets added to the multiple other factors, which interconnect between the Alzheimer and Tau molecular pathways, indicating a potential improvement in the AD pathogenesis and the cognitive decline.

The leptin action in neuronal human and rat cultures led to the Alzbeta peptide reduction and the decreased Tau phosphorylation via the activation of the AMP activated kinase (AMPK)(5), which is involved as a basic regulator in both of the AD pathways. The activated AMPK can suspend the activation of the GSK-3beta, which is recognized as the main brain kinase, the hyper-expression of which causes the formation of neurofibrillary tangles(6,7). Moreover, leptin can deactivate the GSK-3beta through the phosphorylation at Ser9.

**Methods:**

**Results:**

**Conclusions:** Conclusively, the decreased leptin levels found in brains of AD patients, combined with the unique biological leptin activities and its positive intervention in the disease pathways, constitute elements - supported by many experimental and clinical studies - hold promise for a future therapeutic benefit for AD patients.

**P011** THE VALUE OF BIOMARKER STUDY ON DIAGNOSIS OF ALZHEIMER’S DISEASE
05. Diagnosis and treatment - role of GPs

H. Wang1, X. Xu1, F. Gu1
1Immunology, Beijing Union Medical College, Neurology, Beijing Hospital, Medicine, Beijing Union Medical College, Beijing, China

**Objectives and Study:** Previously, the diagnosis of Alzheimer’s disease (AD) was conducted through clinical evaluation and was finally confirmed by autopsy. Recently, diagnosis of AD has been greatly advanced on biomarkers (including structural, functional neuroimaging, and biomarkers in CSF and serum). These new methods promoted diagnosis, prediction and monitor in AD progress.

**Methods:** The study on biomarkers in CSF and structural neuroimaging has been processed. Phosphorylated Tau and Ab40/Ab42 are important biomarkers in CSF, 18F-FDOPA is important for neuroimaging.

**Results:** Longitudinal study indicated that between AD and control groups, serum Ab40 and Ab42 both are different in AD groups from Control group. Especially there is high level of Ab40 in AD patients and can be introduced in Italian GPs’ daily practice.

**Conclusions:** These methods could sensitively and straightly reflect AD and its accumulation in brains before there is no change in cognitive examination. It is objective, sensitive and specific biomarker. New biomarkers are emerging in large degree and will become the new diagnostic methods to AD early diagnosis.

**P012** GENERAL PRACTITIONER DEMENTIA SERVICES IN AUSTRALIA
05. Diagnosis and treatment - role of GPs

F. B. Millard1, R. T. Baune1
1Psychiatry, School of Medicine, James Cook University, Townsville, Australia

**Objectives and Study:** Our project measures the perceived role of general practitioners (GPs) and practice nurses in diagnosing and managing dementia, comparing dementia knowledge and perceived role in providing dementia care.

**Methods:** A survey was distributed to GPs and nurses measuring their dementia training and knowledge and perceived role in providing dementia care.

**Results:** Our respondents were 84 GPs and 17 nurses trained in 15 different countries practicing at 40 different sites throughout Australia, 25% city and 75% rural. All nurses and 48% of GPs were female. Fifty-eight percent of GPs were Australian trained, but only one nurse had trained outside of Australia. Forty-two percent of GPs had no dementia training, with no significant difference between city or rural, p = .368. GPs whose initial medical training was in a western developed country were more likely to have received dementia training, p = .003. Twenty-seven percent of GPs and one nurse preferred not to manage dementia patients or were unsure, and this was more likely if they lacked dementia training, p = .028. Fifty-seven percent of GPs had graduated over 20 years ago, only one of whom had received dementia training in the past five years. All respondents thought a doctor or nurse should talk to patients about dementia despite only 16% of nurses and 25% of GPs considering their dementia knowledge adequate. Although GPs indicated they would refer dementia patients for support (43%), treatment (30%), diagnosis (21%) and behavior problems (16%), only 30% of GPs worked in areas with access to geriatric or psycho-geriatric specialist services.

**Conclusions:** The general practice workforce in Australia consists of doctors trained in many different countries, some of whom lack dementia training and a majority of whom rate their dementia knowledge as inadequate. Despite this, they may be the only medical practitioners accessible to people with dementia in rural areas.
P013 STUDY ON COMFORTABLE COLOR LIGHTING IN PATIENTS WITH ALZHEIMER’S DISEASE
08. Future treatments in Alzheimer’s disease
S. Arai1, K. Inada1, T. Momoi1, S. Katayama1
1Neurology, Hiroshima-Nishi Medical Center, Otake, 2Environmental Protection Group, SHARP, Osake, Japan

Objectives and Study: There is a possibility that the optic nerve system has been changed in Alzheimer’s disease (AD). However, the color vision, especially the color felt comfortable is uncertain. Moreover, though symptoms such as memory deficits, cognitive dysfunctions, and the frontal lobe dysfunctions caused in AD, the difference of how to feel the lighting color according to the level of the dysfunctions is not clear. In this study we examined physiological and psychological effects of AD by lighting color in daily life.

Methods: Patients with very mild to moderate AD (n = 20, MMSE: 21.48±11.1) and their family members (N =18) participated in the study. Participants completed a neuropsychological assessment battery that included the Rivermead Behavioral Memory Test (RBMT), MMSE, Frontal Assessment Battery (FAB). After the color of lighting was chosen from 13 colors, each color lighting (green, orange, white, and the color of happiness) was irradiated for five minutes by the LED. Physiological and psychological effects were examined using the Semantic Differential Method and referral amyotase activity. AD was divided 2 groups (low/high) by the median of each neuropsychological score, and 2-way ANOVA was employed for comparing the three subject groups (low/high/family) and examining the effects of 4 colors (SPSS Statistics 17.0).

Results: No significant differences existed between color and RBMT or MMSE. There were significant interactions between FAB and color, the FAB-low group evaluated more comfortable than FAB-high group and Family group about lighting of green.

Conclusions: These results suggest that feeling of the color lighting is different by the frontal lobe function in patients with AD. And, these results suggest the importance of understanding the comfortable color of AD on the basis of frontal lobe function.

P014 SCREENING FOR DEMENTIA IN PRIMARY CARE
05. Diagnoses and treatment - role of GPs
D. Dimitriades1, A. Striakos1, L. Charalamboyi1, S. Myaras1, A. Papahania1, G. Avram1
1General Practice, Internal Medicine, General Medicine, Neurology, General Hospital Tzanioe, Patras, Greece

Objectives and Study: Dementia clearly satisfies the World Health Organization criterion that the condition be an important public health issue it affects about 8% of the population at age 65 and prevalence roughly doubles every five years, thereafter to reach about 58% in those older than 95 years.

Methods: The screening tests (MMSE, GPCOG,MIS,Mini-Cog ) can be performed and interpreted by other members of the healthcare team may further improve feasibility through reduced time and staffing costs.

Results: Three well-conducted systematic reviews have compared the properties of a multitude of screening tests for dementia. The first review compared tests taking 10 minutes or less that had been studied in community care settings.

Conclusions: Screening presents opportunities for amelioration of reversible contributors to cognitive impairment and optimization of risk factor profiles.
**P017** NEWLY DIAGNOSED PATIENTS WITH MILD ALZHEIMER AND VASCULAR DEMENTIA AT THE GERONTOLOGY INSTITUTE SKOPEO IN THE PERIOD 01.01. 2009- 1. 09. 2009

**A. Mitrovski** 1, O. Bundalevski, J. Nativskii, 2

1Chronic Department, Ambulance Department, 2General Manager, Gerontology Institute, Skopje, The former Yugoslav Republic of Macedonia

**Objectives and Study:** Alarm the general public, especially the medical personal of the growing number of patients with Mt. Alzheimer with a main intent in early diagnostics and adequate treatment in domestic and ambulances conditions.

**Methods:** Medical and Psychological tests

**Results:** In the period of 9 months in the Gerontology Institute Skopje 740 patients were examined of which 630 were hospitalized and 110 treated in ambulances and domestic conditions. 61% patients were diagnosed with multimorbidity and chronic diseases aged between 87 and 94 years. 32% have vascular dementia (122 patients) and they have had the condition for 3-7 years, without being diagnosed and treated fully. Most patients were treated for the other conditions they had such as hypertension, diabetes mellitus, cardio-metabolic and brain stroke whilst dementia was treated as a normal side condition to the other long term diseases. As a final result to the age and chronic conditions, the vascular dementia has taken its toll and the patients were admitted at the Gerontology institute in final stages of vascular dementia. Specific tests and examinations for vascular dementia were done in a small number of patients. 28 patients were diagnosed with Mt. Alzheimer and they are aged 65-75 and are without any other chronic conditions. 9 of these patients are hospitalized and 17 are treated in ambulances and home care.

**Conclusions:** From the case study it is clear that the education of the general practitioners for conducting the minimal mental tests and basic examinations for the diagnosing of Mt. Alzheimer is necessary. This will result in early diagnostics and hospitalization or further examinations of the patients in specialized institutions in order to ensure education of the patients and family about the life with vascular dementia. This conditions leads to full invalidity and requires constant care. Early diagnostic would better the quality of life of both patient and family.

**P018** EFFECT OF MEDICATIONAL AND PSYCHIATRIC INTERVENTION ON BRAIN FUNCTION OF ALZHEIMER’S DISEASE IN THE MEMORY CLINIC

**K. Minami** 1, S. Araiz, C. Watanabe, S. Katayama 2

1neurology, national hospital organization, Ohkake, Japan, 2

**Objectives and Study:** Psychiatric intervention was performed on patients of Alzheimer’s disease and their family upon the medical treatment as dosage of donepezil in the memory clinic between 2007, April and 2009, March. Educational program about Alzheimer’s disease and the methods of the avoidance of stress on patients of Alzheimer’s disease were performed. Consider the change in cognitive function tests, clarify the items to improve item progression through the transition, and discusses how to intervene in the future.

**Methods:** Forty-two patients of Alzheimer’s disease and their families had medical educational program and psychiatric intervention in the memory clinic. Mini-mental examination (MMSE) and Rivermead Behavioral Memory Test (RBMT) were performed as psychiatric test. They were divided into 3 groups by duration among the two examinations, as 200-299 days, 300-399 days and 400-499 days, and 4 groups by age as 56-65 years old, 66-75 years old, 76-85 years old and 86-96 years old, and 3 groups by MMSE scores in the first examination as 12-15 points, 16-19 points, 20-23 points, 24-27 points. The each result of psychiatric examination of two times in the two years was compared the second result of psychiatric examination with the first result using Mann-Whitney-U test.

**Results:** In a 200-299 days group a total score of RBMT and MMSE was improved significantly. Though in 300-399 and 400-499 days group a score of total 365land SS in RBMT and a score of loss orientation in MMSE decreased significantly a total score of MMSE didn’t decrease. Separating groups by a total score of MMSE, a score of SP5 and MMSE only decreased significantly in 12-15 points group. By age we recognized a score of SP5 and SS only decreased in 75-84 years old group.

**Conclusions:** We didn’t recognized psychiatric intervention decreased significantly a total score of RBMT and MMSE, so we didn’t administer screening tests as MMSE, 87.5% and 82.5% respectively. The diagnosis of Alzheimer’s disease in clinical practice. As many elderly people have visual or movement problems the clinician can’t administer screening tests as Mini Mental State Examination. For this reason we created an Auditory Mental Screening Examination (AMSE) with 35 every day meaningful sounds in order to discriminate Alzheimer’s disease (AD) patients from normal elderly.

**Methods:** In our pilot study our sample was 64 non demented and Alzheimer’s disease outpatient recruited from the Memory clinic of Geriatric Unit of Hippocampus hospital and the Neurologic clinic of Panagia hospital in Thessaloniki in Greece. The participants were 70-89 years old and they had 9.7 years of typical education. The mean of the MMSE for the non demented and AD participants was 28/30 and 21/30 respectively.

**Results:** Our pilot study our sample was 64 non demented and Alzheimer’s disease outpatient recruited from the Memory clinic of Geriatric Unit of Hippocampus hospital and the Neurologic clinic of Panagia hospital in Thessaloniki in Greece. The participants were 70-89 years old and they had 9.7 years of typical education. The mean of the MMSE for the non demented and AD participants was 28/30 and 21/30 respectively.

**Conclusions:** We didn’t recognize mental screening decreased significantly a total score of RBMT and MMSE, so we didn’t administer screening tests as MMSE, 87.5% and 82.5% respectively. The diagnostic of Alzheimer’s disease in clinical practice. As many elderly people have visual or movement problems the clinician can’t administer screening tests as Mini Mental State Examination. For this reason we created an Auditory Mental Screening Examination (AMSE) with 35 every day meaningful sounds in order to discriminate Alzheimer’s disease (AD) patients from normal elderly.

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**Conclusions:** We didn’t recognize psychiatric intervention decreased significantly a total score of RBMT and MMSE, so we didn’t administer screening tests as MMSE, 87.5% and 82.5% respectively. The diagnostic of Alzheimer’s disease in clinical practice. As many elderly people have visual or movement problems the clinician can’t administer screening tests as Mini Mental State Examination. For this reason we created an Auditory Mental Screening Examination (AMSE) with 35 every day meaningful sounds in order to discriminate Alzheimer’s disease (AD) patients from normal elderly.

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P021 THREE SCORING PROTOCOLS OF THE CLOCK DRAWING TEST: THEIR POTENTIALS IN THE DIAGNOSIS OF DEMENTIA AND MILD COGNITIVE IMPAIRMENT.

F. Ouzouni1,2, M. Gialaouzidis2, F. Kounis1, M. Tsolaki2
1Day Center of Greek Association of Alzheimer’s disease and relative Disorders, Greek Association of Alzheimer’s disease and relative Disorders, 23rd Department of Neurology, School of Medicine, Aristotle University, Thessaloniki, Greece

Objectives and Study: The study aimed to compare different scoring protocols of the Clock Drawing Test (CDT) in respect to their sensitivity and specificity in the diagnosis of Mild Cognitive Impairment (MCI) and Dementia.

Methods: The study included 144 subjects (40 male, 104 female), 36 with MCI MMSE = 26.42 (2.51), 46 with dementia MMSE = 18.37 (5.74) and 62 healthy elderly MMSE = 27.87 (1.88), with age 74.19 (5.15) and education 8.63 (4.10). Clock drawings were scored according to protocols based on Camex Examination, Shulman and Rouleau methods.

Results: Non-parametric test for 2 independent samples was performed to examine the differences between groups considering each one of the scores in the three protocols of CDT. The patients with dementia have shown significantly worse performance than MCI patients and healthy elderly (p=0.00). There was no difference between the healthy elderly and MCI patients (p=0.08). MANOVA showed that none of the three tests was affected by age, education and gender. There were significant correlations between the three scoring methods and MMSE as an external criterion of validity (p=0.00). Logistic Regression Analysis did not reveal any of the three tests as predictive factor for the diagnosis of the groups. Camex and Shulman tests appeared a moderate sensitivity and specificity in diagnosis of the 3 groups. Rouleau test has shown a sensitivity 80% and specificity 81% between healthy elderly and patients with dementia, with a cut-off of 8 points.

Conclusions: Rouleau test is an assistive tool for the diagnosis of dementia but not of MCI.

P022 CONSIDERING THE 5 WORDS TEST AS PART OF DEMENTIA SCREENING

M. Gialaouzidis1, F. Kounis1, M. Tsolaki2
1Day Center of Greek Association of Alzheimer’s disease and relative Disorders, Greek Association of Alzheimer’s disease and relative Disorders, 23rd Department of Neurology, School of Medicine, Aristotle University, Thessaloniki, Greece

Objectives and Study: The aim of the study was to examine the psychometric properties of the 5 words test in dementia screening in a Greek sample.

Methods: The study sample consisted of 192 participants, 49 men and 143 women, with mean age 73.13 (7.58) and education 9.51 (4.51). They were classified in three groups: 73 patients with Mild Cognitive Impairment (MCI) MMSE 26.85 (2.34), 62 patients with dementia MMSE 19.36 (3.94) and 57 healthy elderly MMSE 28.70 (1.25). The 5 words test consists of four items, which provide a total score of 20 points.

Results: The four items of the test showed a high internal consistency (Cronbach’s Alpha = .811). Univariate analysis of variance showed significant differences in the total score of the test between the three groups (p=0.00). There was no effect of age, education and gender in any of the groups. There was significant correlation between the total score of the 5 words test with MMSE (r=0.93) and FUCAS (r=0.863). A cut-off point of 18 points in the total score showed a high sensitivity (85%) and specificity (93%) between healthy elderly and patients with dementia. Moderate sensitivity and specificity was observed between MCI patients and healthy elderly or between MCI patients and patients with dementia.

Conclusions: The 5 words test was proved a useful and quick tool for dementia screening, in the Greek sample of the study. It can be used as a first assessment in order to differentiate only healthy subjects from patients with dementia.

P023 DIFFERENTIATING BETWEEN MILD COGNITIVE IMPAIRMENT (MCI) AND ALZHEIMER’S DISEASE (AD) AND HEALTHY ELDERLY USING MEASURES OF RULE ATTAINMENT, INDUCTION AND COGNITIVE FLEXIBILITY

S. Tsina1,2, T. Christodoulou1, M. Tsolaki2
13rd Department of Neurology, Aristotle University, Greek Association for Alzheimer’s disease and related Disorders, Thessaloniki, Greece

Objectives and Study: The aim was to find measures that differentiate between MCI and AD using tasks assessing cognitive domains which show impairments early in the disease process and examine their specificity and sensitivity.

Methods: The sample consisted of (MCI=30), (CNTR=30) and (AD=30). All participants underwent the same neuropsychological and clinical assessment. The former consisted of the Boston Spatial Anticipation Task (BSAT), measuring cognitive flexibility, rule detection and attainment. The later included the Geriatric Depression Scale (GDS) and the Functional Rating Scale for Symptoms of dementia (FRSSD) whereas overall cognitive function was examined using the Mini Mental State Examination (MMSE). Demographic information was collected for all participants.

