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Abstract Booklet

Care, Cure and the Dementia Experience – A Global Challenge

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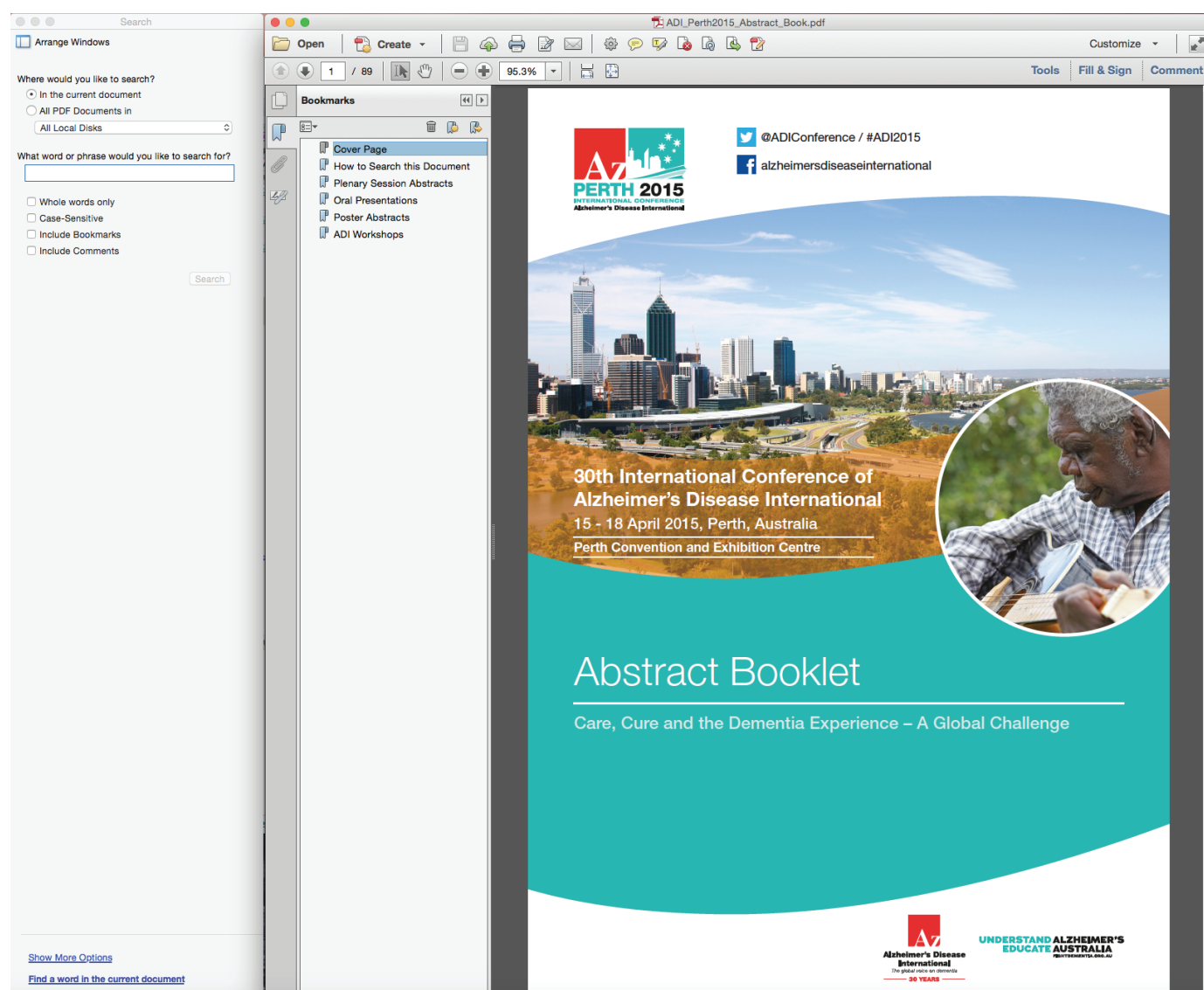


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PL01

Date: Thursday 16 April 2015

Session: Latest Developments in Science

BITTER-SWEET, OUR JOURNEY WITH YOUNGER ONSET ALZHEIMER'S DEMENTIA

Edie Mayhew, Anne Tudor

Abstract:

This presentation offers the personal experience of Edie and Anne with Younger Onset Alzheimer's Dementia. Edie was diagnosed in September, 2010. They have been friends for 43 years and partners in life for 30 years. The account details the pre-diagnosis period when symptoms began to emerge, their responses and its impact on them. The journey continues with the rocky road to diagnosis and factors preventing a more timely diagnosis. The period of diagnosis is followed by its impact and implications on them as individuals and as a couple. The post-diagnosis experience is covered in two time frames, the first two years, where new foundations were being laid, and the last two and a half years where they began to reap the fruits of their labour. A number of psychosocial issues are addressed, including the falling away of friendships and the importance of new connections through the dementia network. There is a snapshot of a typical day for Anne as well as a typical day for Edie. There is additional information about Edie; including a description of a drawing she has made which represents her mind, details about services accessed, and their mixed experience with those services. Edie will also share some suggestions for improving care services, particularly in light of their relationship and her expectations. Concerns about future respite and residential care are also discussed. We will comment briefly on what impact scientific research has had on them, if any. The presentation concludes with a summary and an audio visual display celebrating their lives together and experience of dementia.

Plenary Abstracts

PL02

Date: Thursday 16 April 2015

Session: Latest Developments in Science

LATEST TREATMENT AND DIAGNOSIS

Serge Gauthier

McGill Center for Studies in Aging

Abstract:

The current global strategy for reducing the prevalence of AD is to control risk factors and amplify protective factors. These vary throughout life, thus a comprehensive approach is required from school education to mid-life life-style changes to social networking after retirement. There is already some evidence from the UK and Scandinavia that this primary preventive approach is effective. It should be noted that the Australian federal government has pioneered such an approach since 2012.

In persons with a higher risk of late onset AD because of high mid-life dementia risk score or positive biomarkers, randomized clinical trials (RCT) are under way to delay emergence of cognitive decline. Examples of such RCT include FINGER with a combination of cognitive training and physical exercises, and A4 with infusions of an anti-amyloid antibody in persons with amyloid positivity on PET imaging.

In the rare families with known genes causing early onset AD, RCT include DIAN-TU comparing two anti-amyloid antibodies versus placebo, API in Columbia for the local population with a PS1 mutation using another anti-amyloid antibody. An intermediate level of genetic risk such as ApoE4/4 population will be treated with an anti-amyloid antibody.

These RCT in diverse populations from asymptomatic to mild cognitive impairment to dementia have required a refinement in research diagnostic criteria. The update of the IWG criteria has been made taking into account the publications of the three NIA-AA workgroups. Clinicians are now dealing with the need to translate research diagnostic criteria into daily clinical practice.

Recent political initiatives such as the Legacy Event initiated by Mr Cameroun may accelerate the regulatory review of new drugs for AD, such as LMTX, a new anti-tau medication being tested in mild dementia caused by AD or FTD. In addition non-pharmacological approaches and support to caregivers have received well deserved global attention.

PL03

Date: Thursday 16 April 2015

Session: Latest Developments in Science

PREVENTION AND CARE ARE NEGLECTED PRIORITIES IN THE GLOBAL ACTION AGAINST DEMENTIA

Martin Prince

King's College, London

Abstract:

Dementia is now clearly established as a global health and social care priority. Our Global Observatory currently estimates 47 million people with dementia worldwide, increasing to 135 million by 2050. Age-specific prevalence does not vary greatly between world regions, and since population ageing is proceeding much more rapidly in poorer countries, this is where the impact of the epidemic will hit hardest. Numbers will double in high income countries, but increase three fold in Asia and four fold in Latin America and Africa. The current global cost to society exceeds US\$600 billion.

The G7 Global Action against Dementia is very welcome. The headline aspiration is for a cure or disease modifying treatment for Alzheimer's Disease by 2025. In this presentation, I acknowledge this priority, but at the same time will argue that we should not allow increased investment in basic research and drug discovery to be at the expense of efforts to improve care and support for those living with dementia, and evidence-based prevention of future cases. This is a basic public health agenda.

Progress with access and coverage has been far too slow. Even in high income countries, we struggle to make timely diagnoses, let alone engaging those affected in programs of treatment and care that have proven effectiveness. If a new treatment is discovered, we lack the basic health systems with the capacity to deliver it to those in need.

The systematic reviews we conducted for the ADI 2014 World Alzheimer Report indicated two core mechanisms for modifiable risk factors for dementia, including Alzheimer's Disease; 1) cognitive and brain reserve and 2) cardiovascular risk factors. Factors operate at different phases across the life course – education in early life, preventing and controlling hypertension in midlife, preventing and controlling diabetes in mid- to late-life, and stopping smoking at any age are likely significantly to reduce future risk of developing dementia. There is evidence that, in high income countries where progress has been made in this direction, the age-specific prevalence and incidence of dementia may already be falling. The message that dementia, like cancer and heart disease is a preventable condition is not widely understood. This emphasizes that dementia is not a normal part of ageing, and challenges the notion that 'nothing can be done'. We need to target younger, as well as older people at risk, with the messages that it is 'never too early', but also 'never too late' to make change lifestyles and behaviours. Particular efforts are needed in low and middle income countries where, other than education, exposure to critical risk factors is increasing, not declining.

Plenary Abstracts

PL05

Date: Thursday 16 April 2015

Session: Past, Present and Future of Dementia (Panel Discussion)

THE EUROPEAN WORKING GROUP OF PEOPLE WITH DEMENTIA AND ITS ROLE ON NATIONAL AND INTERNATIONAL LEVEL

Helga Rohra

EWGPWD

Abstract:

This group was founded by Alzheimer Europe in 2012. The members are nominated by their national Alzheimer Associations from Europe. There were eleven countries: Czech Republic, Belgium, United Kingdom, Norway, Finland, Sweden, Ireland, Jersey, Slovenia, Germany, and Scotland.

The pioneering work of PWD to raise awareness about dementia started 15 years ago in Scotland with the Scottish working group. At that time it was globally unique that people with dementia stand up, speak up and raise their voice.

We are people with various forms of dementia, at different stages of the disease and at different ages. Our youngest member is over 40 and the oldest over 70. The group operates independently with its own board, executive and agenda of activities. Our main aim is to show that people with dementia can be active and live productive lives after the diagnosis.

We increase awareness of dementia, by showing what it's like to live with Alzheimer's disease and other forms of dementia. We reduce the fear and stigma associated with dementia.

Our work advises Alzheimer Europe and ensures that its work reflects the priorities and concerns of all people with dementia.

The chair EWGPWD also sits in the board of Alzheimer Europe, is included as an active speaker at major international conferences, such as: research and drug development, G7 and OECD.

Looking back at the last two years work. Our group has achieved a great deal:

- The collective strength of the group enables individual members to step outside their comfort zones and to achieve more than they might have thought themselves capable of.
- We are present in project alongside: care providers and politicians
- We are present as star speakers on national level as well as international (like the annual conferences of Alzheimer Europe and the lunch debates at the European Parliament)

An international meeting of minds takes place regularly via online conferences. Looking towards the future more opportunities for people with dementia have to be provided. We are the experts and the only ones to tell the world what it means living with dementia.

The inclusion in the world dementia council as an advisory role is mandatory.

We are looking forward to a strong collaboration with dementia champions worldwide and are very confident that together we can make a change in the world by living "nothing without us about us".

PL08

Date: Thursday 16 April 2015

Session: Past, Present and Future of Dementia (Panel Discussion)

WHERE ARE WE WITH RESEARCH, CARE AND SOCIAL ACCEPTANCE OF DEMENTIA 30 YEARS ON? HOW HAS IT CHANGED AND WHAT WILL BE THE FUTURE?

Jacob Roy Kuriakose

Abstract:

Dementia has come out of the shadows during the last three decades as a result of the concerted actions of organizations like Alzheimer's Disease International (ADI) driven forward by the dedication and enthusiasm of several people with dementia, their families, friends and professionals from differing backgrounds. Dementia is now recognized as a condition which needs to be talked about among the public and health professionals and discussed among the policy makers. Public awareness about the condition has been increasing over the years though knowledge and information about the causes, stages and approach to care is still hugely lacking. Statistics clearly indicate there is a long way to go in advancing research, care and societal acceptance of dementia.

This presentation will be based on the World Alzheimer Reports published by ADI and the work done by the 10/66 research group and will focus on the way forward, learning from the experiences so far.

World Alzheimer Report (2011) on early diagnosis and intervention emphasizes that there are interventions that are effective in the early stages of dementia. There is a strong economic argument in favour of earlier diagnosis and timely intervention. Improving the likelihood of earlier diagnosis can be enhanced through medical practice-based educational programs in primary care, introduction of accessible diagnostic and early stage dementia care services, promoting effective interaction between different components of the health system etc. Early therapeutic interventions can be effective in improving cognitive function, treating depression, improving caregiver mood, and delaying institutionalisation. Economic models suggest that the costs associated with an earlier dementia diagnosis are more than offset by the cost savings from the benefits of anti-dementia drugs and caregiver interventions. These benefits include delayed institutionalisation and enhanced quality of life of people with dementia and their carers.

World Alzheimer Report (2012) on overcoming the stigma of dementia reveals that people with dementia and carers feel marginalised by society, sometimes by their own friends and family members. There is a tremendous lack of understanding of what it is like caring for someone with dementia. A lot is expected of carers from family, community and society as a whole with little support available. Stigma could be a major barrier to finding solutions for the problems related to Alzheimer's disease and other dementias, including low rates of diagnosis and service utilisation. The World Alzheimer Report 2013 'Journey of Caring: An analysis of long-term care for dementia', reveals that, as the world population ages, the traditional system of "informal" care by family, friends, and community will require much greater support. Governments around the world should make dementia a priority by implementing national plans, and by initiating urgent national debates on future arrangements for long-term care. Systems should be in place to monitor the quality of dementia care in all settings.

The 10/66 Dementia Research Group is a collective of researchers carrying out population-based research into dementia, non-communicable diseases and ageing in low and middle income countries. The group has unravelled significant findings in the areas of prevalence, impact, health services etc.

Plenary Abstracts

PL09

Date: Thursday 16 April 2015

Session: Past, Present and Future of Dementia (Panel Discussion)

DEMENTIA AND CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) COMMUNITIES IN AUSTRALIA – THE STATE OF UNFAIR PLAY

Pino Migliorino

Cultural Perspectives Pty. Ltd.

Abstract:

The paper will provide a detailed overview of the current issues and realities for people with dementia and their families/carers from CALD backgrounds in Australia.

In particular the paper will consider current approaches in research, education, consumer participation, service delivery and carer support for people with dementia and their families/carers from CALD backgrounds.

From this set of considerations the paper will consider what is required to both deliver cultural competency within our approaches and responses to dementia at a systemic and structural level while also considering the issue of enablement and capacity building for CALD consumers.

The presentation will conclude with an agenda for change to address the systemic differential in knowledge, participation, capacity and service usage between the general consumer and the CALD consumer.

PL10

Date: Friday 17 April 2015

Session: International and Political Environment

GLOBAL ACTION AGAINST ALZHEIMER'S: UPDATE AND PROGRESS SINCE THE 2013 G8 GLOBAL SUMMIT

Harry Johns

Abstract:

The G8 (now G7) nations met in December 2013 for the first G8 Dementia Summit. Following that meeting, a commitment was made by the participating nations to create the World Dementia Council, a global body charged with stimulating innovation, development and commercialization of life-enhancing drugs, treatments and care for people with dementia or at risk for dementia within a generation. Global Action against Dementia legacy events have been held in the United Kingdom, Canada and Japan, with a fourth event planned for the United States in February.

More than one year after the first G8 Global Dementia Summit, where does this global initiative stand? What progress has been made? What happens next? The keynote address by Harry Johns, President and CEO of the Alzheimer's Association and member of the World Dementia Council, will address the progress and impact of this global effort to address dementia.

Plenary Abstracts

PL11

Date: Friday 17 April 2015

Session: International and Political Environment

WHAT COMES AFTER THE G7 INITIATIVE ON DEMENTIA?

Marc Wortmann

Abstract:

The Global Action Against Dementia following the G8 Summit in London in December 2013 has set a lot of things in motion. The number of countries with a national plan has increased to 20 and in 2014 we saw more new plans released than in any previous year. Dementia is clearly a priority for the World Health Organization (WHO) and the Organization for Economic Co-operation and Development (OECD). Public research funding is slightly going up, although not yet spectacular. We have been able to create an Alliance with a large number of other non-governmental organizations to raise more awareness and fight stigma in the Global Alzheimer's and Dementia Action Alliance. Risk reduction on dementia has been put on the global agenda as well and this might be one of the most promising outcomes. The WHO region for the Americas is starting a very promising programme to support member states in their work on dementia.

Is it enough to find a cure by 2025? What does it mean for people who have dementia now? And what are the next steps that we need to take? This presentation will provide some thoughts for discussion in the key areas of global dementia awareness, better care and support, risk reduction and ways to find a cure.

PL12

Date: Friday 17 April 2015

Session: International and Political Environment

DEMENTIA FRIENDLY COMMUNITIES

Kate Swaffer

Abstract:

The incidence of dementia worldwide is growing and Alzheimer's Disease International (ADI) (2013) reported "there are 7.7 million new cases of dementia each year, implying that there is a new case of dementia somewhere in the world every four seconds." In Australia there are more than 332,000 people diagnosed with dementia, with an estimated 1700 new diagnoses per week (Alzheimer's Australia 2014). As the incidence of dementia rises globally, Governments have become increasingly aware of the need to respond to the economic and social impact of dementia. In some countries this has led to the development of dementia-friendly initiatives designed to create communities which are supportive of people with dementia to continue to be active in their communities (including through employment and volunteering programs, retail staff training and improvements of physical design).

From a consumer's perspective, it is timely to review and discuss the dementia-friendly initiatives taking place around the world. The determination by governments and Alzheimer's societies and organisations to promote dementia-friendly communities and dementia champions must support the "about us, without us" position or they will further stigmatise people with dementia. Alzheimer's Australia, as part of its dementia-friendly initiative made a decision to support a person with dementia in a paid consulting role, announced on the first day of Dementia Awareness Month 2014. This is an exciting time in the history of Australia; I am that person, the first person with dementia to have ever been employed by them. This presentation will discuss what it means to be dementia-friendly, my role in this, and how we are going about it in Australia. As part of a global movement of people with dementia, advocating for a greater say in the provision of services for us, it is timely to be working specifically on dementia-friendly communities in Australia.

Plenary Abstracts

PL13

Date: Friday 17 April 2015

Session: Supporting and Enabling People Living with Dementia

CONSUMER DIRECTED CARE IN RESIDENTIAL AGED CARE: IS IT A CASE OF RELATIONAL CARE?

Daniella Greenwood

Arcare, Australia

Objectives: This presentation will describe a relational approach to supporting residents living with dementia in residential aged care (RAC) to continue to make choices and express feelings in the context of the relationships they have developed with the people they share their lives with. The outcomes of this approach will be discussed in reference to the introduction of Consumer Directed Care (CDC) into RAC.

Key discussion areas:

1. Benefits of CDC for people who are living with dementia - particularly people who no longer use words to make their choices known.
2. Moving the conversation from logistics and business models to outcomes for people living with dementia.
3. Moving beyond notions of 'independence', 'person-centred' and 'autonomy', toward 'interdependence', 'relationship-focused', and 'relational autonomy'.
4. Recognising close and consistent 'relationship' as the primary space where people living with dementia can express their feelings and choices and continue to engage with the world as active and intentional agents.

Implementation and outcomes of a relational staffing model:

Objectives: to facilitate the development and deepening of relationships between residents and staff; for staff to understand the uniqueness of each resident including recognising and respecting their day-to-day choices; improved resident, staff and family satisfaction.

The model: a) staff commit to work at least 3 shifts per week b) staff work with the same residents every time they come to work.

Method: validated questionnaires; surveys; focus groups; filmed interviews; analysis of existing data from electronic care plan and roster systems.

Implemented into a 38-bed dementia specific RAC in Melbourne Australia in June 2013. Data analysed for 12-months pre and post implementation.

Key findings include: number of staff reduced by 48.7%; 19.8% increase in care staff satisfaction; 50% reduction in turnover; 46.5% reduction in sick leave; 100% decrease in complaints; 90% decrease in pressure injuries; 51% decrease in the use of PRN psychotropic medication. Staff described feeling a sense of deep commitment and respect for the uniqueness of each resident. Residents describe staff as close friends. Families shared stories about the trust and friendship that has developed with staff. These findings lend support to the research on similar consistent staffing models.



PL14

Date: Friday 17 April 2015

Session: Supporting and Enabling People Living with Dementia

LIVING WELL WITH DEMENTIA

Helga Rohra

EWGPWD

Abstract:

Living well with Dementia is living in a rollercoaster.

It's up to you as well as the social impact that makes the quality of living. First you have to accept all the deficiencies, overcome the sadness and stand up again as a valuable human being.

Try to focus on your still existing abilities, open the doors to your new life, step out of the shadow, don't be ashamed of being diagnosed of dementia, stand up and speak up and YOU have a task in your new life.

Living well means seeing a sense of living, enjoying the day, facing the hardships, being grateful for every moment and telling yourself and the others: "I am fine, I am happy despite having dementia."

The social and psychological support is of highest priority in our life.

The pharmacological support is mandatory but plays a minor role; it is society that has to react.

Inclusion from the moment of being diagnosed up to the final stage is the core of human dignity. In order to live inclusion structures in society have to be changed. We need best practice and best information to be able to live in autonomy and dignity. Independence as long as possible can be assured by dementia friendly environments, by people who support and don't suppress us. In this way we are victors in our disease and not victims.

Autonomy means no discrimination in different of race, religious or sexual orientation.

People with dementia are as valuable as any other person and it's up to YOU/ touched by dementia as well as up to you/ all the others that can make a living WELL with dementia.

Plenary Abstracts

PL15

Date: Friday 17 April 2015

Session: Supporting and Enabling People Living with Dementia

ENHANCING WELL-BEING: HOW DO WE GET THERE?

G. Allen Power, MD, FACP

Rochester, NY, USA

Abstract:

Much ink has been devoted to the concept of person-centred approaches to dementia. Yet in spite of a large body of written and oral discussions on the topic over the past two decades, many of the putative benefits continue to seem out of reach for people living with the condition. How do we create a bridge between the philosophy and the reality?

While this is a topic that could consume an entire conference, Dr. Power will use this plenary address to outline a series of general philosophical and operational steps that need to be considered, in order to begin to create authentic partnerships with people living with dementia. He will outline one framework for understanding the concept of well-being, and show how using this as the ultimate goal can provide a proactive, strength-based approach to support and care.

The steps outlined in the talk will be simple and concise, and yet will challenge many of the precepts upon which our traditional approach to care has been based for many years. In doing so, Dr. Power hopes to stimulate a process of self-reflection and dialogue about how to truly impact the lives of those we serve.

W01

Date: Friday 17 April 2015

Session: ADI Workshop - Clinical Trials

CONTRIBUTING, GAINING, AND CONSIDERING RISKS AND DRAWBACKS: EXPERIENCES OF PEOPLE WITH ALZHEIMER'S DISEASE WHO ARE INVOLVED IN RESEARCH

Ragnhild Hedman*^{1,2}, Ingrid Hellström^{3,4}, Britt-Marie Ternestedt^{1,4}, Görel Hansebo^{1,2}, Astrid Norberg^{4,5}

¹Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, ²Department of Health Care Sciences, Ersta Sköndal University College, Stockholm, ³CEDER Center for Dementia Research, Department of Social and Welfare Studies, Linköping University, Linköping, ⁴The Palliative Research Centre, Ersta Sköndal University College, Stockholm, ⁵Department of Nursing, Umeå University, Umeå, Sweden

Objectives: Because people with dementia have often been seen as vulnerable and unable to provide accurate data, many researchers have been reluctant to involve them in research¹. However, such views are increasingly questioned and a growing number of researchers, and people with dementia themselves, argue that it is both possible and vital to involve people with dementia in research¹⁻⁴. The present research was part of a larger project studying how mutual support groups might contribute to strengthen the sense of self in people with Alzheimer's disease. The purpose of the present study was to describe how the participants expressed their experience of being a research participant in this and other research projects.

Methods: Interviews and audio recorded support group conversations involving 13 people with mild and moderate Alzheimer's disease were analyzed with qualitative content analysis⁵.

Results: In addition to the present project, participants also described that they were involved in medical research. Research participation and possible progresses in dementia research were frequently discussed among the participants in the support groups. Common of how they described their participation in the present and in other research where three themes: contributing to an important cause, gaining personally from participating, and experiencing risks and drawbacks.

Conclusion: Research participation appeared to contribute to a sense of worth and social inclusion in the participants. Further, they appeared to be able to draw boundaries for their participation when they considered this needed. Although researchers must continue to be aware of the particular vulnerability of people with dementia, they must also acknowledge their rights and abilities to contribute.

References: 1. Hellström I, Nolan M, Nordenfelt L, et al. Ethical and methodological issues in interviewing persons with dementia. *Nurs Ethics* 2007; 14: 608-619.

2. Taylor JS, DeMers SM, Vig EK, et al. The disappearing subject: exclusion of people with cognitive impairment and dementia from geriatrics research. *J Am Geriatr Soc* 2012; 60: 413-419.

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4. Scottish dementia working group. Core principles for involving people with dementia in research: innovative practice. *Dementia* 2014; 13: 680-685.

5. Graneheim UH and Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004; 24: 105-112.

Disclosure of Interest: None Declared

Keywords: Alzheimer's disease, Research participation, Support group

ADI Workshops

W02

Date: Friday 17 April 2015

Session: ADI Workshop - Clinical Trials

CLINICAL TRIAL AND STUDY RECRUITMENT: A GUIDE TO GET ALZHEIMER SOCIETIES STARTED

Mimi Lowi-Young^{1,*}, Larry W Chambers² and Clinical Trials and Studies Recruitment Project

¹CEO of Alzheimer Society of Canada, ²Research, Alzheimer Society of Canada, Toronto, Canada

Objectives: In order to determine whether a drug, care practice intervention, or diagnostic tool works, it needs rigorous testing. Increased funding has created a crisis with 150,000 potential volunteers required to recruit 15,000 to participate over the next 3 years. The Alzheimer Society examined how its 150 offices in Canada can work with local researchers to recruit volunteers to clinical trials and studies.

A project was initiated, on behalf of the Society's Executive Leadership Council, to oversee the process of creating, implementing and evaluating a study volunteer recruitment Guide for Alzheimer Societies across Canada.

Interviews with representatives from all provincial Alzheimer Societies were conducted to determine practices related to recruitment. See report: Report on Initial Interviews for the Research Recruitment Project.

The literature was scanned to better understand the best approaches to secure volunteer participation, answer study participant questions during operation, summarize and present trial/study results, inform the public about the importance of volunteering, as well as the benefits to volunteering, risks of participating, and how to evaluate success in recruiting and retaining volunteers.

Consultations with individuals from local Societies, as well as researchers and leaders from health-related organizations were conducted to identify in what ways these organizations are involved in study volunteer recruitment, what is and is not working, and what would be helpful to support future efforts. See report: Understanding Volunteer Recruitment for Dementia Research: Environmental Scan and Stakeholder Consultation Findings.

Scenarios were drafted to illustrate how Societies can participate in study volunteer recruitment that align with their organizational infrastructure and service and to promote real-world practices happening in Societies already participating in study volunteer recruitment.

The Guide uses scenarios to illustrate study volunteer recruitment practices. A collaborative review process was facilitated with multiple internal and external reviewers including subject matter experts and target users from Societies.

Charitable organizations that raise funds for research have a role in promoting the recruitment of persons with dementia and their caregivers. The Guide aims to facilitate organizational change to both create a positive culture regarding research as well as practical solutions that can help organizations achieve this goal.

Disclosure of Interest: None Declared

Keywords: Clinical trials, Recruitment, Society Role



W03

Date: Friday 17 April 2015

Session: ADI Workshop - Dementia Friendly Communities

DEMENTIA FRIENDLY COMMUNITIES – WHAT WE LEARNED FROM DEVELOPING A CODE OF PRACTICE FOR ENGLAND

Karishma Chandaria¹, *Nicole Batsch^{2,3}

¹Alzheimer's Society, ²Alzheimer's Disease International, ³King's College London, London, United Kingdom

Objectives: The Alzheimer's Society in the UK is working with the British Standards Institution (BSI) on developing a code of practice for communities working towards becoming dementia friendly. This code of practice was developed through consensus with various stakeholders and provides guidance and ideas about:

- Who needs to be involved in setting up a dementia friendly community,
- Aims that should be central to all dementia friendly communities,
- Areas to focus on the processes needed for your dementia friendly community to operate successfully
- The positive changes for people with dementia we would expect to see from a dementia friendly community.

The aim of this code of practice is to provide a framework, recommendations and some minimum standards for areas that are looking to become dementia-friendly and those communities that are part of the Alzheimer's Society's official scheme for recognising dementia friendly communities. For those already committed to becoming dementia-friendly, the aim is to build upon and further develop their current plans. Whether a community is first embarking on this journey or already on the path, the process is meant to be a local, flexible initiative that is meaningful to individual communities. It is also a broader social movement to make society dementia-friendly.

The code defines what dementia-friendly communities are and what to consider when starting or advancing a journey for a community to become more dementia-friendly. It provides guidance about who needs to be involved in setting up a dementia-friendly community, the particular aims that should be central, the processes needed to operate successfully and the outcomes we would expect to see from a dementia-friendly community. It also includes links to relevant resources and sign-posts to information for the public, private and voluntary sectors to be a part of the greater community development process that is required to build a dementia-friendly community.

Disclosure of Interest: K. Chandaria Conflict with: Alzheimer's Society, N. Batsch Conflict with: Alzheimer's Disease International, Conflict with: King's College London

Keywords: Dementia friendly communities, Inclusion, involvement

ADI Workshops

W04

Date: Friday 17 April 2015

Session: ADI Workshop - Dementia Friendly Communities

DEMENTIA FRIENDLY COMMUNITIES: LESSONS FROM AROUND THE GLOBE IN DEFEATING STIGMA

Michael Splaine*¹

¹Splaine Consulting, Columbia, United States

Objectives: The roots of the many experiments in dementia friendly communities are national plans that have identified stigma as a major barrier to progress on dementia care and support and as a cause. This presentation will share ADI's global knowledge of how DFC's are being tried and what outcomes are being generated.

Disclosure of Interest: None Declared

Keywords: stigma, national plans

OC001

Date: Thursday 16 April 2015

Session: Diagnosing Dementia

RETINAL IMAGING BIOMARKERS FOR EARLY DETECTION OF ALZHEIMER'S DISEASE

Eleonora Lad¹·Sina Farsiu¹Sandra Stinnett¹Sung Lee¹Guy Potter²James Burke²Scott Cousins¹Heather Whitson¹

¹Ophthalmology, Duke University Medical Center, ²Bryan Alzheimer Disease Research Center, Durham, United States

Objectives: To create new retinal imaging processing software for the development of novel retinal biomarkers of Alzheimer's disease (AD). Optical imaging is an inexpensive, high-resolution, fast, and noninvasive way for *in vivo* imaging of the retina, an extension of the *brain*. This project is based upon the concept that retinas of AD subjects experience neuroinflammation similar to the brain. We hypothesized that the inflammatory injury causes atrophy of the ganglion cell layer (GCL) in the retina and its axonal projections and formation of peripheral amyloid deposits during prodromal AD.

Methods: The study NCT01937221 is enrolling 18 patients with mild cognitive impairment (MCI)/prodromal AD, 18 with mild-to-moderate AD and 18 control subjects. All behavioural and imaging data are reviewed by a neurologist and neuropsychologist to arrive at a consensus decision regarding assignment to cognitive diagnostic group. Study participants undergo a full ophthalmic examination, ultra-high-resolution spectral domain optical coherence tomography (SD-OCT), wide-field and stereo disc photography. Nerve fiber layer (NFL) and GCL thicknesses are measured using the Duke Optical Coherence Tomography Retinal Analysis Program (DOCTRAP) software, which has been validated in numerous large-scale clinical trials. The extent of peripheral drusen and amyloid plaques are graded by blinded investigators and quantified using the DOCTRAP software.

Results: A preliminary analysis showed a statistically significant difference between neurocognitive status of 14 control subjects and 10 mild-moderate AD subjects but did not reveal a reduction in NFL/GCL in AD patients. Careful exclusion of normal tension glaucoma may account for these preliminary findings. Analysis of all data collected from control, MCI and AD subjects will be presented.

Conclusion: Comparison of retinal images between normal subjects and subjects with different stages of cognitive impairment, prodromal and mild-moderate AD, will allow evaluation of the most promising retinal-based imaging biomarkers for early AD.