Results: The mean age of participants was 74.5 for the AD group, 71.2 for the MCI and 70.8 for the CNTR. The mean MMSE was 21.2, 25.9 and 20.8 respectively. Finally the mean educational level was 11.0, 5.2, and 10.5 respectively. All groups were matched for gender. The AD group will show impairment compared to both the MCI as they fail to switch between rules and are unable to detect the rule change and attain to it. Both MCI and AD will underperform compared to controls. This will lead to increased number of errors. Correlations will be performed between duration of illness, medication, MMSE and FRSSD in order to specify possible relationships among those variables.

Conclusions: The BSAT will be sensitive in differentiating between the AD and MCI groups from controls and will specify the kind of cognitive deficits that are experienced by the former. Cut off scores will also be presented.

P024 FUNCTIONAL - COGNITIVE ASSESSMENT SCALE (FUCAS): A SCALE TO ASSESS EXECUTIVE COGNITIVE FUNCTION IN DAILY LIFE ACTIVITIES IN PATIENTS WITH MILD DEMENTIA AND MILD COGNITIVE IMPAIRMENT

C. Arogistiotou1,2, F. Kounis1, M. Tsolaki2
1Greek Association of Alzheimer’s Disease and Relative Disorders, Association of Alzheimer’s Disease and Related Disorders, 23rd Department of Neurology, School of Medicine, Aristotle University, Thessaloniki, Greece
23rd Department of Neurology, School of Medicine, AUTh, Thessaloniki, Greece

Objectives and Study: FUCAS assesses executive function in ADL directly in patients with dementia. It is a objective because it is relatively bias free. This study aimed to investigate psychometric properties of FUCAS as internal consistency, criterion-related reliability and discriminative ability.

Methods: FUCAS assesses six activities of ADL: telephone communication, shopping, orientation in place, taking of medication, personal hygiene, and clothing. Seven parameters of executive function are assessed during the execution of each daily activity by the patient: awareness of the problem, working memory, planning of the solution, distribution of time between the steps of the activity, sequence of steps, accuracy of steps, and goal maintenance. Participants were 514 elderly, 180 men and 334 women with age=69.06 (5.97) and education=10.40 (4.01). They were classified in healthy elderly (N=67), MCI patients (N=304) and patients with mild dementia (N=143). The three groups were matched in age (p=0.05) and education (p=0.37).

Results: FUCAS is a reliable (r=0.94) cognitive-behavioral scale. Significant correlations were observed between FUCAS (p<0.01), MMSE (p<0.01), MoCA (p<0.01), and FRSSD (p<0.01). Statistical analysis showed that FUCAS can successfully discriminate healthy elderly from MCI patients, with specificity 100%, sensitivity 75% and cut-off score of 42. FUCAS can successfully discriminate patients with dementia from MCI patients with specificity 90%, sensitivity 75% and cut-off score of 47.

Conclusions: FUCAS is a useful and reliable diagnostic tool for MCI.
Abstracts - Poster presentations

P025 FAMILY QUALITY OF LIFE OUTCOMES WHEN AGING & DEMENTIA CARE ARE FACTORS FOR PEOPLE WITH INTELLECTUAL DISABILITIES & THEIR FAMILIES 14. New approaches to home care

R. I. Brown1, N. Jokinen2
1Adjunct Professor, University of Victoria, Shirley, BC, 2Centre for Education & Research on Health & Aging, Lakeridge Health, Thunder Bay, Ont, Canada

Objectives and Study: The intervention processes of ageing and dementia progression challenge an individual’s quality of life in terms of both health and physical well-being and the psychological, social and allied aspects of life. As the well-being of the family is also of major importance for the family, the authors aimed to examine the relationship of a procedural quality of life approach to both assessing and supporting the family as a whole and individual circumstances involving dementia caregiving.

Methods: With ethics approval, the Family Quality of Life Survey (FQLS) was used to collect data from a cohort of families of adults with ID resident in Australia and Canada. Interviews and focus groups were held with older-aged family members, including siblings and adults with an intellectual disability. Combined data analysis used quality of life concepts and principles to examine various aspects of life affected.

Results: Using quantitative data as a backdrop to qualitative findings, the FQLS results indicated high satisfaction levels for family relations and spiritual wellbeing along with low levels of satisfaction for support from other people and services as well as issues such as the impact of family values and individual self image. Qualitative findings indicated presence of specific concerns about dementia as it affects older aged family members, including those adults with ID. Challenging, but variable, issues were perceived in life domains such as health, finance and economy, community relations, and leisure.

Conclusions: A quality of life approach is relevant to both practice and applied research and can be used to improve care and support at individual and family levels when confronting demands of aging and dementia care. However, wide variety of family processes is often evident so it is critical to examine perceived life satisfaction in each domain in providing support and keeping in mind each individual’s particular circumstances.

P026 THE ROLE OF HOME CARE PROGRAMS IN PATIENTS WITH DEMENTIA IN RURAL AREAS OF CRETE 14. New approaches to home care

C. Bastas1, A. Savvatiki1, E. Chnarak1, A. Micheli1, D. Prokopiadou2, M. Bastas3, E. Perakis3, I. Vissani3, A. Siamakidi
1Healrican Center for Mental Health and Research, Heraklion, 2Home Care Program of Zaros, WOK Molinari, Zaros, 3Home Care Program of Krousonas, Community of Krousonas, Heraklion

Objectives and Study: Community treatment includes home care programs (HCP) which have recently been implemented in Greece. The aim of this study was the description of epidemiologic characteristics and therapeutic interventions of HCP in demented patients in the rural area of Zaros and Krousonas, Crete.

Methods: Our sample consisted of 44 patients with dementia living in the communities of Zaros and Krousonas, Central Crete, who participated in HCP between 2003-2009. Data was analyzed with SPSS 15.

Results: Patients with dementia was 46.3% of the total participants in the program. The mean ages of our sample was 81.9±7.4 years (range 68 yrs-95yrs) Among our group 50% had dementia with behavioral symptoms and 36.4% had comorbid depression. Regarding the status of living 47.7% lived alone, while the rest lived with family members. In 52.2% of our sample, HCP was their first contact with mental health services. Pharmacological interventions included administration of anti-demencia medications(95.5%), antidepressants (34.1%), antipsychotics (54.5%), and benzodiazepines (9.1%). 73.8% was compliant to treatment and 85.7% had more than 2 follow visits. Compliance and follow-up visits showed a significant correlation(r=0.000), while other parameters i.e. economic condition, living alone, or medical conditions were not correlated to compliance.

Conclusions: HCP in Zaros and Krousonas mainly applies to the elderly About half of them were diagnosed with dementia many of whom have never contacted to mental health services before. Pharmacological interventions were made in the majority of the participants and compliance to treatment was significant high. In conclusion, our study suggests that home care programs may be highly useful for the management of neuropsychiatric disorders, like dementia, in the elderly in the community.

P027 THE COMMUNITY-BASED CASE MANAGEMENT MODEL OF DEMENTIA IN TAIWAN—THE PRIMITIVE REPORT 14. New approaches to home care

W. Tseng1, S. Lai2
1Nursing, Jennins Christian Hospital, Hualien, Taiwan

Objectives and Study: The purpose of this randomized assigned, quasi-experimental study was to assess the effectiveness of case management model of dementia in Taiwan.

Methods: The experimental group received case management related strategies including a 12 hours psychoducation group, 15 weeks home visits and telephone counseling to provide individualized carestrategies, and community resources referral when needed. Emotional support and suggestion about the caring families at home were provided. The control group received usual outpatient department treatment. The Chinese Version of the Zanh Burden interview (CZBI), and the Appraisal Form of Confidence Level in Dementia Problem Behaviors Management were used to evaluate caregivers’ distresses and their management of dementia problem behaviors. All the data were analyzed with statistic software (SPSS 13).

Results: The total of 26 dyads caregivers and dementia patients in experimental group, and 16 dyads in control group received intervention. The per-test demographic data showed no significant difference as table 1. The up-to-date result revealed that both the burden score, including “do you feel that your relative seems to expect you to take care of him/her” and “overall, how burden do you feel?” in experimental group were less than control group after intervention (p<.05). The CZBI score showed no significant difference between experimental and control group at both pre-test and post-test. Frequency score of lack of interest in daily activities, verbally abusive and curses for dementia patients in experimental group were improved significantly than control group (p<.05). The data also showed distress of hoarding things for no obvious reason in control group was elevated than experimental group statistically (p<.05).

Table: Table1. The pre-test demographic data of participants.

Conclusions: Case management can reduce burden of caregivers and improve the management of problematic behaviors of dementia patients effectively.
**P030** TELEMEDICINE FOR THE NEEDS OF DEMENTED PERSONS AND THEIR CAREGIVERS

14. New approaches to home care

A. Pizzini,1 D. Zacchetti,1 C. Tulipani2
1Interdisciplinary Geriatric Research Group, Dementia Assessment Unit, The Gian Battista Platiti Nursing Home Foundation, Cento – FE, Italy
2Department of Public Health, University of Milano-Bicocca, Monza, Italy

**Objectives and Study:** To evaluate the impact of a project of telemedicine, called Telemedicina for the Needs of Dementia (TND), on the home care and the quality of life of the patients and their Caregivers (Cs). The dementia represents the cornerstone of home care for disabling chronic diseases in which the Cs and the General Practitioners (GPs) face up to the daily care troubles, mainly the Behavioral and Psychological Symptoms of Dementia (BPSD) like insomnia, depression, hallucinations, agitation, irritability, fighting disorders, etc... In the management of these problems, the GPs and Cs can need frequently a specialist consultation often not easily available at home care. We have improved the TND focusing on the necessity to ameliorate the availability of the specialists aside Cs and GPs in the daily home care.

**Methods:** Participants: 99 persons with light-moderate dementia (MMSE: 14-26 / 30) including the presence of BPSD and exclusively assisted at home from an informal caregiver. The sample was subdivided in two groups: (1) 27 cases of the TND group (Tp): the Cs were formed to interact with the Call Center (CC) of the project. The operators of the CC were all formed to answer with standardized check-lists. The Cs of the GPs need a specialist consultation, the consultant contains an evaluation of the signs and symptoms of the psychological profile of the patient. The CC gather the Cs’ needs from Monday to Saturday, from 9 am to 6 pm and, consequently, the specialists are available in the same days from 1 to 3 pm. When alerted from the CC, then the specialists addressed to either the GPs or the CPs and provide medical suggestions. 2° Control Group (cases 50; F = 36): the Cs do not interact with the CC. In the 12 months of the study, the 2 groups were assessed at T0 and re-assessed at T6 and T12 with MMSE, ADL, IADL, NPI and Caregiver Burden Assessment.

**Results:** The TND were balanced in the 2 groups at the end of the study (NPI = 9). In the experimental group, the Cs and the patients showed a better, but not statistically significant, improvement in the quality of life. Moreover, the Cs of the experimental group showed an improvement of stress and a feeling of gratification due to their care activity. As for the GPs, the TND appears to be a valid support in their activity aside Cs.

**Conclusions:** The TND can be a valid tool to support the Cs and the GPs, aimed to reinforce the home care for demented persons and their Cs and quality of life of both of them. Our results need to be confirmed by further researches conducted on wider samples.

**P031** PRESENT STATE OF PALLIATIVE CARE AT GROUP HOMES FOR THE DEMENTED ELDERLY IN JAPAN

M. IRAHARA

Primary Care, IRAHARA Primary Care Hospital, Matudo, Japan

**Objectives and Study:** This study was conducted for the purpose of determining the accommodation of serious symptoms and palliative care at group homes (GH) for the demented elderly in Japan and to assess whether uses are able to remain in GH for the end of their lives.

**Methods:** A survey was conducted by mailing questionnaires to 2128 GH in Japan. The survey lasted from January 10 to January 31, 2009. Replies were obtained from 809 GH (response rate:38%). The survey covered: 1) physical status of users, 2) discharge status, 3) hospitalization status, 4) palliative care status, 5) awareness of operations regarding severity of symptoms and palliative care and 6) collaboration with health care professionals.

**Results:** 1) The average age of users was 84.6 years, 19.9% required minor care, 55.6% being intermediate care, and 22.6% advanced care. 2) There were an average of 1.9 users per unit, 45.7% were discharged to hospitals, 21.9% to special elderly nursing home and 18.5% died. 3) An average of 3.8 users were hospitalization annually per home. 40.2% of users had difficulties during hospitalization due to being confined, 26.7% behavioral disorders during, and 27.7% requiring assistance. 4) 36.5% of users had received palliative care while 60.4% had not. Total of 409 users that are now deceased, 191(46.7%) died in the GH. 5) 38.4% of the GH replied that they aggressively provided palliative care as desired, while 23.5% provided care for serious cases but not palliative care. 6) 50.9% of the GH had registered nurses on staff, 23.3% had agreements with visiting nursing stations, and 20.4% had agreements with hospitals.

**Conclusions:** The numbers of GH that accommodate severe cases and provide palliative care is increasing. However, there are many issues that must be overcome in determining whether or not palliative care is provided at GH.

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**Table:**

<table>
<thead>
<tr>
<th>Date before intervention</th>
<th>After intervention</th>
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<tr>
<td>2007,09 to 2008,02</td>
<td>2008,07 to 2008,12</td>
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</table>

**Total number** | 206 | 235
**Average age** | 81.5 | 81.7
**Death** | 17 | 13
**Patients who should return clinic** | 189 | 222
**Revisiting rate** | 71.4% | 90.5%

**Conclusions:** Case manage model can elevate the revisiting rate, improve caregivers’ knowledge and ability of caring. They have more confidence to deal with patients’ problematic behaviors. Otherwise, telephone follow-up provide the opportunity for caregivers to ventilate stress, express the feelings and gain suggestions.

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**References:**


Abstracts - Poster presentations

P034 PHYSIOTHERAPY TEST “LIA”
A. PAPANTSIOS1,2
1 Physiotherapy, Greek Association of Alzheimer Disease and Relative Disorders, Thessaloniki, Greece
2 Dep. of Biomedical Research, Institute for Pharmaceutical Research, Dep. of Genetics, School of Pharmacy, Dep. of Genetics, School of Veterinary Medicine, Belgrade, Serbia
Dep. of Pathology, Case Western University, Cleveland, United States, Dep. of Neurology, School of Medicine, Skopje, The former Yugoslav Republic of Macedonia

Objectives and Study: Evaluate mobility in every stage of dementia
Methods: Identify the problem, analyze it, and organize the therapy
Results: Evaluate patient’s mobility and recognize any improvement or deterioration
Conclusions: Useful tool for evaluation and organize the therapy. Collaborates with other tests for best results in diagnosis

P035 PREMATURE CENTROMERE DIVISION (PCD) IN ALZHEIMER DISEASE: IMPACT OF GENDER, AGE AND CHROMOSOME TYPE
V. P. Bajic1,2, L. Zivkovic1, B. S. Poparevic, N. Djelic1, M. Smith3, D. Ievikski4
1 Dep. of Biomedical Research, Institute for Pharmaceutical Research, Dep. of Genetics, School of Pharmacy, Dep. of Genetics, School of Veterinary Medicine, Belgrade, Serbia
3 Dep. of Pathology, Case Western University, Cleveland, United States, Dep. of Neurology, School of Medicine, Skopje, The former Yugoslav Republic of Macedonia

Objectives and Study: Aging is suggested to be a confounding factor for the onset of neurodegeneration in Alzheimer’s disease (AD). It has been suggested that chromosomal alterations may be involved in the etiology and/or pathogenesis of aging and Alzheimer’s disease. Premature centromere division (PCD), a chromosomal instability syndrome, has also been found in aging patients and Alzheimer. The purpose of the present study is to evaluate the incidence of premature centromere division in peripheral blood lymphocytes in sporadic Alzheimer disease patients in relation to their gender and age and compared with values obtained in sex- and age-matched unaffected controls.

Methods: Using fluorescent in situ hybridization with the chromosome aberration assay one hundred metaphase nuclei per each subject were analyzed and the results were expressed as the number of metaphases with at least one: a) chromosome showing PCD; b) X chromosome with PCD (PCD-X), and c) acrocentric chromosome showing PCD.

Results: The results demonstrated that patients with AD, regardless of age, also demonstrated increased incidence of PCD on any chromosome and PCD on any acrocentric chromosome in both sexes, whereas an increase in frequency of PCD-X was expressed only in women.

Conclusions: This cytogenetic analysis, thus, suggests that PCD is clearly representative of AD, rather than epiphemomenon of chronological aging.

P036 IMPROVING ALZHEIMER DEMENTIA TREATMENT: EPIDEMIOLOGICAL ASSESSMENT OF DOCTORS’, PATIENTS’ AND CAREGIVERS’ UNMET NEEDS (IDEA)
A. Barro1*, S. Kolatari2, O. Riedel2, H. Wittchen3
1 Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Dresden, Germany
2 Internal Medicine – Geriatrics Program, University of Puerto Rico School of Medicine, Internal Medicine – Geriatrics Program, University of Puerto Rico School of Medicine, Psychiatric Hospital, Puerto Rico, San Juan, Puerto Rico
3 Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Dresden, Germany

Objectives and Study: Caring for a patient with Alzheimer’s dementia (AD) involves many short- and long-term burdens. Medical treatment may considerably contribute to a reduction of the disease burden for caregivers, but effects have not yet been explored comprehensively from a broader epidemiologic and public health impact perspective.

Specific objectives are: (a) to describe the current care and therapy status for patients with mild or moderate AD, (b) to describe the situation of caregivers by assessing their burden and problems in terms of instrumental, functional and emotional aspects, (c) to identify patients, doctors and caregivers factors, that have an effect on the burden, (d) to describe the degree of met and unmet needs for patients with AD and their care-givers.

Methods: IDEA is a strict naturalistic observation study. Approximately 2,500 patients with mild or moderate AD and their caregivers will be enrolled. First, a sample of neurologists and psychiatrists in outpatient settings will be invited. Those willing to participate will be asked to enrol at least five patients with mild or moderate AD and their caregivers. Each patient will be assessed by the physician (duration and severity of dementia, medication and other interventions, neuropsychiatric complications). Second, patients’ caregivers will be assessed by the research team (combined interview/questionnaire approach); interviews will be performed face-to-face or by telephone. Assessment domains are: current care situation (description of assistance, expenditure of time), the burden as well as measures for depression and anxiety (DSQ, ASQ), quality of life (SF-8) and caregivers’ physical status (somato-diagnosis). A small subsample of patients and their caregivers will be followed longitudinally for 10 years.

Results: First results will be available in November 2009.

Conclusions: Not available yet.

P037 HOMOCYSTEINE, VITAMIN B12, FOLATE AND COGNITIVE FUNCTION
J. C. Reyes-Peña1,2, L. Z. Jimenez-Velazquez1,2, M. Gonzalez-Viruet1,2, D. Acosta3,4, M. Prince5
1 Psychiatry Department, Carlos Albizu University, San Juan, Puerto Rico, 2Internal Medicine – Geriatrics Program, University of Puerto Rico School of Medicine, Internal Medicine – Geriatrics Program, University of Puerto Rico School of Medicine, Internal Medicine – Geriatrics Program, University of Puerto Rico School of Medicine, Internal Medicine – Geriatrics Program, University of Puerto Rico School of Medicine, Internal Medicine – Geriatrics Program, University of Puerto Rico School of Medicine, 3Psychology Department, Carlos Albizu University, San Juan, Puerto Rico, 4Internal Medicine – Geriatrics Program, University of Puerto Rico School of Medicine, Internal Medicine – Geriatrics Program, University of Puerto Rico School of Medicine, 5Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Dresden, Germany

Objectives and Study: To explore possible relationships between serum homocysteine, vitamin B12, folate levels and cognitive function in a Hispanic elderly population. Increased plasma homocysteine levels in patients with Alzheimer’s disease (AD) were initially reported by Regeland et al in 1990, who considered the differential effects of AD-related oxidative stress on the two key pathways of homocysteine metabolism.1 Deficiencies of vitamin B-12 and folate have also been correlated with cognitive dysfunction in several studies, but no specific data in Caribbean Hispanics is available.

To determine the prevalence of cognitive impairment, a prospective community-based cohort study was conducted in a representative catchment area in the Caribbean island of Puerto Rico, as a component of the ADI 10/66 worldwide dementia prevalence study.2 Door knocking was done to invite all residents over 65y/o to participate. Two thousand elderly residents were interviewed and their cognitive function evaluated. In a second visit, a physical exam was done and (false positives were drawn.

Methods: From a total of 2,000, a subgroup of 474 subjects with cognitive evaluation analyzed using DSM-IV and ADI 10/66 algorithm, and laboratories done from 12/08 to 05/09 were included. Ages = 65 - 95 y.

Results: A statistically significant correlation was found between folate deficiency and DSM-IV dementia criteria, consistent with published literature. No correlation between elevated homocysteine, B-12 levels and cognitive function was found.

Table:

<table>
<thead>
<tr>
<th>Variables</th>
<th>Chi-Square</th>
<th>P-value</th>
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<tbody>
<tr>
<td>Folate deficiency and DSM-IV major depression criteria</td>
<td>0.543</td>
<td>0.762</td>
</tr>
<tr>
<td>Folate deficiency and DSM-IV dementia criteria</td>
<td>8.62</td>
<td>0.013</td>
</tr>
<tr>
<td>Folate deficiency &amp; 10/66 dementia criteria</td>
<td>2.35</td>
<td>0.309</td>
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</tbody>
</table>

Conclusions: A comprehensive nutritional evaluation in elderly patients is essential. We recommend to assess folate levels in every patient over 65 years old, mostly if cognitive impairment is suspected.
Abstracts - Poster presentations

P308 WAHO00
E. R. Doncaster1*, M. W. Orrill1, M. McGeorge1
1Centre for Quality Improvement, Royal College of Psychiatrists, 2Centre for Ageing and Mental Health Sciences, University College London, London, United Kingdom

Objectives and Study: To develop a set of quality standards and criteria for memory services to form the basis of a quality improvement initiative.

Methods: The standards development process involved five main elements: literature review; discussion groups with key stakeholders; formulation and distribution of the consultation draft; consultation with expert/clinical advisors and members of the accreditation network; and editing the final draft, ensuring the standards and criteria are SMART (i.e. that they are specific, measurable, agreed-upon, related, and theoretically sound). Participants in the consultation included representatives from the professions involved in dementia care, namely psychiatry, nursing, psychology, occupational therapy, social work, primary care, and speech and language therapy; charities; and service user and carer representatives. All countries within the United Kingdom were represented. The resulting draft edition standards were piloted in thirteen memory services in the North West of England, who provided evaluation of the standards against the SMART framework. This feedback was used to formulate and edit the finalised first edition standards and criteria.

Results: The finalised version resulted in 26 high level standards and 148 associated criteria, focusing on diagnostic assessment of memory problems/dementia. Each was classified as type 1, 2 or 3 depending on importance. There was consensus that the standards and criteria were best categorised along the following domains: management; resources available to support assessment and diagnosis; assessment and diagnosis; and ongoing care management and follow up. Criteria covered themes such as accessibility of the service, support given to patients and carers, and consent and capacity issues.

Conclusions: It was possible to develop a SMART set of quality standards for diagnostic assessment of memory problems/dementia, which have been applied through a quality improvement programme for memory services. Future challenges include widening the scope of the standards to cover the full range of functions performed by memory services.

P309 ALZHEIMER’S DISEASE AND GLAUCOMA - A LITERATURE REVIEW
M. Tsolaki1, M. Gkini1,2
13rd Department of Neurology, Aristotle University of Thessaloniki, Thessaloniki, Greece

Objectives and Study: Objectives of this study are: to identify 1) whether co-existence of Alzheimer’s disease and glaucoma is often and 2) whether we could use the same treatment in both diseases.

Methods: Literature

Results: Evidence of a link between Alzheimer’s disease (AD) and glaucoma has emerged from studies showing that patients with AD may have a significantly increased occurrence rate of glaucoma. In addition, it has been reported that patients with AD exhibit optic nerve degeneration and loss of Retinal Ganglion Cells (RGCs). The AD-related changes in the retina are also associated with reduction of the retinal nerve fibres, increase in optic disc cupping, retinal vascular tortuosity and thinning and visual impairment. At the molecular level, the apoptosis of RGCs activates specific proteases, termed caspases. Caspases are activated in chronic neurodegeneration such as AD. It is shown that in rat glaucoma models caspase-3, a major effector of the apoptotic cascade, is activated in RGCs and cleaves Amyloid Precursor Protein (APP) to produce neurotoxic fragments that include amyloid-beta. Caspase-3, which initiates apoptosis after activating receptors of the Tumor Necrosis Factor (TNF) superfamily, is also activated in RGCs. This suggests a new hypothesis for RGC death in glaucoma involving chronic amyloid-beta neurotoxicity, mimicking AD at the molecular level. Memantine, a neuroprotective drug, is approved for the treatment of AD as it preferentially blocks excessive NMDA receptor activity without disrupting normal activity. In 2009, one clinical trial that conducted to test the efficacy of memantine as a neuroprotectant for glaucoma was unsuccessful. Though it is considered that memantine may have been the drug patients taking it to a level that was difficult to detect with present methodologies. Therefore, the idea of neuroprotection in glaucoma should not be abandoned. Citicoline is also indicated for treatment of senile cognitive impairment in AD. It has also been shown to be effective in Parkinson disease as well as in amytrophic and glaucoma. Finally, treatment with nicotinamide appears to induce an improvement of the retinal function end of the visual cortical responses in patients affected by glaucoma.

Conclusions: Recent findings on retinal degeneration in AD prove that there are pathological as well as treatment similarities between AD and glaucoma and highlight the potential of modern technologies for the detection of prospective biomarkers in the eye in early AD.

P040 PREVALENCE OF DEMENTIA IN «MEGAS ALEXANDROS» A MUNICIPALITY IN GREECE
A. Tsolaki1, M. Tsolaki1, V. Pattakos2, E. Kyrgis1, G. Mouts1, S. Tsakir1
1Medical, Greek Association of Alzheimer’s Disease and Related Disorders, Thessaloniki, 2Social Labour, Technological and Educational Institute of Herakleio, Herakleio, Greece

Objectives and Study: Backround: Dementia is an important public health problem as it is one of the most common diseases in the elderly and a major cause of disability and mortality. Prevalence of dementia is destined to increase in the developing but also in developed world in tandem with the ageing population. Current data from developing countries suggest that age-adjusted dementia prevalence estimates in 65 year olds are (6+-5%) in certain Asian and Latin American countries, but consistently low (1-3%) in India and sub-Saharan Africa. In subjects aged over 65, crude prevalence rates for dementia vary between 5.9% and 9.4%. In Europe and Latin American countries, but consistently low (1-3 %) in India and sub-Saharan Africa. In subjects aged over 65, crude prevalence rates for dementia vary between 5.9% and 9.4%. In Europe and Latin American countries, but consistently low (1-3%) in India and sub-Saharan Africa. It is shown that in rat glaucoma models caspase-3, a major effector of the apoptotic cascade, is activated in RGCs and cleaves Amyloid Precursor Protein (APP) to produce neurotoxic fragments that include amyloid-beta. Caspase-3, which initiates apoptosis after activating receptors of the Tumor Necrosis Factor (TNF) superfamily, is also activated in RGCs. This suggests a new hypothesis for RGC death in glaucoma involving chronic amyloid-beta neurotoxicity, mimicking AD at the molecular level. Memantine, a neuroprotective drug, is approved for the treatment of AD as it preferentially blocks excessive NMDA receptor activity without disrupting normal activity. In 2009, one clinical trial that conducted to test the efficacy of memantine as a neuroprotectant for glaucoma was unsuccessful. Though it is considered that memantine may have been the drug patients taking it to a level that was difficult to detect with present methodologies. Therefore, the idea of neuroprotection in glaucoma should not be abandoned. Cicitone is also indicated for treatment of senile cognitive impairment in AD. It has also been shown to be effective in Parkinson disease as well as in amyotrophic and glaucoma. Finally, treatment with nicotinamide appears to induce an improvement of the retinal function end of the visual cortical responses in patients affected by glaucoma.

Conclusions: Recent findings on retinal degeneration in AD prove that there are pathological as well as treatment similarities between AD and glaucoma and highlight the potential of modern technologies for the detection of prospective biomarkers in the eye in early AD.

P041 DEMENTIA SYNDROMES REGISTRATION IN THE DODECANESE PREFECTURE
A. A. Platias1, A. E. Kiprioti2, K. T. Velegkas1, K. D. Siagia1, C. C. Kadi1
1MENTAL HEALTH, Children and Adults Mental Health Community Services Development Federation PANACEA; 2MENTAL HEALTH, Children and Adults Mental Health Community Services Development Federation Rhodes, Greece

Objectives and Study: In border areas of Greece, where elder population prevails, there is no research interest shown. In the present study an attempt was made in order to register the Dementia Syndromes in the Dodecanese prefecture with an open invitation to diagnostic tests for people over 60 years of age.

Methods: The sample was comprised by 439 people, with a range of 60-95 years of age, 280 females and 159 males. This sample occured after the scientific team visited the islands of Rhodes, Symi, Kalymnos, Kos, Kaselotiri, Tilos, Chalki, Karpathos and Kassos. The scales used were the following:

1) The Mini Mental State Examination Test (MMSE) about the cognitive functioning diagnosis
2) The Clock Test about mental functioning diagnosis
3) The Geriatric Depression Scale (GDS) to detect depression indicators
4) A short demographic questionnaire and functional elements.

Results: Only 3.6% had dementia, 26.1% Mild Cognitive Impairment, 9.6% Mild Cognitive Impairment because of depression, 4.6% depression without cognitive impairment and 57.7% were normal.

Conclusions: Conclusion: The prevalence of dementia in greek villages in North Greece is lower than in Pyke, a city in North Greece. Further analysis of risk and protective factors may give us an explanation.
Conclusions: These results indicate that interventions that improve the sleep-activity cycle are beneficial for older persons with dementia.

Objectives and Study: The purpose of this study was to assess the effects of an intervention to improve sleep-activity cycles of older persons with dementia. Sixty-five per cent of long-term care facilities were recruited. Forty subjects were analyzed after obtaining informed consent from their families. We checked the sleep-activity cycle of residents over 48 hours and examined residents' medications from medical charts. Four residents received an intervention that included lying down after they fell asleep and getting up after the alarm. They were assessed that they have the disorder associated with sleep-activity activity by a caregiver in the long-term care facilities. We measured their behavior before and after intervention using the Multidimensional Observation Scale for Elderly Subjects (MOSES).

Results: The mean patient age was 87.3 (SD=6.2) years, and 85% of the subjects were women. The mean patient age was 87.3 (SD=6.2) years, and 85% of the subjects were women. 70% of the subjects were diagnosed with some dementia including Alzheimer's dementia, cerebrovascular dementia, and senile dementia. 80% of the subjects had disorders associated with the sleep-activity cycle. Of these, 40% had hyporeactive disorder, 32.5% hyperactive disorder, and 7.5% circadian rhythm disorder. The mean number of medications per resident was 2.9 (SD=2.3). 15% of the subjects took benzodiazepine, 55% antihypertensive, 32.5% purgative, and 22.5% anti-dementia medications. The intervention improved the sleep-activity cycle of 2 residents. The MOSES psychological distress score decreased in all residents who received the intervention.

Conclusions: Although disease stage may explain some of the differences in QOL among patients, we conclude that attending ADP improves QOL of Alzheimer's disease patients.

Methods: We employed a cross-sectional comparative study design involving primary data collection using assisted self-report questionnaires and a 13-item quality-of-life scale. Subjects were recruited at five adult day programs and at six caregiver support groups in Durham region in Ontario, Canada.

Results: All 130 participants were classified into one of three groups: disease-free ADP clients (n=73), Alzheimer's disease patients who attend ADP (n=29) and Alzheimer's disease patients who do not attend ADP (n=29). Age distribution was similar across these groups. However, more females attended ADP than males. All ADP clients were similar in gender distribution, living arrangement and frequency of ADP visits. All patients were similar in education level and marital status. There were equal numbers of moderate disease stage in both disease groups but slightly more patients with severe disease stage in those who did not attend ADP. Our results showed that QOL scores for patients who attend ADP were comparable to those of non-patients (2.7 vs. 2.9, p<0.01), whereas QOL scores were lower for patients who do not attend ADP than patients who attend ADP (2.1 vs. 2.7, p<0.001).

Conclusions: Little research has been conducted on examining the relationship between interventions such as adult day programs (ADP) and the quality of life (QOL) of Alzheimer's disease patients. Our objective was to examine QOL of Alzheimer's disease patients who attend or do not attend ADP. We hypothesized that Alzheimer's disease patients who attend ADP have higher QOL than those who do not.

Objectives and Study: To determine differences in nursing home practices related to terminal care policies for residents with dementia. The survey form was distributed to 5249 nursing homes with confirmed addresses according to Warned. The number of residents and residents' activities of daily living (ADLs), as well as the facilities' terminal care policies and nursing practices were investigated. The quality of nursing home practices was determined according to our previous research findings, and is based on a 2002 evaluation. Descriptive statistics were used to describe the data in quantitative terms, and chi square tests were used to analyze the data.

Results: The questionnaire was answered by 1137 facilities, with the rate of response being 21.5%. The residents of the facility's family made end-of-life care decisions in 900 facilities (79.2%), 665 (58.5%) nursing homes had their own policy of terminal care. Nursing homes with terminal care policies scored higher in nursing practices compared to facilities that did not. There were significant differences in 19 items related to nursing practices for terminal care between the two groups. The GDI and the quality of life (QOL) of Alzheimer's disease patients. Our objective was to examine QOL of Alzheimer's disease patients who attend or do not attend ADP. We hypothesized that Alzheimer's disease patients who attend ADP have higher QOL than those who do not.

Conclusions: Although disease stage may explain some of the differences in QOL among patients, we conclude that attending ADP improves QOL of Alzheimer's disease patients.
Abstracts - Poster presentations

P046  ON THE COUCH WITH PICASSO
19. Quality of life in dementia

M. K. Herz1,2
1EMDA, Israel’s Alzheimer’s Association, Ramat Gan, Israel
2Faculty of Social Work, Tel Aviv University, Tel Aviv, Israel

Objectives and Study: Presenting a kit of visual art to enhance the quality of life of people with dementia.

Methods: Following the program “Meet Me at MoMa,” EMDA, Israel’s Alzheimer association, launched “Going out to Art.” Through which groups from day centers and family caregivers go on outings to museums. Participants and institutions alike asked to make the encounter with art more accessible and affordable. The result was a special kit, developed by EMDA.

Results: A professional think-tank was created and different professionals were called on to support the process. The end result is a kit of 50 pieces of art, specially chosen for their ability to address long-term memory and emotional capacities which are less accessible in day-to-day life. The kit comes with general booklet explaining the relation between art and Alzheimer’s and how to look and talk about art with a person with dementia. There are specific questions for each piece of art, as well as background material on the artists and suggestions for activities. The pictures are printed card and on CD/DVD.

Conclusions: Through a series of lectures on the topic of viewing art with people with AD, there is a real expectation for the launch of this kit as a means of communication with the person in their home or in a care setting. The kit is due to be launched at the Israeli Gerontology Conference in February 2010, and initial reactions and sales information will be presented at the Thessaloniki conference.

P047  SPATIAL IMAGES AS LIVING ENVIRONMENT THAT SHOULD BE CONSIDERED FOR ENVIRONMENTAL IMPROVEMENT OF GROUP HOME FOR PERSONS WITH DEMENTIA
19. Quality of life in dementia

T. Akagi1, S. Aruga1, K. Adachi2
1Department of Architecture, Faculty of Engineering, Kogakuen University, Tokyo, Japan
2Design division, DaikinentaluLtd., Aichi, Japan

Objectives and Study: The study investigates how the spatial images as living environment are important to create a familiarity in the environmental improvement of group home for persons with dementia.

Methods:
1) Intensive to examine the realities of improvement of group home of the thirty persons with dementia.
2) The evaluations of spatial images that improves living environment.
3) The necessity of the handmade artifacts is pointed out. It is necessary to examine what artifacts are sensible enough.