References: -

Disclosure of Interest: None Declared

Keywords: Alzheimer disease, biomarker, diagnosis, Mild cognitive impairment, retina

Oral Abstracts

OC002

Date: Thursday 16 April 2015

Session: Diagnosing Dementia

ICD-11 REVISION – CLASSIFICATION OF BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA FOR ICD-11 - AN INTERIM REPORT

Henry Brodaty^{1,*} Mathew Varghese² Helen Chiu³ Wendy Moyle⁴ Deepti Kukreja⁵ Armin Von-Gunten⁵

¹Dementia Collaborative Research Centre, UNSW, Sydney, Australia, ²Psychiatry, Natl Inst of Mental Health & Neuro Sciences (NIMHANS), Bangalore, India, ³Chinese University of Hong Kong, Hong Kong, Hong Kong, ⁴Nursing, Griffith University, Brisbane, Australia, ⁵World Health Organisation, Geneva, Switzerland

Objectives: The ICD is currently undergoing the 11th revision. The WHO Department of Mental Health and Substance Abuse has determined that the addition of a developmental perspective is a vital inclusion to the description of the various mental and behavioural disorders in the ICD-11, in relation both to children and adolescents and to older adults.

The consideration of developmental material specific to older adults as a part of the ICD-10 revision process will improve the clinical utility of ICD-11. This is particularly important given that old age population is the fastest growing age group worldwide, including in many low- and middle-income countries.

In parallel to the addition of old-age specific material regarding the various mental disorders including e.g. mood, psychotic disorders or substance abuse, an up-date of the behavioural and psychological symptoms and signs classification associated with the dementias (BPSD) and other neurocognitive disorders is under its way. With the exponential increase in the number of people with dementia globally, studies on BPSD have increased markedly in the recent years. BPSD is associated with distress and poorer quality of life to the patient, carer stress and institutionalization. ICD-10 has several qualifier codes for BPSD: without additional symptoms; with other symptoms, predominantly delusions; with other symptoms, predominantly hallucinatory; with other symptoms, predominantly depressive; with other mixed symptoms.

This paper will review the recent research findings on BPSD. For instance, there are studies suggesting that apathy should be a separate symptom. Agitation and aggression is an area of great interest to researchers. The importance of the physical and social environment, as well as cultural factors in BPSD are also increasingly examined.

With the growing understanding of BPSD from recent studies, it is time for revision and refining the construct in ICD-11.

Disclosure of Interest: None Declared

Keywords: BPSD, ICD-11, WHO



OC003

Date: Thursday 16 April 2015

Session: Diagnosing Dementia

FLICKER LIGHT-INDUCED RETINAL VASODILATION IS LOWER IN ALZHEIMER'S DISEASE

Mojtaba Golzan¹ Dana Georgevsky¹ Greg Savage² Carolyn Orr³ Stuart L Graham¹

¹Australian School of Advanced Medicine, ²Centre of Excellence in Cognition and its Disorders, ³Neurology Department, Macquarie University, NSW, Australia

Objectives: Retinal vasodilation is a normal physiological response to flicker light stimulation. This phenomenon is recognised as a function of increased retinal ganglion cell activity and nitric oxide (NO) release to provide additional oxygen to meet the increased requirements of metabolically active cells in the retina. In this study we investigated the response of retinal circulation to flicker stimulation in patients with Alzheimer's disease (AD).

Methods: 39 subjects including 18 diagnosed with AD (10 male, age 72±6 yrs) and 21 healthy controls (12 male, age 67±10 yrs) were included. Following initial eye assessment, pupils of all subjects were dilated with Tropicamide 1%. Intraocular Pressure (IOP) was measured using Goldman tonometry. Resting calibers of selected retinal vessel segments were recorded in measurement units (MU). Maximum percentage dilations during flicker stimulation were calculated from baseline calibers using the Dynamic Vessel Analyzer (DVA, Imedos, Germany).

Results: The average IOP was within normal range in both groups (14±3 mmHg). The arterial and venous response to flicker induced light showed a significantly lower vasodilation in the AD group compared with controls (artery: 2.8±1% vs. 3.7±1%, vein: 2.7±0.6% vs. 3.6±1%, p<0.05).

Conclusion: A significantly lower vasodilation to flicker induced light was present in AD patients. This could be related to vascular endothelial dysfunction and underlying mechanisms of retinal and cerebral autoregulation in the presence of AD. Further studies will investigate whether this phenomenon is a primary or secondary effect of AD.

References: NA

Disclosure of Interest: None Declared

Keywords: retinal circulation

Oral Abstracts

OC004

Date: Thursday 16 April 2015

Session: Diagnosing Dementia

A COMPARISON OF TWO METHODS FOR THE ANALYSIS OF CSF AB AND TAU IN THE DIAGNOSIS OF ALZHEIMER'S DISEASE

Peter Panegyres^{1,1} Matthew Faull¹ Simon Ching² Anna Jarmolowicz¹ John Beilby³

¹Neurodegenerative Disorders Research Pty Ltd, ²PathWest, ³Diagnostic Molecular Genetics, Sir Charles Gairdner Hospital, Perth, Australia

Objectives: Biomarkers represent a promising adjunct to clinical techniques in the diagnosis of Alzheimer Disease (AD) and other neurodegenerative diseases. At present, the potential of cerebrospinal fluid (CSF) biomarkers in diagnosing AD has been suggested but the degree of clinical utility is yet to be defined due to variability between studies. In this paper we compare the performance of two cerebrospinal fluid assay methods in predicting clinically diagnosed AD.

Methods: CSF biomarker concentrations for A β 1-42, P-tau181P and T-tau were analysed using INNOTEST (ELISA) and INNO-BIA AlzBio3 (Luminex) assay methods from Innogenetics, Belgium. Patients were clinically diagnosed based on NINCDS-ADRDA criteria supplemented with structural MRI, 18F-fluorodeoxy-glucose positron emission tomography (FDG-PET) and cognitive profiling.

Results: An abnormally low A β 1-42 was the most useful biomarker in predicting clinical AD. Depending on the assay method, the predictive accuracy remained constant or improved slightly when abnormalities in P-tau181P and T-tau were considered in addition to A β 1-42. The Luminex method with our optimised reference concentrations performed best for patients ≤ 65 years with sensitivity=1 and a specificity=0.60 for both A β 1-42 and when one or more abnormal biomarkers were considered.

Conclusion: Given accurate, robust and reproducible CSF analytical methods, of which the Luminex method seems the most useful and practicable, our investigation suggests that measuring CSF Ab1-42, P-tau and T-tau has utility in the diagnosis of probable AD and, when used with clinical diagnostic techniques, seems especially helpful in the diagnosis of AD with onset prior to the age of 65 years.

References: Panegyres PK, Frencham K. The course and causes of suspected dementia in young adults: a longitudinal study. *Am J Alzheimers Dis Other Dement.* 2007;22:48-56.

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, Cerebral spinal fluid, Tau

OC005

Date: Thursday 16 April 2015

Session: Diagnosing Dementia

UTILITY OF COGNITIVE ASSESSMENT TOOLS IN A NON-RESEARCH SETTING

Stephen Ho^{1,*}

¹Rehabilitation and Aged Care, Sir Charles Gairdner Hospital, Nedlands, Australia

Objectives: To demonstrate the discriminatory and diagnostic utility of 6 popular cognitive and functional tests in the setting of a non-research Memory Clinic

Methods: All new patients to the Clinic underwent cognitive assessment using IQCODE¹, Shulman Clock Drawing Test (CDT)², MMSE, Addenbrooke's Cognitive Examination (ACE-R)³, and the Frontal Assessment Battery (FAB)⁴, and most received a functional assessment at home using Lawton's ADL Scale⁵ prior to clinic attendance. Cognitive diagnosis was made on clinical ground by consensus at the Multidisciplinary Case Conference. All data were stored in a purpose-built computer program. All new diagnoses during a 40-month period (Jan 2011 - April 2014) were included in the study. Results of cognitive and functional tests at diagnosis for the three diagnostic groups of Normal, MCI, and Dementia were analysed statistically with SPSS.

Results: Our Memory Clinic serves an area with high SES. During the study period, 581 new diagnoses were made. The mean age and education level of the study population were 81 and 10.27 years respectively. Except for IQCODE, there was excellent inter-test correlation. The tests were highly discriminatory between the three diagnostic groups, all with $p < 0.001$. The Lawton performed prior to clinical diagnosis was similarly discriminatory between Normal and Dementia and MCI and Dementia, but not between Normal and MCI. Further, the Normal values for our 'Normal' group were higher than published data.

Conclusion: All 6 standard assessment tools used in our Memory Clinic have previously been extensively studied and validated, but usually in research settings. There were few studies on their diagnostic reliability in a service-oriented Memory Clinic in a busy teaching hospital. Our results confirm that all 6 tools are useful and highly discriminatory in diagnosing Normal, MCI, and Dementia in our patients. This study shows that our Trainees, at varying levels of seniority, perform the tests with adequate consistency and competence. It supports the role of functional assessment in cognitive diagnosis⁶, and further demonstrates the importance of taking into account the individual's age and education level in interpreting cognitive test scores.

References: 1 Jorm, A F: Intern Psychogeriatr 2004; 16:3,1

2 Shulman K: Int. J. Geriatr. Psychiatry 2000;15

3 Mioshi E: Int J Geriatr Psychiatry 2006; 21:1078

4 Dubois, B et al: Neurology 2000; 55:1621

5 Green J: Aust J Primary Health, 2006;12:82

6 Juva K: Age Ageing 1997; 26:393

Keywords: Cognitive assessment, Functional assessment, Memory Clinic

Oral Abstracts

OC006

Date: Thursday 16 April 2015

Session: Diagnosing Dementia

STUDY ON PROTEIN BIOMARKER PANEL FOR ALZHEIMER' DISEASE: AUSTRALIAN IMAGING BIOMARKERS AND LIFESTYLE STUDY OF AGING.

Veer Bala Gupta ^{1,*}Eugene Hone ¹Steve Pedrini ¹James Doecke ²Ralph Martins ¹ and Australian Imaging Biomarkers and Lifestyle Study of Aging

¹School of Medical Sciences, EDITH COWAN UNIVERSITY, Perth, ²CSIRO, Brisbane, Australia

Objectives: Studying changes in blood protein profiles as an indicator of Alzheimer's disease.

Methods: Plasma samples from Australian Imaging Biomarkers lifestyle (AIBL) study of aging cohort (Ellis et al., 2009) were utilised for this study. Custom-designed plasma biomarker kits consisting of several protein biomarkers from different biochemical pathways were assayed on Mesoscale Discovery platform.

Results: Generalised Linear Modelling shows that biomarkers such as Thrombopoietin ($p=0.0039$), Fatty acid Binding protein 3 ($p=3.41E-06$), Pancreatic polypeptide Y ($p=7.56E-06$), chemokine 309 ($p=1.13E-05$), serum amyloid A ($p=0.0319$), soluble vascular cell adhesion molecule ($p=4.09E-05$), soluble Intracellular cell adhesion molecule ($p=0.0165$), alpha 2 macroglobulin ($p=0.0101$), beta 2 microglobulin ($p=0.0002$), adiponectin ($p=9.60E-05$) and apolipoprotein J ($p=4.31E-07$) differ significantly between healthy controls (HC) and AD patients ($p<0.005$). Biomarkers such as FABP3, adiponectin, apoJ and sVCAM specifically differentiate between HC and Mild cognitively impaired (MCI) participants. Participants progressing towards the disease called transitional participants had significantly different profiles with regards to markers such as TPO, FABP3, PPY, I309, SAA, sVCAM, sICAM and adiponectin.

Conclusion: The significant findings from this study suggest that these set of biomarkers could be used to assess cognitive decline and monitor changes in periphery during the progression of the AD. Receiver operating characteristic analyses using PPY and FABP3 gave cross validated sensitivity and specificity of 78%.

References: Ellis KA, Bush AI, Darby D, De Fazio D, Foster J, Hudson P, Lautenschlager NT, Lenzo N, Martins RN, Maruff P, Masters C, Milner A, Pike K, Rowe C, Savage G, Szeke C, Taddei K, Villemagne V, Woodward M, Ames D; AIBL Research Group. The Australian Imaging, Biomarkers and Lifestyle (AIBL) study of aging: methodology and baseline characteristics of 1112 individuals recruited for a longitudinal study of Alzheimer's disease. *Int Psychogeriatr*. 2009 Aug; 21(4):672-87.

Disclosure of Interest: None Declared

Keywords: Alzheimer's disease, Biomarkers, Blood, cohort, Proteins



OC007

Date: Thursday 16 April 2015

Session: Developing Dementia Friendly Communities

LIVING WITH DEMENTIA: WHAT IT MEANS TO STAY ACTIVE IN MY COMMUNITY

Maxine Thompson ¹; Nicole Batsch ^{2,3}

¹Alzheimer's Australia Victoria, Melbourne, Australia, ²Alzheimer's Disease International, ³King's College London, London, United Kingdom

Objectives: Not all individuals living with dementia are comfortable speaking in front of an audience about their own symptoms of dementia. Through an engaging interview technique, Maxine will be interviewed by her friend and colleague, so that she can share what it means to stay active in her community while living with dementia. Maxine participates in a variety of local initiatives that aim to engage, empower and support her and others to live well with symptoms of dementia. As a physiotherapist, Maxine also uses her skills to lead a movement class for people living with dementia to maintain their health and physical abilities. She also participates in a weekly outing program and serves on various dementia-related committees. Barriers to remaining active, considerations for leading groups of people with dementia by people living with dementia, as well as considerations for organizational support will be discussed.

Disclosure of Interest: M. Thompson: None Declared, N. Batsch Conflict with: Alzheimer's disease International, Conflict with: King's College London

Keywords: engagement, live well, person with dementia perspective

Oral Abstracts

OC008

Date: Thursday 16 April 2015

Session: Developing Dementia Friendly Communities

PROMOTING THE USE OF PERSON-CENTRED LANGUAGE IN CLINICAL PRACTICE AND SOCIETY: AN ORGANISATIONAL CASE-STUDY

Joanne Agnelli ^{1,*}

¹Dementia Services Team, Four Season Health Care, Draperstown, United Kingdom

Objectives: The use of labelling language can increase the stigma associated with living with dementia. Tom Kitwood asserted that the use of labelling terminology was a facet of Malignant Social Psychology (MSP) and often was not as a result of malice but instead related to limited education.

Four Seasons Health Care (FSHC) is the UK's largest independent health and social care provider with over 450 care homes. FSHC is committed to delivering person-centred care across all of its care facilities and has, as its ethos, the notion that "we believe that we work in your home, not that you live in our workplace". The provision of dementia care occurs across a large number of our care homes.

FSHC advocate that the use of language, both in documentation and every day practice, is paramount when considering the person living with dementia. As a consequence FSHC have been proactive in influencing a change in culture across the organisation.

"Challenging Behaviour" has been removed with an emphasis on "Distressed Reactions" as the label of challenging is not appropriate – it is the care staff who are challenged by a resident's distress. The units, previously named EMI (Elderly Mentally Infirm) have been changed to "Dementia Care Units". Other language use that is considered as labelling that FSHC seek to eradicate are: "wandering", "aggressive" and "suffering".

The promotion of these person-centred practices are not complex and they do not take considerable time or cost. The use of appropriate language is supported by, not only the evidence around person-centred care, but also by global dementia advocates, like Gill Phillips and Kate Swaffer. As a large care organisation, we have a responsibility to not only care and support our residents in as dignified a way as possible, but to also set an example and illuminate best practices in relation to the use of appropriate language for people living with dementia.

Disclosure of Interest: None Declared

Keywords: Stigma, Language, Dementia, Person-Centred, Person-Centred Care

OC009

Date: Thursday 16 April 2015

Session: Developing Dementia Friendly Communities

BUILDING BLOCKS FOR DEMENTIA FRIENDLY COMMUNITIES: MAPPING DEMENTIA FRIENDLY PLACES AND SPACES IN KIAMA

Christopher Brennan-Horley¹, Lyn Phillipson²

¹Geography and Sustainable Communities, ²Health and Society, University of Wollongong, Wollongong, Australia

Objectives: This paper discusses how cartographic maps can assist in creating Dementia Friendly Communities. As part of a wider Action-Research approach for supporting the creation of a more 'Dementia Friendly' Kiama, our fieldwork relied on semi-structured, qualitative mapping interviews, using paper-based maps of the local area for participants to draw upon when answering questions about the places they frequent and why. Grounded insights into lived experience and the spaces and places that matter were revealed, with subsequent GIS and qualitative analysis categorising a variety of features of the physical environment that can variously enable or hinder community participation for people living with dementia and their carers. Additionally, factors related to the social environment including personal identity and socio-spatial inclusion/exclusion were identified and discussed through our qualitative mapping approach. Together, mapping these physical and social aspects has provided our pilot project with a spatially-enabled evidence base to begin building a robust Dementia Friendly Communities strategy.

Disclosure of Interest: None Declared

Keywords: Mapping, urban geography

Oral Abstracts

OC010

Date: Thursday 16 April 2015

Session: Developing Dementia Friendly Communities

THE DEMENTIA-FRIENDLY SYMBOL: CREATING DEMENTIA-FRIENDLY ORGANISATIONS ACROSS AUSTRALIA

Kylie Watkins ¹, Kate Swaffer ¹, Ellen Skladzien ¹

¹Alzheimer's Australia, Scullin, Australia

Objectives: Alzheimer's Australia is the peak body and charity for people with all types of dementia of all ages and their family carers. We provide advocacy, support services, education, training and information to Australian communities.

Alzheimer's Australia have developed a national recognition process for organisations who are committed to working towards becoming dementia friendly. The approach involves organisations who meet the criteria being awarded with the dementia-friendly symbol. The process differs depending on the size of the organisation but involves:

Disclosure of Interest: None Declared

Keywords: dementia friendly organisations



OC012

Date: Thursday 16 April 2015

Session: Developing Dementia Friendly Communities

BECOMING A DEMENTIA-FRIENDLY COMMUNITY: THE PORT MACQUARIE EXPERIENCE

Judy Bartholomew^{1,*}

¹Alzheimer's Australia NSW, Coffs Harbour, Australia

Objectives: With the growth in numbers of people living with dementia, the concept of creating dementia-friendly communities is gaining momentum both in Australia and overseas.

But what does a dementia-friendly community look like? How do these come about? Who is involved? How can we make our own communities more dementia friendly?

This presentation will provide an overview on the work being undertaken in the Port Macquarie region of New South Wales to become more dementia-friendly. What began as a small group of local people acknowledging the growing numbers of people living with dementia in the community has grown into a vibrant and proactive alliance that has already made changes to improve the quality of life and inclusion of people living with dementia and their families and carers.

At the heart of these changes has been the input and advice from people living with dementia themselves and their families who courageously gave voice to their concerns and provided suggestions on how the local region could be improved.

The presentation will describe how this happened and the steps taken by the Port Macquarie community to work with people living with dementia to become more dementia-friendly. This work has also been documented in 'A Guide to Becoming a Dementia-Friendly Community'.

Disclosure of Interest: None Declared

Keywords: dementia-friendly, Port Macquarie

Oral Abstracts

OC013

Date: Thursday 16 April 2015

Session: Preparing a Sustainable and Educated Workforce

HOW PERSON CENTRED IS YOUR ORGANISATION? CREATING A NATIONAL PERSON-CENTRED ORGANISATIONAL SELF-ASSESSMENT RESOURCE FOR COMMUNITY AGED CARE PROVIDERS

David Sykes* 1 and Christine Pappon, Stacey Dennis

1Learning and development, Alzheimer's Australia Vic, Melbourne, Australia

Objectives: The concept of person centred care is not new. Many organisations struggle to provide person centred care, despite claiming that it is indeed the approach they take. In fact a whole of organisational commitment is required for person-centred support approaches to be successful. With the majority of people with dementia living in their own home and recent government reforms promoting Consumer Directed Care.

Methods: Alzheimer's in collaboration with community aged care providers nationally successfully piloted and independently evaluated an online organisational self-assessment resource Valuing People.

Results: Pilot 1 & 2 substantially achieved the three objectives.

1. Testing the Resources with a range of consumers, staff and organisational representatives.

Pilot 1 - Almost 200 people participated in the pilot, including 61 consumers. Piloting occurred at six sites in metropolitan Melbourne and Adelaide and in rural Victoria. The consumers who participated were supported by a broad range of community care programs: EACH-D, EACH, CACP, HACC and NRCP.

Pilot 2 - Encompassed seven sites in six states: metropolitan and outer-metropolitan areas in New South Wales and Queensland; metropolitan areas of Victoria, Western Australian and to a limited extent, South Australia; and rural and regional areas of Tasmania. Consumers who participated were supported by a broad range of community care programs: all levels of package care, HACC and NRCP.

2. Eliciting constructive feedback to assist in the refinement of the Resources for Pilot 2.

Pilot 1 & 2- All three stakeholder groups and the project liaison officers have provided constructive feedback.

3. Participating organisations commit to the process of delivering more person-centred care by developing and implementing action plans.

Pilot 1 - Two agencies had used their O-SAT results to identify areas requiring improvement.

Pilot 2 - Four of the five agencies had identified areas for action arising from their pilot results.

Conclusion: This unique resource captures the perspectives of consumers, carers, direct care staff, their managers and senior leaders to assess how person centred they believe the organisation is its approach to consumers and staff. The feedback is analysed and a report is generated which highlights areas where an organisation is performing well and also areas for improvement.

References: Valuing People literature review

<http://www.valuingpeople.org.au/resources/literature-review>

Disclosure of Interest: None Declared

Keywords: capacity building, consumer directed care, organisational improvement, person centred care, quality improvement

OC014

Date: Thursday 16 April 2015

Session: Preparing a Sustainable and Educated Workforce

EXPRESSION OF SEXUALITY OF OLDER PEOPLE WITH DEMENTIA IN LONG-TERM CARE: IMPACT OF AN EDUCATION RESOURCE ON PRACTICE CHANGE

Cindy Jones ¹, Wendy Moyle ¹

¹Griffith Health Institute - Centre for Health Practice Innovation, Griffith University, Nathan, Australia

Objectives: In 2013, the QLD Dementia Training and Study Centre released the 'Sexualities and Dementia: Education Resource for Health Professional'. The resource aimed to address the evidence-practice gap in the education and training of health care professionals with regard to sexuality in older people, particularly those with dementia.

Methods: A series of one-day train-the-trainer workshops framed around the education resource were delivered nationally during the first half of 2014. A total of 202 health care professionals from residential, community & acute care organisations attended the workshops. Participants were required to disseminate knowledge acquired from the workshop upon return to their workplace. Changes in practice and staff training/education were assessed via a knowledge translation survey that was sent to participants 3 months after the workshop. This paper presents the survey findings and discusses the translation of knowledge using education resource materials and workshops.

Results: Survey results to date indicate that majority of the participants not only changed an aspect of their professional practice (73.1%) but also their beliefs or thinking about a particular approach (62.9%) when responding to the expression of sexuality by older people including those with dementia. A group of participants has tried a new approach (43.7%) or changed their approach (32.7%) with 46.7% indicating they have changed a practice or routine in their 'unit' or workplace. Participants have educated/informed staff from the same (92.5%) or a different (80%) discipline across their organisations as well as patients, clients or members of the public (> 50%). Over 50% of participants have reported supporting/assisting staff from the same or a different discipline to make a change to their own practice or approach. Lastly, 27% of participants have created a new policy or guideline to support a new practice or approach relating to sexuality in older people including those with dementia.

Conclusion: Appropriate response to the needs, desires and concerns of older people and/or support for their sexual rights in aged care cannot be realised without health care professionals having a requisite level of knowledge and skills. However, while education can help to change practice, policy is important in maintaining practice change. Outcomes, achievements and lessons learnt from the development, delivery and uptake of this education resource build on our understanding of successful knowledge translation.

References: None

Disclosure of Interest: None Declared

Keywords: care staff, education, knowledge translation, sexuality

Oral Abstracts

OC015

Date: Thursday 16 April 2015

Session: Preparing a Sustainable and Educated Workforce

THE PORTRAIT, THE MIRROR & THE LANDSCAPE: A NATIONAL COLLABORATION TOWARDS A UNIFIED APPROACH TO TRAINING FOR HEALTH PROFESSIONALS IN PERSON CENTRED APPROACHES TO RESPONSIVE BEHAVIOUR

Holly Markwell^{1,*}

¹SA & NT Dementia Training Study Centre, Alzheimer's Australia South Australia, Adelaide, Australia

Objectives: *The portrait, the mirror and the landscape: working with responsive behaviours* is an interactive workshop for health professionals and the principal output of a South Australia & Northern Territory Dementia Training Study Centre national project in collaboration with the Dementia Behaviour Management Advisory Service and the Dementia Collaborative Research Centre. The project aim was to develop training to provide national consistency and ongoing partnership with DBMAS and DTSC in the delivery of the workshop. The aim of the workshop is to increase the capacity of health professionals to work with responsive behaviour within a person centred framework. The portrait, the mirror and the landscape provides three themes that seek to reinforce a person centred approach and acknowledge the multiple arenas in which health professionals operate. The portrait reminds practitioners of the foundation of knowing and valuing the person, and using this knowledge in care planning. The mirror is a reminder of the need for self-reflective practice within the context of the care relationship. The landscape represents the whole context in which practitioners operate, and may often be constrained by, including the culture of care, environment, the aged care system, and the wider community. An awareness of moving through the three domains, and achieving a balance between them, provides a working definition for an advanced practitioner. The process to create the workshop involved input from the steering committee with representatives from the three agencies, review of existing training packages, input from Clinical Behaviour Consultants, translation of knowledge from the DCRC *Behaviour Management: A Guide to Good Practice*, and pilot sessions of the workshop held in Adelaide, Brisbane and Canberra. Embedded content evaluation provided valuable knowledge for further development of the workshop. Participants provided feedback on elements from the workshop that represented an achievable action: a commitment to changing either their own or their organisation's practices and approach.

Disclosure of Interest: None Declared

Keywords: Behavioural and Psychological Symptoms of Dementia (BPSD), education, health practitioner, person centred care, workforce development

OC016

Date: Thursday 16 April 2015

Session: Preparing a Sustainable and Educated Workforce

RESIDENTIAL AGED CARE: STAGNANT OR STIMULATING FOR FUTURE GRADUATES?

Karla Seaman^{1,*} Jane Harrup-Gregory¹ Rosemary Saunders² Jennifer Lawrence¹

¹Brightwater Care Group, ²School of Population Health, University of Western Australia, Perth, Australia

Objectives: It has been long recognised that there is a disparity between the numbers of students choosing employment in aged care once their studies are completed and those who choose other more seemingly “exciting” clinical settings such as acute care. Those involved in aged care are acutely aware that with the ageing population it is vital that we create a sustainable workforce that is adequately trained to assist the elderly. To do this, we need to demonstrate that aged care is a stimulating work environment, highlighting the clinical challenges involved in working with those with complex care needs, and ultimately challenge student perceptions of working in aged care.

An innovative interprofessional education (IPE) program in Western Australia is addressing this misconception by highlighting residential aged care as a progressive, challenging and economically viable alternative for future employment. The IPE program has been in progress since 2010 at a Perth aged care facility, where students from seven disciplines and three universities conduct their student placement in an interprofessional environment facilitated by interprofessional coordinators who facilitate opportunities for collaborative practice within a multidisciplinary team. The students participate in numerous training sessions on a diverse range of topics with a particular focus on cognitive decline.

Extensive evaluation of the program has been undertaken to provide an evidence base for the benefits of interprofessional education in a residential aged care that will assist with future workplace planning and education strategies. It consists of a concurrent, mixed methods analysis using both quantitative and qualitative approaches to data collection. This includes surveys, focus groups and semi-structured interviews with a triangulation of perspectives from residents, staff and students. It shows how the IPE program demonstrates the value of learning from and working with other health disciplines, allows students to overcome initial perceptions of aged care, and increases the likelihood of students seeking employment in the sector on graduation.

This model of interprofessional education is setting the scene for collaborative care amongst aged care professionals of the future. If more aged care providers adopt this model, it will help create a sustainable dementia workforce for the future and will ultimately provide better outcome for the residents.

The project is part of a NHMRC Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People.

Disclosure of Interest: None Declared

Keywords: Interprofessional education, residential aged care, Universities, Workforce

Oral Abstracts

OC017

Date: Thursday 16 April 2015

Session: Preparing a Sustainable and Educated Workforce

THE DIALOGUE PROJECT: COLLABORATIVELY TRANSFORMING DEMENTIA CARE THROUGH TRANSFORMATIVE EDUCATION

Jennifer Carson ¹Michael Smith ¹Stephani Shivers ¹Jenna Weiss ¹Eileen O'Connor ¹

¹Alzheimer's Resource Center, Plantsville, United States

Objectives: The delivery of long-term care for people living with dementia (PLWD) is neither adequate nor acceptable for ensuring a high quality of life. Current challenges include: 1) disempowering hierarchies that limit opportunities for participation in decision-making; 2) a medical model of care that oversimplifies the human experience; and 3) an 'expert'-dominated culture that privileges scientific knowledge over lived experiences. These challenges are exacerbated by misunderstandings and stigma that limit the contributions of PLWD to their own care and services.

Ironically, educational efforts to improve dementia care tend to reproduce this dehumanizing paradigm. Consider how often training initiatives or educational programs are designed by the so-called 'experts'. Do such programs offer PLWD, the *true* experts, a lead role in facilitating education and the transformation of care, or do they seem to reflect a top-down mentality, transferring knowledge according to plans drawn up by 'experts'? Such approaches limit the creation of optimal learning relationships and deny opportunities for genuine engagement and shared educational experiences. In order to change the culture of dementia care, we must change the culture of education about dementia care. This is the aim of *The Dialogue Project*, developed by the Alzheimer's Resource Center.

The Dialogue Project provides a transformative educational experience aligned with critical social values, bringing family and professional care partners together to learn with and from PLWD, the true experts. In this session, participants will learn about *The Dialogue Project*, an affordable and replicable framework created for organizations and communities seeking to improve the well-being of PLWD by engaging them in optimal learning relationships with care partners based on the principles and practices of a critical, dialogical pedagogy (Freire, 2000) and authentic partnerships (Dupuis, Gillies, Carson, et al., 2011). In this session, we will engage participants with a description of this educational framework and a practice example and early outcomes from the Alzheimer's Resource Center.

Disclosure of Interest: None Declared

Keywords: Authentic Partnerships, Community Dialogue, Culture Change, Education, Engagement

OC018

Date: Thursday 16 April 2015

Session: Preparing a Sustainable and Educated Workforce

THE VIRTUAL DEMENTIA EXPERIENCE

Kelly Burns ^{1,*}

¹Alzheimer's Australia Vic, Melbourne, Australia

Objectives: The Virtual Dementia Experience (VDE) is the world's first application of serious computer game technology in dementia-care education. Developed by Alzheimer's Australia Vic in partnership with Opaque multimedia, the team has created an innovative, immersive and interactive virtual reality experience that takes people into the world of a person living with dementia - simulating thoughts, fears and challenges faced.

The VDE forms part of a two hour workshop and uses multi-sensory stimulation to immerse participants in the effects of aging and dementia, so that they can gain an appreciation of the issues confronting people with dementia. The experience enables participants to understand the environmental elements that are friendly or hostile to a person with dementia by experiencing a home environment in the same way a person with dementia would. The participants are encouraged to reflect on their own approach to dementia-care and to think about ways in which they can enhance the support environment.

Since its launch in October 2013, over 1000 people have experienced the VDE. The response so far from participants has been remarkable. For some it is the first time they realise some of the challenges faced by people living with dementia. One participant sent a response stating, *'I had an 8 hour shift in the facility the next day and I was able to use the experience several times, in different ways, throughout the day. It was such an incredible feeling!'* The program has now been modified for family carers who rated it as an 'invaluable session.' It has been consistently rated highly by participants and this paper will report on an independent evaluation of the VDE currently being undertaken by Swinburne University.

Winning the 2014 Australian iAward for education innovation, Alzheimer's Australia Vic plans to further develop this technology and enhance outcomes. By thinking outside the square, Alzheimer's Australia Vic has delivered their vision of a new approach to dementia education to transform dementia practice and improve the quality of dementia care.

Disclosure of Interest: None Declared

Keywords: Virtual Dementia Experience

Oral Abstracts

OC019

Date: Thursday 16 April 2015

Session: Innovations in Care

STARRETT LODGE NSW - UNITINGCARE AGEING: CURING PERCEPTIONS OF MEANINGLESS EXISTENCE WITH LIFE ENHANCING EXPERIENCE FOR PEOPLE LIVING WITH DEMENTIA IN RESIDENTIAL CARE. FEATURING THE INTERNATIONAL HEALTH FILM AWARD FINALIST, BUCKET LIST PROGRAM.

Helga Merl^{1,2} Colin McDonnell^{3,4,*}

¹Faculty of Public Health and Medicine; Faculty of Nursing and Midwifery, The University of Newcastle, Newcastle,

²Clinical Excellent, Governance and Research, UnitingCare Ageing NSW ACT, Sydney, ³Starrett Lodge, ⁴Clinical Excellent, Governance and Research, UnitingCare Ageing NSW ACT, Warnervale, Australia

Objectives: for Bucket List Program (BLiP)

Goal: improve the lifestyle and quality of life of residents living with dementia.

Objectives to improve residents;

1. Aspirations and autonomy by empowering Bucket List goals
2. self esteem by engendering purpose, self worth and achievement in supporting each other to reach their goals
3. Social networks and inclusion

Methodology:

A **literature search** identified social cognition, Narrative enquiry and Person Centred Care to underpin project philosophy and methodology.