Results:
1) In the living room, a flexible spatial planning that enables a variety of table arrangement is important.
2) The easy signature display is required. However, a handmade signature such as arrows can become a factor with senses of incompatibility. Therefore, it is necessary to examine the signature display that becomes easy and familiar with the living environment from an initial stage of the group home planning.
3) The necessity of the handmade artifacts is pointed out. It is necessary to examine what artifacts are sensible enough.

Conclusions:
It is not only improving the space into a human scale, but also necessary to arrange the home-like various elements.

P048  DEVELOPMENT OF A SUSTAINABLE ACTIVITY PROGRAM AS A PART OF OPTIMAL CAREING FOR DEMENTED PERSONS IN LONG TERM FACILITIES.
19. Quality of life in dementia

L. De Jager1
1EDPO, University of the Free State, Bloemfontein, South Africa

Objectives and Study: The objectives of the study was to develop and implement an integrated activity program, customarily designed for demented patients in mild and moderate stages of their illnesses in long-term facilities in the Free State, South Africa.

Methods:
The study was qualitative in design, allowing the researcher to gather information and investigate the phenomenon within the actual environment of a dementia unit within a long-term facility. An inductive exploratory study was conducted where the effect of certain activities and also maintaining optimal levels of functioning and contributing to the patient's health.

Results: An inductive exploratory study was conducted where the effect of certain activities and also maintaining optimal levels of functioning and contributing to the patient's health.

Conclusions: The contribution of this study is an up-to-date intervention program in the form of an activity sheet. The activity sheet is complete with activities for every day of the month, including instructions for caregivers with the option of interchangeable activities for those in mild and moderate stages. Such a monthly program can easily be distributed between various long-term facilities that care for persons with dementia, providing a solution to keeping patients active and also maintaining optimal levels of functioning and contributing to the patient’s health.

P049  EFFECT OF THE STRESS FROM PROVIDING CARE ON CAREGIVERS’ COGNITIVE FUNCTIONS.
19. Quality of life in dementia

A. L. Elthymiou1, P. Sakka1, A. Stamatakis1, F. Stylianopoulou1
1Dementia Day Care Center, Athens Association of Alzheimer’s Disease and Related Disorders, Laboratory of Biochemistry, Faculty of Nursing, University of Athens, Papadimitrioupolou 123, Athens, 1152, Greece, Athens, Greece

Objectives and Study: A vast majority of dementia patients are cared for at home by their spouses. Spousal caregivers are usually of the same age as the patients and therefore at risk of age-related cognitive decline. They also have to cope with the burden of caregiving and with chronic stress. The way caregivers appraise their role influence their emotion and consequently their distress.

Methods: 1) Spousal caregivers of demented patients from the Dementia Day Care Center of Athens Association of Alzheimer’s Disease and Related Disorders were compared with 15 controls post-caregivers of the same sex, marital status, age and education. Data on caregivers’ demographics, perceived Stress (Cohen’s Perceived Stress Scale) and cognitive status (Optical Memory I & II, Gaj/Span, Letter – number sequencing) were collected. Statistical analysis was made the statistical package for the social science (SPSS, version 13).

Results: Caregivers performed significantly worse on short-term memory and episodic memory tests. They also had higher scores on perceived stress scale than non-caregivers. Interestingly, there was a negative correlation between perceived stress and short - term memory in caregivers group.

Conclusions: The results indicate that cognitive impairment of spousal caregivers may mirror the high levels of perceived stress. Cognitive impairment may affect the quality of caregiving. Caregiver’s appraisal of their situation may influence their emotion and consequently may augment their perceived stress, which has negative consequences on their cognition.
Abstracts - Poster presentations

P050 ORGANIZATIONAL RESEARCH RESULTS IN IMPROVED SUCCESS IN ALZHEIMER’S PROGRAMS AND LONG-TERM CARE
19. Quality of life in dementia
S. D. Gilbert,1, J. L. Dalessandro1
1Administration, Alzid Alzheimer Center, Cincinnati, United States

Objectives and Study: Currently there are more than 5 million Americans with dementia and future predictions indicate that the number of persons affected will rise exponentially. Many individuals require extensive care now, and millions more will be in need of care and support in the near future as well their families. Despite the introduction of special care units for persons with Alzheimer’s disease and dementia in the mid 1990’s, the daily quality of care and life of residents with dementia in long term care continues to be of concern. This project was conducted to determine essential organizational components of long term care communities that lead to enhanced consumer satisfaction, employee satisfaction and retention; quality care outcomes and financial feasibility.

Methods: Researchers conducted an historical case study of a specialized Alzheimer’s disease facility, extensive review of dementia program literature and successful organizational business models. A model consistent with exemplary program findings was developed and entitled SERVICE, an acronym for domains of practice hypothesized to be essential for success. Programs developed to support the domains included a focus on service, education, respect, vision, inclusion, communication and enrichment. Programs in each domain were studied as developed and results of the effectiveness measured over time. To determine the ability to replicate, the model was implemented in two continuing care retirement communities, 200+ accommodations, in two separate states. Data was collected at baseline and quarterly for one year and at the end of the second year including staff and residentfamily surveys, turnover, agency utilization and outcome review data.

Results: Results indicate that dedication to the model and consistent attention to programs in the domains led to enhanced resident, family and staff satisfaction, reduction in employee turnover and positive financial outcomes. Statistically significant changes were seen in categories such as recognition for efforts, supervisor ratings/complaints, administration/department head availability and openness to new ideas, and the ability to perform to professional standards. Staff turnover was reduced to single digits and temporary staff agency use declined.

Conclusions: Models exist and SERVICE is one for leaders to use that has a positive impact when implemented and when there is a dedication to the continuation of programs. This proactive model includes the education, support, inclusion, care and nurturing of residents with Alzheimer’s disease and dementia, families and staff, enhancing satisfaction, retention and finances.

P051 FEAR OF FALLING AMONG OLD PERSONS WITH MILD COGNITIVE IMPAIRMENT AND ALZHEIMER’S DISEASE
19. Quality of life in dementia
C. A. Mouzakidis1, M. Tsolaki2
1Psychomotor, Agia Eleoni Unit, 3rd Department of Neurology, Aristotle University, Thessaloniki, Greece

Objectives and Study: Fear of Falling is a major health problem among elderly people and can lead to activity restriction.

Objective: To identify whether old persons with Mild Cognitive Impairment (MCI) and Alzheimer’s disease (AD) could develop a subsequent fear of falling, and whether this fear of falling is associated with the cognitive, psychological and functional parameters.

Methods: Forty eight (48) elderly with MCI and AD aged ≥ 50 were randomly included in the study. Fear of Falling was assessed by the FES-14 item questionnaire with easy and more complex physical and social activities. MMSE and MoCA were used to assess cognitive function, FRESID and FUCAS for function and QDS for depression.

Results: 37% of the participants expressed no fear of falling, 40% expressed a little concern about falling and the next 23% expressed a great concern. Fear of falling was associated with sex (p=0.30), p=0.023) and cognitive function r = .400, p=.009).

Conclusions: Among people with MCI and AD the fear of falling seems to be related with several factors as the advancing age, the female gender and the deterioration of cognitive function.

P052 REVIEW ON LITERATURE CONCERNING CHANGES IN THE DAILY LIFE RELATED TO THE IMPROVEMENT OF SLEEP CONDITIONS OF THE ELDERLY
19. Quality of life in dementia
E. HAGINO1, Y. NAKAGAWA2, M. NISHI1
1Gerontological nursing, 2Clinical Social Work, Fundamental health Sciences, Health Sciences University of Hokkaido, Hokkaido, Japan

Objectives and Study: By reviewing the literature on intervention in sleep care for elderly patients staying at medical and long-term care facilities for the elderly in Japan, we aimed to clarify some sleep care problems for elderly people with dementia.

Methods: Eighteen papers on intervention in sleep care for elderly people with sleeping problems who stay at medical and long-term care facilities were extracted for analysis from the databases of Ichushi Web (Ver. 4) (1983-2007) and the Japan Nursing Society (1999-2008).

Results: (1) The intervention items included morning care, afternoon exercise, distribution of sleeping medicine after supper and before bed, and reduction of noise at night. (2) Although actigraphs were used in some studies, most were conducted by observation using a sleep log. The observation duration varied from only night time to 24 hours with intervals from 30 minutes to two-hours. To judge whether asklepe or awake, eye-open status, body posture, breathing, and response to stimuli when spoken to during sleep, were observed. (3) Three types of changes were found: an increase at night and a decrease during the day; an increase both during night and day; a decrease both during night and day. (4) Improvements in daily life due to better sleep included stabilization of posture in seating, less drowsing while eating, continuity, and an increase in voluntary behaviors.

Conclusions: Better organizing the observation methods (observation duration and interval) and establishing uniform means of assessing and analyzing sleep, considering expressions of desires, facial expression, and body movement during meals, bodily function, and leisure activities, would make sleep observation more effective.

P053 COGNITIVE STIMULATION PROGRAM FOR PERSONS WITH DEMENTIA, FAMILIES AND CAREGIVERS
19. Quality of life in dementia
F. Orta Moreno1, M. del Carmen Bande2
1Alzheimer Association, Monterrey, Mexico

Objectives and Study: The Alzheimer Association of Monterrey (Mexico), knowing the need of relatives and the own people who present or display a slight mental deterioration, or who already are in the first stage of the disease, started to work to carrying out a program in which we could give a better quality of life to be offered both to persons with dementia as to relatives and caregivers.

Methods: Through a structured program, our association offered a series activities main cognitive stimulation to improve memory; but, also, important aspects good like are it the socialization and adaptation to the environment in which we lived.

Some Therapies: Language, playful Reminiscence, Activities, physical Exercises, artistic Sensorytherapy, Musicotherapy, Other activities, Therapy of relaxation and Therapy with animals.

Results: Main benefits: Security in themselves, Joy reflected in the face, Self-esteem, Mobilization, To be more alert, Socialization. Capacity to understand and to follow instructions, Better family dynamics. To discover capacities that they themselves, nor their relatives knew that they had, Recognition of they themselves and its relatives that this kind of programs like cognitive stimulation really works.

Conclusions: Finally, at the same time as the relative is performing the activities assigned for that day, the caregiver receives information about the development of the disease.
P055 MEMATINE FOR PATIENTS WITH DEMENTIA IN CLINICAL PRAXIS

1. Aetiology, pathogenesis, clinical features and differences in all types of dementia

V. Stergiou1, M. Tsakalof2, M. Amaroutoglou3, A. Karlovitsis1, G. Adler4
1Department of Clinical Neurophysiology, AHEPA University hospital, Psychiatry, Greek Alzheimer Association, 1Medical, 1st Neurological clinic, AHEPA University hospital, Thessaloniki, Greece

Objectives and Study: Previous studies have indicated that the following risk factors may be associated with dementia in PD: advanced age, long duration of the disease, severe motor symptoms (UPDRS score over 25), concurrent depression, anxiety or psychosis, predominant akinesia-rigidity symptoms, cardiovascular disease and low socioeconomic and educational status. The aim of the study is to detect any statistically significant differences between the two aforementioned groups concerning the following parameters: i) age ii) duration of illness iii) severity of motor symptoms (UPDRS score) and iv) comorbidity depression.

Methods: Forty three (43) patients (27 male, 16 female) aged 70.1 ± 7.16 with identified PD based on the results from the clinical examination, the UPDRS score and the DAT-SCAN entered the study. The patients were examined with the Mini Mental State Examination (MMSE) and the Geriatric Depression Scale (GDS). The aim was to determine whether a coexisting cognitive impairment may affect treatment response. According to the results of the aforementioned scales the patients were divided into two groups: a) 22 patients without cognitive deficits and b) 21 patients with coexisting cognitive impairment. According to the results of the aforementioned scales the patients were divided into two groups: (a) 22 patients without cognitive deficits and (b) 21 patients with coexisting cognitive impairment. According to the results of the aforementioned scales the patients were divided into two groups: (a) 22 patients without cognitive deficits and (b) 21 patients with coexisting cognitive impairment. According to the results of the aforementioned scales the patients were divided into two groups: (a) 22 patients without cognitive deficits and (b) 21 patients with coexisting cognitive impairment.

Results: No statistical significant difference was found in the efficiency of treatment between those who were prescribed monotherapy and those who took inhibitors combined with memantine, according to their progress in MMSE and GDS. However, statistical significant difference between the two groups was found in ADL (F= 0.043, F=0.00, F=0.01, respectively).

Conclusions: A combination of a cholinesterase inhibitor with memantine hydrochloride is most effective treatment than cholinesterase inhibitor alone in ADL of patients with dementia.

P056 PREDICTION OF TREATMENT RESPONSE TO RIVASTIGMINE IN ALZHEIMER’S DEMENTIA: A PROSPECTIVE MULTICENTER STUDY

G. Adler1, M. Gazis1, Y. Ko-inoshi1, A. Reisch1
1Clinical studies, ISPg, Mannheim, Germany

Objective and Study: Effect size in studies on acetylcholine esterase inhibitor (AChE) treatment in Alzheimer patients is modest, with large interindividual differences in treatment response. Decrease of EEG slow-wave activity under a test dose or short-term application of an AChE has been consistently reported to correlate with individual treatment response. Thus, in a prospective study, we assessed the predictive value of EEG theta power decrease for treatment response to rivastigmine after six months.

Methods: In a group of 50 Alzheimer patients (MINS: 12-24), EEG and neuropsychological parameters were assessed before and after two weeks of rivastigmine treatment. Follow-up examination was performed after six months, applying improvement of short-term memory as criterion for treatment response. EEG theta power decrease under rivastigmine and neurophysiological parameters were related to treatment response.

Results: A decrease of EEG theta power after two weeks of rivastigmine treatment was significantly associated with treatment response after six months. In the patients, in whom theta power decreased substantially, there were twice as much responders (70 %) than in the other patients (32 %). Good baseline performance in various neuropsychological domains, particularly visuospatial capabilities, was also positively correlated with treatment response. Both parameters, theta power decrease and visuospatial capabilities, allowed a correct prediction of treatment response in 74 % of the patients.

Conclusion: The decrease of EEG theta power under short-term application of an AD has proven useful for the prediction of treatment response. Baseline neuropsychological parameters may provide additional prognostic information. For a clinically relevant prognostic application, which may influence individual indicator for AChE treatment, a more precise prediction based on both electrophysiological and neuropsychological parameters has to be achieved.

P057 FACTORS ASSOCIATED WITH DEMENTIA IN PATIENTS WITH PARKINSON’S DISEASE

1. Aetiology, pathogenesis, clinical features and differences in all types of dementia

L. Vigeni1, M. Tsakalof2, M. Amaroutoglou3, A. Karlovitsis1, G. Adler4
1Neurology took part in the present study. One hundred and fifty of them took a combination of memantine and a cholinesterase inhibitor is more effective than using the inhibitor by itself.

Objectives and Study: The pathophysiology of Alzheimer’s disease is complex and involves several different biochemical pathways. A combination of cholinergic and glutamatergic dysfunction appears to underlie the symptomaticology of Alzheimer’s disease. However, drug treatments have been developed to improve symptoms, or temporarily slow down their progression, in some patients. There are two main types of drugs used in Alzheimer’s disease treatment: These are the Cholinesterase Inhibitors and the N-Methyl-D-aspartate receptor antagonist, known as memantine hydrochloride. In current study we tried to find out if a combination of memantine and a cholinesterase inhibitor is more effective than using the inhibitor by itself.

Methods: Methods: Two hundred nine demented outpatients who visited the 3rd Department of Neurology took part in the present study. One hundred and fifty of them took a combination of cholinesterase-inhibitor and memantine hydrochloride and the rest 50 took only an inhibitor for the same period. All patients were examined at baseline and after 3, 6, 9 and 12 months treatment. At each examination MMSE, FRSSD and GDS were used to test cognitive, functional and affective performance. For statistics we used the SPSS14 program (especially with Mann-Whitney methods-2 independent groups).

Results: No statistical significant difference was found in the efficiency of treatment between those who were prescribed monotherapy and those who took inhibitors combined with memantine, according to their progress in MMSE and GDS. However, statistical significant difference between the two groups was found in ADL (F= 0.043, F=0.00, F=0.01, respectively).

Conclusions: A combination of a cholinesterase inhibitor with memantine hydrochloride is most effective treatment than cholinesterase inhibitor alone in ADL of patients with dementia.

P058 A COMPARATIVE MULTIDISCIPLINARY STUDY OF MIXED DEMENTIA

1. Aetiology, pathogenesis, clinical features and differences in all types of dementia

N. M. Mikhailova2
2Alzheimer’s disease department, Mental Health Research Center RAMS, Moscow, Russian Federation

Objectives and Study: Alzheimer’s disease associated with cerebrovascular disease is now considered as the most frequent type of dementia. The aim is to study psychopathological features and clinical evolution of mixed cases of dementia with Alzheimer’s and vascular brain affection. 89 patients with mixed dementia were admitted to day-clinic of Moscow Alzheimer’s disease center in 2005-2008. Two control groups made up 72 patients with vascular dementia (VaD) and 104 patients with Alzheimer’s disease (AD) without vascular risk factors.

Methods: MRI, neuropsychological examination, EEG-mapping, ultrasonography of intracranial vessels and APO E genotyping are used. The cases of mild and moderate dementia are included.

Results: Mixed dementia had more frequent late onset (91.0%) than in cases of VaD and AD (resp. 84.7 and 65.3%). Mild dementia is much more common in patients with VaD (81.9%) than in mixed cases (53.3%) and in AD (29.9%). Non-cognitive neuropsychiatric disorders were common for all three groups. Non-cognitive neuropsychiatric disorders are presented in 62.9% of mixed dementia, in 62.5% of AD and in 78.1% of VaD. Confusional episodes with delirious symptoms are equally frequent in mixed dementia and vascular dementia (resp., 44.9 and 39.3%), but much more rare in pure AD (7.7%). A history of stroke in MR was in 76% of VaD cases and in 37.1% of mixed dementia since in 2.9% of AD cases. MRI picture of ventricular and subarachnoidal space enlargement was common in all groups of patients, but signs of leukoaraiosis as well as number and localization of vascular foci changes were very various in VaD and mixed dementia since were single or absent in AD. In patients with VaD, 58 mixed cases and 49 with AD without vascular factors were genotyped. ApoE genotyping showed the most frequent presence of ApoE ε3/ε4 in mixed dementia (51.2%). ApoE ε3/ε4 is the most common in AD (71.0%). ApoE ε4 was three times more frequent in AD than in mixed cases and was absent in VaD (table 1). Some differences in neuropsychological syndrome demonstrated various envolvement of Luria’s three brain blocks in a picture of cognitive impairment. Profound cerebral lesions were less affected in mixed dementia as well as in AD in comparison with VaD. Neuropsychological assessment found an improvement of regulatory cerebral functions as a target of neurotransmitter therapy. Differences in neurotransmitters, neuroprotective and vasoactive treatment response are studying. A longitudinal (5-years follow-up) prospective study is proposed.