Photo voice: The resultant scrapbook and short video uses the immediacy of the visual image and accompanying stories and sound bites to empower residents and promote social inclusion, memory and social cognition.

Results

Funds raised by the committee have enabled ¼ of residents to realise their wish including sky diving and deep sea fishing

Relationships, social networks and social inclusion have developed and strengthened for residents, families and staff

Residents, carers, families, staff and the local community are inspired

Benefits are of broad reaching importance to the Aged Care Industry. The award winning short film is being used to train health professionals and care workers. E.g. Within UnitingCare Ageing NSW/ACT, La Trobe University Victoria, the University of Newcastle NSW and the University of Tasmania.

Disclosure of Interest: None Declared

Keywords: Narrative enquiry, person centred care, Photo Voice, positive social cognition, Social inclusion



OC020

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Session: Innovations in Care

TRY SOMETHING NEW - FOR PEOPLE LIVING WITH DEMENTIA

Eirwen Jones ¹, Kerry Phelps ²

¹Services Directorate, Alzheimer's Society, London, ²Services Directorate, Alzheimer's Society, Cardiff, United Kingdom

Objectives: Try Something New operates throughout North and South West Wales. The project supports people living with dementia to live in a supportive environment by delivering a programme of meaningful learning opportunities. This service was set up in collaboration with Community Education to enable people living with dementia to be introduced to a topic, develop an interest or learn new skills. This is delivered through a programme of meaningful adult community learning opportunities including art, drama, cooking, family history, swimming, gardening and photography. The programme is developed with people with dementia. Evaluation has evidenced that people living with dementia report increased confidence, reduced isolation and feel supported-they have made new friends and have lots of fun.

Disclosure of Interest: None Declared

Keywords: community education, skill based

Oral Abstracts

OC021

Date: Thursday 16 April 2015

Session: Innovations in Care

BLUE CARE'S MEMORY SUPPORT JOURNEY- TRANSLATING THEORY INTO PRACTICE

Denise Edwards ^{1,*}

¹Service Development, Blue Care, Brisbane, Australia

Objectives: Background When an organisation delivers services to thousands of people across Queensland and northern NSW, developing a consistent Best Practice approach to dementia seems a huge task.

What did we do? A Memory Support Program, developed by experts, staff, consumers, volunteers, and representation from key organisations including Alzheimer's Australia Qld was piloted in three geographical areas. A PCC workshop and a Toolkit (to be viewed at the conference) was developed and delivered across all geographical clusters providing staff with knowledge and skills to become effective role models. Memory Support Forums were developed and Christine Bryden gave up her valuable time to talk to staff about the everyday challenges of living with dementia. Blue Care also adopted the FISH! Philosophy to assist with culture change. Lessons learned from the pilot were taken on board and an implementation guide was developed to assist other geographical areas to roll out the program.

Results so far At the follow-up workshops staff showcased how they had translated theory into practice. Much work focused on relationship building and the use of personal profiles to really get to know the person. Aligning with FISH!, The 'Play Up' program was also implemented into our South Coast Cluster, and has subsequently won awards for improving the quality of life for people with dementia. A range of other evidenced based programs has also been implemented as well as improvements to the environment.

What next Blue Care recognises there is still work to be done to improve all services and the next stage of this journey is to roll out the Memory Support Services Program into all areas. A pre-evaluation has been developed and will assist the services to identify improvements that will be prioritised, commencing with the Memory Support Units. Evaluations after six months and annually have been scheduled. Blue Care recognises this is not a project that has a defined finish date, but that it is a continual journey to meet the needs of people living with dementia now and in the future.

Disclosure of Interest: None Declared

Keywords: Evaluation, Memory Support, program



OC022

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Session: Innovations in Care

THE EDEN ALTERNATIVE COMMUNITY COTTAGE APPROACH TO SHORT STAY RESPITE

Jason Burton ¹, Lorraine Benson ²

¹Education & research, Alzheimer's Australia WA, Perth, ²Hawthorn House, Alzheimer's Australia WA, Albany, Australia

Objectives: The provision of short stay respite for people with dementia is problematic within existing residential care home models. For residential care providers the bed occupancy is usually lower than their permanent beds and so cost efficiency reduces their ability to provide respite. For the person with dementia the sudden transition from their own home into an unfamiliar and institutional environment has shown to negatively affect wellbeing and independence. Family carers are often reluctant to use residential care homes for respite due to the negative impact on the person.

Alzheimer's Australia WA has developed a new model of short stay respite with a dementia friendly approach to community needs. Applying the person-centred Eden Alternative model within a purpose built dementia enabling physical environment, the dementia community cottage approach provides an environment, both physical and social, which maximises personhood and supports the abilities of people living with dementia. Enhancement of wellbeing, enablement and meaningful activity are cornerstones of the service approach.

The Community Cottage provides day and overnight respite as well as a community hub for dementia education, information, support and awareness-raising. The person with dementia is introduced to the cottage gradually, to build trust, foster relationships and develop a sense of familiarity with the environment. This approach gives the carer more confidence in using the service and greater acceptance amongst those who stay. Hawthorn House was the first aged care environment to successfully attain all ten Eden Alternative principles in the Southern Hemisphere. The physical design is based on ten evidence based dementia design principles and has won building awards for the quality of build. This model, which is unique in Australia, moves beyond service delivery to a community resource hub that promotes awareness, builds capacity in other providers and gives the local community the opportunity to learn about living with dementia.

An evaluation of Hawthorn House has shown very high satisfaction ratings both from consumers and from staff. Alzheimer's Australia WA is promoting this approach as a model to provide regional towns with a strong evidence based approach to short stay respite for people living with dementia and a sustainable dementia resource for the community.

Disclosure of Interest: None Declared

Keywords: design, Eden, Philosophy, respite

Oral Abstracts

OC023

Date: Thursday 16 April 2015

Session: Innovations in Care

YOUNG ONSET DEMENTIA SOCIAL GROUP

Gayle Harris ^{1,*} and Glennys Argæet, Britta Hollamby

¹person living with dementia, Palm cove, Australia

Objectives: We are a group of people who have YOD, and live in Cairns, Far North Queensland. From humble beginnings the group was established 3 years ago with 2 members. Since then the group has grown and continues to do so.

We meet fortnightly at various locations, which includes private homes, restaurants and parks as well as the beach.

The main aim of the group is to provide support, social contact, sharing of experiences, and a platform for open conversation and discussion in a non-judgmental environment

Friendships are easily formed within the group and new comers are always welcome, regardless of type or stage of dementia.

Our group is very diverse and while some group members are retired, others still work and study. The most outstanding feature of our group is the incredible strength and resilience of members, who all display a positive attitude.

We would like this opportunity to speak at the Alzheimer's conference 2015 of the great things that are happening within our group, and share the positive outcomes achieved.

Disclosure of Interest: None Declared

Keywords: Young Onset Dementia Social Group

OC024

Date: Thursday 16 April 2015

Session: Innovations in Care

SUPPORTING PEOPLE WITH DEMENTIA THROUGH SILVER MEMORIES NOSTALGIA RADIO SERVICE

Vicki Bridgstock^{1,*}

¹Rollout Coordinator - Australia, 4MBS Silver Memories, Brisbane, Australia

Objectives: It is often difficult to support people with dementia in aged care homes and deliver interesting and inclusive programs that will help to stimulate them. Silver Memories is a 24 hour, 7 day a week nostalgia radio service created by 4MBS Classic FM - Brisbane's award winning classical community radio station. It features music from the 1920s to the mid-1950s, old radio serials and cheerio calls. The service addresses social isolation, loneliness and depression in older people. Silver Memories provides an innovative tool for Diversional Therapists, Lifestyle Coordinators and Activities Officers in aged care homes. Based on reminiscence therapy, it is developed in conjunction with aged care homes to meet their needs and the needs of their residents, especially those living with dementia. Silver Memories is a non-pharmacological approach to managing agitation and wandering in people with dementia. It also reduces stress levels in carers, family members and staff. I will present findings from a study by Dr. Catherine Travers, Australasian Centre on Ageing at The University of Queensland, entitled "Silver Memories: Implementation and Evaluation.

The paper will also focus on the impact of the Silver Memories program on residents of aged care homes. I will present feedback on the service and its impact on residents from a Diversional Therapist from a local aged care home which has been using the Silver Memories service since 2009.

The paper will also focus on the decision to 'break into new territory' by using satellite to extend the service throughout Australia including regional and rural areas and the results this is bringing for the service, for aged care homes and for the residents themselves. Silver Memories is a positive and innovative example of a small localised service using technology to develop new geographical markets and spread the service around Australia for the benefit of residents of aged care homes and their staff, families and carers.

Disclosure of Interest: None Declared

Keywords: memory, music, nostalgia

Oral Abstracts

OC025

Date: Thursday 16 April 2015

Session: Advances in Dementia Treatment

RECRUITING OLDER ADULTS INTO RESEARCH (ROAR)

Nina Silverberg ^{1,*} Jennifer Watson ²

¹Division of Neuroscience, ²Office of Communication and Public Liaison, National Institute on Aging, Bethesda, United States

Objectives: Attendees will be able to articulate the following:

1. The need for various types of research on Alzheimer's and other dementias and the coinciding need for all types of participants in the research
2. Initiatives & resources of the National Institute on Aging, the Centers for Disease Control and Prevention & the Administration for Community Living relating to Alzheimer's disease and dementia
3. Materials developed to help educate older adults and family caregivers on how research participation can be a part of healthy aging
4. 5 ways to promote these resources
5. Lessons learned in sharing research participation messages

Currently, there are not enough older adults, especially those of diverse backgrounds, participating in Alzheimer's disease research studies. Clinical trials for diseases like Alzheimer's, as well as other types of research (e.g., survey) urgently need volunteers, but researchers often struggle to find participants, which can result in delays or even cancellation of projects. In the United States, with the National Plan to Address Alzheimer's Disease as a spark, the Administration for Community Living (ACL), the National Institute on Aging (NIA) and the Centers for Disease Control and Prevention (CDC) collaborated on a project, Recruiting Older Adults into Research (ROAR).

The PRIMARY GOAL of this outreach and communications initiative is to increase the number of older adults, including those of diverse ethnic and racial backgrounds, volunteering for research participation, starting with Alzheimer's disease research, through leveraging state and local Aging Services and Public Health networks.

This presentation will share information about the Outreach Plan, including target audiences and materials created thus far to promote research participation messages as a part of healthy aging. Presenters will discuss examples of local collaborations to promote awareness of research participation as well as information about the utilization of national registries.

Disclosure of Interest: None Declared

Keywords: diversity, recruitment, research

OC026

Date: Thursday 16 April 2015

Session: Advances in Dementia Treatment

EXPLORING GENERALISATION PROCESSES FOLLOWING LEXICAL RETRIEVAL INTERVENTION IN PRIMARY PROGRESSIVE APHASIA.

Ashleigh Beales¹, Anne Whitworth¹, Jade Cartwright¹, Peter K Panegyres²

¹School of Psychology and Speech Pathology, Curtin University, ²Neurodegenerative Disorders Research, Perth, Australia

Objectives: In order to provide intervention for people with Primary Progressive Aphasia (PPA) that is relevant to their everyday lives, it is critical that speech pathologists have a comprehensive understanding of the therapeutic components which optimise generalisation of treatment effects. Within the current literature, positive treatment effects demonstrate the significant potential for people with PPA to learn/relearn words; the factors that influence generalisation, however, remain unclear.

Methods: A multiple baseline, case-series design was used to investigate the effects of a self-cueing lexical retrieval therapy on four individuals with PPA. The intervention targeted improved word retrieval across word-classes (i.e. nouns, verbs and adjectives) through the incorporation of semantic, phonological and orthographic levels of language production. In addition, analysis of lexical access and sentence production across a range of discourse genres enabled close scrutiny of generalisation processes following therapy.

Results: Changes in accuracy of lexical retrieval of treated and control items, pre-treatment, post-treatment and four weeks maintenance, were determined for each participant. The results demonstrate significant improvement in the retrieval of treated items for the participants, with different patterns of generalisation seen across word classes and contexts. Patterns of generalization will be presented at a word (i.e. treated vs. untreated items and word-class) and discourse level, with theoretical implications clearly highlighted.

Conclusion: This study provides robust evidence that people with PPA can show improved lexical retrieval following treatment, with different patterns of generalisation. The need to tailor lexical retrieval treatment to individual language profiles will be discussed, providing direction for future research.

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Henry, M. L., Rising, K., Demarco, A. T., Miller, B. L., Gorno-Tempini, M. L., & Beeson, P. M. (2013).

Mesulam, M. (2001). Primary progressive aphasia. *Annals of neurology*, 49(4), 425-432.

Disclosure of Interest: None Declared

Keywords: Lexical retrieval, Logopenic variant, Primary Progressive Aphasia, Semantic dementia, Treatment

Oral Abstracts

OC027

Date: Thursday 16 April 2015

Session: Advances in Dementia Treatment

ELECTRO-ACUPUNCTURE TREATMENT IMPROVES LEARNING-MEMORY ABILITY AND BRAIN GLUCOSE METABOLISM IN A MOUSE MODEL OF ALZHEIMER'S DISEASE: USING MORRIS WATER MAZE AND MICRO-PET

Jing Jiang¹, Kai Gao², Yuan Zhou¹, Xiangbo Han¹, Zanzun Piao¹, Yuping Mo¹, Haijiang Yao¹, Gang liu³, Zhigang Li¹

¹Beijing University of Traditional Chinese Medicine, Beijing, 100029, China; ²Institute of Laboratory Animal Science, Chinese Academy of Medical Sciences Comparative Medical Center, Peking Union Medical College, Beijing, 100021, China; ³Community Health Service Center of Dongcheng District, Beijing, 100010, China

Objectives: Alzheimer's disease (AD) causes progressive hippocampus dysfunctions leading to the impairment of learning and memory ability and low level of uptake rate of glucose in hippocampus. What's more, there is no effective treatment for AD. In this study, we evaluated the beneficial and protective effects of electro-acupuncture in senescence-accelerated mouse prone 8 (SAMP8).

Methods: Morris water maze (MWM) test and micro-PET test were used for evaluating the ability of learning-memory and uptake rate of glucose in hippocampus in the Alzheimer's disease animal model.

Results: From the Morris water maze (MWM) test, we found the treatment of electro-acupuncture can improve the spatial learning and memory ability of SAMP8 mouse; and from the micro-PET test, we proved that after the electro-acupuncture treatment the level of uptake rate of glucose in hippocampus was higher than normal control group.

Conclusion: These results suggest that the treatment of electro-acupuncture may provide a viable treatment option for AD.

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Disclosure of Interest: None Declared

Keywords: Alzheimer's disease, electro-acupuncture, micro-PET, Morris water maze, Treatment

OC028

Date: Thursday 16 April 2015

Session: Advances in Dementia Treatment

LISINOPRIL (ACEI) SUPPRESSES THE HYPERPHOSPHORYLATED TAU PROTEIN VIA SUPPRESSING GSK3 ACTIVATION IN NEURONS

Shyh-Jong Wu¹ Li-Chien Wei^{2,*} Yuan-Han Yang³ Ya-Ju Hsieh²

¹Department of Medical Laboratory Science and Biotechnology, ²Department of Medical Imaging and Radiological Sciences, Kaohsiung Medical University, ³Department of Neurology, Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

Objectives: Neurofibrillary tangles, one of the critical hallmarks of Alzheimer's disease and Parkinson disease, are composed of hyperphosphorylated Tau protein and referred as Tauopathies. GSK-3 is one of Tau protein kinases and has been indicated to involve in the pathogenesis of Alzheimer's disease. Thus, to inhibit GSK-3 activity has widely become a therapeutic potential of investigation. However, available treatment options for AD are limited and ineffective to modify disease progression. However, few studies explores possible mechanisms of ACE inhibitors in their neuroprotective functions.

Methods: The SH-SY5Y cells, a neuroblastoma cell line, was used to examine the Tau phosphorylation in this study, and the maintenance of described in our previous work (Wu, et al., 2013). Cell viability was detected using a PrestoBlue™ kit (Invitrogen, Carlsbad, USA). The immunoblotting analysis was implicated for detecting EK2, p-Tau (396), and GSK-3 (216).

Results: First we examined whether Lisinopril, a central acting ACE inhibitor, could induce intracellular signal by binding membrane-bound ACE. Indeed, CK2 protein was activated by 100 uM of Lisinopril in SH-SY5Y cells. Further, we used 30 nM of Okadaic acid (OA) to induce hyperphosphorylation of Tau proteins, which was suppressed by 100 uM of Lisinopril. We also found GSK-3 (216) was activated by OA in 30 minutes, and this activation could also be blunted by adding Lisinopril in the culture medium.

Conclusion: Herein, we first demonstrate that ACE inhibitors may protect neurodegeneration by preventing hyperphosphorylation of Tau through the regulation of GSK-3 activity.

References: 1.Wu SJ, Hsieh TJ, Kuo MC, Tsai ML, Tsai KL, Chen CH, and Yang YH. Functional regulation of Alu element of human angiotensin-converting enzyme gene in neuron cells. *Neurobiology of aging* 34: 1921 e1921-1927, 2013.

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Disclosure of Interest: None Declared

Keywords: ACE inhibitors, Alzheimer's disease, GSK-3 , Tau protein

Oral Abstracts

OC029

Date: Thursday 16 April 2015

Session: Advances in Dementia Treatment

PROTECTIVE ROLE OF PIPERAZINE DERIVATIVE [N-{4-[4-(2-METHOXY-PHENYL)-PIPERAZIN-1-YL]-PHENYL} CARBAMIC ACID ETHYL ESTER] IN AMELIORATING THE ALUMINIUM-INDUCED OXIDATIVE STRESS AND NEUROBEHAVIORAL IMPAIRMENTS IN WISTAR RATS

Poonam Meena^{1,*} Manisha Tiwari¹

¹Dr. B. R Ambedkar Centre for Biomedical Research, University of Delhi, New Delhi, India

Objectives: The cholinergic hypothesis associated with Alzheimer's disease (AD) has spurred the development of numerous structural classes of compounds with different pharmacological profiles aimed at increasing central cholinergic neurotransmission. Therefore, there is continued interest in the development of novel acetylcholinesterase inhibitors (AChEIs) in improving cognitive, functional, and behavioral symptoms associated with AD.

Methods: Aluminium chloride (AlCl₃) (100 mg/kg, p.o.) and D2 (per se; 3 and 5 mg/kg, i.p.) were administered to rats for 6 weeks. Behavioral tests: Morris water maze¹ (MWM) and elevated plus maze (EPM) were conducted to evaluate the learning & memory. AChE activity was determined by Ellman method². Various biochemical tests were performed to assess the extent of oxidative damage.

Results: In the present study, six synthetic piperazine derivatives D1-D6 were screened for their efficacy as AChEIs through in silico and in vitro studies. Compound D2 was found to be a potential AChE inhibitor with adequate pharmacokinetic properties, as supported by in silico study. Further, in vivo studies were designed to examine the protective effect of D2 in ameliorating the alterations induced by AlCl₃ on behavioural and neurochemical indices. Behavioral tests revealed significant alterations in the short term memory and anxiety levels in rats treated with AlCl₃, which was further improved after D2 treatment. Further, D2 treatment attenuated the neurotoxic effects of AlCl₃ as shown by the improvement in rats performance in MWM and in lowering AChE activity. Besides, preventing lipid peroxidation and protein damage, changes in the levels of endogenous antioxidant enzymes (GST, GPx, GR and GSH) associated with AlCl₃ administration were also restored upon treatment with D2.

Conclusion: Thus, our results support the neuroprotective potential of compound D2, thus validating its use in alleviating toxic effects of Al.

References: 1. Morris R. (1984).

2. Ellman et al. (1961).

Disclosure of Interest: None Declared

Keywords: Acetylcholinesterase, Aluminium, Antioxidant, Neurotoxicity, Piperazine

OC030

Date: Thursday 16 April 2015

Session: Advances in Dementia Treatment

ADMET BASED SCREENING AND MOLECULAR DOCKING OF TERPENOIDS AS POTENTIAL THERAPEUTIC AGENTS TARGETED AGAINST ACETYLCHOLINESTERASE AND AMYLOID BETA IN ALZHEIMER'S DISEASE

Upendra Dwivedi ¹, Manika Awasthi ¹, Arun Upadhyay ¹, Swati Singh ¹, Veda Pandey ¹

¹Biochemistry, University of Lucknow, Lucknow, India

Objectives: The present study was undertaken to identify plant derived secondary metabolites as potential neuroprotective agents directed against amyloid beta (A β) and acetylcholinesterase (AChE) [1] for their therapeutic potential against Alzheimer's disease (AD).

Methods: 109 terpenoids were screened for pharmacokinetic properties and drug likeness using ADMET and Lipinski's rule of five. Successfully screened terpenoids were docked with AChE and A β using AutoDock 4.2. The stability of best docked terpenoid within the active site of the targets was validated by molecular dynamics simulation (MDS) using GROMACS 4.5.5.

Results: Step-wise screening of 109 terpenoids resulted into 12 terpenoids which fulfilled the ADMET criteria and Lipinski's rule of five. These 12 terpenoids were compared for their efficacy against AChE and A β inhibition in comparison to those of corresponding known inhibitors, galanthamine [2] and curcumin [3], respectively using molecular docking. Based on docking results, nimbolide, was found to be most potent inhibitor for both AChE and A β . MDS analyses of the nimbolide complexed with each of AChE and A β validated the stability of both the complexes.

Conclusion: The findings of the present study make a foundation for the development of nimbolide as a potent drug against AChE and A β based AD in future.

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Disclosure of Interest: None Declared

Keywords: Acetylcholinesterase, Alzheimer's disease, amyloid beta, molecular docking and dynamics simulation, terpenoids

Oral Abstracts

OC031

Date: Thursday 16 April 2015

Session: Design and Technology

DEVELOPMENT OF DESIGN RESPONSES

Brian Kidd ^{1,*}

¹Enabling Environments, Australia

Objectives: Some 80 years ago, the late Finnish architect Alvar Aalto said: "Architecture cannot save the world, but it can set a good example." This paper traces the development of dementia specific facilities over the past 50 years in Australia. It traces the history of large institutions and their negative effect on people. It then recalls some of the early efforts to provide special programs and settings for people with dementia. People were finally recognised as having special needs that are not met within the usual aged care facilities. Early programs focussed on issues such as social scale, homelike familiarity and accommodating wandering behaviours. Eventually a set of design parameters were established, and separate buildings or sections of projects developed. There are now a set of research based principles and several projects are working to these. In many cases, it has been recognised that confusion is common in many residents entering into aged care facilities, and many of the principals involved in dementia design are relevant to all residential facilities. Many organisations and architects however do not seem aware of the special needs and research based evidence. Over the past three years, special programs have been conducted at the Department of Architecture at the University of Melbourne to introduce future designers to these issues. Students are introduced to the nature and impact of dementia and related disorders, the available research, and encouraged to postulate on future solutions. The students investigate all aspects of mobility, sensory and cognitive attributes common in old age, and are encouraged to develop enabling environments to cater for this spectrum of ageing humans. Students have explored a range of options from the private home to residential care. Some overseas students have explored the situation in their own home country, and one has explored an option to redevelop the family home on a small suburban site.

Disclosure of Interest: None Declared

Keywords: Architectural Students, Architecture, Future, History, Research

OC032

Date: Thursday 16 April 2015

Session: Design and Technology

A TOUCH SCREEN COMMUNICATION APP FOR PEOPLE WITH DEMENTIA WHO HAVE EXPRESSIVE LANGUAGE DIFFICULTIES

Michelle Harris¹, Sheila Lapping²

¹The Bethanie Group Inc, Claremont, ²Alzheimer's Australia WA, Shenton Part, Australia

Objectives: In 2013, Alzheimer's Australia WA (AAWA) developed the CommunicAid App, the world's first touch screen communication aid for people with dementia who have expressive language difficulties. The App is a user-friendly program comprising a suite of age appropriate illustrations and photos that cover daily topics such as feelings, food, drink, personal items, daily living activities and a pain scale. The App is highly customisable, and users can adjust the content to incorporate pictures taken using the device, and additional objects or items that are meaningful to them. The App allows the creation of an individualised communication tool to enable a person to make his / her needs, choices and decisions known. In addition, having the CommunicAid App loaded on a tablet device allows for residents with dementia to engage in digital reminiscence activities, photo taking and web browsing.

In 2014, AAWA and The Bethanie Group, a Western Australian provider of residential and community aged care services, trialled the use of the CommunicAid app with a number of residents who were noted to have expressive language difficulties. Suitable residents were invited to join, and were provided with a tablet device with the app pre-loaded onto it. Each resident was matched with a volunteer 'buddy', who was asked to help each resident to get set up on the device and start to incorporate it into their daily lives. An initial evaluation showed positive outcomes and high levels of resident satisfaction and engagement. Researchers from Curtin University are currently in the process of completing a formal evaluation, using a case study methodology. Initial results suggest that once residents became familiar with the app, they were able to use it as a successful communication option.

As part of this presentation, we have invited a Bethanie resident with dementia who enjoyed and gained benefit from the use of CommunicAid to join the presentation. She will be joined by a volunteer buddy who helped to facilitate her use of the app. As part of the presentation, we are planning to provide a live demonstration of how the CommunicAid app works.

Disclosure of Interest: None Declared

Keywords: communication aids, communication/dementia, expressive language difficulties, tablet devices, Volunteers

Oral Abstracts

OC033

Date: Thursday 16 April 2015

Session: Design and Technology

WHAT DO PERSONS LIVING WITH DEMENTIA TELL ABOUT THEIR OUTDOOR HOUSING ENVIRONMENT IN SIT-DOWN INTERVIEWS AS COMPARED TO WALKING INTERVIEWS?

Agneta Kullberg ^{1,2}Ingrid Hellström ²Lars-Christer Hydén ²

¹Linköping University, Linköping, ²Linköping University, Norrköping, Sweden

Objectives: Many persons living with dementia will live for several years in their ordinary housing. Research has mainly focused on 'dementia-friendly' housing environment in residential care homes (mostly indoor environment) rather than on conditions in "ordinary" neighbourhoods that support well-being and activities. **There is a need for knowledge based on the lived and situated everyday experiences of the local environment of persons living with dementia.**

The aim of this study is to explore differences between narratives generated by sit-down and walking interviews with the same person with dementia. What is the relationship between what persons with dementia tell about their housing environment in sit-down interviews and what they say when they walk around and are situated in their environment?

Methods: Ten participants in a mid-region of Sweden were recruited from memory clinics. The participants live in different types of neighbourhoods. After a sit-down interview in the participant's home, a walking interview was conducted around a month later. The person living with dementia was asked to take a route together with the researchers as usual in daily life. The walk was videotaped and the talk was tape-recorded. A descriptive content analysis were used to identify initial categories in the interviews. The coded transcripts were then re-examined to identify where it was said. The sit-down or walking interview were then compared for each participant.

Results: Finding show that in data generated by walking interviews the persons living with dementia talked more and more stories told about their experiences of their social and physical environments as compared to the sit-down interviews.

Conclusion: In research on everyday-life in the neighbourhood for persons living with dementia in ordinary housing the walking interview method generate richer data compared to only sit-down interview.

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Disclosure of Interest: None Declared

Keywords: everyday life, neighborhood, walking interview

OC034

Date: Thursday 16 April 2015

Session: Design and Technology

GARDENS THAT CARE: DEMENTIA ENABLING ENVIRONMENTS. A WHOLISTIC LOOK AT THE ROLE THE PHYSICAL ENVIRONMENT HAS IN ENHANCING THE QUALITY OF LIFE OF PEOPLE WITH DEMENTIA AND IT'S USE AS A TOOL FOR BEHAVIOUR MANAGEMENT AND BETTER HEALTH AND WELLBEING.

Tara Graham-Cochrane ^{1,*}

¹DesignWELL Landscape Architects, Adelaide, Australia

Objectives: Enabling environments for a person living with dementia can make a significant difference on their independence and quality of life. Increasingly it is being understood that how we design these environments has a profound effect on the health, behaviour and wellbeing of people with dementia.

Buildings and gardens designed specifically to support people with dementia can minimise disorientation, provide essential prompts and enable a person with dementia to engage meaningfully in daily life.

Whilst often the building environment has been the prime focus by aged care providers when looking to enable their residents with dementia, research shows that a more wholistic approach is required which includes both the interior and exterior environments.

Dementia Enabling Garden Environments are specifically designed to improve the health and well-being of people with dementia through access to nature, enhanced sensory stimulation, meaningful activities, reminiscence, socialisation, exercise and to be used as tools for a range of therapies including horticultural therapy and physiotherapy.

Dementia Enabling Garden Environments are also based on a set of best practice design principles developed by Tara Graham Cochrane in conjunction with Alzheimer's Australia and published in the book "Gardens That Care: Planning Outdoor Environments for People with Dementia" 2010.

The Design Principles include:

- Orientation
- Accessibility
- Sensory stimulation
- Meaningful Activity
- Reminiscence
- Socialisation
- Safety
- Sustainability

Each principle aims to enhance the health, wellbeing and quality of life of someone with dementia.

A series of dementia enabling gardens have now been specifically built and are in operation based on the above principles. These showcase how dementia enabling environments enhance the health, wellbeing and quality of life of someone with dementia.

Disclosure of Interest: None Declared

Keywords: Behavioural and Psychological Symptoms of Dementia (BPSD), dementia friendly environment, design, health and wellbeing, healthy ageing

Oral Abstracts

OC035

Date: Thursday 16 April 2015

Session: Design and Technology

THE EPR THEORY OF ENGAGEMENT: WHY PEOPLE WITH MODERATE TO ADVANCED DEMENTIA RESPOND TO DIGITAL VIRTUAL WORLDS

Mandy Salomon^{1,*}

¹Media and communications, Swinburne University of Technology, H31, Hawthorn, Australia

Objectives:

Digital tools that enable people to maintain collaborative, creative and communicative activities into the dementia years are largely unexplored. This presentation, the result of a 3-year PhD, reports on obstacles to digital inclusion, and a way to work around them.

Methods:

Theories on personhood and engagement, along with gathered field data that identifies users' needs, contributed to an original software, an Applied Virtual Environment for Dementia (AVED). Popular psychosocial interventions (e.g. reminiscence, art and music therapy) influenced content. Ten people with moderate to severe symptoms of dementia participated in AVED's design and evaluation. Recorded sessions were thematically analysed using three novel categories of engagement: experiential, proximal and reflective (EPR).

Results:

Participants navigated AVED, interacted with its content and were observed to be engaged for durations of 30 to 40 minutes. Participants recognised and commented on representations and settings. Four of the 5 used the software unaided after initial guidance. One participant with no computer experience worked independently for 10 minutes. Participants offered advice, with one asking about AVED's price and availability.

Conclusion:

People with moderate to advance dementia can interact and engage using digital virtual worlds when engagement principles relevant to their condition are incorporated into the design. The software met its objectives to be 'person-centred'. A wider study would ascertain AVED's effectiveness as a tool that supports wellbeing. The originally devised EPR theory of engagement may assist with developing person-centred software in general and further investigation is warranted.

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Disclosure of Interest: M. Salomon Conflict with: Alzheimer's Australia Victoria

Keywords: Digital, Engagement, Psychosocial Intervention, Technology, Virtual Worlds

OC036

Date: Thursday 16 April 2015

Session: Design and Technology

THE MEANING OF HOME FOR CARERS OF PEOPLE WITH DEMENTIA: A SECURE HEAVEN OR PRISON?

Dia Soilemezi ^{1,*}Amy Drahota ¹Rebecca Stores ¹John Crossland ¹

¹University of Portsmouth, Portsmouth, United Kingdom

Objectives: This study aims to explore how family carers who cohabit with a person with dementia perceive their home environment and how they deal with everyday environmental challenges at home. The views of carers on using everyday and assisted technological solutions are also explored.

Methods: The study was conducted in Portsmouth, UK, using a qualitative methodology. Data was collected through semi-structured walking interviews with 13 current family carers in their own homes. Thematic Analysis was used to identify major themes between the participants and highlight potential barriers and facilitators of delivering care and encouraging independence at home.

Results: Preliminary findings indicate that although the notion of 'home' has changed for some of the carers, home is considered an important place for both the carer and the person with dementia. Carers identified specific barriers related to the lay-out and size of their property as well as elements in the interior design. Most of the carers were prone to improvise adaptations to carry on safely with life at home and create an 'escape' space to use when needed. They were also happy to implement professional modifications and use assistive technology.

Conclusion: This study discusses the importance of home for family carers of people with dementia and also identifies potential environmental barriers and facilitators. It also highlights that the demands on informal carers dependent on both the environmental barriers (e.g. stairs) and also their ability to sustain care via either professional input or their own improvisations.

References: Gitlin, L.N., Liebman, J., & Winter, L. (2003). Are environmental interventions effective in the management of Alzheimer's disease and related disorders? A synthesis of the evidence. *Alzheimer's Care Quarterly*, 4(2), 85-107

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Disclosure of Interest: None Declared

Keywords: assistive technology, dementia care, home environment, independent living, informal care

Oral Abstracts

OC037

Date: Thursday 16 April 2015

Session: Mapping the Journey of Dementia

HOME-BASED SPATIAL MAPS: A NEW QUANTITATIVE WAY TO MEASURE IADL FUNCTION.

Anna Radowiecka¹*Amit Lampit¹Michael Valenzuela¹

¹Brain and Mind Research Institute, University of Sydney, Sydney, Australia

Objectives: Recent converging evidence forecasts that the worldwide trend in dementia incidence will continue to dramatically increase, prompting a shift in research focus from treatment of overt disease to detection of pre-clinical symptoms and early intervention. However, traditional clinical assessment tools are usually incapable to detect subtle functional changes that accompany early age-related cognitive decline. The current project aims to address this gap by adapting existing indoor spatial tracking technologies to measure and detect mild functional impairment in humans.

Spatial tracking is used extensively in animal studies, enabling continuous recording of task activity and quantitative frame-by-frame behavioural analysis. Similarly, GPS-based technologies have been able to detect symptoms manifested in moderate to advanced dementia such as pacing and wandering-like behaviour. We suggest a translational method that relies on indoor spatial tracking technologies to record real-time location of individuals in their own home through the use of wireless tracking devices. This technology will generate spatiotemporal maps that provide a quantifiable measure of indoor activity that can be compared across individuals with various cognitive profiles or diagnoses. Spatiotemporal patterns can in turn provide insight to behavioural changes that characterise cognitive decline and could thus serve as a marker of functional change.

The benefits of this technology include the unobtrusive nature of Wi-Fi device tracking, continuous data acquisition limiting the necessity for clinical visits and assessment of longitudinal change. Preliminary trials have revealed that this technology enables real-time positioning of the target with the accuracy of up to 1 meter, and a refresh rate of 5 seconds, allowing for flowing representation of movement within the home. To investigate the utility of this approach we are currently using spatial tracking technology to compare spatiotemporal maps between people with or without mild cognitive impairment (N=45). If successful, this approach may find application for early detection and diagnosis of cognitive decline, and improved evaluation of interventions and treatment.

Disclosure of Interest: None Declared

Keywords: dementia, functional impairment, instrumental activities of daily living, mild cognitive impairment

OC038

Date: Thursday 16 April 2015

Session: Mapping the Journey of Dementia

WHAT HAPPENS TO BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA OVER TIME?

Henry Brodaty¹, Michael Connors¹, Michael Woodward², David Ames³

¹DCRC-ABC, UNIVERSITY OF NEW SOUTH WALES, Sydney, ²Geriatric Department, Austin Hospital, ³National Ageing Research Institute, University of Melbourne, Melbourne, Australia

Objectives: Behavioural and psychological symptoms of dementia (BPSD) occur in over 90% of people with dementia. They cause distress to persons affected, their families and staff and are often treated with medications. Understanding the longitudinal trajectory of BPSD in general and individual symptoms would be helpful to families and clinicians. This study aimed to determine the prognosis of BPSD in people with dementia attending a memory disorders clinic.

Methods: Participants were drawn from the PRIME study, a three-year observational study examining relationships between predictors and outcome variables of BPSD in patients attending one of nine memory clinics in Australia. The symptoms were rated on up to six occasions over the three years on the Neuropsychiatric Inventory (NPI) as well as measures of cognition, dementia severity, function, and medication use. Data from 514 patients who had data on at least four occasions were analysed.

Results: Levels of BPSD in general increased over the three years. Some symptoms - delusions, hallucinations, agitation, anxiety, apathy, disinhibition, irritability, and aberrant motor behaviour increased over time - while others did not - depression, euphoria, night time behaviour, and appetite. Demographic e.g. male sex and baseline clinical variables e.g. severity and type of dementia predicted increasing BPSD.

Conclusion: Different symptoms have different trajectories. Knowing which characteristics of patients predict the subsequent course of symptoms can be useful for families to be forewarned what to expect, for clinicians to plan interventions and for researchers to study neuropsychiatric symptoms.

References: Brodaty H, Woodward M, Boundy K, Ames D, Balshaw R. Patients in Australian memory clinics: Baseline characteristics and predictors of decline at six months. *Int Psychogeriatr* 2011; **23**(07): 1086-96.

Disclosure of Interest: H. Brodaty Conflict with: Janssen Pharmaceutical sponsored research nurse to collect data, M. Connors Conflict with: Janssen Pharmaceutical sponsored research nurse to collect data, M. Woodward Conflict with: Janssen supported data collection, D. Ames Conflict with: Janssen supported data collection

Keywords: Behavioural and Psychological Symptoms of Dementia (BPSD), Prognosis

Oral Abstracts

OC039

Date: Thursday 16 April 2015

Session: Mapping the Journey of Dementia

IMPROVING THE SAFETY AND QUALITY OF PRESCRIBING FOR AGED CARE RESIDENTS WITH ADVANCED DEMENTIA

Domenica Disalvo^{1,2}, Tim Luckett^{1,2}, Alexandra Bennett³, Meera Agar^{4,5}, Patricia Davidson^{6,7}

¹Centre for Cardiovascular and Chronic Care, University of Technology (UTS), ²Improving Palliative Care through Clinical Trials (ImPaCCT), the New South Wales (NSW) palliative care clinical trials collaborative, ³Pharmacy, University of Sydney (USYD), ⁴HammondCare, ⁵South Western Sydney Clinical School, University of New South Wales (UNSW), ⁶Centre for Cardiovascular and Chronic Care, University of Technology (UTS) Faculty of Health and St Vincent's Hospital, Sydney, Australia, ⁷School of Nursing, Johns Hopkins University (JHU), Baltimore, United States

Objectives: A palliative approach prioritising comfort is considered best practice for advanced dementia, but evidence suggests this may often go unrecognised in aged care¹⁻³.

This study aimed to: 1) describe prescribing in Australian aged care residents with advanced dementia to estimate potential inappropriateness; 2) inform methods for identifying inappropriate prescribing; and 3) provide preliminary data on the use of the national Residential Medication Management Review (RMMR) process in the context of advanced dementia.

Methods: A clinical record audit of residents' current medication charts and RMMR reports was conducted in 20 aged care facilities in Sydney and Brisbane, Australia. Medication data were coded for frequency, drug class and appropriateness. RMMR reports were scrutinised for reference to advanced dementia and palliative status in decision-making. Analyses were descriptive but also explored associations between socio-demographic and clinical variables and the likelihood of being prescribed potentially inappropriate medicines.

Results: At time of submission, analyses are underway for 270 residents, which will be reported at the conference for the first time. Preliminary results for 176 residents and 75 RMMR reports identified residents to be taking a mean of 9.77 medications each. 22% of residents were taking 'never' appropriate medications, the most common being lipid lowering and antiplatelet agents. As in international studies, shorter length of stay and male gender were associated with an increased likelihood of being prescribed potentially inappropriate medications. Few RMMR reports referred to residents' advanced dementia or palliative status.

Conclusion: We found inappropriate prescribing to be prevalent in aged care residents with advanced dementia. Expert review of individual cases is needed to establish the contexts in which medications are least appropriate that warrant targeted intervention. Greater use of RMMRs may be a feasible and efficient intervention to ensure that prescribing is with a palliative intent.

References: 1. Tjia J, et al. Daily medication use in nursing home residents with advanced dementia. *J Am Geriatr Soc.* 2010;58(5):880-888.

2. Colloca G, et al. Inappropriate drugs in elderly patients with severe cognitive impairment: results from the shelter study. *PLoS one.* 2012; 7(10):e46669.

3. Toscani F, et al. Treatments and prescriptions in advanced dementia patients residing in long-term care institutions and at home. *J Palliat Med.* 2013;16(1):31-37.

Disclosure of Interest: None Declared

Keywords: advanced dementia, end of life care, potentially inappropriate prescribing

OC040

Date: Thursday 16 April 2015

Session: Mapping the Journey of Dementia

WORKING TOGETHER FOR A DEATH WITH DIGNITY: THE HOSPICE AT HOME PROGRAM

Lauren Clark ¹*Sharon Lovell ¹

¹Old Vicarage Respite Centre, Alzheimer's Australia Tasmania, Hobart, Australia

Objectives: Most people envisage dying in their own home surrounded by their loved ones. The staff at the Old Vicarage Respite House along with the District Nurses in Hobart were given the opportunity to deliver this service through the Hospice at Home Programme. Through this successful collaboration staff were able to work alongside the family of Elvie to deliver a service that was individual and resulted in a passing that was peaceful, dignified and how the family had hoped. Those involved would like to share their experiences of this new program, they will also discuss another situation where a partner was unable to engage with the Hospice at Home Programme.

Disclosure of Interest: None Declared

Keywords: hospice at home, death with dignity

Oral Abstracts

OC041

Date: Thursday 16 April 2015

Session: Mapping the Journey of Dementia

END OF LIFE CARE FOR PEOPLE WITH DEMENTIA: WHAT DO FAMILIES SAY IS IMPORTANT?

Nathan Davies ¹*Greta Rait ¹Steve Iliffe ¹

¹Department of Primary Care and Population Health, University College London, London, United Kingdom

Objectives: To explore the meanings of 'good' and 'poor' quality end of life care for people with dementia, from the perspective of family carers.

Methods: 46 in-depth interviews with family carers of people recently diagnosed with dementia, or who were currently caring for someone dying with dementia, or former carers. Interviews were analysed using thematic analysis methods.

Results: Participants emphasised the central role they played as carers. Carers need to be recognised as also being the responsibility of the health and social care sectors, having their own needs. They should be thought of as a separate entity but also having a conjoined status, highlighting the dyad of the person with dementia and their carer.

Care for the person with dementia was thought to be lacking in some basic areas, in particular attention, kindness and compassion from professionals, especially from nursing staff. They associated the decline in what they perceived to be compassion and kindness with a change in the nursing role to one that is task focussed and "paperwork heavy", becoming more "paramedical".

Participants felt more than one kind of loss during their time caring; the loss of the character of the person as the dementia progressed and the final physical loss when they died. Between this they also felt another loss as the person started to look less like "themselves". This was sometimes reinforced by care staff not dressing them like they would have normally or in their own clothes. Clothing was seen as an important manifestation of personhood.

Carers needed support with physical and emotional aspects of caring, however, in particular with care management. Participants described their frustration at being left to coordinate the care for the person with dementia, feeling like the "chief executive" of their relative's care. Some participants objected to the use of the term "carer", seeing care as part of their responsibility as a relative, and the term stripped them of this identity.

Conclusion: These carers did not focus on the technical medical aspects of end of life care, but were more concerned with the interpersonal and social aspects of care. In order to achieve 'good' end of life care the finer details of care need to be considered, such as clothing.

Disclosure of Interest: None Declared

Keywords: end of life care, Family carers, palliative care

OC042

Date: Thursday 16 April 2015

Session: Mapping the Journey of Dementia

ADVANCE CARE PLANNING IN DEMENTIA: FEASIBLE?

Karen Harrison Denning¹, Elizabeth Sampson¹

¹Department of Mental Health Sciences, UCL, London, United Kingdom

Objectives: To examine agreement between people with dementia (PWD) and carers concerning the use of life sustaining medical treatments at the end of life (EoL). To explore the influence of quality of the care relationship, carer distress and burden on agreement.

Methods: Mixed methods, beginning with nominal groups (NGs) to explore if PWD and carers could generate and prioritise preferences for EoL and if carers influenced the PWD's choices. The second phase involved 60 dyad interviews using a modified Life Support Preferences Questionnaire to assess whether carers could predict the PWD's preferences for treatment in three health states. The influence of carer burden and distress, and relationship quality, on a carer's ability to predict preferences were measured. Qualitative interviews then provided personal contexts to decision making.

Results: In NGs, PWD found it difficult to conceive of their future selves and think about preferences for EoL care. Carers' views were influenced by their experiences of caring and negative media coverage of dementia and, when together, carers tended to override the PWD's views. In interviews, carers could predict the PWD's preferences in the here-and-now but were less accurate in hypothetical health states. Both showed marked uncertainty about EoL treatment choices. Relationship quality, carer distress and burden had no influence on accuracy of prediction. Qualitative interviews revealed that while dyads claimed to have a shared decision making approach, joint healthcare decision making had largely been untested.

Conclusion: Advance care planning in dementia is complex. Families affected by dementia require practical and emotional support at the outset to enable them adapt to changes in usual patterns of decision making, prepare for changes ahead and ensure, where possible, that the PWD's preferences are upheld.

References: DENING HK, JONES L & SAMPSON EL (2011) Advance care planning for people with dementia: a review. *International Psychogeriatrics*, 23(10) 1535-51

DENING HK, JONES L & SAMPSON EL (2012) Preferences for end-of-life care: A nominal group study of people with dementia and their family carers. *Palliative Medicine*, 27(5) 409-17

Disclosure of Interest: None Declared

Keywords: Advance care planning, Agreement, carers, Decision making



Oral Abstracts

OC043

Date: Thursday 16 April 2015

Session: Arts and Engagement

ALZHEIMER'S AUSTRALIA – VOLUNTEERING PROGRAM – SUPPORTING PEOPLE TO REENGAGE WITH THE COMMUNITY

Paula Euington¹ Suzanne Free^{1,*}

¹Client Services, Alzheimer's Australia, Perth, Australia

Objectives: At present there are 14 people with dementia aged between 49 and 82 in volunteering roles in organisations linked to wildlife rescue, playgroups, gardening, museums, nursing homes, as well as links to farms and other charity organisations. We are confident these numbers will grow with increased resources focused on the program.

This program also presents an opportunity for younger people living with dementia to access a service that differs from our core social services. These placements provide a sense of purpose that is highly valued by those who have ceased working and are feeling the need to replace that sense of value.

The person centred principles underpinning the volunteering program enable the person living with dementia a high degree of control over the way they spend their day and our Volunteering Program coordinators build a strong relationship with clients to find placements that will fit their needs and abilities. This rapport building also assists with placing support workers who will be able to bring out the best in the service and increase enjoyment for all.

Education is provided to the organisations who partner with AAWA to increase their confidence and comfort in welcoming our clients and staff into their team. Close monitoring is also in place to provide a high level of support for all parties involved in the program, and feedback is encouraged with regular opportunities for visits and continued advocacy.

The future of the Volunteering Program is looking strong with new links being forged and awareness growing within the community. We are working on internal links within the organisation, also, to partner with projects with similar objectives in order to build strength. We are also happy to support other service providers with developing such projects within their own programs.

Disclosure of Interest: None Declared

Keywords: community based intervention, engagement, Meaningful Activity for Person with Dementia, volunteering

OC044

Date: Thursday 16 April 2015

Session: Arts and Engagement

'I LOVE YOU' - THE POWER OF ART TO STRENGTHEN THE BOND BETWEEN COUPLES LIVING WITH DEMENTIA.

Jacqueline Lewis ^{1,*}

¹Consultancy, Alzheimer's Australia WA, Perth, Australia

Objectives: Now in its fifth year, 'Artistic Adventures', coordinated by Alzheimer's Australia WA (AAWA) Art Therapist Jackie Lewis, is an art program designed for ten couples, where one partner has dementia. Held at the Art Gallery of WA, this exciting project aims to encourage creative expression and social inclusion through monthly guided tours of the Art Gallery and hands-on sessions in the Gallery's studio. Here, everyone becomes an artist, and enjoys working with various media to create individual works of art. Gallery educators, volunteers and visiting students add richness to the experience. Following the art sessions, the group enjoys refreshments together in the Gallery Cafe.

The program was developed following the year long pilot program, 'Moments with McCubbin', where four different groups of people living with dementia were offered five sessions in the gallery. Three sessions were guided tours of the collection, one was a touch tour of sculpture and the final was a hands-on session in the studio, an experience normally offered to school students. One of the groups comprised residents from an aged care facility, two groups attended day centres, and the final group were couples living at home, where one partner had dementia. The feedback was overwhelmingly positive across all the groups, with the Art Gallery keen to continue with a new guided tours program 'Art and Memories'.

AAWA decided to create 'Artistic Adventures', a specific program for couples in the community who have limited opportunities to access an intellectually stimulating program that both can enjoy together. Developed with educators and guides from the gallery, and documented sensitively with photographs, it offers more than 'an art program for couples'.

By attending a mainstream art studio, or being guided through a current art exhibition, having new experiences, meeting new people, sharing laughter, joy, memories and genuine companionship, the couples often rediscover their relationship that can get lost in the 'caring' role.

The photographs featured in the presentation taken by photographer Sheila Lapping, AAWA, speak eloquently for themselves as they demonstrate the positive outcomes for couples.

Disclosure of Interest: None Declared

Keywords: Art, Couples, Dementia



Oral Abstracts

OC045

Date: Thursday 16 April 2015

Session: Arts and Engagement

CHINESE SIX ARTS FOR PEOPLE WITH MILD COGNITIVE IMPAIRMENT OR EARLY SIGNS OF DEMENTIA: A PILOT STUDY

Gloria Wong^{1,*} Maggie Lee² Jennifer Tang¹ Hao Luo¹ Terry Lum^{1,3} David Dai^{1,4}

¹Sau Po Centre on Ageing, The University of Hong Kong, ²Hong Kong Alzheimer's Disease Association, ³Department of Social Work and Social Administration, The University of Hong Kong, ⁴Institute of Alzheimer's Education, Hong Kong Alzheimer's Disease Association, Hong Kong, Hong Kong

Objectives: The Six Arts has been adopted as a culturally relevant framework for delivering non-drug intervention for Chinese people with dementia (Wong et al, in press). The theoretical and empirical basis can be applied to mild cognitive impairment. This study aims to apply a modified version of Six Arts for this at-risk population, and to investigate its effects on cognition and quality of life.

Methods: Twenty-five elders showing mild cognitive impairment or early signs of dementia were recruited from the community to participate in a 24-weekly-session Six Arts programme. The sessions were designed to cover the six disciplines of rites, music, archery, charioteering, literacy, and numeracy, which correspond to mind-body functional domains of social functioning; music; visuospatial and fine motor skills; kinesthetic and gross motor skills; language; and executive function. A control group of 26 elders attended monthly gatherings at community social centres. Cognitive performance (measured using the MoCA) and quality of life (WHOQoL-BREF) were assessed at baseline and after 6 months. Complete baseline and follow-up data were available in 11 elders in each group.

Results: A Six Arts programme for Hong Kong Chinese with mild cognitive impairment or early signs of dementia was developed and field-tested. Average attendance in the Six Arts group was 83%. In the comparison analysis, the control and Six Arts groups did not differ in baseline MoCA (19.6 ± 4.6 vs 21.9 ± 2.5) but showed a difference after 6 months (20.6 ± 5.5 vs 26.5 ± 3.0 , $p=0.01$). The between-group difference in the change in MoCA score was significant (Mann-Whitney U 101.0, $p=0.01$). Education and age were associated with score change ($r=0.44$ and -0.52 , respectively, both $p<0.05$). In terms of quality-of-life changes, a difference in the social relationship domain was observed (-2.7 in control vs 7.8 in Six Arts, Mann-Whitney U 50.5, $p<0.05$).

Conclusion: The Six Arts programme is feasible in elders at-risk of dementia. This study showed initial evidence suggestive of cognitive and quality-of-life benefits. Refinements taking into account education and age effects are needed for further research.

References: Wong, G. H. Y., et al. (in press). Design and development of Six Arts, a culturally appropriate framework for multimodal non-pharmacological intervention in dementia. *The Gerontologist*.

This research was supported by the Ho Cheung Shuk Yuen Charitable Foundation.

Disclosure of Interest: None Declared

Keywords: Chinese Culture, intervention, Mild cognitive impairment, Mild dementia, pilot study

OC046

Date: Thursday 16 April 2015

Session: Arts and Engagement

DEMENTIA AND PERFORMANCE ART- A RESOURCE FOR COMMUNICATION, EXPRESSION AND PLAY

Althea Gordon ^{1,*}

¹Mind the Change Inc, WA, Australia

Objectives: Poet John Killick (2013) in his book *Playfulness and Dementia* (Jessica Kingsley Publishers, UK) sights the usefulness of 'play' and its positive effect on the well-being of those living with dementia and those who care for them. Residential facilities throughout Australia use a person centeredness approach as a way of caring for people with dementia who are experiencing changed behaviours. Why, if art is an effective well-known form of therapy, is the implementation of arts-based workshops still considerably restricted? Mind the Change Inc. is a non-for-profit association committed to providing high quality, theatre-based self-development workshops, involving people living with dementia and their supporting family and friends. Designed to address the issues of inclusion, engagement and communication, while including humour and folly - traits people living with dementia often still enjoy - Mind the Change Inc. encourages everyone to take a look into the arena of performance art. Using drama techniques in conjunction with laughter therapy and positive distraction we aim to support the wellbeing of those living with memory loss, making accessible an array of creative tools for people working with, caring for and living with dementia. Dementia presents a significant disadvantage to those living with the condition, and these workshops remove the barriers and allow a prosperous coexistence amongst the participants. The workshops equip the participants to make meaningful contributions to the community and to their families, as demonstrated in the examples from participants below:

Anne: "Richard and I were looking after the grandchildren over the school holidays and I suggested we played the activities we had done at the Mind the Change workshops. Richard took great pride in demonstrating with me how to play the activities to our three grandchildren, and it provided us with hours of quality entertainment"

Bill: "Colleen and I often struggle with conversation in the kitchen as she has trouble remembering a sequence of events. To encourage more conversation, we have started running our own storytelling activities based on the ones we practiced at the workshops. It is quite funny what we come up with."

Challenging Perth's lack of arts-based therapies specific for those living with a diagnosis of dementia, we strive to develop new, and enhance existing, networks within the current community of people living with this condition.

Disclosure of Interest: A. Gordon Conflict with: Alzheimer's Australia WA

Keywords: Art, creative, Dementia, performance, Social inclusion

Oral Abstracts

OC047

Date: Thursday 16 April 2015

Session: Arts and Engagement

COME DANCE WITH ME

Wendy Kudell ¹; Sue Mackley ¹; Christine Bryden ¹

¹N/A, N/A, N/A, Australia

Objectives: "Come Dance with Me" is a new dance program, which was launched by Alzheimer's Australia Queensland as part of Dementia Awareness Month this year. The weekly class in Brisbane is designed to empower people with dementia to participate in their community while engaging in social and physical activity. Giving a person the opportunity to dance regardless of having dementia is an important part of the national goal of creating a dementia-friendly community. The program is non-verbal, so is excellent for people with dementia to enjoy an activity with their supporters, without feeling overwhelmed or outpaced, as so often occurs in other social settings. The program is open to anyone living with dementia, and his or her family and friends. Each class is easy to follow and caters for all ages and all ability levels. There are no dance steps to remember, no trying to recall which way is left or right, and definitely no wrong way to dance. All participants join in on an equal basis and are given positive encouragement to express themselves through dance. No experience in dance is needed, just a willingness to enjoy yourself. The class has been developed in collaboration with Beverley Giles, who brings over 25 years experience working with people with dementia to the program. Tiina Alinen, who brings to the classes her creativity and a welcoming approach to people with dementia, leads the weekly classes. The purpose is to give people with dementia the opportunity to do something they love and simply move to the music. It is an activity that a person with dementia can share with their supporter, bringing joy, fun and laughter. Movement to music, as a physical and social activity, has positive body and brain health benefits for both people with dementia and their family and friends.

Disclosure of Interest: None Declared

Keywords: Enabling environments



OC048

Date: Thursday 16 April 2015

Session: Arts and Engagement

SPIRITUALITY AND COGNITIVE FUNCTION

Mizraim Esquilin ¹, Ivonne Z. Jimenez ¹

¹Internal Medicine, UPR School of Medicine, San Juan, Puerto Rico, United States

Objectives: For many years, the relationship between spirituality and health has motivated profound analysis. Quantitative research studies have been published in peer reviewed journals, revealing interesting results. Immune function, endocrine functions, morbidity and mortality have also been related with physical, mental and spiritual well-being. Positive traits related to improved cognitive function are: forgiveness, altruism, kindness/compassion and a good sense of humor.

One of the most important theories that explain the positive relationship between cognitive function and spirituality is related to cortisol levels. High cortisol levels deteriorate neurons, producing neuronal death by apoptosis. Neurophysiological studies validate that some spirituality practices foster important activities in the nucleus caudate as well as the amygdala; thus, a non-pharmacological alternative to decrease cortisol levels. The way cortisol levels are related with cognitive function will be explained.

This presentation provides a concise but comprehensive review of research on religion/spirituality and cognitive function. It also proposes a palliative model for both Alzheimer's disease patients and their care givers, that has been developed based on validated data about high levels of cortisol on Alzheimer's Dementia patients and neurophysiological research on spirituality techniques. Its main goal is based on improvement of quality of life for both Alzheimer's patients and their care providers.

Disclosure of Interest: None Declared

Keywords: Spirituality, Cognitive Function

Oral Abstracts

OC049

Date: Friday 17 April 2015

Session: Indigenous Communities

ETHNICITY AND ALZHEIMER'S DISEASE

Peter Panegyres¹; Huei-Yang Chen¹

¹Neurodegenerative Disorders Research Pty Ltd, Perth, Australia

Objectives: Our previous studies of early-onset dementia suggest that early-onset Alzheimer's disease is found more frequently in ethnic minorities. We wanted to study in more detail the relationship between ethnicity and Alzheimer's disease.

Methods: Data from over 6000 subjects with AD from the C-PATH online data was used to compare demographics, comorbidities and ethnicity, including APOE genotyping and cognition.

Results: More females were of Asian, African American, Hispanic and other ethnicities with Alzheimer's disease. Comparing those with onset of Alzheimer's disease prior to 65 years, to those greater than 65, revealed more African Americans, Hispanics and other ethnic minorities had early-onset dementia. There were more Caucasians and people of Asian background in those with old-onset Alzheimer's disease. Alzheimer's patients from other ethnic minorities were less likely to have first-degree relatives, but more likely to have any other relatives with Alzheimer's disease. Patients from ethnic minorities were less likely to have an APOE-4 allele in comparison with Caucasians and African Americans; APOE-2 is possibly overrepresented in the other ethnic groups and African Americans.

There is an interaction with time, ethnicity and cognitive performance with patients from Hispanic and other groups showing more cognitive deterioration than Caucasians and Asians for both ADAS-Cog and the Mini-Mental state.

Conclusion: Ethnicity is a variable that impacts on Alzheimer's disease through age of onset, family history, APOE gene status and cognitive change with time.

References: 1. PK Panegyres, HY Chen. Differences between early and late onset Alzheimer's disease. American Journal Neurodegenerative Disorders 2013;2(4):300-306.

2. P. K. Panegyres, H. Y. Chen and the Coalition against Major Diseases (CAMD). Early-onset Alzheimer's disease: a global cross-sectional analysis. European Journal of Neurology 2014 (doi:10.1111/ene.12453).

Disclosure of Interest: None Declared

Keywords: alzheimer's disease, early onset dementia, Ethnicity

OC050

Date: Friday 17 April 2015

Session: Indigenous Communities

THE INCIDENCE AND RISK FACTORS FOR COGNITIVE DECLINE AND DEMENTIA IN ABORIGINAL AUSTRALIANS

D Lo Giudice¹Kate Smith^{2,*}S Fenner³Z Hyde²D Atkinson⁴L Skeaf²R Malay²L Flicker^{2,6}

¹Aged Care, Melbourne Health, Melbourne, ²WA Centre for Health and Ageing, University of Western Australia, ³Department of Psychiatry, Royal Perth Hospital, ⁴Rural Clinical School of Western Australia, University of Western Australia, Perth, ⁵Kimberley Aboriginal Medical Services, Broome, ⁶Department of Geriatric Medicine, Royal Perth Hospital, Perth, Australia

Objectives: To determine longitudinal outcomes of cognitive impairment and dementia in older Aboriginal Australians living in the Kimberley region of Western Australia.

Methods: 5 year follow up of the survey of 363 participants aged 45 years and older from six remote communities studied in 2004-2006. Participants completed a health survey that included screening with the Kimberley Indigenous Cognitive Assessment (KICA), lifestyle factors and clinical history. Specialist clinical review was undertaken for those with a KICA score $\leq 36/39$. Consensus diagnoses were established according to DSM-IV-TR and ICD-10 criteria.

Results: 189 people of the original 363 participants participated at follow-up, with a mean (SD) age of 65.4 (10.3) years. 109 (30.0%) had died and 65 (18%) were lost to follow-up. The incidence of dementia in participants aged over 60 years was 21.0 (10.5, 42.1) per 1,000 person-years (1089.3 person-years total). Incidence rate of cognitive impairment or dementia in participants aged over 60 years was 52.60 (95% CI 33.93, 81.52) per 1,000 person-years (380.25 person-years total). Longitudinal risk factors associated with cognitive decline from no cognitive impairment to impairment were age 1.09 (1.05, 1.14) and head injury 2.62 (1.13, 6.08). No factors were significantly associated with a decline to dementia. Cross-sectional associations for cognitive decline were stroke 9.54 (2.39, 38.13), head injury 3.74 (1.14, 12.24), analgesic medication 13.48 (3.16, 57.44), lower BMI 0.90 (0.81, 0.99) and higher systolic BP 1.03 (1.00, 1.06).

Conclusion: This follow-up study confirmed high rates of dementia in Aboriginal people living in remote communities. Culturally sensitive preventive strategies to diminish head injury and other trauma and focusing on cardiovascular protection could potentially lead to a reduction in the burden of cognitive impairment and dementia in remote and rural Aboriginal Australians.

References: N/A

Disclosure of Interest: None Declared

Keywords: aboriginal, cognitive impairment, dementia, indigenous, risk factors

Oral Abstracts

OC051

Date: Friday 17 April 2015

Session: Indigenous Communities

UNDERTAKING ACCURATE COGNITIVE ASSESSMENT WITH ABORIGINAL AND TORRES STRAIT ISLANDER (ATSI) PEOPLE

John Price^{1,*}

¹Alzheimer's Australia Vic, Melbourne, Australia

Objectives: This presentation will demonstrate how, through national collaboration, an ATSI Health Worker (HW) specific education module is building their capacity to identify people in their communities at risk of or living with Cognitive impairment, implement holistic support plans to improve their social and emotional well-being and support their access to a timely diagnosis. It was developed following the identified need for a training module covering a broad range of cognitive assessment tools (CAT's) that had inbuilt flexibility to meet the needs of the diverse ATSI communities of Australia. The module is a partnership between ATSI HW's and their Organisations, Alzheimer's Australia (AA) Victoria and a diverse group of Clinical specialists and researcher's. The module includes both a pilot and and train the trainer (TTT) program. The module has 5 topics: Describing Dementia and Cognition; Social Context and Social and Emotional Well Being; Cognitive Assessment Tools (CAT's); Benefits and limitations of Cognitive Assessment and the Cognitive Assessment Processes and the Pathways for Dementia Diagnosis.

All AA States and Territories branches participated in the TTT program for the module which was piloted in Tasmania, Victoria and the Torres Strait Islands. The module acknowledges that ATSI HW's are pivotal in Primary and Holistic care and that they are critical to assist with the facilitation and the undertaking of accurate cognitive screening in their community.

The key findings were: improved understanding of CAT's by ATSI HW's; improved knowledge and understanding of CAT's and their application; heightened appreciation of "how the person with Dementia might feel"; the importance of having options and a broad range of tools that are culturally appropriate for their communities and that are available and accessible for them; the flexibility in the modules delivery modalities and duration increased acceptance, participation and understanding;. It is now being delivered across Victoria and will be delivered in Cairns and the Torres Strait Island's as part of the dementia prevalence study. It is currently being provided to mainstream service providers working with the ATSI communities in Victoria. Utilization of the module, incorporating existing dementia awareness and risk reduction programs is ongoing. Integration of the module with current and future research projects across Australia is being discussed and considered.

Disclosure of Interest: None Declared

Keywords: Indigenous research

OC053

Date: Friday 17 April 2015

Session: Indigenous Communities

A BLESSING OR A CURSE? THE CHANCES AND CHALLENGES OF DEMENTIA IN AUSTRALIAN INDIGENOUS PEOPLE

IS THERE A MESSAGE WE CAN LEARN FROM ABORIGINAL TRADITIONS IN ORDER TO DEAL WITH THE GLOBAL CHALLENGE OF DEMENTIA? RESULTS OF A NON-SCIENTIFIC PHOTO PROJECT.

Michael Hagedorn^{1,*}

¹KONFETTI IM KOPF e.V., Hamburg, Germany

Objectives: In traditional Australian Aboriginal communities dementia was either completely unknown or simply not recognized as being a problem; nowadays, in times of cultural and communal uprootedness in combination with the hazards of a “modern” life and a growing life expectancy dementia has come to being much of a challenge: According to University of Western Australia’s KICA study Aboriginal people in the predominantly rural Kimberley region were found to have around five times the non-indigenous rate of dementia.

On the other hand sources indicate that risk factors such as alcohol, drugs, poor diet and overall health status do only account for roughly 10 percent of this difference. Yet in many remote communities dementia is being regarded more as a blessing than a curse: belief is that in a state beyond cognition and ego the contact with spirits and ancestors is much easier, hence people with dementia are being highly respected within these communities.