Conclusions: Late onset, history of vascular factors, MRI picture and APO E4 genotype are common in mixed dementia as well as increased risk of TIA/stroke and delirium-like confusion in the evolution of AD with cerebrovascular disease.
P059 COGNITION AND EXTRAPYRAMIDAL SIGNS IN THE ELDERLY IN A POPULATION-BASED STUDY

01. Aetiology, pathogenesis, clinical features and differences in all types of dementia

M. Park1*, C. Han2, H. Na3
1Neurology, Psychiatry, Korea University Medical College, Ansan-city, 2Neurology, Bobath Memorial Hospital, Seongnam, South Korea

Objectives and Study: Extrapyramidal signs (parkinsonian signs: tremor, rigidity, bradykinesia) occur frequently in the elderly. It was reported that the severity of these signs was greater in people with dementia or Alzheimer's disease than in people without cognitive dysfunction. We evaluated whether cognitive dysfunction such as Alzheimer’s disease or mild cognitive impairment (MCI) were associated with extrapyramidal signs in the elderly Korean.

Methods: A total of 599 elderly Koreans were recruited. Data on demographic and extrapyramidal signs were compared with status of cognitive function (no cognitive impairment, MCI, dementia).

Results: There were 462 elderly without cognitive impairment (no CI), 129 elderly with MCI and 7 elderly with dementia. The mean score mini-mental status examination (MMSE) was different according to cognitive status: 37.40 in no CI vs 24.74 in MCI vs 16.14 in dementia. There was the different extrapyramidal signs prevalence according to cognitive status: 14.1% in no CI vs 30.2% in MCI vs 57.1% in dementia. These different distributions were statistically significant after adjusting for sociodemographic data.

Conclusions: The extrapyramidal signs were risk factors for cognitive dysfunction in the elderly Korean. Although these signs were mild and easily missed, these should be checked in the elderly with cognitive dysfunction.

P060 THE USE OF WESTERN APHASIA BATTERY – REVISED TEST (WAB-R) FOR THE STUDY OF SPEECH DISTURBANCES IN PATIENTS WITH ALZHEIMER’S DISEASE

01. Aetiology, pathogenesis, clinical features and differences in all types of dementia

M. Pitopoulos1*, G. Nasios2
1Department of Speech and Language Therapy, TEO of Epirus, Ioannina, Greece

Objectives and Study: It is common knowledge that Alzheimer’s disease and other dementias are not affecting only memory, but also many other higher cognitive functions of the brain, among them speech. Demented patients early in their course of the disease start to lose their fluency, their vocabulary becomes poorer, they have paraphasias and difficulties in naming. As the disease advances and their verbal abilities continuously deteriorate they also start to have disturbances in comprehension, so that verbal communication becomes insufficient.

WAB-R (Western Aphasia Battery – Revised) is a very useful clinical scale detecting disturbances of speech especially in patients with neurological diseases.

Methods: In this study we examined thirteen patients with moderate Alzheimer’s disease (MMSE 13.4±6.1) and ten age-matched healthy individuals, using subs tests of the WAB-R, to detect and quantify their speech disturbances. More specifically we used subs tests testing auditory verbal comprehension (yes/no questions, auditory word recognition, sequential commands), naming and word finding (object naming, word fluency, sentence completion, responsive speech).

Results: Our results showed statistically significant differences between patients’ and healthy individuals’ performance in practically all the subs tests, with patients’ performance being worse in the parts testing naming, word fluency, and sentence completion.

Conclusions: We conclude that WAB-R is an easy-to-use, reliable test for detecting speech disturbances in demented patients and it can be used from the speech and language pathologist in order to plan therapeutic interventions to improve or stabilize patients’ ability to communicate.

P061 ALZHEIMER’S DEMENTIA IN PRIMARY CARE

01. Aetiology, pathogenesis, clinical features and differences in all types of dementia

D. Dimitriadou1*, A. Strilakis2, L. Charalambidou3, S. Maras4, A. Papathanasiou4, G. Asraam5, S. Katsoulakou2, E. Koutra3
1General Practice, 2Internal Medicine, 3Neurology, General Hospital Tzanioe, Pelinias, Greece

Objectives and Study: Dementia is characterized by loss of or decline in memory and other cognitive abilities. It is caused by various diseases and conditions that result in damaged brain cells.

Type of Dementia:
- Alzheimer’s Disease
- Parkinson’s Disease
- Dementia with Lewy bodies
- Fronotemporal Dementia
- Creutzfeldt-Jakob disease
- Hydrocephalus normal pressure

Methods: Different types of dementia have been associated with distinct patterns and distinguishing microscopic brain abnormalities increasing evidence from long-term epidemiological observation and autopsy studies suggests that many people have microscopic brain abnormalities associated with more than one type of dementia.

Results: Percentages of Medicare Beneficiaries aged 65 and older with Alzheimer’s and other Dementias by specified coexisting medical conditions (2004) 1

Hypertension: 60% 2Coronary heart disease: 26% 3Diabetes: 25% 4Stroke: 18% 5Osteoporosis 18% 6Congestive heart failure: 16% 7COPD: 15% 8Cancer: 13% 9Parkinson’s disease: 8%

Conclusions: The 85 years and older population currently comprises nearly 50 percent of the individuals with Alzheimer’s disease or about 2.7 million people.
Abstracts - Poster presentations

P063 TO TELL OR NOT TO TELL? THE ATTITUDES OF GREEKS TOWARDS DISCLOSURE OF THE DIAGNOSIS OF ALZHEIMER’S DISEASE
07. Ethical issues
O. Lympensopoulou1, P. Sakka1, E. Margioli2, P. Zoit1, K. Konstantinou2, C. Nikolau1
1Athens Association of Alzheimer’s Disease and Related Disorders, Memory Clinic, Hygeia Hospital, Athens, Greece

Objectives and Study: Controversy exists concerning telling the truth in Alzheimer’s disease. This study examines whether Greek adults would want disclosure of the diagnosis of Alzheimer’s disease for themselves or for their potentially afflicted family members. Additionally, their attitudes towards revealing the diagnosis to the patient’s caregivers, relatives and friends were examined, focusing on the kind of information they would prefer to be revealed (name of the disease, prognosis, available medication etc).

Methods: A self-administered semi-structured questionnaire was used to investigate current ethical attitudes in Greece. The questionnaire was administered mainly in urban, but also rural areas of the country from September to December 2009.

Results: The results remain to be seen. The answers of the participants are of particular interest since, to our knowledge, this is the first study of this kind in Greece.

Conclusions: The results of the study will provide us with insight into a variety of topics concerning truth telling in Alzheimer’s disease.

P066 STIGMA TOWARDS THE PATIENT WITH ALZHEIMER’S DISEASE IN NORTHERN GREECE
07. Ethical issues
A. Fountouki1,2, A. Toula1, A. Ntoula3, D. Theofanidis1, X. Filipakis1, I. Tsiptsios2
1University, Technological Educational Institution ATEI, Neurology, Papanikolaou Hospital, Thessaloniki, Greece

Objectives and Study: The main aim of the study was to explore and define the degree of social stigma by the public towards the patient with Alzheimer’s disease (AD). The objectives were to:

- Investigate the level of knowledge on AD by the lay public.
- Explore differences in opinions through three different types of sub-groups of lay people.

Methods: A total of 90 people were recruited. For this purpose, three different groups of lay people were approached. The first group was drawn from the population of a major Greek city. The second group was comprised of people from a small town and the third group was drawn from the inhabitants of a small village. There were 41 male and 49 female participants with a mean age of 37 years (range 18-72).

Results: Data were collected via personal interviews using a 19 item questionnaire which was based on the national and international literature search. The first 6 questions concerned demographic data and the remaining 13 were concerned with knowledge, biased attitudes, and behaviors towards patients with AD. Although 17 interviewees had a member of their immediate family with AD, the majority of the sample presented with low knowledge concerning symptoms and physical manifestation of the disease. Stigma behaviors were recorded, the majority of the sample (62.7%) thought that the patient himself was responsible for falling ill. Also, 32% suggested that patients with AD should not have the same legal rights as the rest of the population. Marked differences between the three sub-groups were also reported.

Conclusions: These results have shown that AD is a disease that carries considerable amount of social stigma within contemporary Greek population. Even more worrying is the fact that even relatives of patients with AD seem to hold some degree of stigmatization against sufferers.

P067 CAN MEASURES OF NATURAL LANGUAGE DETECT MILD COGNITIVE IMPAIRMENT AND PREDICT COGNITIVE DECLINE?
10. Mild cognitive impairment
M. Poppe1, S. Lovestone1, N. Arthen1, C. M. Foy2, R. G. Brown1
1Health Service and Population Research Department, 2Department of Old Age Psychiatry, King’s College London, London, United Kingdom

Objectives and Study: Mild cognitive impairment (MCI) is considered a possible prodrome of Alzheimer’s disease (AD). MCI can affect various cognitive domains including language function. The objective of this study is to investigate which measures of language function are more sensitive in differentiating normal ageing, MCI and early AD and which measures most reliably predict deterioration after 12 months.

Methods: 76 subjects with MCI (MMSE 25-27, age 80.0 ± 5.9, education 10.84 ± 2.20) 32 patients with mild AD (MMSE 16-20, age 79.9 ± 5.5, education 10.72 ± 2.49) were assessed in a cross-sectional and prospective longitudinal study design using phonemic and semantic fluency and the Boston Naming Test. In addition, indices of natural language were derived from two speech samples. MMSE and CERAD scores were used to assess general cognitive function, while the National Adult Reading Test (NART) and the WAIS Vocabulary Scale derived from two speech samples. MMSE and CERAD scores were used to assess general cognitive function, while the National Adult Reading Test (NART) and the WAIS Vocabulary Scale.

Results: Cross-sectionally, the AD group performed significantly worse on all measures including aspects of natural language such as content incorrectness, Type-Token Ratio and pauses. Relative to controls, the MCI group showed an impairment only in the verbal fluency tasks, but not in the Boston Naming Test or any of the natural language measures. At follow-up, the MCI group showed a significant decline in the Boston Naming Test but none of the natural language measures.

Conclusions: While both standardised tests of language function and natural language are sensitive to AD, measures of natural language do not appear to be sensitive in distinguishing MCI from controls and predicting cognitive decline after 12 months.

P068 EFFECT OF GLUCOSE REGULATION ON COGNITIVE FUNCTIONS IN ELDERLY TYPE II DIABETIC PATIENTS WITH AND WITHOUT MILD COGNITIVE IMPAIRMENT (MCI)
10. Mild cognitive impairment
T. Chatziadamidou1, O. Lymperopoulou1, M. Damgali1, M. Kotsani1, M. Tsakali1, D. Economidi1, A. Nousi1, N. Kakogianni1, S. Lovestone1, M. Poppe1, M. Kotsari1, D. Economidi1
1Geriatric Unit, 2Dept of Internal Medicine, Hippokration Hospital, AUTH, 3Dept Neurology, Papanikolaou Hospital, AUTH, Thessaloniki, Greece

Objectives and Study: Experimental data suggest that glucose may improve memory through a facilitation of acetylcholine (ACh) synthesis and release in the brain. Research data have shown that the memory-improving action of glucose depends on each individual’s blood glucose regulation. Objectives: To evaluate the effect of glucose regulation on cognitive function in Type II diabetic patients with and without MCI. Design: A case-control study conducted at the outpatient memory clinic of an academic Geriatric Unit. Patients: Fifty nine (59) elderly Type II diabetic patients, 30 with and 29 without MCI.

Methods: A battery of dementia screening tools, MMSE, Boston Naming, Clock Drawing, Trail Making B as well as a CDS questionnaire, history, clinical examination and selected laboratory tests, fasting blood glucose and glycosylated haemoglobin concentrations(HbAC1) as glucose regulation index were used. Patients were examined at baseline and one year later. Statistical processing was performed by SPSS 16.0 for windows.

Results: Diabetic patients without MCI had in general higher scores in all tests than those with MCI. Patients with better glucose regulation also showed a better baseline cognitive function as well as a slower decline at MMSE and Trail Making B scoring one year later. Cognitive function showed a weak negative correlation with HbAC1 levels.

Conclusions: Elderly Type II diabetic patients without MCI have in general a better memory and cognitive function than diabetics with MCI. In either group patients with a better glucose regulation (lower fasting blood glucose and HbAC1) show a higher Cognitive Scoring at baseline and a slower decline after one year.
ABSTRACTS

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Abstracts - Poster presentations

P069 DYSEXECUTEVE MILD COGNITIVE IMPAIRMENT: NEUROPSYCHOLOGICAL AND NEUROIMAGING PROFILES
10. Mild cognitive impairment

W. Hsu1, W. Yau-Yau1, J. Wang1, H. Fung1, Y. Chu1, C. Huang1, Y. Huang1, Y. Liu1, J. Lee1

Neurology, Medical Imaging and Intervention, Chang Gung University and Memory Hospital, Taipeh, Taiwan.

Objectives and Study: It is not clear whether dysexecutive mild cognitive impairment (dMCI) is an entity distinguished from amnestic MCI (aMCI). Although recent studies indicated regions of brain atrophy and rate of death were different in dMCI compared to aMCI, the definitions of executive dysfunction were different between studies.

Methods: We examined 18 normal subjects, 19 subjects with single-domain dMCI and 11 subjects with single-domain aMCI. They were recruited from normal volunteers. There were no differences in age, education and gender. Amnesia was defined by Word Sequence Learning Test. Dysexecutive dysfunction was defined by completed categories of Wisconsin Card Sorting Test. Cutoff was 1.5 SD or below 7th percentile. A battery of neuropsychological assessments and brain MRI were performed.

Results: The subjects of aMCI scored significantly less than normal controls and dMCI on delayed recall, cueing and recognition trials of Word Sequence Learning Test. In contrast, the dMCI patients performed significantly worse than normal controls and aMCI on non- perseverative and unique errors of WCST and digit span. Significant group differences were also noted on CDR, with the aMCI patients scoring greater than both normal controls and the dMCI patients. However, there was no statistical significance among the other tests of individually cognitive-domains, including memory, language, attention, visuospatial and executive functions, global general cognitive functions and their subdomains (i.e., MMSE and CASI), and neuropsychiatric symptoms (i.e., NPI and HAM-D). aMCI had higher MTA score of Scheitans.

Conclusions: Our study confirmed dMCI could be distinguished from aMCI. However, there were no differences in clinical characteristics and neuromaging profiles. It warrants further studies to investigate the differentiating features, including genetic, morphometry or rate of conversion to dementia.

P070 DELUSIONS OF IRANIAN PATIENTS WITH ALZHEIMER’S DISEASE
16. Non-cognitive symptoms of dementia

N. Sodagar1*

Neurology, Tehran University of Medical Sciences, Tehran, Iran (Islamic Republic of)

Objectives and Study: Delusions comprise one of the most psychiatric complications in Alzheimer’s disease (AD). However, there were no studies about prevalence and characteristics of delusions in Iranian patients with AD.

Methods: The demographic data of 156 patients with AD were assessed, and the presence of delusion and characteristics of it were determined by the Neuropsychiatric Inventory (NPI) and the severity of the disease were specified by the Global Deterioration Scale (GDS) in a cross-sectional study.

Results: 120 patients had delusion (77%). Three most common delusions were delusion of theft (70.2%), delusion of being in danger (59.6%) and misidentification of house (52.3%) consecutively. In patients with delusion, 46% had very frequent and consistent delusion and 40.4% had several delusions. Caregiver’s distress were assessed very severe in 51% of cases. According to GDS, most of patients were in severe cognitive decline group (32.7%). We found no relationship between sex (P=0.09), ethnicity (P=0.08), education (P=0.26) and positive family history (P=0.52) and delusion, but in alzheimeric patients who had lost their spouse for any reason, the delusions were meaningfully higher (P=0.031).

Conclusions: We found that Iranian patients with AD had a high prevalence of delusion in comparison with other countries, and this may be due to this fact that Iranian patients with AD consult the doctors in the middle part of their disease. Also we realized that lack of spouse is related with the expression of delusion in Iranian patients. We know that our study has some defects, but since it is one of the first studies in this field in Iran and even in middle east countries, so it can put new looks for this matter.

P071 ASSESSMENT OF BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA BY FAMILY CAREGIVERS
16. Non-cognitive symptoms of dementia

Y. Kaeck1*, C. Chen1, M. Chu1, L. Tang1, K. Leung1

Neurology, Far Eastern Memorial Hospital, Family Medicine, Neurology, National Taiwan University Hospital, Nursing, National Yang-Ming University, Taiwan, Taiwan.

Objectives and Study: This study was designed to test the performance and related factors of a self-administered instrument in assessing behavioral and psychological symptoms of dementia (BPSD) by family caregivers.

Methods: We recruited 173 patients with dementia and major caregivers from two neurological clinics. Information about clinical diagnosis, the Mini Mental State Examination (MMSE), and the Clinical Dementia Rating (CDR), the Dementia Behavior Disturbance Inventory (DAISY), and global caregivers’ strain were collected from interview and chart review.

Results: We found that DAISY has acceptable construct validity and good internal consistency reliability. BPSD was more frequently found in patients with advanced dementia, poor cognitive function and highly correlated to caregivers’ strain. Multivariate analysis revealed that female patients and caregivers, advanced CDR stages, patient-caregiver relationship, types of dementia and MMSE score were related to the increased of frequency and disturbance index of DAISY.