Confusing? Yes, definitely. But amidst this seemingly paradoxical situation of holistic traditional belief versus grim statistics, there are strong and encouraging indications that traditional Aboriginal ways of dealing with symptoms like dementia might lead to a new understanding of and a new approach to dealing with this global social and human challenge.

Dementia is a condition that raises important questions about our own attitudes towards illness and aging. It also raises very important issues beyond the bounds of dementia to do with how we think of ourselves as people - fundamental questions about personal identity. There seem to be differing world views about the process of ageing between many Australian Indigenous people and the mainstream service providers. What is the message everybody in every society can learn from this? Can a re-newed link to our spirituality and ancestral past be the key to a better, healthier future for all of us in every culture?

In this talk some of the results of this long-term photo project will be presented. Everybody is encouraged to share their ideas and experiences.

Disclosure of Interest: None Declared

Keywords: indigenous, spiritual and emotional challenges

Oral Abstracts

OC054

Date: Friday 17 April 2015

Session: Indigenous Communities

CULTURAL CARE AND DEMENTIA IN INDIGENOUS COMMUNITIES

Wayne Hodge^{1,*}

¹Yanada Indigenous Corporation, Taree, Australia

Objectives: Our current and next generation of Elders have lived through some of the darkest parts of Australian history, the likelihood of 3 out of 5 of our Elders developing dementia and returning mentally to that time in history highlights the urgent need to educate not only our communities but both Indigenous and mainstream health workers and carers to the specific cultural care needs of our Indigenous people living with dementia.

The vast majority of Australia's Indigenous history and cultural stories are oral, it's not written down; it's not recorded and can be difficult for services or non-Indigenous people to access accurate, appropriate cultural information.

The need for a cultural care and dementia program was identified through an extensive consultation process undertaken with Indigenous communities, health care providers and residential care facilities.

In particular many residential care facilities were identifying the urgent need for culturally appropriate Indigenous support information prior to the engagement, identification and development process.

Yanada Indigenous Corporation has developed an innovative cultural support training program for dementia service providers, health care professionals and carers of Indigenous people living with dementia.

Our innovative training package 'Cultural Care and Dementia' has been developed by Indigenous people, for both Indigenous and non-Indigenous government and non-government organisations, corporations and businesses to educate their staff in providing culturally competent dementia and health care to Indigenous Australians.

'Cultural Care and Dementia' includes specific cultural training with a practical look at how invasion, previous and current government policy, forced child removals and intergenerational trauma directly impacts on the dementia care of Indigenous people in Australia.

The Cultural Care and Dementia, training and resource package has been designed to provide Indigenous and non-Indigenous health workers and care with the resources, knowledge and skills to provide culturally competent care and use a culturally appropriate, purposeful thinking models to problem solve cultural or history related dementia behaviours.

Disclosure of Interest: W. Hodge Conflict with: Alzheimer's Australia NSW

Keywords: Aboriginal and Torres Strait Islander Australians, Aboriginal Cultural Competency, Cultural Training, Indigenous Population, innovation



OC055

Date: Friday 17 April 2015

Session: Awareness and Stigma

STIGMA AND LANGUAGE: THE FUTURE

Kate Swaffer^{1,*}

¹University of Wollongong, Wollongong, Australia

Objectives: Stigma and disrespectful language affects more than just well-being and quality of life for people with dementia and their families (Alzheimer's Australia 2014, ADI 2012). This presentation will provide the results of a literature review of the language used in the dementia literature and the impact on stigma. Language, inclusion and providing dementia friendly communities are important in the reduction of stigma, and until these change, stigma will continue to be a considerable burden on people with dementia (Garand, Lingler, Conner & Dew 2009; Vincent 2014). Stigma is still a salient feature of the experience of people with dementia, and the existence of stigma within the literature exacerbates the impact of stigma further. Furthermore, the stigma literature is focused on the effect or feeling of stigma, not from the perspective of the person with dementia but from the carer's viewpoint, inaccurately claiming to understand stigma from the point of view of people with dementia. This knowledge or experience cannot be ignored as not including people with dementia in research not only further stigmatises, but hinders the validity of the research. Stigma is also intensified by the use of incorrect information and inappropriate and offensive language used to describe people with dementia. Stigma within the literature, towards the very cohort group it aims to help, may also be partly to blame for poor knowledge translation, and it is timely for researchers to now refer to the language guidelines for dementia. In closing, I will outline the Alzheimer's Australia 2014 Dementia Language Guidelines, with rationale provided by people with dementia for the importance of their use not only in the community and health care sector, but by the media and by researchers.

Disclosure of Interest: None Declared

Keywords: Stigma, Language, Dementia,

Oral Abstracts

OC056

Date: Friday 17 April 2015

Session: Awareness and Stigma

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

Venance Dey ^{1,*} on behalf of Alzheimer's Ghana Dennis Bortey ¹ on behalf of Alzheimer's Ghana

¹Alzheimer's and Related Disorders Association of Ghana, Accra, Ghana

Objectives: Awareness and Stigmatization Situation in Ghana: The Place of Chiefs and Traditional Leaders.

A major need among the people of Ghana is awareness of dementia in the face of stigmatization abuse and exclusion of people with the disease. As the mortality rate in Ghana continues to decline, thanks to better healthcare and improved lifestyles, the country's older person are enjoying an increase in the nation's average life expectancy, the transformation of the demographic could be presented as a clear indication of progress and improvement in Ghana's economic standing. But a closer look highlights growing concerns that the country's healthcare system will be unable to cope with an aging population. Stigmatization and abuse of people suffering from dementia with some sent to Witch Camps, Prayer camps and others chained for spiritual and cultural reasons is sited to be major concerns.

Awareness is the major key to fundamental change in public perceptions about dementia through involvement of the aborigines and indigenous traditional leaders. In view of this, Alzheimer's Ghana has strategized in involving the Chiefs and Traditional leaders since Chieftaincy is one of Ghana and Africa's enduring cultural heritage and institution, which is deeply rooted in the ethnic consciousness of communities, providing the scope for leadership and exercise of authority, also symbolizing socio-political and sacred power vested in Chiefs, Queen-mothers and Priests in many parts of Ghana

Alzheimer's Ghana is collaborating with Fifty (50) traditional leaders namely Kings, Chiefs, Sub-chiefs, Regents and Linguists in the Greater Accra Region, who pledge to make dementia their **PET PROJECT** through:

- Organising education and public talks on dementia in the various communities
- Protect people suffering dementia from abuse

At Mount Horeb Prayer Camp for example, our team visited the camp where elderly people were put in chains due to the condition they called "madness" which is a mental disorders. When the leader of the camp was asked whether he has knowledge of dementia, he replied NO. When asked how he got the property/camp, he replied that he acquired the land from a Chief of the area.

Creating dementia friendly communities where people with dementia can live with dignity and honour that they deserve will largely depend on greater involvement of Chiefs, Queen-mothers and Priests in many parts of Ghana through awareness and allaying of stigma.

Disclosure of Interest: None Declared

Keywords: dementia awareness, stigmatization, chiefs traditional leaders

OC057

Date: Friday 17 April 2015

Session: Awareness and Stigma

DEMENTIA AND OUR MOB: ABORIGINAL COMMUNITY AND DEMENTIA AWARENESS PROGRAM

Sheree Drylie^{1,*}

¹Alzheimer's Australia NSW, Australia

Objectives: Alzheimer's Australia NSW (AlzNSW) has been establishing strong links with Indigenous communities across NSW. Drawing from a state-wide community engagement project conducted throughout 2011–14, the urgent need for an Indigenous specific dementia awareness program was recognised and prioritised in the AlzNSW Aboriginal engagement strategy. 'Dementia and Our Mob' community dementia awareness program has been designed and piloted with three community groups in NSW. The goal of the program is to not only increase the dementia awareness but to empower communities with the knowledge of dementia support services. The program contains only culturally appropriate information and has been designed to be a short interactive session as a first touch point with an Indigenous community about dementia. The material has responded directly to the identified needs and provides simple, concise 'What you need to know' information, which is specifically relevant to Indigenous communities. Through extensive consultation with both regional and urban communities this program has helped to fulfil the information gaps and learning needs identified. 'Dementia and Our Mob' program pilots have achieved measurable, outstanding results with 99 per cent of participants reporting that the program had improved their knowledge of dementia and dementia services. Written and verbal evaluations have provided statistical evidence that 148 of 152 participants were able to identify 6 signs and/or symptoms of dementia at the completion of Dementia and Our Mob. All participants were able to identify at least one dementia referral or support pathway within their local community at the completion of Dementia and Our Mob. Fear of removal from family and country was identified by the groups as the biggest barrier to Aboriginal people accessing support services. All three pilot groups were also found to hold a strong concern that the high number of Aboriginal people, particularly youth currently using synthetic drugs and methamphetamines will continue to increase the prevalence of Aboriginal people to dementia. I will present the key findings from Dementia and Our Mob pilot program, which have shown that while NSW Indigenous Communities are aware that dementia does exist, they do not understand what dementia is. Indigenous communities are not aware of local, state or national dementia referral or support pathways, and not engaging with service providers due to this lack of knowledge.

Disclosure of Interest: None Declared

Keywords: Demystifying, Educational, Engagement, Indigenous, Resource

Oral Abstracts

OC058

Date: Friday 17 April 2015

Session: Awareness and Stigma

DEVELOPING AN EDUCATION PROGRAM FOR CHILDREN ABOUT DEMENTIA – WHAT DO CONSUMERS WANT CHILDREN TO KNOW?

Jess Baker^{1,*} Belinda Goodenough¹ Lee-Fay Low² Teresa Atkinson³ Christine Bryden⁴ Yun-Hee Jeon⁵

¹Dementia Collaborative Research Centre, University of New South Wales, Sydney, ²Faculty of Health Sciences, University of Sydney, Lidcombe, Australia, ³Association for Dementia Studies, University of Worcester, Worcester, United Kingdom, ⁴Alzheimer's Australia, Brisbane, ⁵Sydney Nursing School, University of Sydney, Kamperdown, Australia

Objectives: Children are the citizens of the future. Improving attitudes towards dementia among the next generation is essential for developing inclusive dementia-friendly communities. This study aims to: 1) explore children's attitudes towards people with dementia; and 2) determine what consumers would like children to know about dementia, and to feel and behave around people with dementia.

Methods: Two focus groups of approximately six 10-11 year olds and two focus groups of approximately six 12-13 year olds will explore children's understanding of, and feelings and behaviour towards people with dementia. There will be three consumer focus groups - one with people with mild dementia, one with adult family carers, and one with adult friends or more distant relatives of people with dementia (approximately six to eight persons in each). Each will explore consumers' perspectives on what they would like children to know and believe about dementia, how they would like children to feel and behave around people with dementia and what attitude changes they may like an education program to confer.

Results: Content analysis will identify themes and their inter-relationships, with early data available by March 2015.

Conclusion: The findings will be the key platform to developing a classroom-based dementia education program with online content for children. The results will also inform development of a psychometrically valid measure by which to evaluate the effect of the new education program on children's attitudes towards people with dementia that incorporates consumers' priorities about the goal of the program.

References: N/A

Disclosure of Interest: None Declared

Keywords: Attitudes, Children, dementia-friendly, Education, Focus groups



OC059

Date: Friday 17 April 2015

Session: Awareness and Stigma

TRANSFORMATIVE SPACES FOR RE-IMAGINING DEMENTIA

Sherry Dupuis* 1, Pia Kontos², Christine Jonas-Simpson³, Gail Mitchell³, Julia Gray⁴

¹Recreation and Leisure Studies, University of Waterloo, Waterloo, ²Toronto Rehabilitation Institute, University Health Network, ³School of Nursing, York University, ⁴Not Applicable, Possible Arts, Toronto, Canada

Objectives: Persons with dementia (PwD) are among the most stigmatized due largely to assumptions in healthcare literature, public discourse, and policy documents that convey PwD as “the living dead”. This discourse produces and reproduces stigma and misunderstanding about ADRD, causing inter-relational violence and harm and suffering to persons and families living with ADRD. Our purpose is to share an arts-based research initiative that emerged out of a need to critique dominant ways of seeing dementia as exclusively tragic.

Methods: Presented here is a community, arts-based research project created to inform development of a research-based drama – *Cracked: New Light on Dementia* - that casts critical light on society’s view of dementia as unmitigated tragedy. We brought together PwD, family members, visual and performance artists, and researchers and collaboratively interrogated the tragedy discourse and explored new possibilities. In a participatory process, understandings and actions were questioned and challenged, new data was generated and translated into artistic representations of experience, and new ways of being and relating were imagined and enacted¹. 8 visual and poetic expressions resulted. Interviews were conducted to explore participants’ experiences and the creative potential of arts-based research.

Results: In the creation of a safe, creative, and participatory space for dialogue and interrogation, deeper human connections were forged. In connecting through the cracks a unique relational pattern emerged, constituted of and energized by the interconnections of 4 core relational processes: mutual storying, letting go amid vulnerabilities, inspiring relational possibilities, and co-transformational emergence.

Conclusion: Our process demonstrates the power of the arts to create transformative spaces for challenging dominant assumptions, fostering critical reflection, and envisioning new possibilities for mutual support and relating.

References: 1 Finley, S. (2011). Critical arts-based inquiry: The pedagogy and performance of a radical ethical aesthetic. In N. Denzin & Y. Lincoln (Eds.), *The Sage handbook of qualitative research* (4th ed.) (pp. 435-450). Los Angeles, CA: Sage.

Disclosure of Interest: None Declared

Keywords: community arts-based research, relational processes, stigma, tragedy discourse, transformative spaces

Oral Abstracts

OC060

Date: Friday 17 April 2015

Session: Awareness and Stigma

DEPICTING DEMENTIA: PERSPECTIVES ON DEMENTIA FROM THE MAINSTREAM SCREEN

Rose Capp^{1,*} and Research Associate, Palliative and Supportive Services, Flinders University

¹Palliative and Supportive Services, Flinders University, Adelaide, Australia

Objectives: Mainstream film and television remain the dominant forms of popular culture and a profoundly influential medium through which to shape attitudes to ageing and age-related illness in the public domain. Arguably the most challenging disease of older age in the 21st century, until recently, dementia has rarely featured on mainstream cinema and television screens. When dementia has been addressed, historical depictions have often been oblique, misrepresentative or alarmist in nature.

The multi-disciplinary research focus on the disease in recent decades correlates with a modest but notable increase in representations of dementia on the mainstream screen. Some of these examples offer clinically better-informed, more complex delineations of the disease and its consequences. Producers of contemporary film and television have not only engaged with symptomatology, treatment and care in a more considered fashion, but have addressed the varying and sometimes contrasting perspectives of the person with dementia, health professionals, family members and carers.

Equally, storylines and character development in these contemporary examples offer a thoughtful exploration of attitudes and beliefs – insightful, negative or simply ill informed - around an illness that has been described as invoking a 'profound dread' in the 21st century. Addressing contrasting perspectives and exploring a range of attitudes and beliefs, film and television narratives dealing with dementia can engage, inform and promote awareness about the disease across diverse sectors of the viewing public. Drawing on key texts from both local and international film and television, this paper will argue that these examples can make a potentially significant contribution to broader community cognizance around the physical, psychological and emotional ramifications of dementia.

Disclosure of Interest: None Declared

Keywords: awareness, dementia, media

OC061

Date: Friday 17 April 2015

Session: Cognition and Meaningful Engagement

EFFECTIVENESS OF PEER SUPPORT AND JOINT REMINISCENCE FOR PEOPLE WITH DEMENTIA AND THEIR FAMILY CAREGIVERS: FINDINGS FROM THE SHIELD CARER SUPPORTER FACTORIAL RANDOMISED CONTROLLED TRIAL

Georgina Charlesworth^{1,2,*} on behalf of Support at Home - Interventions to Enhance Life in Dementia (SHIELD) NIHR Programme Grant for Applied Research awarded to Orrell and colleagues

¹Clinical, Educational and Health Psychology, UCL, ²Research and Development, North East London NHS Foundation Trust, LONDON, United Kingdom

Objectives: Trials of befriending (Charlesworth et al., 2008) and reminiscence (Woods et al., 2012) involving family carers of people with dementia have raised questions about the value of such interventions. We sought to develop previous interventions by placing greater emphasis on the caregiver component and then evaluating their impact on both the family carer and person with dementia.

Methods: A single-blind, multi-site, 2x2 factorial, pragmatic randomised controlled trial design was used to compare one-to-one peer support (Carer Supporter Programme; CSP) and the Remembering Yesterday Caring Today (RYCT) joint reminiscence intervention, both separately and in combination to usual care. The trial (ISRCTN37956201) took place in community settings in England, UK between 2009 and 2013. Data were collected at baseline, 5 months and 12 months (primary endpoint) and included measures of quality of life, wellbeing and social support. The trial protocol is freely available (Charlesworth et al, 2011).

Results: 291 care-dyads were recruited of whom 83% completed final follow-up. Uptake to interventions was 76% for CSP and 61% for RYCT. Intention-to-treat analyses indicated no benefits for family carers from either CSP or RYCT on any outcome measures at either 5 or 12 months post-randomisation. There was, however, evidence of improved quality of life for people with dementia.

Conclusion: There was no evidence against either intervention, in contrast to the REMCARE finding of increased caregiver anxiety. No benefits were identified for family carers, but there were benefits for people with dementia. Further investigation is required into the impact of interventions on both members of the care-dyad.

References: Charlesworth, G. et al. Befriending carers of people with dementia: randomised controlled trial. *BMJ* 336.7656 (2008): 1295-1297

Charlesworth, G. et al. Peer support for family carers of people with dementia, alone or in combination with group reminiscence in a factorial design: study protocol for a randomised controlled trial. *Trials* 12.205 (2011)

Woods, R., et al. REMCARE: Reminiscence groups for people with dementia and their family caregivers—effectiveness and cost-effectiveness pragmatic multicentre randomised trial (2012)

Disclosure of Interest: None Declared

Keywords: Peer support, randomised controlled trial, RCT, reminiscence

Oral Abstracts

OC062

Date: Friday 17 April 2015

Session: Cognition and Meaningful Engagement

THE LIFESTYLE ENGAGEMENT ACTIVITY PROGRAM (LEAP) IMPROVES THE ENGAGEMENT, APATHY AND DYSPHORIA OF HOME CARE CLIENTS WITH COGNITIVE IMPAIRMENT

Lee-Fay Low^{1,*} Jess Baker² Yun-Hee Jeon³ Maggie Haertsch⁴ Margaret Skropeta⁵ Cameron Camp⁶

¹Faculty of Health Sciences, University of Sydney, Lidcombe, ²Dementia Collaborative Research Centre, University of New South Wales, Sydney, ³Sydney Nursing School, University of Sydney, Camperdown, ⁴Arts Health Institute, Newcastle, ⁵School of Science and Health, University of Western Sydney, Campbelltown, Australia, ⁶Center for Applied Research in Dementia, Solon, United States

Objectives: The Lifestyle Engagement Activity Program (LEAP) was designed to incorporate social and recreational care into case managed home care. The aim of this study was to evaluate the effect of LEAP on engagement of home care clients, and on client mood and behaviour (secondary outcomes).

Methods: The 12 month LEAP program had three components: 1) engaging management and staff to support the program; 2) employing a LEAP champion to drive practice change; 3) staff training. Case managers were trained to set meaningful social and/or recreational goals as part of care plans. Care workers were trained in good communication, to promote client independence and choice, and to use techniques such as Montessori activities, reminiscence, music, physical activity and play. A quasi-experimental design was used with data collected 6-months prior to program commencement; at the start of the program; and then after 6 and 12 months. Linear mixed models were used to test the change in outcomes over time.

Results: Clients (N=189) from five home care providers participated in the evaluation; 83 clients were cognitively impaired with a Global Deterioration Score of ≥ 3 . Twelve months after program commencement, 91.3% and 78.3% of cognitively impaired clients had a social or recreational goal and/or an engagement strategy in their care plans, respectively. Cognitively impaired clients showed a significant increase in researcher-rated engagement ($b = 5.60$, $t(37.81) = 2.45$, $p = .019$); and a significant decrease in apathy ($b = -.41$, $t(47.85) = -2.62$, $p = .012$) and dysphoria ($b = -.39$, $t(39.16) = -2.57$, $p = .014$) on the Neuropsychiatric Inventory-Clinician (NPI-C). There were no significant changes in care worker rated engagement, agitation on the NPI-C, or client or family self-complete measures of client mood or behaviour ($p > .005$). The program appeared to have the same benefits for clients with and without cognitive impairment.

Conclusion: Home care providers can incorporate social and recreational care into usual practice for clients with dementia or cognitive impairment, and this may benefit clients' engagement, apathy and dysphoria.

Disclosure of Interest: None Declared

Keywords: apathy, dysphoria, engagement, Home care, psychosocial intervention

OC063

Date: Friday 17 April 2015

Session: Cognition and Meaningful Engagement

EFFECT OF MODERATE-TO-HIGH INTENSITY ENDURANCE EXERCISE IN ELDERLY COMMUNITY-DWELLING PERSONS WITH MILD-MODERATE ALZHEIMERS DISEASE

Steen G Hasselbalch ¹, Kristine Hoffmann ¹, Nanna Aue Sobol ², Nina Beyer ², Gunhild Waldemar ¹

¹Danish Dementia Research Centre, Dept. of Neurology, Rigshospitalet, University of Copenhagen, ²Musculoskeletal Rehabilitation Research Unit, Bispebjerg Hospital, University of Copenhagen, Copenhagen, Denmark

Objectives: Exercise has the potential to improve cognition, physical performance, functional ability and quality of life, but evidence is scarce regarding the effect of moderate-to-high intensity exercise in patients with Alzheimer's disease (AD). This was investigated in ADEX, a single blinded multi-centre RCT, in community-dwelling patients with mild to moderate AD.

Methods: Community-dwelling elderly patients with mild to moderate AD with a MMSE score above 19 and with a caregiver willing to participate in the study were randomised to a control group (CG) receiving usual care and an intervention group (IG) attending 16 weeks of supervised exercise in groups one hour three times/week. The first four weeks was designed to habituate the patients to perform exercise while the next 12 weeks focused on moderate-to-high intensity aerobic exercise with an intended intensity of 70-80% of heart rate reserve. After 16 weeks, CG patients were exposed to 4 weeks of physical exercise, whereas IG patients received usual care. The exercise was performed in groups of 3-5 at hospital or primary care facilities and supervised by experienced physiotherapists. Adherence and intensity of exercise was logged for each subject. An extensive battery of cognitive tests, scales for neuropsychiatric symptoms, and quality of life were administered. All patients also underwent extensive physical testing at weeks 0, 4, 16, and 20.

Results: Two-hundred patients were included (mean age 71 (range 50-89 years), MMSE-score 24 (range 22-27)). Ten patients dropped out before first follow-up, and adverse events were present in approx. 30% of the patients, but serious adverse events were rare and only present in 13 subjects (none related to the study).

Conclusion: To our knowledge this is the first large scale controlled study to investigate the effects of supervised moderate aerobic exercise. We conclude that it is feasible to conduct moderate-to-high intensity aerobic exercise in community-dwelling patients with mild-moderate AD. Results of primary and secondary outcomes will be presented.

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, intervention, Physical exercise

Oral Abstracts

OC064

Date: Friday 17 April 2015

Session: Cognition and Meaningful Engagement

COMPUTERISED COGNITIVE TRAINING IN HEALTHY OLDER ADULTS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF EFFECT MODIFIERS

Amit Lampit^{1,*} Harry Hallock¹ Michael Valenzuela¹

¹Regenerative Neuroscience Group, Brain and Mind Research Institute, University of Sydney, Sydney, Australia

Objectives: To quantitatively assess whether computerised cognitive training (CCT) programs can enhance cognition in healthy older adults, discriminate responsive from nonresponsive cognitive domains, and identify the impact of most salient design factors on such efficacy.

Methods: We systematically searched Medline, Embase, and PsychINFO for relevant studies from inception to July 2014. Eligible studies were randomised controlled trials (RCTs) investigating the effects of ≥ 4 h of CCT on performance in neuropsychological tests in older adults without dementia or other cognitive impairment.

Results: Fifty-two studies encompassing 4,885 participants were eligible. Intervention designs varied considerably, but after removal of one outlier, heterogeneity across studies was small ($I^2 = 29.92\%$). There was no systematic evidence of publication bias. The overall effect size (Hedges' g , random effects model) for CCT versus control was small and statistically significant, $g = 0.22$ (95% CI 0.15 to 0.29). Small to moderate effect sizes were found for nonverbal memory, $g = 0.24$ (95% CI 0.09 to 0.38); verbal memory, $g = 0.08$ (95% CI 0.01 to 0.15); working memory (WM), $g = 0.22$ (95% CI 0.09 to 0.35); processing speed, $g = 0.31$ (95% CI 0.11 to 0.50); and visuospatial skills, $g = 0.30$ (95% CI 0.07 to 0.54). No significant effects were found for executive functions and attention. Moderator analyses revealed that home-based administration was ineffective compared to group-based training, and that more than three training sessions per week was ineffective versus three or fewer. There was no evidence for the effectiveness of WM training, and only weak evidence for sessions less than 30 min.

Conclusion: CCT is modestly effective at improving cognitive performance in healthy older adults, but efficacy varies across cognitive domains and is largely determined by design choices. Unsupervised at-home training and training more than three times per week are specifically ineffective. Further research is required to enhance efficacy of the intervention.

References: N/A

Disclosure of Interest: None Declared

Keywords: cognitive training, healthy older adults, meta-analysis, systematic review



OC065

Date: Friday 17 April 2015

Session: Cognition and Meaningful Engagement

TIMECOURSE OF COGNITIVE AND BRAIN ADAPTATIONS FOLLOWING COGNITIVE TRAINING IN OLDER ADULTS AT-RISK FOR DEMENTIA

Amit Lampit¹ Harry Hallock¹ Michael Valenzuela¹

¹Regenerative Neuroscience Group, BMRI, University of Sydney, Sydney, Australia

Objectives: To examine the efficacy of supervised computerised cognitive training (CCT) on cognitive and neurobiological outcomes, and to characterise the dose-response relationship during and up to one year after training

Methods: 80 community-dwelling older adults (mean age = 72.1, 68.8% females) with multiple dementia risk factors were randomly allocated to 36 one-hour sessions of either multidomain CCT or active control intervention over twelve weeks. Cognitive assessments were conducted six times, at baseline, after three and twelve weeks of training, as well as three weeks, three months and twelve months after training cessation. A subset of participants undertook multimodal MRI scans at the first three timepoints. The primary outcome was change from baseline in a composite score of global cognition. Secondary outcomes were change in Bayer Activities of Daily Living (BADL) score, as well as measures of structural and functional plasticity

Results: Intention-to-treat Time X Group analyses revealed significant effects on global cognition in the CCT group over and above active control after three weeks of training (Cohen's effect size=0.33, $P=0.039$) that increased after 3 months of training ($ES=0.49, P=0.003$) and persisted three months after training cessation ($ES=0.30, P=0.023$). Significant and durable improvements were also noted in memory and processing speed. Training effects waned over time, but residual effects were noted one year after training cessation. Voxel-based analysis revealed significant increases in the postcentral gyrus in the CCT group compared to observed shrinkage in the control group. Functional connectivity between the posterior cingulate and superior frontal gyrus, and between the right hippocampus and superior temporal gyrus, significantly differed between the two groups after three weeks of training. These changes correlated with global cognitive change. There was no significant effect on BADL. No adverse effects were noted.

Conclusion: In older adults at-risk for dementia, supervised multidomain CCT is a safe and efficacious intervention for enhancing global cognition. Dose-response relationships and durability vary across cognitive domains, vital information for clinical and community implementation and further trial design. Neurobiological changes were noted, but their clinical relevance remains to be evaluated.

References: N/A

Disclosure of Interest: None Declared

Keywords: at-risk, cognitive decline, cognitive training, prevention

Oral Abstracts

OC066

Date: Friday 17 April 2015

Session: Cognition and Meaningful Engagement

THE EVALUATION OF INDIVIDUAL COGNITIVE STIMULATION THERAPY (iCST) FOR DEMENTIA

Lauren Yates¹*Vasiliki Orgeta¹Phuong Leung¹Aimee Spector¹Martin Orrell¹

¹Division of Psychiatry, University College London, London, United Kingdom

Objectives: Individual Cognitive Stimulation Therapy (iCST) is a manualised psychosocial intervention for people with dementia. Adapted from CST, iCST is delivered by a carer at home, and offers a means of accessing CST for those unable to attend groups. The objective of this presentation is to describe the intervention, and report the methods and results of the iCST research trial.

Methods: The programme consists of structured mentally stimulating activities completed up to 3 times a week. The themed sessions last between 20-30 minutes. iCST was evaluated in a multi-centre, single blind randomised controlled clinical trial of iCST vs. a treatment as usual (TAU). Three hundred and fifty six dyads were recruited. iCST dyads received training and support from a researcher. Primary outcomes were cognition and quality of life for the person with dementia, and quality of life for the carer.

Results: Intention to treat analysis demonstrated no differences in cognition or self-reported quality of life between the iCST and TAU groups. However, people with dementia who received the intervention rated the relationship with their carer more positively compared to those who received TAU. Health-related quality of life was higher for carers in the iCST group. Completing a higher number of iCST sessions was associated with improved quality of the care-giving relationship for people with dementia, and lower depressive symptoms for carers. Cost effectiveness analysis showed that adjusted mean costs were not significantly different between the groups.

Conclusion: iCST appears to enhance the quality of the care giving relationship, and impacts carer health related quality of life. These benefits are valuable and suggest that iCST may be a useful tool to encourage carers and people with dementia to communicate and spend time together engaging in fulfilling and mutually beneficial activities. Future work investigating the mechanisms and outcomes of group CST compared to iCST, the suitability of the programme for use by paid carers, and cultural adaption of the programme may be informative.

References: Orrell, M., Yates, L. A., Burns, A., et al. (2012). **Individual Cognitive Stimulation Therapy for dementia (iCST): study protocol for a randomized controlled trial.** *Trials*, 13(1), 172.

Disclosure of Interest: None Declared

Keywords: Cognitive Stimulation Therapy, Individual Cognitive Stimulation Therapy



OC067

Date: Friday 17 April 2015

Session: Community Support Models

TOGETHER WE'RE BETTER – PARTNERSHIPS FOR CULTURAL CHANGE

Caroline Horlock ¹; Marlene Grogan ¹

¹education, research and consultancy, alzheimers australia WA, leeming, Australia

Objectives: The Dementia Partnership Project (DPP) is an exciting and innovative partnership between the Department of Health WA and Alzheimer's Australia WA aimed at improving the support provided to people living with dementia in the community. The project's primary aim is capacity building within the community care sector through a variety of ways focusing on supporting service providers, assessment agencies and health professionals to better respond to the needs of people living with dementia in the community. The overall objective is to enhance the experience and improve the wellbeing of people living with dementia in the community who access support services

The project does not deliver direct care services but utilises a 'train the trainer' approach to enable organisations to improve services by enhancing knowledge, confidence and skills and supporting organisational culture change. The presentation will focus on the pilot partnership with the City of Wanneroo which provides centre based respite and home care services to show how working alongside each other without judgment or ego provided a platform for sustainable change. By exploring the experiences of consumers, families, service providers and funders and drawing on evidence based practice and models, the Dementia Partnership Team will present some of the barriers and enablers to achieving truly consumer led, person centred supports for people living with dementia accessing community supports.

Disclosure of Interest: None Declared

Keywords: capacity building, Person-centred, wellbeing

Oral Abstracts

OC068

Date: Friday 17 April 2015

Session: Community Support Models

TEMASEK CARES – INTEGRATED PROMOTERS OF ACTIVE LIVING (TC-IPAL)

Sylvia Yap ¹, Weng Mooi Tan ¹, Yen Theng See ¹

¹Community Mental Health Division, Agency for Integrated Care, Singapore, Singapore

Objectives: AIM This paper describes the establishing a programme to engage PWDs and support their caregivers, named Temasek Cares – Integrated Promoters of Active Living (TC-iPAL) in Singapore.

Dementia is an emerging area of need, given the fast ageing population in Singapore and the dementia prevalence rate as 6%¹. There will be a growing number of seniors and their caregivers who will require support to enable them to live well and age in place. It shows a need for more extensive community-based support services.

Caregivers need respite and be equipped with dementia knowledge and skills. Currently, there are limited options of service to engage PWDs meaningfully and promote good quality of life. The waiting time for dementia day care centres is long due to limited capacity and high demand. While there are efforts to ramp up day care centres, there is a need for alternative arrangements for these caregivers.

MEETING THE NEEDS The TC-iPAL programme was developed to meet this need. This programme provides respite for caregivers while engaging the clients in meaningful activities like cognitive stimulating activities and provide companionship. This service is provided by lay persons or home help workers who have undergone structured training on dementia care. Two TC-iPAL teams managed by NTUC Eldercare and Thye Hua Kwan Moral Charities have rolled-out their services since April 13. To date (till August'14), a total of **46** clients and their families have benefitted from their services.

The multi-disciplinary team of Khoo Teck Puat Hospital builds the capability of iPAL workers through training, regular case discussions and conferences. A total of 58 iPAL workers have been trained.

CONCLUSION The preliminary result of TC-iPAL is encouraging and addresses the needs of elderly with dementia, and their caregivers - realizing the vision of **integrated community living and aging in place**.

¹MOH (2011). Extending Medisave Use to Bipolar Disorder and Dementia.

Disclosure of Interest: None Declared

Keywords: Caregiver Support for Dementia, Eldersitter for Person with Dementia, Home Service for Dementia Care, Meaningful Activity for Person with Dementia, Respite Care for Caregiver

OC069

Date: Friday 17 April 2015

Session: Community Support Models

FROM THE PEJORATIVE TO THE POSITIVE: INNOVATION IN DAY PROGRAMS

Valerie Aldahn ^{1,*}

¹ECH Inc., Adelaide, Australia

Objectives: With 20% of residents aged over 65, Adelaide's western suburbs are a critical testing ground for innovative aged care services. To meet the increasing demand for more sophisticated services for older people with dementia in this area, ECH opened the Seasiders day program in 2012. Seasiders is now successfully delivering an integrated, participant-driven service model developed in consultation with stakeholders.

Participants have chosen to define themselves as 'members' rather than 'clients' and are supported in an active participation approach that incorporates individualised activities and social support. Members act as peer educators and mentors to one another in areas of expertise and elect to participate in various aspects of a range of intergenerational and community activities run on-site. Activities such as large-scale art projects and the newly developed community garden facilitate local community interaction with the program, increasing awareness of dementia and reducing the stigma often associated with memory loss.

As part of an integrated approach, Seasiders also offers support for carers through activities such as support groups, a monthly coffee club and ready access to information through a drop in service. The purpose-built facility is also colocated with ECH's Wellness service, allowing Seasiders members and their carers access to a range of allied health services to support health, wellbeing and resilience.

Collaborative links with local hospitals and universities have resulted in advanced medical and counselling students undertaking placements at Seasiders. This diversifies the services available to members, and provides students with practical experience in working with people with dementia, breaking some of the stereotypes and fears about dementia and encouraging further professional activity in the sector.

The unique service model that has been developed over the past two years at Seasiders will be detailed, and planned developments aligned with the emerging evidence base for healthy ageing explored. The importance and meaning of person-centred care in the context of dementia will be considered, alongside further opportunities for participant choice and control. Preliminary findings regarding participant quality of life and the implications of these findings for service development will also be presented.

Disclosure of Interest: None Declared

Keywords: Day programs

Oral Abstracts

OC070

Date: Friday 17 April 2015

Session: Community Support Models

DEMENTIA CARE NETWORKS IN GERMANY: CARE ARRANGEMENTS AND CAREGIVER BURDEN AT THE DEMNET-D STUDY BASELINE AND FOLLOW-UP

Franziska Laporte Uribe¹*Steffen Heinrich¹Karin Wolf-Ostermann²Jochen René Thyrian³Bernhard Holle¹

¹German Center for Neurodegenerative Diseases (DZNE), Witten, ²Human and Health Sciences, University of Bremen, Bremen, ³German Center for Neurodegenerative Diseases (DZNE), Greifswald, Germany

Objectives: In Germany, a growing number of community-based support services for people with dementia (PwD) and their caregivers are organized in dementia care networks (DCN) providing a single point of entry to care. This study aimed at analysing care arrangements and at assessing caregiver burden of service utilizers from 13 DCN.

Methods: As part of a multi-centred, multi-professional, and multivariate 12-months follow-up study (DemNet-D), data on caregiver burden ("Berlin Inventory of Caregivers' Burden of Dementia Patients"/BIZA-D) and care arrangements ("Questionnaire for Assessing Care Arrangements for People with Dementia"/D-IVA) were collected in interviews with PwD living at home and their caregivers.

Results: In total, 560 PwD-caregiver dyads were enrolled into the study. At baseline, the average age of caregivers was 63.9 years with the majority (75.0%) being female. More than one in five (21.4%) PwD were living alone. Caregivers' objective burden was highest for helping PwD with instrumental activities of daily living (IADLs) whereas the perceived burden was highest with regard to PwD changing behaviors (e.g., depression, aggressiveness, disorientation). Home care services and day centres were the most utilized formal supports at baseline. Informal daily support was usually provided by spouses or partners. Further (follow-up) results will be presented.

Conclusion: This is one of the very first studies generating data on caregivers who access DCN in Germany over time. Our results will allow conclusions regarding the specific situation of caregivers in DCN compared to the general caregiver population in Germany and abroad.

References: /

Disclosure of Interest: F. Laporte Uribe Conflict with: Federal Ministry of Health, S. Heinrich Conflict with: Federal Ministry of Health, K. Wolf-Ostermann Conflict with: Federal Ministry of Health, J. R. Thyrian Conflict with: Federal Ministry of Health, B. Holle Conflict with: Federal Ministry of Health

Keywords: care arrangements, caregiver burden, dementia network



OC071

Date: Friday 17 April 2015

Session: Community Support Models

COMMUNITY RESPITE - WORKING OUTSIDE THE BOX

Nola Hergenhan ^{1,*}

¹Mobile Respite Team, Alzheimers Australia NSW, Bega , Australia

Objectives: Overwhelmed by increasingly difficult circumstances, care partners and people living with dementia often don't know where to turn. The Mobile Respite Team (MRT) steps outside of the traditional respite model by providing flexible multi-component psychosocial support which aims to enhance wellbeing for both parties.

Based in the Bega Valley, New South Wales this two person approach simultaneously guides care partners and people living with dementia through the challenges of dementia, family and relationship concerns, changed behaviour, grief, planning ahead, stigma and social and geographical isolation.

This presentation will highlight the effectiveness of enabling both care partners and people living with dementia to actively participate in individual and group programs to achieve positive outcomes. The MRT program also uniquely provides additional stress reducing support for care partners and persons living with dementia through the emotional and physical difficulty of transition into residential based respite. Focusing on strengths the program empowers both parties to enhance self-determined quality of life domains including access to services and respite, managing relationship changes, ability to care, sense of control and meaning, and emotional resilience.

Results of an independent, mixed methods, evaluation of the MRT conducted in 2013, demonstrates that the MRT model compares favourably both nationally and internationally with best practice in person centred dementia care and support. The evaluation outcomes demonstrate how the program goals and objectives, and the unintended benefits of psychosocial and psycho-educational support can facilitate client growth and client perception of an overall increase in wellbeing and control within a rural context.

Finally, while highlighting the complexities of a support program incorporating human behaviour and dementia, the presenters will demonstrate that the MRT model provides a holistic service option by personalising interventions and is therefore a model appropriate for duplication elsewhere.

Disclosure of Interest: None Declared

Keywords: innovative multi-component psychosocial

Oral Abstracts

OC072

Date: Friday 17 April 2015

Session: Community Support Models

OUR FUTURE – CONSUMER DIRECTED CARE FOR PEOPLE WITH DEMENTIA

Wina Kung ^{1,*}

¹Positive Ageing, UnitingCare lifeAssist, Melbourne, Australia

Objectives: Community service providers are living through a period of change with challenges to organisational structure, service delivery and workforce development. The organisations of tomorrow will be very different to those we see today. All community aged care providers have been finding its “ways” of developing consumer directed care services for our aged care clients, especially special care will be required for people with Dementia.

It has been over seven years since UnitingCare lifeAssist commenced its Consumer Directed Care (CDC) journey. It started with building a tested model to allow clients to experience how it looks to have an alternate way of service delivery, with more individual control, more choices and greater flexibility.

As the result of continuous development, lifeAssist has built a Consumer Directed Care Model for our current and future clients. The model addresses the CDC principles of: providing older people and their carers with greater choice and control, exercising their rights, advocating respectful and balanced partnerships, engaging in active participation, encouraging wellness and re-ablement, and providing transparency. lifeAssist has been systematically working on different aspects of CDC implementation such as: workforce development, suites of tools and pathways of CDC practice, individualised budget for clients, self-direction models and choices of service delivery. Our aim for CDC is to build the capacity of a person and/or their carers to make appropriate decisions regarding the design and delivery of their care and ultimately to exercise great control.

We invite you to share in a reflection of our journey with its ups and downs and learnings.

Disclosure of Interest: None Declared

Keywords: consumer directed care, dementia, Home care



OC073

Date: Friday 17 April 2015

Session: Consumer Education and Training

EVALUATING THE EFFICACY OF THE DRIVING AND DEMENTIA DECISION AID (DADD) AS A RESOURCE FOR HEALTH PROFESSIONALS TO SUPPORT DRIVERS LIVING WITH A DEMENTIA FACING DECISIONS WHO MAY NEED TO CONSIDER DRIVING RETIREMENT.

Cathie Andrew^{1,*}Victoria Traynor²John Carmody³Mrs Jan Erven⁴

¹Faculty of Social Sciences, University of Wollongong, Wollongong, ²Faculty of Science Medicine and Health , University of Wollongong, Wollongong HAS, ³Neurology, Illawarra & Shoalhaven Health District, Wollongong, Australia, BaAppScOT⁴

Objectives: Issues of fitness to drive following a diagnosis of dementia present unique challenges for health practitioners supporting individuals with a recognised dementia who may face the difficult decisional journey regarding the time to retire from driving. The purpose of this presentation is to report preliminary findings of an intervention study exploring the efficacy of the Dementia and Driving Decision Aid (DADD) as a clinical practice resource for use by occupational therapists, community nurses and other health practitioners. The DADD (Carmody, Traynor, Iverson & Andrew, 2014), a freely available booklet informed by consumer opinion, assists drivers with a diagnosis of dementia and their family carers on the decisional journey toward driving retirement.

Occupational therapists and community nurses participated in focus group interviews. Results of the preliminary investigation will be presented including: perceived strengths and limitations of using the booklet as a therapeutic resource; and strategies for adopting the DADD as a discussion tool. Findings support the need for further investigation regarding the impact of the DADD in assisting health practitioners address driving retirement issues with those drivers diagnosed with a dementia and their family carers.

Link to download DADD booklet <http://smah.uow.edu.au/nursing/adhere/drivingdementia/index.html>

Disclosure of Interest: None Declared

Keywords: Decision making, dementia, fitness to drive, health practitioner

Oral Abstracts

OC074

Date: Friday 17 April 2015

Session: Consumer Education and Training

LIVING LIFE AND DOING THINGS TOGETHER:

DEVELOPING A SELF-MANAGEMENT COURSE WITH AND FOR COUPLES LIVING WITH DEMENTIA

Ingrid Hellstrom¹, Lars-Christer Hyden¹

¹Linköping University, Norrköping, Sweden

Objectives: Understandings of the different perspectives that people may have on what dementia entails and how it affects everyday life are needed in gerontological practice. Responding appropriately to the needs of people with dementia and their care partners therefore represents a significant challenge for policy makers and practitioners. The majority of people diagnosed with dementia live in their own homes, many of them together with their spouse, for an extended period of time. It is therefore important to support not only the spouse but also the couple as unit to be able to sustain their quality of life as long as possible. If the couple is well functioning this will also delay admission to a care home. The presentation will report from an on-going study, 'Living Life and Doing Things Together', with the primary research question: Following a diagnosis, how can a couple orientated self-management course provided in primary care sustain and enrich everyday life and maintain neighbourhood integration?

Methods: This study will develop and test the 'Living Life and Doing Things Together' self-management course which will be delivered through a variety of sources, e.g, PC, iPad or DVD.

Results: This presentation will focus the experiences of the first phase of the study when recruitment of participants, collaborative learning group participation and the beginning of the development of the self-management course are taking place. The research team will work closely together with couples living with dementia at home, as co-researchers, throughout this process.

Conclusion: Including persons with dementia and their partners is important in order to create a course that avoid taking as its starting point the notions of the professional care workers. Persons with dementia and their care partners have first-hand experience and knowledge about what topics are important as well as how to present and discuss these topics. Including couples with dementia will result in a truly patient-centred educational program.

References: Hanson, E., Magnusson, L., Arvidsson, H., Claesson, A., Keady, J. & Nolan, M. (2007). Working together with persons with early stage dementia and their family members to design a user-friendly technology-based support service. *Dementia*, 6, 411-434.

Hellström I, Nolan M, & Lundh U. (2007) Sustaining 'couplehood': spouses' strategies for living positively with dementia. *Dementia*, 6, 383-409.

Disclosure of Interest: None Declared

Keywords: couplehood, Education, self-management

OC075

Date: Friday 17 April 2015

Session: Consumer Education and Training

DEVELOPMENT OF THE DBMAS CAT: DEMENTIA BEHAVIOUR MANAGEMENT ADVISORY SERVICE COMPETENCY ASSESSMENT TOOL

Nancy Pachana ¹, Urska Arnautovska ¹, Sofia Robleda ¹, Jeanette Jackson ², Heather Campbell ²

¹School of Psychology, University of Queensland, ²Dementia Behaviour Management Advisory Services (DBMAS), Alzheimer's Australia, Brisbane, Australia

Objectives: The aim of this project was to develop a competency assessment tool that would outline the knowledge and skills required to work as a behaviour consultant with people with dementia and their carers and provide a structured way for self-reflection about clinical competencies used in the Dementia Behaviour Management Advisory Services (DBMAS) program. In addition, the aim was to develop a tool that would help to identify training needs and set clear aims for professional development, in order for the individuals to improve their level of knowledge and skills required in their consultancy role.

Methods: The development of the assessment tool was designed as a step-wise process, based on the existing empirical evidence, relevant experts and consultants' experience and knowledge, and clinical experience during the delivery of the DBMAS program. A search of relevant literature was conducted; based on the knowledge and skill areas included in the Pikes Peak model for training and professional geropsychology (Knight et al, 2009), the draft version of the tool was developed. The next step included conducting two focus groups with DBMAS consultants and managers to obtain their feedback on the tool, followed by piloting the revised tool with three consultants.

Results: The final version of the DBMAS Competency Assessment Tool (CAT) included six knowledge areas and 15 practice skill sets, for the individuals to rate themselves on a four-level competency scale. In addition, a third-person reflection and development of a plan of action parts were included. The feedback from pilot consultants across a range of disciplines and clinical experience implied that DBMAS CAT provided a structured approach to guide individuals' professional development and was accepted in a positive manner.

Conclusion: The DBMAS CAT has the potential to serve as guidance for dementia care, as well as to improve the quality of care and guide professional development of service providers, relevant to dementia care, from multiple disciplines.

References: Knight, B. G., Karel, M. J., Hinrichsen, G. A., Qualls, S. H. & Duffy, M. (2009). Pikes Peak Model for training in professional geropsychology. *American Psychologist* 64(3), 205-214.

Disclosure of Interest: None Declared

Keywords: Assessment Tools, Competency, dementia care, professional development, training of service providers

Oral Abstracts

OC076

Date: Friday 17 April 2015

Session: Consumer Education and Training

EDUCATING ETHNIC COMMUNITIES ON ELDER ABUSE PREVENTION: THE USE OF NARRATIVES TO RAISE AWARENESS OF ELDER ABUSE OF THOSE WITH DEMENTIA IN THE SERBIAN COMMUNITY.

Primrose White ¹, Fiona York ¹

¹Alzheimer's Australia Vic - Consumer Advisory Committee, Melbourne, Australia

Objectives:

The ECCV, in conjunction with Seniors Rights Victoria and the Serbian Community Advisory Group is developing a resource kit and brochure in order to educate senior community members in the Serbian community on elder abuse. The education program aims to encourage community members to explore how they can help to prevent abuse including increasing awareness of their own behaviour in the carer situation as well as providing the community with information about relevant services and supports if they are experiencing abuse, or have concerns about making life decisions.

Individuals with Dementia often have complex care needs and may be cared for in the home by a family member and/or community care workers. Carer stress in relation to managing a family member with dementia may lead to elder abuse. Carers can become fatigued, stressed or exhibit depressive symptoms and sleep disturbance. In particular, if the carer is managing other family and work responsibilities. Carer stress can lead to inappropriate management of the family member with dementia. Carers can also experience aggressive and physical behaviour from the person who has dementia. Individuals with dementia may be cared for by an adult child who has complex mental health needs and who may use the financial assets of the individual with dementia inappropriately or deprive them of social contact thereby increasing their distress and exacerbating their condition. Providing Community Care programs facilitated by trained bilingual educators may assist to reduce the incidence of elder abuse in the community, in particular with vulnerable members of the community, including those with dementia and complex care needs. Using narratives or stories delivered in the first language of the community is an effective way of discussing taboo or stigmatised topics in order to overcome barriers to seeking help.

Disclosure of Interest: None Declared

Keywords: Elder abuse, Ethnic communities



OC077

Date: Friday 17 April 2015

Session: Consumer Education and Training

A COMPREHENSIVE AND COLLABORATIVE APPROACH TO PROVISION OF DEMENTIA EDUCATION IN A RURAL SETTING.

Prue Shiosaki ^{1,*} Jemimah Low ²

¹Sub Acute Care, ²WA Country Health Service - Midwest, Geraldton, Australia

Objectives: The Day Therapy Unit, in Geraldton in regional Western Australia, identified a service gap within the local area for clients with a diagnosis of dementia and their carers. Geraldton, as a rural centre does not have regular access to education and support programs available in metropolitan centres and therefore there are often clients presenting in crisis situations as a result of decreased understanding of dementia and knowledge of support services available.

Allied health therapists worked collaboratively to design and implement a “Dementia Education series”. This program aimed to provide a coordinated approach to provision of information to clients who have cognitive difficulties, their carers and the wider community. This program was developed in consultation with external providers such as Alzheimer’s Australia to ensure consistent approaches and ease of access to resources.

This program was developed through collaboration of trans-disciplinary team that included Occupational Therapy, Physiotherapy, Speech Pathology, Dietician and agencies such as Aged Care Assessment Team and Respite. It aimed to provide clients with a succinct and coordinated way of gaining information and support regarding and strategies to assist clients and carers. The team have continual collaboration throughout an individual’s participation in this program to ensure its effectiveness and that their needs are met.

The Dementia Education Series consists of 2,1.5 hour sessions, in which carers and clients are presented with information about the diagnosis of Dementia, its progression, the possible impact on activities of daily living, mobility, speech, eating and swallowing and nutrition in the first session and then on the role of ACAT, enduring power of attorney and guardianship and respite options available locally.

Four education series have been completed. Participants in the education series have reported an increased knowledge of dementia and its progression. This Dementia Education Series could be implemented positively in areas where there is an identified lack of coordinated services that provide education and support for clients with cognitive decline and dementia.

Disclosure of Interest: None Declared

Keywords: carers, Education, rural areas

Oral Abstracts

OC078

Date: Friday 17 April 2015

Session: Consumer Education and Training

HOW REAL COMMUNICATION WORKSHOPS HELP IMPROVE CARE AND QUALITY OF LIFE FOR PEOPLE WITH DEMENTIA

Sarah Reed ^{1,*} and MY Home Life

¹Many Happy Returns, London, United Kingdom

Objectives: 'We can't care for people unless we care about them and we can't care about them if we don't know who they are'. REAL Communication workshops were developed from this simple mantra.

People might say 'anyone can have a conversation' but frequently in care settings with people living with dementia, this couldn't be further from the truth. Care homes are full of people with differing ages, life experiences, social cultures/mores and language and of course, compromised cognition.

REAL is an acronym: Reminiscence, Empathic Engagement, Active Listening and Life Story a model of the essential pillars of good communication in relational care of older people with dementia.

The workshops offer staff, often ill-equipped for and even fearful of deeper engagement with those they care for, simple techniques that help build their confidence to engage more authentically and enjoyably and to respond to the person's behaviours more sensitively.

Through bespoke experiential, interactive, discursive exercises and reflection in an Open Studio atmosphere, participants learn about each other's personal backgrounds and life stories. In understanding better why these might be so important in their own care if they were ever to need it – they find it easier to translate this into their own jobs.

Approximately 1,200 carers have participated in the workshops since 2010. Workshops are evaluated for impact, effectiveness, communication and value, with a common response being "the workshops should be part of mandatory training".

Older people's experience is assessed. Their response has been universally positive, a number reporting that they feel the carers are more focused on and in tune with them. Employer feedback has been positive, evidenced by the fact that the carers report feeling reinvigorated and more motivated. A more formal Impact Measurement study is currently underway at a London care home.

Disclosure of Interest: None Declared

Keywords: communication/dementia, dementia care, interactive workshops, relationship-centred care, self-awareness

OC079

Date: Friday 17 April 2015

Session: Policy, Practice and Economics

TRANSFORMING LIVES – ALZHEIMER SCOTLAND'S APPROACH TO PUBLIC POLICY.

James Pearson^{1,*}

¹Public Policy, Alzheimer Scotland, Glasgow, United Kingdom

Objectives: Alzheimer Scotland has played a significant role in influencing Scotland's first and second national dementia strategies. Through our engagement with the Scottish Government and other key partners Alzheimer Scotland has been able to make significant progress in transforming the lives of people living with dementia in Scotland. In particular, improving the experience of people with dementia in health care settings, promoting dementia friendly communities, improving diagnosis, post diagnostic support and integrated and coordinated community support for people living with dementia with moderate to severe dementia. This progress is underpinned by Alzheimer Scotland's approach to developing public policy.

This presentation will explain how Alzheimer Scotland's approach to our public policy work is making real improvements for those living with dementia, from seeking a diagnosis to end of life and in every setting. The presentation will describe the following key elements of our approach.

- A human rights based approach
- Involvement of people living with dementia
- Evidence informed
- Partnership working
- Stakeholder management
- Our contribution
- Solutions

This presentation will demonstrate how this approach has contributed to delivering better experiences for people living with dementia and better use of existing resources through supporting changes in health and social care systems. The presentation will demonstrate this using Alzheimer Scotland's five pillar model of post diagnostic support (the basis for Scotland's post diagnostic support guarantee); Alzheimer Scotland's 8 Pillar Model of integrated community support; and an update on the Advanced Illness model, we are currently developing, for the transitions in the advanced illness including end of life care.

Disclosure of Interest: None Declared

Keywords: Influencing Change, Public Policy, Transforming lives

Oral Abstracts

OC080

Date: Friday 17 April 2015

Session: Policy, Practice and Economics

WHAT IS A DEFENDABLE ESTIMATE OF DEMENTIA PREVALENCE AND MONETARY COSTS?

Mimi Lowi-Young¹; Larry W Chambers²

¹CEO of Alzheimer Society of Canada, ²Research, Alzheimer Society of Canada, Toronto, Canada

Objectives: Defendable estimates and methods are needed to determine severity experienced by those diagnosed as having dementia, costs of care, loss of income, the availability and burden on family caregivers and other challenges. The methods and presentations must be user friendly and robust so all sectors can use them with confidence as a tool to improve their work plans, budgets and projections.

Widely differing estimates were reported by the Alzheimer Society of Canada's "Rising Tide: The Impact of Dementia on Canadian Society" in 2009, the 2011 Report from the Mental Health Commission of Canada, and, the 2014 National Health Population Study of Neurological Conditions. Rising Tide used a community survey of 10,000 people -- the Canadian Study of Health and Aging estimated 521,280 persons with dementia in Canada in 2011. The other two reports used provincial health services administrative data in Manitoba (estimate = 747,129) and British Columbia (estimate = 340,170) respectively.

This project aims to:

- 1) Identify different estimation methods, their strengths and limitations
- 2) Create consensus among experts on how to produce and appraise estimates
- 3) Small jurisdiction derivation of estimates
- 4) Produce a single estimate for the Alzheimer Society of Canada
- 5) Identify knowledge gaps requiring future research

Two Stage Approach: In Stage I, a synthesis of literature outlined methodological guidelines when using estimates based on administrative data bases and community epidemiologic surveys. These two sources may define dementia as persons with "possible or probable dementia" either combined or not combined with persons with mild cognitive impairment. Assumptions in monetary costs analyses include: point of view of the analysis (cost of government funded services only or societal costs), cost of lost productivity among persons with dementia and their caregivers, and discount values for projecting future costs.

In Stage II, an invitational consensus workshop of national and international subject matter experts selected the standards (e.g. assumptions, methods and data sources) to be used and to produce a single estimate for use by the Alzheimer Society of Canada.

Implications: Prognostication requires estimation of demographic changes; preventive effects of a healthier generation of seniors; changing care costs; and the possibility (and costs) of new therapies. However, baseline dementia prevalence estimates will drive the magnitude of these monetary costs estimates.

Disclosure of Interest: None Declared

Keywords: estimates, dementia, prevalence, monetary costs



OC081

Date: Friday 17 April 2015

Session: Policy, Practice and Economics

PREVENTING FINANCIAL ABUSE OF PEOPLE WITH DEMENTIA

Kylie Miskovski ^{1,*}

¹Policy, Research and Information, Alzheimer's Australia NSW, Sydney, Australia

Objectives: The financial abuse of people with dementia is an issue that Alzheimer's Australia NSW is committed to addressing. This presentation will provide an overview of a research project and subsequent policy and practice changes undertaken by the organisation and other key stakeholders we have engaged.

Our research found that the prevalence of financial abuse of people with dementia is difficult to calculate as it occurs in a number of ways and is often not reported to authorities. When it is reported, there are barriers to investigating financial abuse as it can be difficult to prove especially when the victim is in the later stages of dementia.

Additionally, victims may be in a relationship of dependence with the perpetrator and fear repercussions if they report the abuse. Much financial abuse is perpetrated by family members including those who have been granted the legal authority to act on behalf the person with dementia. Some of this financial abuse could be viewed as 'inheritance impatience'.

Alzheimer's Australia NSW made a number of recommendations to reduce the incidence and impact of financial abuse of people with dementia. Yet this is a complex issue to address and there are many 'wicked problems' which could take years to resolve.

Since the release of our research findings and recommendations in June 2014, Alzheimer's Australia NSW has established a working group comprised of representatives from a number of stakeholder groups including NSW Government departments, non-government organisations, academics, the financial sector and the legal profession who are dedicated to working collaboratively to address the issue.

Disclosure of Interest: K. Miskovski Conflict with: Alzheimer's Australia NSW, Conflict with: Law and Justice Foundation of NSW

Keywords: financial abuse, research, stakeholder collaboration, wicked problems

Oral Abstracts

OC082

Date: Friday 17 April 2015

Session: Policy, Practice and Economics

10 DEMENTIA CARE ACTIONS: TRANSFORMING DEMENTIA CARE IN ACUTE HOSPITALS IN SCOTLAND

Ruth Mantle¹Hugh Masters^{2,*}

¹Corporate, NHS Highland, Inverness, ²Chief Nursing Office, Scottish Government, Edinburgh, United Kingdom

Objectives: Improving acute care was one of two key change areas in Scotland's first National Dementia Strategy published in 2010, with the second Strategy launched in 2013 reaffirming a commitment to ensure that, when admission to hospital is unavoidable for people with dementia, the care experienced is safe, effective, dignified and person-centred. Positive leadership by the Scottish Government for the delivery of the Dementia Strategy has helped to realise the necessary changes in health and social care through the development and implementation of National Standards of Care for Dementia. A range of approaches are being taken forward to improve outcomes for people with dementia admitted into hospital including the implementation of the 10 Dementia Care Actions, which have been agreed nationally as the core actions necessary to drive improvement. Partnership between professionals, the organisations they work for and policy makers is crucial in achieving the required outcomes. Alzheimer Scotland has been instrumental in helping make this happen and in partnership with the Scottish Government, have introduced an Alzheimer Scotland Dementia Nurse post in each of the 14 Health Boards in Scotland as a direct response to help address the concerns raised in Scotland's first National Dementia Strategy concerning the care of people with dementia admitted into general hospital. The Alzheimer Scotland Dementia Nurse and national Dementia Allied Health Professional role are key to the delivery of the 10 Dementia Care Actions improvement plan and act as the formal link between each Health Board and the Scottish Government. Working at a strategic level within each Health Board and supporting the 500 frontline staff who have graduated to date from the national Dementia Champion Programme, the Alzheimer Scotland Dementia Nurse posts and the national Dementia Allied Health Professional role are working as agents of change, rolling out their knowledge and skills to deliver remarkable levels of systemic change and improvements through effective and inspirational leadership.

Disclosure of Interest: None Declared

Keywords: Acute, Hospital, Scotland, Standards

OC083

Date: Friday 17 April 2015

Session: Policy, Practice and Economics

THE COST OF HOSPITAL-ACQUIRED COMPLICATIONS FOR OLDER PEOPLE WITH AND WITHOUT DEMENTIA

Kasia Bail ^{1,*} on behalf of Hospital Dementia Services Project. John Goss, Helen Berry, Brian Draper, Rosemary Karmel, Diane Gibson. and Hospital Dementia Services Project. John Goss, Helen Berry, Brian Draper, Rosemary Karmel, Diane Gibson.

¹University of Canberra, Bruce, Australia

Objectives: Increased length of stay and high rates of adverse clinical events in hospitalised patients with dementia is stimulating interest and debate about what costs may be associated, and potentially avoided, with this population. A retrospective cohort study was designed to identify and compare costs for older people in relation to hospital-acquired complications and dementia.

Methods: Australia's most populous state provided a census sample of 426,276 discharged overnight public hospital episodes for patients aged 50+ in the 2006-07 financial year. Four common hospital-acquired complications (urinary tract infections, pressure areas, pneumonia, and delirium) were risk-adjusted at the episode level. Extra costs were attributed to patient length of stay above the average for each patient's Diagnosis Related Group, with separate identification of fixed and variable costs (all in Australian dollars).

Results: These four complications were found to be associated with 24.7% of the extra cost of above-average length of stay spent in hospital for older patients, costing the state A\$226 million in a single financial year. Dementia patients were more likely than non-dementia patients to have complications (RR 2.5, $p < 0.001$) and comprised 22.0% of the extra costs (A\$49 million), despite only accounting for 10.4% of the hospital episodes. The complications were found to be associated with an increased length of stay of 3.6 days and a mean episode cost of A\$16,403 for patients with and without dementia.

Conclusion: Urinary tract infections, pressure areas, pneumonia and delirium are potentially preventable hospital-acquired complications. This research shows that their occurrence demonstrates a burdensome financial cost, and reveals that they are key in understanding increased length of stay and costs in older and complex patients. Once a complication occurs, the cost is similar for people with and without dementia, however they occur more often among dementia patients. Research on models of care, nurse skill-mix and healthy work environments show promise in prevention of these complications for both dementia and non-dementia patients.

References: Bail K, Berry H, Grealish L, Draper B, Karmel R, Gibson D, et al. Potentially preventable complications of urinary tract infections, pressure areas, pneumonia, and delirium in hospitalised dementia patients: retrospective cohort study. *BMJ Open*. 2013 2013;3(6).

Disclosure of Interest: None Declared

Keywords: adverse event, cost, length of stay, nosocomial infection, nursing

Oral Abstracts

OC084

Date: Friday 17 April 2015

Session: Policy, Practice and Economics

WOULD FUTURE NHS DEMENTIA CARE EASILY LEND ITSELF TO PRIVATE MARKETS?

Shibley Rahman* 1, Kate Swaffer², Peter Gordon³, Facundo Manes⁴

1BPP University, London, United Kingdom, 2University of Wollongong, Wollongong, Australia, 3NHS Scotland, Dundee, United Kingdom, 4INECO, Buenos Aires, Argentina

Objectives: There have been concerns that the NHS is moving towards a private insurance model. Novel research in predicting risk genetically might affect the implementation of such markets.

The main objective was to conduct a preliminary online survey into UK citizens' attitudes to the funding of the NHS, with especial emphasis on attitudes towards use of risk in insurance markets, in light of this.

Methods: 125 respondents completed the online "Survey monkey" survey, invited from a Twitter account with around 12000 followers. The survey could only be completed once.

Results: 90% said the NHS should be comprehensive, universal and free-at-the-point of need for all persons ($n = 124$) (with 78% believing it should be funded wholly out of general taxation

($n = 124$)). Respondents varied markedly on their willingness to share results of their genetic screen for dementia with the rest of the NHS (52% agreed) and their acceptance of personal budgets (61% accepted).

In the hypothetical scenario of having already paid an insurance premium, only 8% said they would take risks with their health ($n = 123$) ("moral hazard"). In a different scenario, if the risk of developing dementia were low, 56% said that they would not seek 'low premiums' insurance from private insurers (comparable to "adverse selection").

Conclusion: The results confirm previous anecdotal reports of mixed views about personal health budgets, and overwhelming support for universality, but further document original observations of possible information asymmetries.

References: Arrow, Kenneth J. (1963) "Uncertainty and the Welfare Economics of Medical Care", American Economic Review 53 (5), pp. 941–973

Hayashi, Mayumi (2013) The lessons Japan has for the UK on dementia, The Guardian, 11 June 2013.

McNeil, Clare, Hunter, Jack [for IPPR] (2014) "The generation strain: collective solutions to care in an ageing society"

Wilby, Peter (2014) The NHS needs a life-saving idea – how about a health tax? The Guardian, 24 April 2014.