Conclusions: We concluded that BPSD can be evaluated by family caregivers using a self-administered instrument. Further study is indicated to clarify how caregiver characteristics affect the report of behavioral symptoms, and its clinical importance.

P072 SELF-REPORTED HEALTH AND MORTALITY IN PATIENTS WITH MILD ALZHEIMER’S DISEASE: A PROSPECTIVE STUDY WITH 36 MONTH FOLLOW-UP
16. Non-cognitive symptoms of dementia

F. Waidrot1*, V. Siersma2, A. B. S. Nielsen3, G. Waldemar4

1Memory Disorders Research Group, Dept of Neurology, Rigshospitalet, Copenhagen University Hospital, 2Dept. of General Practice, Faculty of Health, University of Copenhagen, Copenhagen, Denmark.

Objectives and Study: In both epidemiological studies and in clinical trials the patients’ own health perception, measured by a single question, known as perceived health, self-assessed health, or self-rated health (SRH). SRH has constantly been associated with future use of health care service and mortality independently of objective health measurements in various populations. The aim of this study was to investigate self-reported health and mortality among patients with mild Alzheimer’s disease (AD) during a 36 month follow-up period in order to evaluate the potential of SRH as an overall health assessment measurement for this group of patients.

Methods: The data used in this study was part of the Danish Alzheimer Intervention study (DAISY). DAISY was a 3-year multi-center single-blinded randomised controlled trial, with randomisation to an intensive support and counselling program or to usual care. SRH and potential confounders were investigated in Cox proportional hazard models.

Results: A total of 321 patients with mild AD participated in this study. The mean age of the patients at baseline was 76.2 years (range 64-92), 46% were males and the average MMSE at baseline was 24.0, ranging from 20 to 30. A total of 208 (65%) rated their SRH as excellent or good, whereas 113 (35%) rated their SRH as fair, poor or very poor. During the study period 54 patients died. After adjusting for potential confounders poor SRH was not associated with subsequent mortality (HR 1.39, 95% CI: 0.74-2.60).

Conclusions: SRH does not predict subsequent mortality in a population of patients with mild AD as compared to epidemiological studies. Based on our results we would be cautious in suggesting SRH as a global health score in patients suffering from mild AD, since SRH may not reflect the patients mental disease severity.
Abstracts - Poster presentations

P073 COMORBIDITY IN MCI PATIENTS IN EUROPE: THE DESCRIPA STUDY
M. Tieltsch1, V. T. Papailias2, G. Fisman1, L. Froehlich1, R. Jones3, H. Soroni4, L. Spur4, J. Touchon1, P. Haese5, F. Verhey6, B. Wittfeld7
1First Neurological Clinic, 2Department of Experimental Physiology, Aristotle University of Thessaloniki, Thessaloniki, Greece, 3Laboratory of Epidemiology, Neuroimaging, & Telemedicine, University of Brescia, Brescia, Italy, 4Division of Geriatric Psychiatry, Central Institute of Mental Health, Mannheim, Germany, 5Research Institute for the Care of the Elderly, University of Bath, Bath, United Kingdom, 6Department of Neurology, University of Kuopio, Kuopio, Finland, 7Carol Davar Clinical Research Center, University of Medicine and Pharmacy, Bucharest, Romania. 8Centre Medico de Re Souscape de Recherche, Service de Neurologie, University of Montpellier, Montpellier, France, 9Department of Psychiatry and Neuroimaging, University of Maastricht, Maastricht, Netherlands. 10Department of Neurobiology, Care Sciences and Society, Karolinska Institute, Stockholm, Sweden

Objectives and Study: DESCRIPTA (Development of screening guidelines and diagnostic criteria for predementia Alzheimer's disease) is a multicentric study whose goal is to reach an evidence based European consensus and develop clinical criteria on the identification of subjects with preclinical dementia. We compared and risk factors of predementia AD and comorbidity of Mild cognitive impairment (MCI) were studied.

Methods: 850 patients (375 males, 505 females; mean age:SD 70.34±7.8; means:SD years of education 10.37±4.2) with mild cognitive complaints, who were recruited from 20 European study centers, were studied. Their mean±SD MMSE performance was 27.42±3 (range 18-30). Exclusion criteria were age below 55 and obvious causes of cognitive impairments. Cognition problems occurred at median year 2001. A complete history was taken in all patients, demographic data was collected and several factors were studied. All patients underwent clinical, neuropsychological assessment and brain imaging (MRI/CT).

Results: 254 patients (28.8%) were self-referred, whereas 397 (45.1%) were referred by general practitioners and 188 (21.4%) by other physicians. Comorbidity was also investigated: 369 subjects (44.2%) suffered from hypertension, 295 (33.5%) from hypercholesterolemia, 180 (20.4%) from depression, 98 (10.9%) had angina pectoris, 92 (10.4%) had diabetes and 112 (12.7%) thyroid problems. Moreover 594 patients (67.5%) were drinkers and 92 (10.4%) smokers. Other factors were studied including medications (type and dosage) and blood pressure. During the period of study, 28 patients (3%) were already under anti-dementia medication.

Conclusions: Hypertension, hypercholesterolemia, depression and problems in thyroid function (particularly hyperthyroidism) appear to be the most prevalent co morbidity factors in MCI patients. Given the fact that about 10-15% of MCI patients convert to AD per year these factors might be potential risk factors in AD development.

ACKNOWLEDGEMENT: The study was funded by the European Commission-Fifth Framework Programme (QLCK-CT-2002-02455).

P074 CAREGIVER REPORTS FOLLOWING DIETARY INTERVENTION WITH MEDIUM CHAIN FATTY ACIDS IN 47 PATIENTS WITH DEMENTIA
M. T. Newport1
1Neurology, All Children's Hospital, Spring Hill, United States

Objectives and Study: The purpose of this study was determine if persons with dementia improve in response to a dietary intervention using oils with medium chain fatty acids, and what specific types of improvements were noted by their caregivers.

Methods: Caregivers of persons with dementia, using oils with medium chain fatty acids as a dietary intervention, were encouraged to report responses, whether positive or negative to the author, and were not prompted with regard to specifics of response. Responses were then categorized for purpose of tabulation.

Results: Of the 47 individuals there were 26 males, 20 females, 1 unknown: 30 of reported age, with range of 55 to 94 years old (average 76.8 ) 29 used coconut oil only, 3 medium chain triglyceride oil (MCT) oil only and 15 a combination of coconut oil and MCT oil. 42 (89.5%) reported improvement, 1 (2%) stable over six months, and 4 (8.5%) no improvement. Specific reported improvements included Falls (16.8%) in memory/coordination, 23.47% in social interaction/behavior/mood, 17.36% in speech/verbal skills, 15.32% in resumption of lost activities, 10 (21%) in physical symptoms, 4.85% in sleep, 2 (4%) in appetite, and 2 (4%) in vision.

Conclusions: A tabulation of anecdotal reports from caregivers of 47 persons with dementia showed improvement in the vast majority, many in aspects of human life other than memory and cognition. The positive responses are presumably due to metabolism of medium chain triglycerides to ketone bodies for use by neurons as an alternative fuel in cells with decreased ability to transport glucose, thereby improving neuron function and viability. Other currently unknown or unreported effects of ketone bodies in the brain could also be involved. Effects of medium chain fatty acids should be further studied in controlled trials. Consideration should be given to looking not only at improvements in memory and cognition, but other areas impacting human life as well.

P075 INTRODUCING AN INTERACTIVE SEAL ROBOT IN AN OCCUPATIONAL THERAPY SESSION TO PEOPLE WITH DEMENTIA
S. Boespflug

Acknowledgement: The study was funded by the European Commission-Fifth Framework Programme (QLKS-CT-2002-02455).

Objective: To introduce the interactive robot “Paro” in a group of people with dementia and observe their behavior in the Paro sessions.

Methods: Twelve people with dementia participated in this study and attended an occupational therapy group led by a psychologist. The interactive robot has light, sound, balance and tactile sensors. Each session was video-recorded. Verbal and nonverbal behavior was coded for each participant with the NDB Model (Algase et al., 1996), the program ran for five weeks, 30 minutes per time, three times a week.

Results: Preliminary results showed that during the Paro sessions some participants were more reactive to social transactions (gaze, posture, facial expression, physical distance, topics discussed). The frequency of nonverbal and verbal behavior for most of the participants increased as well during these sessions. The robot was used as a mediator between the therapist and the patients facilitating their interactions. Some of the patients showed several positive affective behaviors. However, other participants rejected the robot and did not show any change on their behavior in the Paro sessions.

Conclusions: The first results confirm previous findings from Japanese studies about animal robot therapy. Conducting studies including a larger number of participants and throughout longer periods is necessary on order to evaluate the potential benefits in an occidental population.

P076 GROUP ACTIVITY THERAPY FOR ELDERS WITH DEMENTIA IN REHABILITATION WARD
15. Non-pharmacological interventions
C. C. Huang1, W. Y. Chien1, J. J. Wang1
1Department of Senior Citizen Service Management, Ming-Hsin University of Science and Technology, Shin-Chu, Taiwan

Objectives and Study: No empirically based program for prescribing interventions has been developed for elderly people suffering from dementia in hospital, though movement is a basic human need. The aim of this pre- and post- intervention study was to evaluate the impact of a group movement program on the physical, psychiatric, and cognitive functions of elders with dementia.

Methods: The purposive sample was eight elderly people, with a mean age of 68.38 years, from the rehabilitation ward of a medical center in southern Taiwan. Based on the Need-Driven Dementia-Compromised Behavior Model (NDB Model; Algase et al., 1996), the program ran for five weeks, 30 minutes per time, three times a week.

Results: The average number of times that each elder participated was 4.85. Pre- and post- program data were obtained and the findings were as follows: (1) The Barthel Index Score increased from 46.88 to 58.76 (p = .027); (2) The Geriatric Depression Scale score decreased from 5.38 to 3.38 (p < .041); and (3) The Mini-Mental Status Examination score increased from 18.13 to 20.38(p = .034).

Conclusions: The data support the view that the program had positive affects. Large sample sizes and individually tailored programs would be appropriate alternatives.

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P077 COGNITIVE TRAINING PROGRAMME THROUGH MUSICAL STIMULI: A NON PHARMACOLOGICAL COGNITIVE TRAINING INTERVENTION IN MILD COGNITIVE IMPAIRMENT (MCI) PATIENTS

15. Non-pharmacological interventions

G. Batueva1, F. Koundi1, M. Tsalak2
1Greek Association of Alzheimer's Disease and Relative Disorders, Association of Alzheimer's Disease and Related Disorders, Kalamaria, 2Greek Association of Alzheimer's Disease and Relative Disorders, Association of Alzheimer's Disease and Related Disorders, Kalamaria

Objectives and Study: The project investigated the effectiveness of a cognitive training through musical stimuli. The intervention aimed to improve the cognitive and functional performance of patients with Mild Cognitive Impairment (MCI).

Methods: The study included 12 women and 10 men with MMSE=27.55 (1.84), age=67.23 (6.71), education=10.27 (4.41) classified in one experimental group and one control group matched in age (p=0.16), gender (p=0.55), education (p=0.12), MMSE (p=0.41) and cholinesterase inhibitors (p=0.55). Experimental group attended 20 weekly sessions training for a period of six months included exercises of attention, memory, dual task and language, based on musical stimuli. Controls did not attend any non pharmacological therapy during the same period and were at waiting list. Participants were assessed with the same psychometric battery at baseline and at the end of the therapy.

Results: At baseline there were no differences between groups in respect to cognitive abilities. At the end of the therapy, there were differences between groups in favor of the experimental group, in executive function (p=0.00) and naming (p=0.01) while the control group deteriorated in verbal memory (p=0.01).

Conclusions: The experimental patients had a significant benefit from the cognitive training through musical stimuli in respect to controls.

P078 NONPHARMACOLOGICAL APPROACHES TO STIMULATION OF COGNITIVE FUNCTIONS IN ALZHEIMER’S DISEASE PATIENTS EVALUATED WITH MRI IMAGING AND PROTEOMIC BIOMARKERS – CURRENT STATUS AFTER 1ST. YEAR OF THE PROJECT

15. Non-pharmacological interventions

M. Cunderlikova1, M. Novakova1, O. Varsanyiova1, P. Kosor2, V. Vnaza1, M. Blahova1, I. Geppli1, L. Liev1
1Centre Memory, npo., 1Institute of Neuroimmunology, Slovak Academy of Sciences, 2Department of Neurology, Slovak Medical University, Faculty hospital Bratislava-Ruzinov, Bratislava, Slovakia

Objectives and Study: The study of the influences of specialised nonpharmacological approaches to stimulation of cognitive functions in Alzheimer’s disease (AD) patients on improvement of cognitive outcomes.

Methods: The screening of cognitive functions in slovak population was performed by neuropsychological tests of cognitive domains (Mini-Mental State Examination MMSE/I and Addenbrooke’s Cognition Examination ACE-R). The inclusion criteria for the study were MMSE 20-24 points representing mild AD. The appropriate pharmacotherapy with cholinesterase inhibitors was started in the patients meeting the criteria for mild AD. In the subgroup of 5 AD patient the stimulation of cognitive functions in the form of individual and group cognitive trainings was performed as adjuvant therapy to pharmacotherapy by cholinesterase inhibitors. The duration of cognitive trainings is 12 months, once weekly for 90 minutes. The cognitive trainings contain the exercises for improvement of individual cognitive domains and to increase the cognitive reserves: concentration, memory and learning, orientation, troubleshooting of daily living issues, language, sociality.

Results: After 1 year of ongoing project the neuropsychological screening (MMSE,ACE-R) was performed in 454 persons sent to Centre Memory by general practitioners. The inclusion criteria for the study (MMSE 20-24) were met in 15 patients (3.3%). All included patients started therapy with cholinesterase inhibitors. The MMSE scores in the subgroup of 5 patients with cognitive stimulation training after 1 year increased by 1-3 points. The MMSE scores in the second subgroup of 10 patients treated with cholinesterase inhibitors without cognitive stimulation trainings were as follows – MMSE declined by 1-2 points in 3 patients, remained stable in 4 patients and increased by 1 point in 3 patients.

Conclusions: The presented ongoing study aims to provide supporting evidences for the relevance of nonpharmacological approaches to stimulation of cognitive functions for AD patients. The cognitive functions stimulation should be nowadays considered as promising adjuvant therapy for promotion of cognitive reserves of the brain in the AD patients and for slowdown of the cognitive deterioration in this devastating neurodegenerative disorder.
P061 PATH DEPENDENCE IN SOCIAL RISK FACTORS FOR DEMENTIA: A SUGGESTION FOR A PREVENTIVE POLICY (2)
18. Prevention and dementia
H. Matsuoka1, H. Yamaguchi1,2
1School of Nursing and Health, Aichi Prefectural University, Nagoya, Japan
2International Section, Volunteer Group TRANS4PCIFOC, Mexico City, Mexico

Methods and Study: Path dependence is an established theory in social science. If we apply this to the life course, we can say that choices or events in earlier life, such as formal education, largely determine those in later life, such as occupation and lifestyle in adulthood. Life course and lifestyle have relations with dementia, because not only genetic predisposition but also environments provide cognitive reserve. This study presents a suggestion for a preventive policy against dementia in older people by reviewing previous studies from the perspective of path dependence.

Results: When we divided our sample into three groups 1) those who took no medicines compared to those who took less medication; 2) those who took one medicine compared to those who took two medicines; 3) those who took one medicine compared to those who took three medicines. In the end of the life more of those patients must come in Geriatric Institution, about palliative care.

Conclusions: Sex was a significant health factor, as those who were sexual active were under less medication.

P082 MRB: ALZHEIMER TREATMENT AND SUPPORT
18. Prevention and dementia
O. B. ori.s.l.a v. Bundaleksa1, O. B. Bundaleksa2,3,4, A. A. M. Mitevska1, L. L. N. Nelaska1
1Psychiatric department, Gerontological Institute, Skopje, The former Yugoslav Republic of Macedonia
2, 4Hronical department, Gerontology, 3Hronical department, Gerontological Institute, Skopje, The former Yugoslav Republic of Macedonia

Methods: In writing this study I have used these methods: Taking informations of patient. Taking informations of family. Psychological tests. Observation on patient. Family psychotherapy. Behavior therapy. Drugs therapy

Results: Following 600 patients from 2001 until 2008 with dementia I have made conclusion that from 600 patients, 80 were with Alzheimer demention, from whom 30 mens and 50 women. From these patients 3 women were with early Alzheimer demention, and one of them was men.

Conclusions: Dementia is an incurable chronic disease, but assistance to caregivers can reduce the severity of patients’ symptoms and delay institutionalization. Because this assistance requires provision of multiple health care and social services, patients and caregivers might benefit from a coordinated system of care.

In the end of the life more of those patients must come in Geriatric Institution, about palliative care.
P085 THE HIDDEN PATIENT AT RISK: NEW DIRECTIONS OF COGNITIVE BEHAVIOR THERAPY FOR FAMILY AND PRIMARY CAREGIVERS.

A. Pageropoulou1
1Psychology Department, University of Athens, Athens, Greece

Objectives and Study: A combination of two interventions is currently implemented, as follows,

Methods: Compassion focused therapy is designed for family caregivers who have complex and chronic difficulties and for whom developing an internal sense of safety, security, contentment and soothing is very difficult. The training aspects focus on mental imagery, rehumanizing and restructuring, are called compassionate mind training, and suggest that the soothing system of their brain is stimulated by the interventions of the therapist.

Mindfulness training is a mediation based approach that, in alliance with cognitive therapy, can effectively impact on several therapeutic targets such as recurrent depression, anxiety problems and chronic physical pain. It suggests that family caregivers react automatically, e.g. "mindlessly", and reinforcement is regarded as being dependent upon learned reactions toward intrinsically coupled cognitions and body sensations.

Results: Not yet available.

Conclusions: By developing a non-judgmental, non-reactive and accepting attitude, family caregivers prevent such automatic reactions. Cognitive reappraisal emerges from this freeing experience, while self-worth springs from a deep sense of achievement, sense of control and self-efficacy.