Disclosure of Interest: None Declared

Keywords: budgets, discrimination, economics, insurance, markets

OC085

Date: Friday 17 April 2015

Session: Quality and Philosophies of Care

RHYTHM OF LIFE: POSITIVE CHANGE PHILOSOPHY

Chanel Burke¹, Kristine Rice²

¹Quality Services Consultancy, ²Anglican Retirement Villages, Australia

Objectives: Person-centred care enables fulfilment of basic physical and psychosocial needs and maintains choice in daily living activities, thus creating the foundation for achieving well-being (Edvardsson et al., 2008). Anglican Retirement Villages (ARV) has embraced person-centred principles through Rhythm of Life (ROL) philosophy of care to enhance 'a normal day' of people living in the organisation's aged care homes. ROL acknowledges uniqueness of each person who deserves honour and respect; supported by staff committed to meeting their needs and preferences; encourages development and maintains meaningful relationships for a person while feeling safe in a comfortable environment. This paper explores the effectiveness of Resident/Relative Satisfaction Surveys and the Person-Centred Environment Assessment Tool (PCECAT) (Burke et al. 2012) to assess if services have the requisites to support person-centred care and the degree to which care services and environments are person-centred, to provide a quality lifestyle for people living in ARV homes. Results of combined Resident/Relative Satisfaction Survey across 16 ARV aged care homes from March 2013 to year to date indicate total improvement of 1.9% in 11 domains with greatest improvement of 2.9% in the domain Support for Personal Relationships and Engagement. The PCECAT assessments (January to March 2014) conducted across ARV homes have established baseline scores and identified gaps in organisations culture, care and activities and environment necessary to support person-centred care. Quality improvements have been introduced to ensure sustainable change. A second round of PCECAT assessments is currently underway to verify the level of improvement across the organisation. The results of combined Resident/Relative Satisfaction Survey and PCECAT are means by which aged care organisations are able to identify, address and improve service delivery to enhance the "normal day" of people living in residential aged care organisations.

Disclosure of Interest: None Declared

Keywords: person-centred care, residential, rhythm of life

Oral Abstracts

OC086

Date: Friday 17 April 2015

Session: Quality and Philosophies of Care

POSITIVE ASPECTS OF CAREGIVING: FACTOR STRUCTURE AND ASSOCIATION WITH EXEMPLARY CARE AMONG CHINESE DEMENTIA CAREGIVERS

Hi Po Bobo Lau ¹, Vivian Weiqun Lou ², Karen Siu Lan CHEUNG ²

¹DEPARTMENT OF PSYCHOLOGY, ²Department of social work and social administration, The University of Hong Kong, Hong Kong, Hong Kong

Objectives: This study assessed the factor structure of Positive Aspects of Caregiving (PAC) and its association with providing exemplary care (EC) among Hong Kong Chinese informal dementia caregivers.

Methods: Three hundred and fifty caregivers responded to questionnaires including PAC, Center for Epidemiologic Studies Depression (CES-D) Scale, Zarit Burden Interview (ZBI), Revised Memory and Behavior Problems Checklist (RMBPC), EC, and self-rated health (SRH). Back translation was conducted in translating PAC and EC. Principal component analysis (PCA) with promax rotation was conducted to examine factor structure.

Results: The PCA result revealed two factors, namely affirming self and enriching life. In contrast to earlier studies, all 11 items of the Chinese PAC scale (C-PAC) loaded satisfactorily on either factor. Construct validity of the C-PAC was supported by significant correlations with CES-D, SRH, EC, and frustration and confidence in dealing with problem behaviors. Under high frustration with disruption-related problem behaviours, higher scores on C-PAC were found to be associated with providing greater EC.

Conclusion: Our results supported the reliability and validity of C-PAC in measuring positive aspects of caregiving among Hong Kong Chinese dementia caregivers. This brief measure may help interventionists identify psychological resources of caregivers and capitalize these resources during interventions.

Disclosure of Interest: None Declared

Keywords: CAREGIVING, POSITIVE ASPECTS, SCALE VALIDATION

OC087

Date: Friday 17 April 2015

Session: Quality and Philosophies of Care

MEETING THE NEEDS OF AGEING PRISONERS WITH COGNITIVE IMPAIRMENT

Adrienne Withall¹*Nicola Ninaus¹Jo-Ann Brown²Tony Butler³Peter Schofield⁴Henry Brodaty⁵

¹School of Public Health and Community Medicine, UNSW Australia, ²Alzheimer's Australia NSW, ³Justice Health - The Kirby Institute, UNSW Australia, Sydney, ⁴School of Medicine and Public Health, The University of Newcastle, Newcastle, ⁵Dementia Collaborative Research Centre, UNSW Australia, Sydney, Australia

Objectives: The ageing prison population, particularly in the context of cognitive impairment and/or dementia, is a growing problem worldwide. This presentation will describe this complex group and the challenges involved in establishing models of care to meet their needs.

Methods: Published research (Medline, Cinahl, Informit) and government reports were systematically reviewed. Search terms included ageing, older, elderly, cognitive impairment, cognitive decline, dementia, Alzheimer's disease, prison, gaol/jail, correctional, offender, and prisoner.

Results: The ageing prison population is increasing worldwide; almost doubling in the last decade in Australia. There are three groups of older prisoner: those 'ageing in place', habitual (re)offenders, and elderly first time offenders. These groups tend to have different demographic and socioeconomic characteristics and different needs. In NSW correctional facilities (2009) the most common, serious offence for elderly first-time offenders was sexual assault at 28%, followed by homicide at 14%; similar to statistics from the US, Canada and UK (Moll 2013). This sub-group often have cognitive impairment and/or dementia at the time of their offence, posing questions about whether they should be incarcerated. The growing population of older prisoners has serious implications for the financial viabilities of prison services. Older prisoners require constant monitoring of their physical and psychological condition, tailored programs designed for their specific cognitive and neuropsychiatric needs, environmental modifications and lastly, there are policy implications to be considered.

Conclusion: The ageing population within prisons, particularly those with cognitive impairment and dementia, is increasing and this group require models of effective care that meets their unique needs. How best to achieve compassionate and quality care within the confines of their environment poses an important challenge.

References: Moll A (2013) *Losing track of time: Dementia and the aging prison population: Treatment challenges and examples of good practice*, London, Mental Health Foundation.

Disclosure of Interest: None Declared

Keywords: Cognitive decline, cognitive impairment pathway, dementia, models of care, Residential Care

Oral Abstracts

OC088

Date: Friday 17 April 2015

Session: Quality and Philosophies of Care

**DEMENTIA SPECIFIC COMMUNICATION SKILLS TRAINING FOR COMMUNITY AGED CARE STAFF:
EXAMINING THE INFLUENCE OF MOTIVATION ON TRAINING OUTCOMES**Erin Conway^{1,2,*}Helen Chenery^{2,3}

¹School of Allied Health, Australian Catholic University, ²UQ Centre for Clinical Research, The University of Queensland, Brisbane, ³Faculty of Health Sciences and Medicine, Bond University, Gold Coast, Australia

Objectives: Progressive changes in communication abilities can contribute to social isolation and reduced quality of life for people living with dementia. Providing communication skills training for aged care staff can improve staff communication, and support their ability to provide quality dementia care, thereby reducing the negative effects of communication change for the person with dementia (Eggenberger et al., 2013). To maximize the benefits of this training, it is important to examine personal or environmental factors that may influence training outcomes. Therefore, the current investigation examined the influence of motivation to learn on staff outcomes following communication skills training.

Methods: A controlled pretest/posttest study was used to examine the outcomes of a communication skills training program (*MESSAGE Communication Strategies in Dementia*) for community aged care staff. As part of this larger study, staff in the training group (n=21) completed a motivation to learn measure prior to completing the *MESSAGE* training. Outcomes of training were measured at baseline and 3-month follow-up, and included measures of knowledge of communication support strategies, preparedness to provide care, self-efficacy, and experiences of strain in nursing care. To examine the influence of motivation, a median split was used to group participants into more highly motivated (n=11) and less highly motivated (n=10) groups.

Results: Staff in the 'high' subgroup showed significant improvements between baseline and follow-up on measures of knowledge ($Z=-2.938$, $p=0.003$), self-efficacy ($Z=-2.092$, $p=.036$) and preparedness to provide care ($Z=-1.965$, $p=.049$). Staff in the 'lower' group showed improvement only on the measure of strain in nursing care ($Z=-2.207$, $p=.027$).

Conclusion: Staff with higher levels of self-reported motivation to learn from training showed significantly greater uptake of knowledge from training, as well as more positive influences on experiences of dementia care practice. These results highlight the influence of motivation on training outcomes, and have implications for the importance of identifying ways to maximize staff motivation in order to optimize the benefits of communication skills training.

References: Eggenberger, E., et al. (2013). Communication skills training in dementia care: a systematic review of effectiveness training content and didactic methods in different care settings. *International Psychogeriatrics*, 25, 345-358.

Disclosure of Interest: None Declared

Keywords: communication, communication/dementia, community care, training of service providers

OC089

Date: Friday 17 April 2015

Session: Quality and Philosophies of Care

CHRONIC SERIOUS MENTAL ILLNESS AND DEMENTIA – OPTIMISING QUALITY CARE

Brian Draper^{1,*}

¹University of NSW, Sydney, Australia

Objectives: To outline some of the challenges when schizophrenia and bipolar disorder are comorbid with dementia.

Methods: Literature review and case vignettes

Results: Cognitive impairments including apathy, impaired judgement and executive function are common features of longstanding bipolar disorder and schizophrenia in older people but at times they herald a progressive cognitive decline. This can be a diagnostic challenge for clinicians, particularly if there has been an episode of delirium with persistent symptoms of confusion and behavioural change. When comorbid dementia occurs, it is most frequently has vascular aetiology, perhaps related to the high rates of vascular risk factors such as smoking, obesity and diabetes in people with chronic serious mental illness. The ongoing management of chronic schizophrenia or bipolar disorder in people with dementia has not been well researched. Optimal management is likely to require continuation of maintenance treatment with the psychotropic regime that has kept the person stable before the onset of dementia. This often requires continuation of high dose antipsychotic drugs and mood stabilisers such as lithium in ways different to current perspectives on using these drugs in dementia. The question about whether behaviour change is due to a relapse of the comorbid mental illness or due to dementia can be difficult to resolve and often takes time. For carers an adjustment is required in their caregiving role and this can be a challenge. Coming to grips with the cognitive and functional limitations posed by dementia and not presuming that emerging problems are part of the bipolar disorder or schizophrenia is one of these key challenges. Quality of care for individuals with comorbid serious mental illness and dementia can be compromised unless effective care coordination is achieved. Case vignettes will be used to illustrate these issues.

Conclusion: Despite limited research there is already evidence that people with comorbid serious mental illness and dementia have specific needs to be met to ensure quality care.

References: Nil

Disclosure of Interest: None Declared

Keywords: Comorbidity, Dual Diagnosis, Mental illness

Oral Abstracts

OC090

Date: Friday 17 April 2015

Session: Quality and Philosophies of Care

STAFF ATTITUDES TOWARD CARE OF PEOPLE WITH DEMENTIA IN AUSTRALIAN RESIDENTIAL AGED CARE FACILITIES

Lynn Chenoweth¹Elaine Fielding²Elizabeth Beattie²Maria O'Reilly²Wendy Moyle³Andrew Robinson⁴ and The AusQoL Group

¹University of New South Wales, Sydney, ²Queensland University of Technology, ³Griffith University, Brisbane, ⁴University of Tasmania, Hobart, Australia

Objectives: Growing dementia prevalence has increased demand for an appropriately skilled workforce. Quality care of people with dementia relies on staff experience and attitudes, with more favourable attitudes related to better outcomes. Positive staff attitudes benefit residential facilities by reducing turnover and individual staff by enhancing self-efficacy and job satisfaction. The Approaches to Dementia Questionnaire (ADQ) identifies the potential for quality dementia care by measuring staff attitudes, hopefulness and person-centred approaches. This paper explores the relationship between staff characteristics and their attitudes to providing dementia care.

Methods: In a national study of quality of life of residents with dementia, all care-related staff in 53 randomly selected facilities were invited to complete a survey including the ADQ and demographics. The ADQ is a five-point Likert instrument with 19 items (1 = *Strongly Agree* to 5 = *Strongly Disagree*) and two subscales: *Hope* and *Recognition of Personhood*. In total, 994 completed the ADQ, with the majority being personal care assistants, followed by enrolled and registered nurses.

Results: Results indicated moderately positive attitudes towards people with dementia (total mean score = 74 out of 95 possible), comparable with international results; however, *Personhood* scores were much higher (mean = 48 out of 55) than *Hope* scores (mean = 26 out of 40). ANOVA tests showed gender, age and education were unrelated to ADQ. Professional status was significantly related ($F=16.3$, $p<0.000$); RNs and managers had the highest scores and PCAs the lowest scores. Staff who had worked longer in aged care scored higher on *Hope* ($F=13.5$, $p<0.000$), but not on *Personhood*. Staff who reported having dementia-specific education scored higher on the ADQ, especially if they had attended a dementia-specific conference ($F=30.7$, $p<0.000$).

Conclusion: The most significant finding in relation to optimum care provision is the positive relationship between dementia-specific education and attitudes. It is possible that person-centred dementia care principles are more readily understood and applied after dementia-specific training. These findings suggest that additional ongoing dementia-specific input and supervision in enacting person-centred care is required for direct care staff.

References: Chenoweth L, Jeon Y-H, Duffield C, Tait F & Merlyn T. (2014). Attracting and retaining qualified nurses in aged and dementia care: Outcomes from an Australian study. *Journal of Nursing Management*. 22(2), 234-247.

Moyle W, Murfield J, Griffiths S, & Venturato L. (2011). Care staff attitudes and experiences of working with older people with dementia. *Australasian Journal on Ageing*, 30(4), 186-190.

Disclosure of Interest: None Declared

Keywords: Attitudes, Education, person-centred approaches to care, residential aged care, Staff

OC091

Date: Friday 17 April 2015

Session: Residential Care Models of the Future

ENCLOSED LIVES, CREATIVE COLLABORATIONS, AND BEST PRACTICE: OPENING SECURE DEMENTIA UNITS

Patricia Baines ^{1,*} on behalf of Peta Coetzee and Mark van Impe

¹Alzheimer's Australia Tasmania, Hobart, Tasmania, Australia

Objectives: Individuals living in secure, that is, locked, dementia units, may compare their living space to being like a boarding school, think they are in prison, or believe that they have been admitted to a monastery/convent. Others may bang on the windows or look for open doors (and, if found, leave). This paper asks the question whether 'enclosing' the lives of individuals living with advanced dementia, actually reduces risk, or makes people living with dementia feel disempowered and isolated. It is important to ask what risks the person living with dementia is being protected from, as well as, what risks secure dementia units themselves present.

The managers of two dementia units will be filmed discussing their thoughts on the future of dementia units and whether they can now be unlocked some of the time or all of the time. Both Tasmanian aged care facilities - one rural, the other urban- offer gardens opening out of the dementia units, which may be freely accessed by residents, and both facilities have animals resident and offer art and music therapy.

Baines, who has worked as an art therapist in many different dementia units, will locate dementia units in the history of closed institutions, discuss creative ways of making dementia units seem less enclosing, and suggest ways in which client-directed care may allow for daily movement in and out of dementia units, which may return to individuals living with dementia a sense of normality and freedom.

Disclosure of Interest: None Declared

Keywords: secure dementia care, human rights, quality consumer-directed care

Oral Abstracts

OC092

Date: Friday 17 April 2015

Session: Residential Care Models of the Future

REDUCING INAPPROPRIATE ANTIPSYCHOTIC USE IN RESIDENTIAL AGED CARE FACILITIES

Tiffany Jessop¹, Henry Brodaty¹, Fleur Harrison¹, Monica Cations¹

¹Dementia Collaborative Research Centre, ²Centre for Healthy Brain Ageing, University of New South Wales, Randwick, Australia

Objectives: Managing Behavioural and Psychological Symptoms of Dementia (BPSD) is a great challenge, particularly in the residential care setting. Antipsychotic medications are commonly used to treat many of these symptoms however evidence suggests only modest efficacy and an increased risk of stroke, cognitive decline and death.

HALT objectives are to 1) educate Residential Aged Care Facility (RACF) staff, GPs and pharmacists in the appropriate use of antipsychotics for BPSD and person-centred approaches to behaviour management. This will provide a foundation to 2) reduce antipsychotic use in residents without use of substitute medications.

Methods: *Facilities:* 20 RACFs have been recruited across greater Sydney and each has nominated at least one 'HALT Champion' nurse to facilitate the project.

Participants: 200 eligible residents will be recruited. Baseline data will be collected on quality of life, cognition, neuropsychiatric symptoms and adverse events including falls. Deprescribing plans will be established with GPs and follow up data collected 3, 6 and 12 months following cessation of antipsychotics.

Education: A train the trainer approach is used to educate Champions in non-pharmacological behaviour management, skills they then pass on to other facility staff to support the deprescribing intervention. GPs of participants will receive education on appropriate use of antipsychotics in the elderly. This has been RACGP accredited as a clinical audit.

Results: Recent Australian data suggest around 30% of RACF residents are using antipsychotics regularly and the majority are prescribed inappropriately¹. Preliminary HALT data indicates a lower rate (18%) for facilities where data has been collected thus far.

Currently, participant recruitment is at 66 with baseline data completed for 62 and 30 have commenced deprescribing. We will present preliminary data on the impact of deprescribing on participants as well as outcomes of education on practice change.

Conclusion: HALT takes a multidisciplinary approach, with collaboration between consumers, RACFs, GPs, pharmacists and clinical specialists to achieve reductions in inappropriate antipsychotic use and associated adverse events. Outcomes will be used to inform practice development and culture change models around antipsychotic use and review in RACFs.

References: 1. Ballard C, Lana MM, Theodoulou M, Douglas S, McShane R, et al. (2008) A Randomised, Blinded, Placebo-Controlled Trial in Dementia Patients Continuing or Stopping Neuroleptics (The DART-AD Trial). PLoS Med 5(4): e76.

Disclosure of Interest: None Declared

Keywords: Antipsychotics, BPSD, culture change, knowledge translation



OC093

Date: Friday 17 April 2015

Session: Residential Care Models of the Future

MODELS OF RESIDENTIAL CARE FOR PEOPLE WITH DEMENTIA IN IRELAND: NEW FINDINGS FROM A NATIONAL SURVEY

Suzanne Mary Cahill ^{1,*} Caroline O'Nolan ¹ Dearbhla O'Cahey ² Andrea Bobersky ¹

¹Trinity College Dublin, ²The DSIDC St James's Hospital, Dublin, Ireland

Objectives: The study set out to investigate how and by whom, long term care for people with dementia in Ireland is currently organized and delivered. A major objective was to collect information on the numbers and location of specialist care units across the Republic of Ireland and to ascertain how Ireland compares with other European countries regarding specialist care provision

Methods: A composite sampling frame comprising of all the public private and voluntary nursing homes was established and a self-administered questionnaire forwarded to each Director of Nursing (N=602) who based on a given definition of a specialist dementia unit was asked to identify whether their facility had such provision. Incentives were provided for participants to respond to the questionnaire which contained both open and closed questions. A response rate of 78% was achieved.

Results: Only 11% of all nursing homes surveyed reported they provided Specialist Dementia Care. Considerable inequities were found across the country regarding the location and size of these units, with clusters of units being in evidence in some counties whilst others had no such specialist provision. Findings also showed much diversity across the country regarding the size of these units, their admission and end of life policies, staff training, their physical and architectural design and the number of respite beds available.

Conclusion: A key finding is that private operators provide the main bulk of specialist dementia care in Ireland but compared with public Health Service Executive providers, they receive limited funding for care from the National Treatment Purchase Fund. Findings will be discussed against the backdrop of current public policy on dementia in Ireland and future prevalence rates.

References: Cahill, S, O'Shea, E & Pierce, M (2012). *Creating Excellence in Dementia Care: A Research Review for Ireland's National Dementia Strategy*. Trinity College Dublin and The Irish Centre for Social Gerontology National University of Ireland Galway.

Disclosure of Interest: None Declared

Keywords: Admission policy, Residential Care, Specialist Care Unit, Training

Oral Abstracts

OC094

Date: Friday 17 April 2015

Session: Residential Care Models of the Future

IMPROVING STAFF-FAMILY RELATIONSHIPS FOR PEOPLE LIVING WITH DEMENTIA IN RESIDENTIAL AGED CARE: AN ON-LINE RESOURCE PACKAGE FOR STAFF AND FAMILY.

Michael Bauer ¹Deirdre Fetherstonhaugh ¹Ewan McDonald ¹Laura Tarzia ¹Wendy Moyle ²Cindy Jones ²Andrew Robinson ³Peter Lucas ³Sharon Andrews ³

¹La Trobe University, Melbourne, ²Griffith University, Brisbane, ³University of Tasmania, Hobart, Australia

Objectives: A good relationship between staff and families optimises care provision for older people living in residential aged care. The development and maintenance of staff-family relationships in residential aged care however is known to often be characterised by tension, misunderstandings and unmet expectations, all of which can have a detrimental effect on the wellbeing of family carers as well as on care outcomes for residents. Knowing how to develop a relationship with the families of residents and how to maintain this relationship is important for everyone in an aged care facility.

This presentation reports on the development and evaluation of an on-line educational resource package for staff and families of people with dementia living in Australian residential aged care facilities. The educational package aims to encourage staff and families to think about their interactions and provides strategies to build and maintain constructive relationships, to ultimately improve the quality of care that is provided to residents. Three aged care facilities in three Australian states participated in the development, implementation and evaluation of the education package.

A range of surveys together with qualitative interviews with facility staff and families at participating facilities was used to evaluate staff-family relationships at baseline and following the implementation of the educational resources over a six month period. Key findings after the education indicate that:

- Both staff and families thought there was a greater awareness about the importance of good relationships and staff thought more about how they could build relationships with families.
- Staff placed greater value on families' knowledge about residents' care needs and believed interactions with families were more frequent.
- Staff acknowledged feeling less stressed by families.

The project was funded by Alzheimer's Australia as part of the Alzheimer's Australia National Quality Dementia Care Initiative.

Disclosure of Interest: None Declared

Keywords: staff-family relationships



OC096

Date: Friday 17 April 2015

Session: Residential Care Models of the Future

YOUNGER ONSET DEMENTIA RETREAT: A MODEL FOR PERSON CENTRED RESIDENTIAL RESPITE

Aedan Siebert ¹Tania Barnett ^{1,*}

¹Younger Onset Dementia Keyworker Program, Alzheimer's Australia - WA, Perth, Australia

Objectives: Residential respite is often used to provide carers with a break from care and support roles. However, current residential respite models within Australia lack the resources and philosophies of care to provide for the unique needs of those diagnosed with younger onset dementia (YOD).

In order to address this gap in service provision, the YOD Team at Alzheimer's Australia WA partnered with Juniper, an aged care service provider, and the Independent Living Centre of WA to pilot a tailored residential respite model.

The YOD Retreat was designed to meet the needs of both the carer and the younger person with dementia. The term retreat was utilised to differentiate the program from traditional respite models and create a more positive connotation for the person with dementia.

Core principles used to inform the pilot included person centred care, autonomy, empowerment, meaningful occupation, and spontaneity, a sense of community, mateship and dignity of risk.

The program was offered in blocks of three, four or seven nights and focused on client-directed activities that were facilitated by support workers according to core principles. Dignity of risk was an important concept that was built into the pilot and opportunities for residents to take risks in a supported environment were enabled. Respite attendees developed a strong sense of community and mateship throughout the program, particularly through regular attendance.

By actively participating in the development process support staff developed a strong sense of ownership over the program and an increased level of value within their work role. Residents that had attended traditional respite services stated that they preferred the retreat as they were supported to engage in activities within the community. Spouses and families reported that their loved ones had asked to return and that it was a "relief that they could enjoy the break without worrying".

Preliminary results indicate that this program may be an effective model of respite for families living with YOD, particularly when compared to traditional respite models used within Australia.

Disclosure of Interest: None Declared

Keywords: Engagement, person-centred care, Residential Care, Respite, Younger onset dementia

Oral Abstracts

OC097

Date: Saturday 18 April 2015

Session: Younger Onset Dementia

HEAD KNOCKS AND TOUGH TIMES: WHAT IS THE LINK BETWEEN HEAD INJURY AND THE EARLY ONSET OF DEMENTIA?

Adrienne Withall^{1,†}Brian Draper²Paul McCrory³

¹School of Public Health and Community Medicine, ²School of Psychiatry, UNSW Australia, Sydney, ³The Florey Institute of Neuroscience and Mental Health, Heidelberg, Australia

Objectives: There has been much recent interest concerning links between head injury and the early onset of dementia, particularly given the high profile deaths of a number of athletes showing behavioural and cognitive signs as well as pathological brain changes at autopsy. This presentation will review the current evidence for an association between head injury and dementia, including data from the Inspired Study of younger onset dementia (YOD).

Methods: Published research (Medline, Cinahl, Informit) was systematically reviewed. Search terms included dementia, cognitive impairment, cognitive decline, Alzheimer's disease, head injury, brain injury, chronic traumatic encephalopathy (CTE), and dementia pugilistica. Data was also examined from the Inspired Study, an epidemiological, mixed methods study of people with YOD. Participants were recruited via health care professionals, local Alzheimer's Associations, or self-referral. Information was collected from in-depth interviews as well as a review of medical case notes.

Results: Neurodegeneration in older athletes in the form of increased tau deposits (CTE) has been observed on PET brain imaging and is associated with cognitive and neuropsychiatric symptoms. There are certainly overlaps with other dementia syndromes that need to be evaluated to see if CTE, requiring a history of head injury, is a unique condition. The Inspired Study has found higher rates than expected of prior head injury in a sample of people with YOD; 27.4% of YOD participants have sustained a previous head injury resulting in loss of consciousness and/or fractured skull, with 45% of these from sporting injuries, versus 5.7% in an Australian community sample (Anstey et al., 2004).

Conclusion: Though preliminary evidence is thought provoking, it remains difficult at the current time to establish causal links between head injury and dementia based on available evidence and given a lack of longitudinal, prospective studies.

References: Anstey KJ, Butterworth P, Jorm AF, et al. (2004). J Clin Epi, 57(11), 1202–1209.

Disclosure of Interest: None Declared

Keywords: Epidemiology, Injury, Prevention, Risk factors, Younger onset dementia

OC098

Date: Saturday 18 April 2015

Session: Younger Onset Dementia

YOUNGER PEOPLE WITH DEMENTIA: LIVING WELL WITH YOUR DIAGNOSIS. THE PROCESS OF CREATING AN INFORMATION RESOURCE FOR THOSE WITH YOUNGER ONSET DEMENTIA

Alex Murphy¹, Fiona Borrowman²

¹Glasgow Younger Persons Support service, Glasgow, ²Health Improvement Manager, Dementia and Healthy Ageing, NHS Health Scotland, Edinburgh, United Kingdom

Objectives: Background With regards to people with younger onset dementia Scotland's National Dementia Strategy highlights the need for: "a distinct range of information and supports ... In addition, they are likely to have different needs in respect of post-diagnostic support". Whilst publications exist elsewhere in the UK, until now there has been no resource aimed at the needs of younger people with dementia in Scotland. Alzheimer Scotland in partnership with NHS Health Scotland has produced a publication and DVD 'Younger onset dementia: living well with your diagnosis'. The resource aims to provide information to people with diagnosis of dementia at a younger age and carers in an accessible format. It uses the voices of people with dementia and their families to: • share experience around how to 'live well' after diagnosis, providing practical advice on coping with its effects; • suggest where to go for further support. It is available in printed format with an accompanying DVD (with subtitles and British Sign Language (BSL) translation available). This presentation will explain the process by which the resource was created with a focus on the participation and involvement of people with younger onset dementia and their families. Participants/methods Participatory workshops were held which gathered people with diagnosis of dementia and family carers to inform and advise on the content of the resource, its presentation and dissemination. A pre-test of the publication and DVD with target audience was also held. Conclusions This publication gives information aimed at those with younger onset dementia and their families. It is based on the experiences of individuals with dementia and carers and reflects what they found to be useful in the period following diagnosis. Key to development of the resource was listening to voices of people with dementia and ensuring the resource had people with a diagnosis of younger onset dementia talking about their experience and what helped and hindered

Disclosure of Interest: None Declared

Keywords: involvement, publications, younger onset dementia

Oral Abstracts

OC099

Date: Saturday 18 April 2015

Session: Younger Onset Dementia

YOUNGER ONSET DEMENTIA: A RECENT LITERATURE REVIEW

Janet Sansoni ¹*Cathy Duncan ¹Pam Grootemaat ¹Anita Westera ¹Jacquelin Capell ¹Peter Samsa ¹

¹Australian Health Services Research Institute, University of Wollongong, Wollongong, Australia

Objectives: Younger onset dementia (YOD) is any form of dementia that occurs in those <65 years. This review particularly focussed on the service needs of people with younger onset dementia to provide a guide to service design and development.

Methods: Searches of ten relevant bibliographic databases were undertaken (e.g. including Medline, CINAHL, Scopus, Proquest Central). Searches were restricted to articles published since 2000 in English. Search strategies were supplemented with 'snowballing' methods. A rigorous approach to accessing information from non-academic sources ('grey literature') was also applied.

Results: Searches identified 301 articles of major relevance which were rated concerning their strength of evidence. The literature identified the need for:

- * More timely and accurate diagnosis and increased support immediately following diagnosis
- * Individually tailored services addressing life cycle issues and providing age-appropriate programs
- * Examination of the service needs of those living alone with YOD
- * More systematic evaluation of services and programs including more selective use of validated standardised measures, in particular, to assess cognitive status.

Research gaps identified included the need for:

- * Further examination of service utilisation, costs of illness and the cost effectiveness of non pharmacological interventions
- * Current clinical catchment surveys to estimate prevalence, incidence, and life expectancy. Most Australian prevalence estimates were based on pooled data arising from meta-analyses of Western European and Northern American studies conducted in the nineties. Limited data were available concerning the prevalence and incidence of YOD in Indigenous communities but evidence suggested that the prevalence of dementia for this group may be much higher than estimated.

Conclusion: There is a need for studies with stronger research designs, larger sample sizes, a triangulation of methods of outcome assessment and consideration of the control of potentially confounding factors.

References: Sansoni J, Duncan C, Grootemaat P, et al. (2014) *Younger Onset Dementia: A Literature Review*, Centre for Health Service Development, University of Wollongong

Disclosure of Interest: None Declared

Keywords: Younger onset dementia research gaps, Younger onset dementia service needs



OC100

Date: Saturday 18 April 2015

Session: Younger Onset Dementia

FACING THE TIMES: YOUNG ONSET DEMENTIA SUPPORT GROUP FACEBOOK STYLE

Denise Craig* 1

1ACAT, Qld Health, Cairns, Australia

Objectives: Young people diagnosed with dementia can feel particularly isolated. One avenue available to assist them to connect with others is via Facebook. Useful for people around the globe, this tool allows users to: identify people experiencing similar symptoms (whom they can contact openly or privately); gain easy access to young onset dementia related news feeds; access support in relation to queries; and give voice to feelings and thoughts. This presentation discusses a Young Onset Dementia support group which helps lessen the sense of isolation, misunderstanding and fear of many relatively young people diagnosed with dementia worldwide.

Methods: The social medium of Facebook has proven an effective means of supporting people living with young onset dementia. Young people with dementia are often comfortable with computer technology and uncomfortable with 'aged care', 'memory clinic' and 'old-timer's disease'. Facebook provides an accessible option for linking people. Utilisation statistics show posts are typically seen widely within a short space of time, providing an excellent opportunity to disseminate information effectively.

Results: Page posts rapidly reach a wide audience. From this, information about young onset dementia is disseminated, awareness increased, and peer support is achieved promptly. Users can elect to privately message each other. Facebook's appeal has seen it become a powerful communication tool appropriate to supporting people who choose to engage with it.

Conclusion: The Facebook 'Young Onset Dementia Support Group' page is a means readily available to assist people with young onset dementia to establish age appropriate, 'on the same page' support.

References: Young Onset Dementia Support Group. <https://www.facebook.com/YoungOnsetDementiaSupportGroup>

Disclosure of Interest: None Declared

Keywords: Internet, networking, social media, young, younger

Oral Abstracts

OC101

Date: Saturday 18 April 2015

Session: Younger Onset Dementia

SERVICE AND SUPPORT NEEDS OF PEOPLE WITH YOUNGER ONSET DEMENTIA

Anita Westera¹*David Fildes¹Cathy Duncan¹ and Project team: Younger Onset Dementia literature review and needs and feasibility analysis

¹Australian Health Services Research Institute, University of Wollongong, Wollongong, Australia

Objectives: Younger onset dementia (YOD) is any form of dementia that occurs in those <65 years. The Australian government recently commissioned an international literature review and needs and feasibility assessment of services for people with younger onset dementia. A consultation process involving people with younger onset dementia, carers, service providers and policy makers was undertaken to ascertain potential models for more appropriate service delivery and support.

Methods: Semi-structured interviews and on-line surveys were used to ascertain the extent to which current services met the needs of people with younger onset dementia and their families.

Results: Over two hundred people nationally participated in semi-structured interviews and/or focus groups with the project team and nearly one hundred survey responses were received from people with younger onset dementia, of which approximately one third were complete.

Conclusion: A new paradigm in terms of the way services are funded, developed and delivered is needed that more appropriately take into account the life stage, circumstances and expectations of people with younger onset dementia.