Table: Table1. Background data (N=33)

<table>
<thead>
<tr>
<th>Demographic data and baseline assessment</th>
<th>General data</th>
<th>Sex(M/F)</th>
</tr>
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<tr>
<td>Mean age of patients (years)</td>
<td>80.4(8.5), 53.4(10.7)</td>
<td>66.7±33.3, 78.8±21.2</td>
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<td>Mean age of caregivers/years</td>
<td>70.4(7.2), 56.1(8.6)</td>
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</tr>
<tr>
<td>ADL (SD), IADL (SD)</td>
<td>57.8(31.7), 6.4(5.9)</td>
<td>-</td>
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<td>Degree of severity</td>
<td>14(2.2), 2.5(1.3)</td>
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<td>MMSE (SD), CDR (SD)</td>
<td>14(2.2), 2.5(1.3)</td>
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Conclusions: Short-term psychoeducation group therapy can elevate caregivers' confidence to deal with problematic behaviors of dementia patients but not decrease the burden.

P086 THE EFFECTIVENESS OF THE PSYCHOEDUCATION GROUP THERAPY FOR THE CAREGIVERS OF DEMENTIA PATIENTS IN EAST TAIWAN

N. Wang1, S. Uei1
1Psychiatry, Nursing, National Christian Hospital, Taiwan

Objectives and Study: The purposes of the research were to evaluate the degrees of caregivers burden, elevate caregivers' confidence in caring, and to alleviate the burden by psychoeducation group therapy for dementia caregivers.

Methods: Structured questionnaire, including the Chinese version of Zarit Burden Interview (CZBI), the Appraisal form of Confidence Level in Dementia Problem Behaviors Management (POMS) were used to assess caregivers' distress and the management of problematic behaviors before and after psychoeducation group. Total 37 participants were recruited from psychiatric outpatient department who has at least one dementia family and 33 participants finished the whole course of group therapy which was designed with 6-week X sessions, 2 hours in each session, and performed by psychiatric interdisciplinary professionals. Statistics with paired t-test analysis.

Results: The background data was shown as table 1. The CZBI total score was positively related with the frequency of problematic behaviors at pretest, but not at posttest. The CZBI score, frequency score of problematic behaviors, distress score and confidence score were no significant difference statistically. Analysis showed that the frequency of problematic behavior did not change at posttest, and the confidence score items, including, wake up at night, makes unwarranted accusations, verbally abusive and curses, loses inappropriately, cries and laughs inappropriately, wanders at night, throws food, screams for no reason, exposes private body parts, felt lost and confused to take medication increased (p<.05) after group therapy. Interestingly, the frequency of refusal to eat and make physical attacks increased (p<.01), and caregivers’ confidence increased too (p<.01).

P087 DEVELOPMENT OF THE REGIONAL SHOPPING SUPPORT PROGRAM (RSSP)

M. Ito1, T. Asahi1, N. Oouchi1, R. Suzuki1, E. Yuhara1
1The Alzheimer’s Association of Japan, Aichi chapter, Tokai-city, Japan

Objectives and Study: Shopping is an important activity in our daily life. With the worsening of dementia, patients cause various kinds of troubles in shopping. The support system, however, is not enough in this study, we constructed a theory to develop the RSSP, and investigated the possibilities of this program.

Methods: We analyzed the trial experiment conducted in a rural area of Aichi.

Results: Input: This program was managed by an NPO “Heart to Heart” with the cooperation of family members, inhabitants, store-owners, local government as well as patients themselves. Activity: Enlightenment and education about dementia. Output: (1) To decide a “Safety Shopping Map” for people with dementia through public contributions. (2) DVD and leaflets to prevent information about dementia. (3) To execute outreach lectures for the salesclerks, community inhabitants and students. Outcome: The following outcomes are expected. Patients would live longer in their accustomed community and improve their Quality of Life. Family members would learn to deal with the shopping troubles and watch the patients calmly. Salesclerks would get correct knowledge about dementia and lessen troubles. Inhabitants would get correct knowledge about dementia and build up: (4) citizen cooperation and network to support. Local government would construct the support system and drive for the realization of the co-habitant community with the dementia.

Conclusions: The RSSP is necessary to develop in cooperation of the people and government. With the enlightenment and education, people can get enough knowledge and enhance the regional support. Our future challenges are to measure the outcome and to revise the program as needed.

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P092 IMPACT OF A NURSE EDUCATION AND COUNSELLING PROGRAMME ON KNOWLEDGE, ATTITUDE, NEUropsychiatric (NP) SYMPTOMS, AND CAREGIVER BURDEN: AN ASIAN PERSPECTIVE

21. Supporting and educating caregivers

H. C. Han1, A.Anthony2, K. C. Chua2, W. S. Lim3, J. J. Chin4, M. S. Chung5
1Nurse Clinician, 2Clinical Research Unit, 3Geriatric Medicine, Tan Tock Seng, Singapore, Singapore

Objectives and Study: Caring for persons with dementia is demanding and stressful. This study aims to look at the impact of a nurse education and counselling programme in improving knowledge, attitude, distress from NP symptoms, and burden among caregivers of persons with dementia.

Methods: We prospectively recruited 35 caregivers of persons with newly diagnosed dementia who had a minimum weekly contact time of 15 hours. All caregivers underwent a 1-hour nurse education and assistance program conducted by a nurse clinician on common misconceptions of persons with dementia. We administered caregiver knowledge and attitude questionnaire, Neuropsychiatric Inventory Questionnaire (NPI-Q) and Zarit Burden Interview (ZBI) at the initial visit and 3 months later. We compared the outcome variables pre- and post-intervention.

Results: 81.4% was the primary caregiver living together with the person with dementia. The majority were: female (74.3%), aged between 41-60 years (62.9%), spouses (22.9%) or adult children (17.4%), and spent an average of 60.45SD 44.2) patient-contact hours/week. Post-intervention performance on caregiver knowledge test improved on the average (83.2% vs 74.2%, P<0.01), with trend towards improvement in the domains of disease knowledge, progression, structured activities, availability of dementia care and support group for caregivers of dementia patients. No significant differences were observed in caregiver attitude and burden. Despite a lack of difference in the prevalence and severity of NP symptoms, there were trends towards decreased caregiver distress related to NP symptoms (sleep/mood/timed behaviour, aberrant motor behaviour, irritability, disorientation, agitation, elation, hallucinations) although appetite/eating disturbance caused increased distress.

Conclusions: We conclude that our nurse-led programme was effective in improving caregivers knowledge and some aspects of distress from NP symptoms. The lack of follow-up sessions and shorter 3-month period may have limited its usefulness. Future studies involving a more sustained caregiver education and support programme with a longer study period may yield clearer benefits.

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P094 NEW IN ALZHEIMER’S UNIT ORGANISATION
21. Supporting and educating caregivers
N. M. Mikhailova1, V. G. Selenkova2
1Alzheimer’s disease department, Mental Health Research Center RAMS, 2psychogeriatric unit, psychiatric hospital N15, Moscow, Russian Federation

Objectives and Study: The aim was to develop the differentiated approaches to care and treatment of patients with dementia and carers and to evaluate some results of work on one psychogeriatric unit in Moscow.

Methods: The main forms of psychogeriatric help to persons with dementia in this unit made up following: 1) in-patient care including clinical diagnostics, MR neuropsychological assessment, IADL, diagnostics and treatment of cognitive and non-cognitive disorders; 2) full-time stay for comprehensive treatment in the situation of disease, control of individual effects and ECG; 3) day-care, i.e., for inpatient neuropsychological therapy; 4) half-way at home with weekly visits; 5) rehabilitation courses including cognitive training and skills maintaining, homework for patient and caregiver; 6) short-time admission for social reason; 8) option of admission for both patient and caregiver; 9) respite care for caregivers; 10) treatment of caregivers with depression or other stress disorders; 11) school for caregivers, educational programs, care skills training, psychological support for all family.

Results: 28%. A number of persons with mild dementia was increased because earlier and better diagnostics. Full-time stay in the unit was decreased from at means two months (20/4) to 4.4 weeks (20/9-21/8). A ratio of patients on half-way or day care was increased up to two times. On note a compliance improvement of patients and that is not less important of their trend to more frequently used for long treatment because it is the most available. Caregivers with depression or other stress disorders were offered support groups promote to maintain quality of life, trend to ‘Active life with dementia’.

Conclusions: A five-year experience of special psychogeriatric unit showed evidences of variable possibilities of help to persons with dementia and their family members.

P095 DIFFERENT OUTCOMES OF INFORMATIVE OR SUPPORTING GROUPS FOR CARER/GIVER
21. Supporting and educating caregivers
C. Sgrade1, C. Grandi1, E. Mingion1, A. Fabio2, D. Rabasco2, R. Chattn3
1Psychological Service, Psychogeriatric Center, Miranda, 2Psychological Service, Psychogeriatric Center, Carpi, 3Psychosomatic Center, Psychogeriatric Center, Miranda.

Objectives and Study: Psychosocial intervention make an important contribution to dementia care but is more and more important support and test these good practices by consistent outcome measures in order to evaluate their effectiveness. The objective of the present paper is to provide first step of a screening regard the efficacy of two specific psychosocial intervention: the support slow-open group, and the informative group.

Methods: The groups are hold in a co-conduction setting, by two psychologist. Caregivers are sent by geriatrics to the informative group. During one session are given informations about pathologies and the services that could help caregivers, about risks connected to the caregiving burden and copying. At the end of informative group there is a session of a group screening by which caregivers are evaluated by QGH, that perceived burden by Zarit burden interview, and their sense of competence by S.C.G. If the level gauge are high they are suggested to attend to the support slow-open group, where the same test will be submitted after 6 month and/or at the end of the intervention.

Results: During informative group caregivers has expressed high burden at anxiety and psychological distress on O.H.Q. During informative group caregivers say that has perceived the group as useful, but don’t perceive improvements in the perceived burden and in the sense of competence. They, indeed, perceive an improvement in the sense of wellbeing. Caregivers that, instead, has attended to the slow-open group has felt improvements in the sense of competence. Detailed data shall be reported during the presentation.

Conclusions: We can conclude that only small part of caregivers agree to participate in support slow-open group, even if the burden level is higher. The perceived improvement from caregivers after slow-open groups seems to suggest that support group in a slow open setting interventions helps caregivers particularly on the sense of copying and competence. In conclusion is necessary an accurate assessment of caregivers to address them to different interventions.

P096 EFFECTIVENESS OF PSYCHOSOCIAL INTERVENTIONS FOR CAREGIVERS OF PATIENTS WITH DEMENTIA
21. Supporting and educating caregivers
K. Karagiouzi1, F. Zordis1, V. Petaliou1, M. Tavli1
1Greek Association of Alzheimer’s Disease and Related Disorders, Association of Alzheimer’s Disease and Related Disorders, Psychogeriatric Center, School of Social Work, Aristotle University of Thessaloniki, Greece

Objectives and Study: The study aimed to evaluate the effectiveness of education and psychological support on caregivers’ sense of burden and psychological health.

Methods: Participants were 256 caregivers (89 men, 167 women) classified in three experimental groups. Each of them attended either education (n=62), or cognitive behavioral psychotherapy (n=62), or simultaneously education and psychotherapy (n=62). There was one control group (n=62). Experimental groups participated in 24 weekly sessions for 6 months. Controls received no psycho-social intervention. A psychological battery was administered to the participants prior to and at the end of the intervention.

Results: At the end of the intervention, differences between experimental and control group were noticed in favour of the experimental. The education group showed difference in anxiety (p=0.03) and depression (p=0.00), the psychotherapy group in anxiety (p=0.00), depression (p=0.03) and burden (p=0.02), the combination group in anxiety (p=0.00) and depression (p=0.00). Between experimental groups there was no difference between education and combination group. The psychotherapy group was superior to the education group in depression (p=0.02) and the combination group in anxiety (p=0.00) and depression (p=0.00). The combination group reduced burden (p=0.04). The psychotherapy group reduced burden (p=0.00), anxiety (p=0.05), depression (p=0.00) and dysfuntional attitudes (p=0.01), and the combination group reduced dysfunctional attitudes (p=0.03). Control group showed aggravation of anxiety (p=0.00), depression (p=0.03), and burden (p=0.00).

Conclusions: The proposed interventions improved caregivers’ psychological health and sense of burden. Psychotherapy alone provided a broader spectrum of improvement.

P097 HELP FOR FAMILIES WITH ALZHEIMER’S DISEASE IN SLOVAKIA
21. Supporting and educating caregivers
A. Vese1, Z. Flachbartova1
1Slovak Alzheimer’s Society, non-profit organization, Bratislava, Slovakia

Objectives and Study: Goal: Helping families of Alzheimer’s disease patients through building contact places of the Slovak Alzheimer’s Society throughout Slovakia.

Methods: The groups are hold in a co-conduction setting, by two psychologist. Caregivers are sent by geriatrics to the informative group.

Results: During informative group caregivers has expressed high burden at anxiety and psychological distress on O.H.Q. During informative group caregivers says that has perceived the group as useful, but don’t perceive improvements in the perceived burden and in the sense of competence. They, indeed, perceive an improvement in the sense of wellbeing. Caregivers that, instead, has attended to the slow-open group has felt improvements in the sense of competence. Detailed data shall be reported during the presentation.

Conclusions: We can conclude that only small part of caregivers agree to participate in support slow-open group, even if the burden level is higher. The perceived improvement from caregivers after slow-open groups seems to suggest that support group in a slow open setting interventions helps caregivers particularly on the sense of copying and competence. In conclusion is necessary an accurate assessment of caregivers to address them to different interventions.
25ο Παγκόσμιο Συνέδριο της Alzheimer's Disease International (ADI) - 25th International Conference of Alzheimer's Disease International (ADI)

Abstracts - Poster presentations

P098 EFFECTS OF MUTUALITY, PREPAREDNESS AND FINDING A BALANCE POINT ON CAREGIVING OUTCOMES FOR FAMILY CAREGIVER OF PATIENTS WITH DEMENTIA
21. Supporting and educating caregivers
Y. L. Shyu1, C. Huang2, H. Kuo3, S. Chen1, W. Hsu1
1School of Nursing, Chang gung University, Department of Neurology, Chang gung Memorial Hospital, Taoyuan, Taiwan

Objectives and Study: A lack of studies exploring the influence of role implementation process for family caregivers of elders with dementia in Taiwan was found. The purpose of this was to investigate the relationships between caregiving demand, mutuality, preparedness and balance between competing needs and both positive and negative caregiving outcomes.

Methods: One hundred-seventy-six family caregivers of patients with dementia completed Caregiving Activities, Mutuality, Preparedness, Role Strain, and Caregiving Rewards scales of the Family Caregiving Inventory (FCI); Finding a Balance Scale, Mental Health Scale of the Medical Outcomes Study Short Form and The Chinese version of Center for Epidemiologic Studies Depression Scale.

Results: After controlling for the age and gender of the family caregiver and mental status of the elderly persons, mutuality and preparedness associated negatively with role strain and depressive symptoms and positively with rewards and mental health. Less balance associated with more depressive symptoms and poorer mental health. For family caregiver with better balance between competing needs, the more caregiving demand, the more caregiving rewards.

Conclusions: Specific attention, support, and consultation for caregivers with low mutuality, less preparedness, less balance between competing needs need to be emphasized.

P099 EFFECTIVENESS OF FAMILY PSYCHOLOGICAL SUPPORT FOR FAMILY MEMBERS OF PATIENTS OF DEMENTIA
21. Supporting and educating caregivers
P. Mangallidou1, F. Kourtis2, V. Pattakos2, M. Tsialaki1
1Day center of Greek Association of Alzheimer’s Disease and relative Disorders, Greek Association of Alzheimer’s Disease and Relative Disorders, Thessaloniki. 2School of Social Work, T.E.I. Crete, Greek Association of Alzheimer’s Disease and Relative Disorders, 3rd Department of Neurology, School of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece

Objectives and Study: The study aimed to reduce negative feelings and sense of burden in families with dementia patients, through education and psychological support.

Methods: Participants were 16 families (21 men and 17 women) in an experimental group and 24 caregivers (17 men and 17 women) in a control group. They had a mean age of 46.25 (12.88), min. 23 and max. 78 years. The groups were matched in age (p=0.95), education (p=0.33) and gender (p=0.21). All of them were evaluated for depression by the Beck Depression Inventory (BDI), anxiety by the Beck Anxiety Inventory (BAI), sense of burden by the Zarit Burden Interview and dysfunctional attitudes by the Dysfunctional Attitudes Scale (DAS) at baseline and at the end of the intervention. The 15 families attended 24 weekly sessions for a period of 6 months. Sessions included education on dementia and approaches for family psychological support. Controls received no psychological intervention for the same period.

Results: At baseline there were no differences between the two groups in all the measures. At the end of the intervention, differences between groups appeared, in favour of the experimental group in depression (p=0.00), burden (p=0.01) and dysfunctional attitudes (p=0.00). Control group showed aggravation of burden (p=0.01).

Conclusions: The proposed family psychological support program reduced negative feelings, sense of burden and dysfunctional attitudes of the participants.

P101 GESTALT PSYCHOTHERAPY SUPPORT GROUP: EXPERIENCES OF CAREGIVERS OF PATIENTS WITH ALZHEIMER’S DISEASE
21. Supporting and educating caregivers
K. Hatsikou1, G. Georgiou1, J. Koutala1, A. Karabatziou1, K. Koutoulis1, M. Markidou1, K. Siampari1, M. Theofilou1, D. Zografou1
1Gestalt Foundation, Greek Association of Alzheimer Disease and Relative Disorders, Thessaloniki, Greece

Objectives and Study: Gestalt Foundation in Thessaloniki in collaboration with the Greek Association of Alzheimer Disease and Relative Disorders conducted a quantitative and qualitative research on gestalt group therapy’s efficacy to support and improve the caregivers’ quality of life. Caring for a person with Alzheimer’s disease has an enormous impact on the caregiver and is associated with high level of stress. The term “caregiver burden” is used to describe the physical, emotional and social cost of caring for the patient. Respite services and programs for psychosocial intervention are the main methods of dealing with this burden. The aim of this study was to explore the experiences of caregivers in a Gestalt support and psychotherapy group and, more specifically, the extent and the ways caregivers found the group helpful, supportive, and interesting.

Methods: This group consisted of 7 caregivers (4 men and 3 women) and took place during 2008-2010 in “Agia Eleon”, a structure of the Greek Association of Alzheimer Disease and Relative Disorders. The group coordinator was a Gestalt therapist and the researchers were divided in two groups. All sessions were tape-recorded and transcribed, while participants filled the Zarit Burden Interview - Short Form and a Perception about the group questionnaire, once before the end of the group and once at follow-up. Two supervisors were responsible for the coordination of the investigators and the results.

Results: Important and frequent themes that emerged in the group’s sessions are described and the usefulness of gestalt psychotherapy in supporting caregivers of seniors patients is discussed.

Conclusions: One group of 3 observers and 5 analysts was conducting a qualitative research and the other group was conducting a quantitative research.

P101 POLARITIES AMONG CAREGIVERS OF PATIENTS WITH DEMENTIA: EXPLORATION AND MANAGEMENT IN GESTALT PSYCHOTHERAPY
21. Supporting and educating caregivers
K. Siampari1, M. Tsialaki1
1Day center of Greek Association of Alzheimer’s Disease and Relative Disorders, Greek Association of Alzheimer’s Disease and Relative Disorders, Thessaloniki, Greece. 2nd Department of Neurology, Aristotle University of Thessaloniki.

Objectives and Study: In our daily lives as caregivers the concept of polarity concerns a wide range of issues encountered, which are completely inevitable and unavoidable. This, of course, may sound as bad news, just like it would be if we heard a doctor tell us that we or someone we love suffers from Alzheimer’s disease or another type of dementia. However, there is also good news: these inevitable and ‘unavoidable’ issues, known as polarities in Gestalt psychotherapy, are recognizable. Our study explores polarities in relation to how they are experienced by caregivers of demented persons. Caregivers have to face infinite needs, both physical and psychosocial, which are forever increasing. As the disease progresses and patient’s functions become all the more impaired, making them more dependent on their caregivers, the threat of neglect becomes all the more likely in caregivers. Long-term neglect leads to sickness or, even, death. This is why it is important to recognize the polarities caregivers are encountering in their lives and help them to adjust creatively.

Methods: The aim of this study is to present the most typical polarities experienced by caregivers, as these emerged from the gestalt support and psychotherapy group held within the structures of “Agia Eleon”, the Greek Association for Alzheimer’s Disease and Related Disorders (2008-2010). There were 7 participants in the group (4 men and 3 women).

Results: This paper what the main polarities experienced by caregivers of demented persons are. For example: reason versus emotion, ‘right’ versus ‘wrong’, ‘body’ versus ‘mind’, initiation versus self-restraint, reality versus non-reality, ‘hooked’ patient versus ‘unhooking’ of caregiver.

Conclusions: The theoretical basis for polarities is briefly outlined and additional examples about how polarities are managed in gestalt approach are used to illustrate the ways of dealing with polarities in our daily lives.

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P102 TRANSLATING RESEARCH INTO PRACTICE: A PILOT STUDY EXAMINING THE USE OF COGNITIVE STIMULATION THERAPY (CST) AFTER A ONE-DAY TRAINING COURSE
22. Training of professional caregivers

E. Aguirre1, A. Specter1, M. Omel1
1Mental health sciences, University College London, London, United Kingdom

Objectives and Study: Past studies evaluating training in dementia care have shown variable and limited findings, with most showing that staff training does not lead to any lasting change. This pilot study looks at the outcome of a one-day training course in Cognitive Stimulation Therapy (CST), an evidence-based therapy for people with dementia. Following the Medical Research Council’s guidelines for complex interventions, this study represents phase IV = the implementation of CST in practice following an earlier clinical trial

Methods: 152 people who had attended a one-day CST training course were contacted, of whom 76 responded. Respondents completed a questionnaire which established whether or not they had taken up CST groups and the obstacles that they had faced. It also included measures of attitude towards dementia (ADQ), job satisfaction (JS) and learning transfer (LT).

Results: The sample of 76 was divided into two groups: those who took up CST (27) and those who did not (49). Independent samples t-tests were used to compare group scores on the measures. The group taking up CST scored significantly better on work environment and ability learning. There were no differences between groups on the other measures and no relationship between having started a CST group and job title, place of work, gender, age or ethnicity.

Conclusions: There has been little research on the long-term implementation of complex interventions in practice and almost nothing in dementia care, hence this is a novel study. It showed that individuals with better learning characteristics may be more likely to take up CST following training, and simple factors such as a lack of staff time and resources may prevent people from doing CST. Future research could focus on comparing the effectiveness of different training methods in the form of a randomised controlled trial.

P103 RELATIONSHIP BETWEEN THE QUALITY OF DEMENTIA CARE PROVIDED BY PROFESSIONAL CAREGIVERS OF UNIT-TYPE HEALTHCARE FACILITIES FOR THE ELDERLY AND THEIR JOB SATISFACTION
22. Training of professional caregivers

S. Hara1, S. Mikane2, Y. Futsuy1, K. Nakajima1, M. Ono1, Y. Gikinaka1
1Faculty of Medicine, Shimane University, Izumo, Faculty of Health and Welfare Science, Okayama Prefectural University, Soja, Japan

Objectives and Study: The purpose of this study was to evaluate the relationship between the quality of or level of dementia care provided by professional caregivers of unit-type healthcare facilities for the elderly and their job satisfaction.

Methods: Subjects were full-time caregivers of unit-type healthcare facilities for the elderly in Japan. The questionnaire included 20 items selected from “Scale for Rating the Quality of Dementia Care at Unit-type Healthcare Facilities for the Elderly” developed by researchers, and 10 items selected from “Job Satisfaction Scale” developed by Macdonald et al. A hypothesis was established that the quality of dementia care provided by caregivers affected their job satisfaction (causal model) and structural equation modeling was adopted to analyze the fitness of the causal relation model to the data. Subjects were allowed to participate in the questionnaire survey on a voluntary basis. The questionnaire was conducted on an anonymous self-completed basis.

Results: A total of 1,096 valid responses was collected (valid response rate 52.8%). Under the condition that dementia care quality was defined as an independent variable, the degree of fitness of the causal relation model to the data was evaluated. As demonstrated by the comparative fit index (CFI, 0.928) and the root mean square error of approximation (RMSEA, 0.052), the results were within the statistically acceptable range. All the path coefficients met the statistically significant levels. The path coefficient reflecting relationship between dementia care quality and job satisfaction was 0.27 and the contributing rate was 7%.

Conclusions: The results showed that caregivers who provided dementia care of higher quality found more satisfaction in their jobs. Therefore, the rating of dementia care quality was expected to provide caregivers with useful data that contributed to improving job satisfaction of caregivers of healthcare facilities for the elderly.

P105 MEDICAL COOPERATION FOR DEMENTIA END-OF-LIFE CARE IN JAPANESE GROUP HOMES
22. Training of professional caregivers

N. Hitakata1, Y. Momose2
1School of Nursing, Higyo University of Health Sciences, Kobe, 2School of Nursing & Health, Aichi Prefectural university, Aichi, Japan

Objectives and Study: In Japan, there are over 9,600 small nursing homes (called Group Homes; GH) that provide care to fewer than 10 residents. Presently, the number of GH is rapidly increasing. The purpose of this study was to clarify the issues affecting the medical cooperation system of end-of-life care for older people with dementia in Japanese GH.

Methods: Focus group methodology was used, with semi-structured questions designed to elicit information about end-of-life care experiences of older people with dementia, and medical cooperation difficulties with visiting nurses and care providers in GH. Eleven groups were requested to join focus group interviews. Each group consisted of administrators, care providers, and visiting nurses. The constant comparative approach was used for data collection, and key concepts relating to medical cooperation were extracted from verbatim records. Written consent was obtained after explaining the terms of confidentiality, risk, and offering the right to refuse participation. The protocol of this research was approved by the ethical committee at Higyo University of Health Sciences.

Results: Great care providers indicated their fear of caring for deathbed residents and hoped to obtain appropriate end-of-life care advice from visiting nurses and physicians. The difficulties were solved by having staff meetings with all care providers, preparing special sheets for end-of-life care, and talking about difficult issues or cases in GH. Known issues affecting the medical cooperation system for dementia end-of-life care included: 1) failure of visiting nurses and care providers to share information, 2) professionalisation of who should confirm a death, and 3) insufficiency of opportunities for care providers to receive medical practice education.

Conclusions: The results of this study suggest that visiting nurses and providers of end-of-life care for patients with dementia in Japanese GH need to establish a close relationship, and it’s important to develop more useful medical cooperation system.

P106 RESEARCH RESULTS OF AN ORGANIZATIONAL INTERVENTION ON STAFF RECRUITMENT, RETENTION AND SATISFACTION IN A DEDICATED ALZHEIMER’S FACILITY
22. Training of professional caregivers

S. D. Gistler1, J. L. Dalessandro2
1Administration, Alois Alzheimer Center, Cincinnati, United States

Objectives and Study: Staff recruitment and retention continue to be on the minds of many in long-term care, particularly those who struggle daily to secure enough staff to meet the needs of the residents with Alzheimer’s disease and dementia. Turnover rates for direct staff, nurses and administrators range from 40% to well over 100% in nursing homes as well as assisted living. Perceived reasons for this trend to center around monetary and benefit issues extrinsic to the work itself, rather than intrinsic factors related to working conditions, relationships with other and autonomy within the employee’s position.

Methods: This session will describe the results of a research project and programs on staff recruitment, retention and satisfaction related to a leadership model and program within a specialized Alzheimer’s facility over the past 22 years. Intervention includes: 1) successful staff selection, 2) interviewing strategies, 3) vision and mission, 4) staff preparation and orientation, 5) ongoing direction and support, 6) providing a stimulating and motivating environment, 7) staff participation/ownership, 8) mentoring techniques, and 9) recognizing and celebrating accomplishments. Annual staff satisfaction surveys consists of 52 questions about all aspects of their work were conducted and data compared. Survey answers range from very unhappy, unhappy, happy, and very happy. Turnover rates were calculated on a quarterly basis to analyze retention.

Results: Staff turnover continually increased and remains in the single digits. Staff satisfaction survey results in 52 categories continue to improve over time, with an overall rating of Very Happy. The facility enjoys high family satisfaction and has experienced a number of deficiency free state surveys. In addition, the staff have received multiple individual and group awards, including Step II of the American Health Care Association’s National Quality Award and Top 25 in Family Satisfaction for the State of Ohio.

Conclusions: While there is not one simple solution to staff retention and satisfaction, opportunities exist to alleviate the burnout and frustration. Improved staff retention and satisfaction leads to improved quality care of individuals with Alzheimer’s disease and dementia, in turn increasing resident and family satisfaction.
**P107 STRESSORS AND STRESS MANAGEMENT STYLES OF NURSES CARING FOR OLDER PERSONS WITH DEMENTIA IN LONG-TERM CARE SETTINGS**

A. Fountouki1, A. Pouaide1, S. Tozios1, D. Theelands1, Ch. Fikas2, I. Tsepinos2, A. Pousidis1, A. Katsiari1, M. Evangelopoulos1, I. Vokou1, K. Tsitsios1, I. Mavrou1

1Nursing, Technological Educational Institution ATEI, 1Neurology, Papageorgiou Hospital, Thessaloniki, Greece

**Objectives and Study:** The main aim of present study was to estimate the level of knowledge on Alzheimer’s disease among two cohorts of nurse students. A secondary aim was to explore the behaviours and opinions of first year and graduate nurse students towards patients with Alzheimer’s and their relatives.

**Methods:** For the needs of this study, a sample of 120 student nurses was approached and consented to participate. They were grouped in two categories, which were first year and fourth year graduates. As expected the majority of the sample were women (92) and 28 were men. Their age ranged from 19 to 28 years. Medium age was 21.1 years. A questionnaire with 21 items was improved, based on literature and previous data obtained focus group interviews.

**Results:** Data analysis indicated substantial differences in knowledge levels between first year and graduate nurses. Only 45% of first year could describe accurately the physical symptoms of the disease as opposed to 68.3% of graduates. (p<0.05) Regarding to the social bias towards the disease, both groups presented with biased behaviours regarding the patient’s rights to self-determination, self-management of financial matters and voting rights.

**Conclusions:** The data showed that although Alzheimer’s is an illness which receives worrying dimensions worldwide, the training of student nurses fails to provide them with sufficient skills and knowledge, furthermore, explicit bias towards patients with Alzheimer’s was recorded. The negative behaviours demonstrated by first year students are also due to insufficient motives. Traditional lecturing on Alzheimer’s should be complemented by workshops and other forms of sophisticated educational interventions.

**P108 DEVELOPMENT OF THE ORAL FEEDING GUIDELINE TO WITHDRAW TUBE FEEDING IN THE ELDERLY WITH DEMENTIA**

R. Yamada1, E. Hagiwara1, S. Uricha1, S. Ida2

1Geriatricological Nursing, Health Sciences University of Hokkaido, Hokkaido, Japan

**Objectives and Study:** The purpose of this study was to develop the oral feeding guideline to withdraw tube feeding in the elderly with dementia and to examine the clinical practice feasibility of the guideline for care providers in nursing homes and geriatric hospitals in Japan.

**Methods:** This study was done in stages. First, development of the guideline was based on a literature review, interviews of nurses with experience maintaining oral feeding in the elderly with dementia, and a panel discussion by expert nurses, speech therapists, dieticians, care workers, dental hygienists, and medical doctors who had been involved in successful transitions from tube to oral feeding in the elderly with dementia. Second, the guideline was examined by multiple care providers who evaluated every item of the guideline with respect to necessity and feasibility on a 4-point rating scale.

**Results:** The guideline was structured into three major sections: 1. criteria for oral feeding; 2. assessment tools; and 3. care directions and skills to maintain oral feeding and/or to withdraw tube feeding. Furthermore, all sections had two aspects. The one of aspects to assess the oral feeding abilities in the elderly with dementia. The other was to manage the risk factors related to withdrawal of tube feeding, such as pneumonia, brought about by dysphagia. The necessity and feasibility of the guideline were evaluated as 3.3-4.0 points and 3.1-4.0 points, respectively.

**Conclusions:** The results from this study suggest that this oral feeding guideline for the elderly with dementia is useful in clinical practice to help care providers support patients’ oral feeding abilities and withdraw tube feeding safely.
P111  THE QUALITATIVE ANALYSIS OF THE MMSE FINDINGS
Andreas A. SOLIADIS1, Manto G. KARAMBERBI2, Sophia LAOUTARI2, Antonious M. POLITIS1, Nikolas E. DEGLERIS2
1 Ion Municipality Social Service – Hellenic Red Cross psychotherapeutic Center of Piraeus, Psychogeriatric Unit 2 Psychiatric Department, Aegion General Hospital, Aegion Medical Statistics, 2 Data analyst SPSS Bi Greece

BACKGROUND: The MMSE has been shown to be useful in evaluating memory dysfunction as a principal measure. A lot of clinical researchers recognized the important role of several factors (like age, sex, education). Actually we presume that further on of these parameters, professional activities and hobbies of the elder life influence the MMSE score.

Methodology: Descriptive statistics were used to picture the distribution of each variable that was used within the dataset. For the depiction of the relationships between the different types of variables multiple tests were used such as Pearson correlations, C-square tests, independent samples t-tests and ANOVA analysis.

Results: The Age factor was associated with statistically significant worsening of the memory decline (ANOVA= .001). The Sex factor was associated with an impact on the outcome. The Low Educational Level represents a very strong correlation with the lowering MMSE score (ANOVA= .000). The Professional Activities factor has no influence in a quantitative level at the MMSE score (ANOVA= .233) in contrast, the qualitative aspect of this issue reveals that the role influencing quantitatively the total MMSE score (ANOVA= ,005). Old aged people, who prefer to stimulate their cognitive skills (reading books, solving crosswords etc) reveal a four point distance compared to those who show absence of hobbies in their activities and a – five point distance comparatively to those, who choose to have a passive attitude towards hobbies like watching TV, reading newspapers etc.

CONCLUSIONS: The qualitative analysis of the MMSE influencing factors accomplish the quantitative and introduce alternative perspective in order to sophisticated the available tools and to develop new ones for researchers making plans for new studies in which cognitive status is a variable of interest.


P112  ENRICHMENT COGNITIVE STRATEGIES FOR BRAIN STIMULATION
Andreas A. SOLIADIS1, Manto G. KARAMBERBI3, Niki G. DALIANA2, Nikolas E. DEGLERIS2
1 Ion Municipality Social Service – Hellenic Red Cross; 2 Psychotherapeutic Center of Piraeus, Psycho geriatric Unit

BACKGROUND: Recent research suggests that psychological interventions have equal value with a pharmacological approach of dementia’s deficits. Especially in BPSD their implementation at first is usually effective avoiding in parallel the drug side effects.

Objective: to examine and compare the effectiveness of psychosocial interventions in three cohorts at the community: amnestic MCI individuals, early A2L patients and moderate stage A2L patients.

Methods and techniques: At first we use different tools according to each cohort based theoretically on Cognitive – Behavioral Case Management approach. Reminiscence emotional therapy, Behavioral activation, reality orientation therapy RGT, social skills training, solving problems strategy, Snoezelen formula, aroma and music therapy etc are the most popular and efficient non pharmacological treatments for individuals (45-60 minutes) and for group sessions (100 – 110 minutes). The appropriate use of electronic devices (e.g. computers, GPS etc) is strongly recommended because it enhances cognitive reinforcement and alternative functional adjustment depending on the case.

Results: The combination of RGT, music therapy, reminiscence approach and social – behavioral activation improves the patient’s capabilities and delay the memory and functional decline. Assertiveness training aims to reduce anxiety and give the patient the ability to participate actively, with own confidence and high hopes for the future.

Conclusions: the non – pharmacological interventions provide an effective tool in parallel with action to improve median temporal lobe deficits increasing at one hand the brain neuropsychology and at the other hand fight the diseases stigma.