Service and policy development for people with younger onset dementia should be guided by the following: a focus on the individual; timely and accurate diagnosis; appropriate services; integrated care; continuity of care; service specific issues such as the need for respite care and peer support; and good policy and program design.

References: Westera A, Fildes D, Duncan C, et al. (2014) *Final Report: Literature Review and Needs and Feasibility Assessment of Services for People with Younger Onset Dementia*. Centre for Health Service Development, University of Wollongong

Sansoni J, Duncan C, Grootemaat P, et al. (2014) *Younger Onset Dementia: A Literature Review*, Centre for Health Service Development, University of Wollongong

Disclosure of Interest: A. Westera Conflict with: Australian Government Department of Social Services, D. Fildes Conflict with: Australian Government Department of Social Services, C. Duncan Conflict with: Australian Government Department of Social Services

Keywords: service design, supportive model of care

OC102

Date: Saturday 18 April 2015

Session: Younger Onset Dementia

NO LONGER FEEL LIKE A STATISTIC – NEW NATIONAL YOUNGER ONSET KEY WORKER PROGRAM PAVING THE WAY

Lyn Carlson ^{1,*}

¹Alzheimer's Australia, Canberra, Australia

Objectives: It is estimated that younger onset dementia currently affects around 24,000 people in Australia.

People under 65 years of age frequently have difficulty getting a diagnosis, are often still in paid employment and are actively raising and financially responsible for a family. Even once a diagnosis is confirmed there are very few services or supports that are age appropriate.

Alzheimer's Australia received funding from the Commonwealth in 2013 to develop a Younger Onset Dementia Key Worker Program. At present there are 40 Key Workers employed across Australia assisting people under the age of 65 years living with younger onset dementia, their carers and family members.

Program objectives:

1. Providing individualised services and support across the dementia journey.
2. Linking people with younger onset dementia to appropriate services and supports in their community and empowering them to manage and access services themselves and remain socially engaged within their community.
3. Building capacity in existing services to better meet the needs of people with younger onset dementia their carers and/or family members. The improvement is based on the principles of enablement, wellness, flexibility and choice to improve their quality of life.

This Program is unique as individualised support is not time limited and is offered across all care settings – specialists, community, acute, residential and is also offered to family members and friends including across states and territories. It is focused on helping people achieve goals and priorities that they determine.

Formal independent evaluation of the Program is being conducted by the Centre of Health Service Development at University of Wollongong. Preliminary reports from the program to date demonstrates the positive impact on the person with younger onset dementia, their carer, family and friends, plus service capacity development. Key Workers have been able to provide care, support, guidance and practical advice and assistance to a level never imagined possible for people with younger onset dementia.

Disclosure of Interest: None Declared

Keywords: Younger onset dementia

Oral Abstracts

OC103

Date: Saturday 18 April 2015

Session: Engaging People Living with Dementia

CONSUMER ENGAGEMENT: A STRATEGIC APPROACH FOR POLICY AND ADVOCACY

Phil Saunders ^{1,*}

¹Policy, Alzheimer's Australia SA, Glenside, Australia

Objectives: CONSUMER ENGAGEMENT: a strategic approach for policy advocacy

There are 29,000 people living with dementia across South Australia. Alzheimer's Australia SA is their voice.

The concept of 'consumer engagement' is now established practice in the Australian policy-making environment. It is generally accepted that consumer involvement in policy development and service provision ensures that policy and services are informed, relevant, appropriate and targeted.

This presentation explores the central role of consumers, people living with dementia and their families and carers, in the policy advocacy of Alzheimer's Australia SA.

In this strategic approach, consumer engagement is the first step in policy engagement. It informs organisational policy capacity, supports individual consumer capacity for representation and provides the issues, and the stories behind them, for policy influence, politically and across the community at large.

Consumers want to be involved; they want to have their say, to reflect their lived experiences.

Alzheimer's Australia SA ensures effective involvement: through the practical application of principles of engagement. This strategic application takes into account Alzheimer's Australia SA Core Principles that underpin the policy and service operations of the organisation; the principle of 'Nothing About Me Without Me'; and the Consumer and Community Participation Guidelines of the International Association of Public Participation.

The approach is mindful, too, of the value of engagement to the consumers through their increased confidence and self-esteem and feeling valued as members of society. A strategic approach respects the individuals involved and their communities.

Engaging across cultural, social and geographical milieus a strategic approach is mindful that 'One size does not fit all'. Alzheimer's Australia SA is committed to an engagement across a range of platforms and formats, offering a wide range of opportunities through one-off events and ongoing initiatives.

In developing particular engagement projects the Alzheimer's Australia SA strategic approach considers key questions across underpinning engagement themes, organisational commitment, resourcing and evaluation.

Disclosure of Interest: None Declared

Keywords: advocacy, consumer, Engagement, Policy



OC104

Date: Saturday 18 April 2015

Session: Engaging People Living with Dementia

CONSUMER INVOLVEMENT IN DEMENTIA RESEARCH IN AUSTRALIA: PAST PRESENT AND FUTURE

Jane Thompson¹, Kate Swaffer², Tony Ramshaw³ and Consumer Dementia Research Network

¹Alzheimer's Australia, Canberra, ²Alzheimer's Australia, Adelaide, ³Alzheimer's Australia, Perth, Australia

Objectives: There is increasing recognition that involvement of consumers (people with dementia and carers) can lead to research with greater relevance, improved quality and outcomes and facilitate research translation. Perceptions are also changing regarding the contribution people with dementia are able to make. Alzheimer's Australia (AA) is committed to consumer involvement in research and in 2010 formed the Consumer Dementia Research Network. The Network's initial remit was to assist AA to achieve the objectives of its National Quality Dementia Care Initiative including enabling consumers to set priorities for knowledge translation. 15 projects are now underway. The remit of the Network has since expanded and includes involvement across the Dementia Collaborative Research Centres, the NHMRC Partnership Centre on Cognitive and Related Functional Decline, the AA's Dementia Research Foundation and the Australian Government's Boosting Dementia Research Initiative.

An external evaluation has documented significant achievements. Researchers have been positive about consumers' capacity to provide constructive input to projects and enhance relevance. Some are concerned about the extent to which consumers are objective and able to assess research proposals. Debate also continues regarding the stage of the research process at which consumers can best contribute; the nature of the contribution; the priority of relevance versus quality of research in funding decisions.

Key enablers for success are: support from AA; commitment and mutual support of members; financial support; face to face meetings; open communication. Barriers include geographic separation; member and Secretariat staff turnover; time constraints; unpredictable workload; limitations of funding; group dynamics.

Through the Consumer Dementia Research Network, consumer involvement in research is now firmly embedded within the Australian dementia research sector.

Disclosure of Interest: None Declared

Keywords: consumer involvement in research, knowledge translation, research

Oral Abstracts

OC105

Date: Saturday 18 April 2015

Session: Engaging People Living with Dementia

PROFESSIONALLY ACTIVE FAMILY CARERS FOR PERSONS WITH DEMENTIA – HOW CAN CAREGIVING AFFECT WORK PERFORMANCE?

Kirsti Hotvedt¹, Ingun Ulstein², Lene Povlsen³

¹Ageing and Health, Norwegian Centre for Research Education and Service Development, Vestfold Hospital Trust, Norway, ²Old-Age Psychiatric Department, Oslo University Hospital, Oslo, Norway, ³Nordic School of Public Health, Gothenburg, Sweden

Objectives: Many family carers continue to work while providing care for an elderly family member. Studies show that this might have negative consequences for their employment. The objective of this study was to examine and describe whether caring for persons with dementia affect functioning at work. Furthermore, the study looks at the relationship between various characteristics of the carer's situation and functioning at work. It also describes how they coped with obligations both as carers and employees.

Methods: The study is based on data from questionnaires completed by 594 of 614 employed family carers who responded to a question about how caring for a person with dementia affected their functioning at work. The data were collected in connection with two former Norwegian cross-sectional studies, conducted in 2002-2004 and 2008-2009, respectively. The study includes both quantitative and qualitative data.

Results: 37.5% of the family carers, with mean age 5, and significantly more women and daughters (69.2%), responded that the care affected their functioning at work. The residence (own home or nursing home) revealed no significant difference regarding the family carers experience of impact at work whereas living together with the person with dementia did. Phone calls from the person with dementia, practical caring tasks, following-up on health care services, and different forms of absence from work were some of the impact factors. The family carers experienced stress and lack of adequate time. Satisfaction with health care services and help and support from family and friends seemed to have a positive effect.

Conclusion: The study shows that caring for a person with dementia in combination with being professionally active may have a negative impact on the carer's functioning at work. Family carers experience a dilemma between work and caregiving obligations, which may be difficult to manage while maintaining an optimal active working life.

References: HOD (2011a). *NOU 2011: 17 Når sant skal sies om pårørendeomsorg Fra usynlig til verdsatt og inkludert*. Helse- og omsorgsdepartementet, Oslo.

Hotvedt, K. (in press). *Samarbeid og nye muligheter - Utviklingsprogram om tilbud til pårørende - pårørendeskoler og samtalegrupper - Demensplan 2015*. Forlaget aldring og helse, Tønsberg.

Ulstein, I.D. (2007). *Dementia in the family*. Oslo, Norway: University of Oslo.

Disclosure of Interest: None Declared

Keywords: Burden, Dementia, Employee, Family carers, Work performance

OC106

Date: Saturday 18 April 2015

Session: Engaging People Living with Dementia

YOUNG PEOPLE COLLABORATING FOR SOCIAL CHANGE SO THEY NO LONGER FEEL ALONE IN THE JOURNEY WITH THEIR PARENT'S DEMENTIA

Karen Hutchinson¹*Chris Roberts²

¹NHMRC Cognitive Decline Partnership Centre, ²Northern Clinical School - Hornsby, University of Sydney, Sydney, Australia

Objectives: Socially constructed disablement has so far marginalised young people in families where a parent has younger onset dementia (YOD) leading to inadequate societal support for their complex situation [1-3]. We wanted to explore enabling strategies for these young people to be included and supported within their community.

Methods: We conducted a thematic analysis on 12 semi structured interviews and 1 focus group with young people using the social model of disability as a theoretical framework to understand how society adds to their emotional distress and marginalisation[4, 5].

Results: Three themes emerged of; *Invisibility* highlighting the issues of marginalisation; *Connectivity* foregrounding the engagement of young people with family, friends and their social networks, and *Being Empowered* through claiming their basic human right to receive the age appropriate support they need. Current service provision is experienced within a particular model that categorises service users by their age, as in youth or aged care sectors.

Conclusion: A fundamental shift is required by society in developing inclusive cross-sectorial cooperation linking service providers across youth and dementia sectors, working in partnership with the service users focusing on the identified needs of individual family members. Opportunities for creating a platform for the inclusion of young people in developing policies and procedures would be valuable in breaking down social barriers around the marginalisation of these families and champion social change negating isolation.

References: 1.Hutchinson, K., et al., *The emotional wellbeing of young people having a parent with younger onset dementia*. Dementia, 2014.doi: 10.1177/1471301214532111

2.Barca, M., et al., *Nobody asked me how I felt: experiences of adult children of persons with younger onset dementia*. International Psychogeriatrics, 2014.doi: 10.1017/S1041610213002639

3.Gelman, C. and C. Greer, *Young children in early onset Alzheimer's disease families: research gaps and emerging services needs*. American Journal of Alzheimers Disease and Other Dementias, 2011. **26**(1): p. 29-35.

4.Barnes, C. and G. Mercer, *Exploring Disability*. second ed. 2011: Polity Press. 1-341.

5.Gilliard, J., et al., *Dementia care in England and the social model of disability: Lessons and issues*. Dementia, 2005. **4**(4): p. 571-586.

Disclosure of Interest: None Declared

Keywords: young people, marginalisation, parent with YOD, collaboration, social change

Oral Abstracts

OC107

Date: Saturday 18 April 2015

Session: Engaging People Living with Dementia

“LIVING WITHOUT HOPE” HOW FAMILIES CAN LIVE WELL WITH DEMENTIA.

Sarah Reed ¹Suzy Webster ^{1,*}

¹Many Happy Returns, London, United Kingdom

Objectives: With some seven million unpaid carers across the UK (where it is estimated there are over 800,000 people living with dementia) – providing a greater understanding of how to cope with the disease and its effects is something for which there is understandable and growing demand. Suzy Webster's family are six people who live with dementia. She is a married mother of two children aged eight and five years. Her mother is 67 and is living with dementia. Her father, 68, is her mother's full time carer. A year ago, the family decided to move in together. Her father was exhausted and they lived too far away for Suzy to provide relevant help. Now, the whole family live together in a house designed for dual living. Her mother's dementia diagnosis was tough, but it meant that the family could make plans, even if they might live without hope. Suzy knows that her mother will not get better; that the next course of treatment is unlikely to work, that her mother will not have a period of recovery and although some might find this attitude negative, the family choose to use the knowledge positively to plan their future living well together. Suzy draws on her deep experience as a social worker of ten years; and more recently, with Age Cymru MY Home Life, part of the UK-wide charity that promotes best practice in care homes through appreciative enquiry and Action Learning. She explores the practical, spiritual and emotional challenges that so many families all over the world face when they confront dementia and provide flexible and family-centred techniques for hope and ideas to make the experience as good it can be, despite a health & social care system that is fractured and lacks integration. Suzy prefers not to talk about the mother she has lost and is reluctant to begin a conscious grieving process when her mother is still with her. “We work hard to live in the moment. I appreciate who Mum is and the many things she offers us as a valued person in our family. Sometimes I just want her back. There are times I need my Mum”. “When dementia comes into your family you have to reach outwards to those you can trust, those who REALLY listen and those who offer you respite time. Harnessing the support that people offer is a vital part of both embracing and coping with this life-changing experience.”

Disclosure of Interest: None Declared

Keywords: communication, dementia, families, spiritual and emotional challenges



OC108

Date: Saturday 18 April 2015

Session: Engaging People Living with Dementia

“WE CAN ALL LIVE WELL, EVEN PEOPLE WITH DEMENTIA”

Mick Carmody

In this presentation I will share my experience of living positively with dementia. I will also discuss improving the care of people with dementia, and an international advocacy and support group of by and for people with dementia. I am 59 years old, and was diagnosed with younger onset dementia when I was 57. I sought medical advice due to memory, cognition and balance issues, and some unexplained ‘episodes’. After waiting six months to see a Neurologist, I had an ‘episode’ and ended up in two hospitals over 25 days; a neurologist said that I should be happy because I do not have epilepsy. None of this made me happy! What many people either don’t know, or fail to acknowledge, is that dementia is a terminal progressive illness, and that there is only treatment for some types of Alzheimer’s Disease, and there no cure. Therefore, we must be supported to live well, for as long as possible. After diagnosis, I did what was suggested, which was to give up. Since I have been involved in advocacy groups, and an Alzheimer’s Australia consumer group, I have realised that resuming as many pre-diagnosis activities as possible not only decreases the stigma, isolation and discrimination, it delays depression, and has helped me to live well I will close by sharing some of the hurdles of getting a diagnosis, and since. The main one is disbelief by medical staff; being told it was all in my head. The other is being totally avoided by nursing staff because they are not trained in dementia. These do not help us to live well, nor are they in any way dementia friendly; I advocate for everyone diagnosed to do this, and for the health care sector to stop telling us to give up.

Oral Abstracts

OC109

Date: Saturday 18 April 2015

Session: Quality of Life

INFLUENCERS ON QUALITY OF LIFE AS REPORTED BY PEOPLE LIVING WITH DEMENTIA IN RESIDENTIAL AGED CARE

Wendy Moyle^{1,*}Deirdre Fetherstonhaugh²Melissa Greben³Elizabeth Beattie⁴ and Aus QOL Group

¹Griffith Health Institute, Griffith University, Brisbane, ²ACEBAC, La Trobe, Melbourne, ³Griffith University, ⁴DCRC-CC, QUT, Brisbane, Australia

Objectives: Recent research has shown the factors influencing quality of life (QoL) include relationships, feeling valued in society and having control over things in life.¹ Although the QoL literature is extensive little is known about, what people with dementia would like to improve in their lives, particularly when they live in residential care. Nor do we know about the strategies that need to be put into place to ensure that they can experience the things that will make their lives more meaningful.

This paper outlines the findings from the qualitative component of a landmark Australian national study of QoL in people with dementia (n= 480) living in 53 residential facilities in six States and one Territory. The aim of this presentation is to explore how residents perceive their QoL and, more importantly, what influences their QoL

Methods: A descriptive exploratory qualitative case study design was used where we aimed to include as much variation across the cases as possible. For efficiency we drew a subsample of participants from the parent study from two Australian states. Individual face-to-face interviews with 12 people provided the primary data source. The interview schedule was organised around the following areas of investigation: *Meaning in life, Physical, Psychological and Social factors* related to QoL.

Results: Three themes emerged in relation to influencers and strategies related to quality of life: (a) maintaining independence, (b) having something to do, and (c) the importance of social interaction. Person-centred care seemed to be challenged where residents displayed varying degrees of behavioural manifestation as well as communication abilities, and the approach to care seemed to emphasize safety, efficacy and hierarchical decision-making over individual needs and desires. This research recognised that the voice of the person with dementia in making everyday decisions is not always acknowledged and the capacity to be involved in decisions may be constrained by under-recognition of agency of the person with dementia.

Conclusion: Findings highlight the importance of understanding individual needs and consideration of the complexity of living in large group situations, particularly in regard to decision making.

References: ¹ Moyle, W. Venturato L. Griffiths S, Grimbeek P, McAllister M, Oxlade D.& Murfield J. (2011). Factors influencing Quality of Life for People with Dementia: A Qualitative Perspective, *Aging and Mental Health*, 15 (8), 970-977

Disclosure of Interest: W. Moyle Conflict with: DCRC-CC, D. Fetherstonhaugh Conflict with: DCRC-CC, M. Greben: None Declared, E. Beattie Conflict with: DCRC-CC

Keywords: Decision making, QoL, qualitative research, residential aged care

OC110

Date: Saturday 18 April 2015

Session: Quality of Life

DEMENTIA ALLIANCE INTERNATIONAL: FINDING OUR VOICE

Janet Pitts¹* on behalf of John Sandblom, Janet Pitts and Kate SwafferJohn Sandblom¹Kate Swaffer¹ and John Sandblom, Janet Pitts and Kate Swaffer

¹Dementia Alliance International, Ankeny, United States

Objectives: This presentation will review the first year of a global advocacy and support group, of, by and for people with dementia called Dementia Alliance International. Our vision, "A world where a person with dementia continues to be fully valued" is being realised, as more people with dementia connect around the world, and speak up for their basic human rights. We speak up for full inclusion and a place at the international dementia table; as people with dementia we believe that without full inclusion at the conversations about the very things that affect our lives and futures is imperative. The stigma, discrimination, prejudice, myths of dementia and isolation are simply being exacerbated, by the organisations or researchers purporting to improve our lives or advocate for us, without us. We will discuss the technology being used to support our work, allowing us to progress rapidly as an organisation with no funding, and with representation from a number of countries. We will also review the Master Classes run during Dementia Awareness Month 2014, and the value of the sharing of the lived experience of dementia. Finally, we will discuss how collaboration has been the key to our success, as well as allowing us to support the work of other people with dementia in individual countries such as the Scottish, European, Australian, Irish and Japanese Dementia Working Groups, rather than work against each other or in isolation. In its first year, DAI has become the peak advocacy body, supported by ADI, of by and for people with dementia.

Disclosure of Interest: None Declared

Keywords: Advocacy, Younger Onset Dementia, Support Groups,

Oral Abstracts

OC111

Date: Saturday 18 April 2015

Session: Quality of Life

'THERE IS A LIFE FOR US, IF WE RISK IT!' THE LIVED EXPERIENCE OF RISK FOR A PERSON WITH EARLY STAGE DEMENTIA

Sally Osborne^{1,*}

¹College of Arts, Victoria University, Melbourne, Australia

Objectives:

This paper is a review of the literature as part of a longitudinal PhD research study exploring the nature of risk with persons with early stage dementia. Risk is a concept used in dementia research when examining choice and decision-making, and is primarily a negative phenomenon associated with danger and hazard. More recent theory acknowledges its dual nature — the idea of 'good' and 'bad' risk. A diagnosis of dementia puts a person's fundamental rights to take a risk in question, which is often withheld or withdrawn if the person is seen as vulnerable. But who decides? These rights are entwined with key principles we live by — personal autonomy — the right to act independently, to take a risk. Within care practices, risk may be minimised, controlled or even denied, in the *best interests* of that person. Vulnerable groups in society have reported being so *protected* from risk that the protection itself paradoxically can become a source of harm. Support then, for people with dementia predominantly involves aversion to risk because of the concern for safety, protection and liability. This risk averse support comes at a cost however as it infringes upon the autonomy of people living with dementia. Beauchamp and Childress (1989) see the recognition of the right to take a risk as inherent in the principle of respect for autonomy, and this may come to mean the autonomy to take, or not to take a risk.

Risk is being used in this study as an exemplar to view autonomy and rights, the right to independent action taken with free will and choice, when that is possible. It begins with the premise that risk is a part of life for everyone, and the dignity of risk, or the right to failure remains central to growth and the development of resilience. A cohort of younger people with a diagnosis has led to a greater focus on the person with dementia, and developing supportive and proactive care practices that meet their needs calls for knowledge produced from their own perspective. This review has important legal, ethical and moral implications for dementia care and practice, and immediate and significant implications within the daily life of a person with an early diagnosis of dementia. Morgan (2009) says 'there is a life for us, if we risk it' (p. 28).

Disclosure of Interest: None Declared

Keywords: risk, dementia, rights

OC112

Date: Saturday 18 April 2015

Session: Quality of Life

CHANGING GENDER ROLES: COUPLES LIVING WITH DEMENTIA

Ingrid Hellstrom ¹Lars-Christer Hyden ^{1,*}

¹Linköping University, Norrköping, Sweden

Objectives: Most couples living with dementia have a longstanding relationship that continues to evolve as the condition progresses. This implies that many couples will face many re-definitions of their relationship regarding for example performing household work such as washing, dishes, shopping, cleaning, laundry, gardening and financial management. Little consideration has been paid to if and how these tasks and social roles are negotiated when the one spouse has received a dementia diagnosis. The presentation aims to explore the social process of everyday work, especially housework, in couples living with dementia.

Methods: This presentation is based on an on-going longitudinal study with fifteen couples. Joint interviews are performed by two researchers once a year with start in 2011. The interviews are videotaped in order to capture both non-verbal as well as verbal communication. The interviews are task oriented in the sense that the couples are given a lot of time to elaborate as well as collaborate when answering the questions.

Results: All the participants with dementia had mild to moderate dementia. All spouses ranged in age between 57-86 years at the time of the first interview. The couples' relationships had lasted between 12-60 years. So far, the couples have been interviewed up to four times at the participants' local memory clinic. The data analysis of the material so far shows that the participating couples use different ways to collaborate in everyday life, handing or taking over different household tasks, or maintain the division of housework within the couple. It is a common pattern that the old division of work is re-negotiated and that the spouses are fairly open to take on the tasks of other as the disease progress. The couples also signal a clear awareness of the gendered nature of the division of household chores and their need to change these roles.

Conclusion: It is obvious that the need to change and re-negotiate household chores is an important part of the new tasks the couples encounter after diagnosis. It is suggested that division of household labour should be an important topic for educational measures aimed at couples with dementia.

References: Ablitt A., Jones G. V., & Muers J. (2009) Living with dementia: A systematic review of the influence of relationship factors. *Aging & Mental Health* 13, 497-511.

Boyle G. (2013b) Still a woman's job: the division of housework in couples living with dementia. *Families, Relationships and Societies* 2, 5-21.

Disclosure of Interest: None Declared

Keywords: Couples, Gender perspective, Housework

Oral Abstracts

OC113

Date: Saturday 18 April 2015

Session: Quality of Life

PUTTING HUMAN RIGHTS AT THE HEART OF DEMENTIA CARE

Grace O'Sullivan ^{1,*}

¹Auckland University of Technology, Auckland, New Zealand

Objectives: Concepts of dementia care are shifting. Legislation, the pace of innovation, new knowledge and an older, more informed population are now leading a massive trend that has the potential to change dementia care forever. By challenging existing practices, calling for an integrated approach to care and improved community support, governments are contributing to a new vision of health for people with dementia. Furthermore, policy makers are turning to a more person-centred perspective of dementia care supported by the principles of justice, equity, and people's right to participate in decisions about their health, despite age or ability. Can these trends be translated into practice?

This presentation will relate the story of how John, an elderly man with mild to moderate dementia, was able to defend his right to a lifestyle of choice. Essentially, John and his family challenged the powerful misconceptions about dementia that exist in society using government policies designed to improve quality of life for people with dementia. This was supported with information about his lifestyle, his strengths and weaknesses that had been gathered in the process of implementing an integrated approach to care.

Disclosure of Interest: None Declared

Keywords: Integrated care; Occupational therapy

OC114

Date: Saturday 18 April 2015

Session: Quality of Life

QUALITY OF LIFE AND DEPRESSION FOR AGED CARE FACILITY RESIDENTS WITH DEMENTIA: PROXY OR SELF REPORT?

Elizabeth Beattie¹, Wendy Moyle², Maria O'Reilly¹, Deirdre Fetherstonhaugh³, Elaine Fielding¹ and The AusQoL Group

¹Queensland University of Technology, ²Griffith University, Brisbane, ³LaTrobe University, Melbourne, Australia

Objectives: As there is yet no cure or definitive treatment for people living with dementia, facilitating and enhancing quality of life (QoL) becomes the major focus of care, particularly in residential care. Recently increasing attention has been focused on QoL measures for people with dementia, with multiple tools developed. Capacity for self-report is an important issue to consider when investigating QoL, as proxy report may not capture all issues of relevance, and has been found to under-estimate the QoL experienced. Thus, it is vital that any QoL enquiry include options for self-report. This paper reports on resident QoL and depression, as measured by the Quality of Life in Alzheimer's Disease (QoL-AD) and Geriatric Depression Scale (GDS) scales via both self- and family-member proxy report.

Methods: Data on resident quality of life (n=440) was collected in 53 randomly selected facilities in all Australian states and one territory. QoL-AD and GDS scores were rated by the person with dementia (self-report) and a family member (proxy). Only those residents with a Mini-Mental State Exam (MMSE) score of 10 or more (no more than moderate dementia) completed the instruments.

Results: Self-reported QoL-AD averaged 42.3 out of a possible 60 (s.d.=6.4, n=179) compared to a mean of 29.8 (s.d.=6.5, n=313) for the proxy reports. Self-report GDS scores averaged 2.7 out of a possible 12 (s.d.=2.6, n=185) and 6.5 (s.d.=3.5, n=215) for proxy reports. Within the residents' and proxies' reports, QoL-AD and GDS scores showed moderate negative correlations (self: n=177, r=-.575, p<.000; proxy: n=n=215, r=-.59, p<.000). Weaker correlations were observed between self-reported QoL-AD and proxy QoL-AD (n=133, r=.32, p<.000) and self-report QoL-AD and proxy GDS (n=90, r=-.33, p=.001).

Conclusion: This study demonstrates the feasibility of asking people with mild to moderate dementia directly about QoL and depression. Confirming results from the US and Australia, people with dementia tend to rate their quality of life more highly (and their depression lower) than does their family member. Findings have important implications for future research that needs to explore the variables influencing why proxy reports differ in relation to self reports and clinical assessment, where staff assessment may influence the resident's autonomy and agency.

References: Moyle W, Murfield J, Griffiths S & Venturato L. (2012) Assessing quality of life of older people with dementia: A comparison of quantitative self-report and proxy accounts. *Journal of Advanced Nursing*, 68(10), 2237-2246.

Sloane PD, Zimmerman S, Williams CS, Reed PS, Gill KS & Preisser JS. (2005). Evaluating the Quality of Life of Long-Term Care Residents With Dementia. *The Gerontologist* 45(suppl 1):37-49.

Disclosure of Interest: None Declared

Keywords: depression, family, proxy informants, quality of life, residential aged care

Oral Abstracts

OC115

Date: Saturday 18 April 2015

Session: Dementia and Acute Care

HOSPITALS AND DEMENTIA DON'T MIX: EMERGING SOLUTIONS

Michael Splaine^{1,*}

¹Splaine Consulting, Columbia, United States

Objectives: Hospitalization often begins a downward spiral for persons with dementia and is a major stressor for family carers. This presentation is a sampler of emerging promising practices in acute care for the cognitively impaired from 6 different countries.

Disclosure of Interest: None Declared

Keywords: Hospital

OC116

Date: Saturday 18 April 2015

Session: Dementia and Acute Care

TODAY IS MONDAY: IS PERSON-CENTRED CARE POSSIBLE IN A HOSPITAL WARD?

Justine Schneider ^{1,*}Sarah Goldberg ²Rowan Harwood ²John Gladman ²Neil Chadborn ²Sara Deakin ³

¹Sociology & Social Policy, ²University of Nottingham, ³Nottingham University Hospitals, Nottingham, United Kingdom

Objectives: This presentation will show a 20-minute film, *Today is Monday*, winner of the best medium-length documentary at the Scottish Mental Health Film Festival 2014. It portrays 24 hours on a Medical Mental Health Unit - a ward designed to treat people with acute medical needs and dementia or delirium. The original purpose of the film was:

1. To document the ward for posterity, should its funding cease. This was also seen as a means to present to hospital managers and commissioners evidence for the ward's continuation.
2. To disseminate a fuller picture of an often-hidden care environment to a wider audience, including patients (where possible) or carers, commissioners, the public and researchers. We wanted to communicate the ward experience fully and effectively in a medium accessible to non-experts.
3. To make research findings more accessible and interpretable. We gradually grew to recognise that the film also provides a tool to illustrate the themes of the research, reinforcing the findings and demonstrating the complexity of the environment.
4. To create an object that could be used for education and training of health care personnel.

There is significant media attention regarding healthcare of older people portraying often distressing and negative accounts of poor practice in hospitals. Public concern occasionally turns to condemnation in response to specific failures reported by the media. However this can occur without offering a balanced picture of the multiple layers – intrapersonal, social and organisational factors, as well as technical or medical considerations, that characterise acute health care. The documentary was intended, therefore, to offer deeper insights into the complexities of caring for acutely unwell older adults with confusion while offering some practical, environmental and training solutions. The specification drawn up for the film included “showing the three-dimensional reality of caring for older people with cognitive impairment in the hospital and to provide an educational resource for managers, staff, students and researchers who either work with this patient group or are involved in improving services for frail older people.”

This presentation will introduce the learning resources based on the film, and developed with support from an Alzheimer's Society UK Dissemination grant.

Disclosure of Interest: J. Schneider Conflict with: Alzheimer's Society UK, S. Goldberg Conflict with: Alzheimer's Society UK, R. Harwood Conflict with: Alzheimer's Society UK, J. Gladman Conflict with: Alzheimer's Society UK, N. Chadborn Conflict with: Alzheimer's Society UK, S. Deakin Conflict with: Alzheimer's Society UK

Keywords: Carers and families, film, Hospitalisation, person-centred care, Workforce

Oral Abstracts

OC117

Topic: Design and Technology

COME TO YOUR SENSES – SENSUAL ARCHITECTURE FOR PEOPLE WITH COGNITIVE RISKS

Birgit Dietz^{1,2,*} Christoph Metzger³

¹Architecture, TU München, Munich, ²Architecture, Dietz-hcf, Bamberg, ³HBK Braunschweig, Braunschweig, Germany

Objectives: Designing a built environment suitable both for the elderly and for people suffering from dementia constitutes a new challenge. As life expectancy continues to increase around the world, the need for new ideas on how to create an environment that is stimulating for all the senses is becoming more and more urgent. It is our senses that deliver us information on the state of our environment and our body's position in relation to it. Every part of the body is involved in this process. Here we present some simple techniques to facilitate the processing of such sensory impressions and to minimise any misinterpretations.

Focusing on tactile and auditory preferences, this presentation is based on our investigations in acute care hospitals, which we developed in cooperation with the Bavarian Ministry for Environment and Health and the Technical University of Munich. We introduce planning parameters which stimulate the senses, and also offer intelligibility, safety and comfort, thereby encouraging mobility.

Disclosure of Interest: None Declared

Keywords: Akustiks, Senses

OC118

Date: Saturday 18 April 2015

Session: Dementia and Acute Care

TRANSFORMING DEMENTIA CARE IN AN ACUTE HAEMODIALYSIS UNIT THROUGH MEANINGFUL ACTIVITY AND LIFE STORY WORK

Joanna James ^{1,*}Bethany Cotton ¹

¹Dementia Care Team, Imperial College Healthcare NHS Trust, London, United Kingdom

Objectives:

- Explore the impact of meaningful activity on patients and staff experience.
- Explore whether working on a life story project with staff improves the person with dementia's experience of dialysis.
- Explore whether knowing more about the patient's life story changes how the staff feel about the patients.
- Develop a new model for Dialysis in people with dementia which incorporates meaningful activity as an essential part of the therapeutic process.

Imperial is a Regional Centre for Renal Medicine. Patients who have complex problems are transferred from nine regional dialysis units into a highly specialised unit at Hammersmith Hospital. There are a large number of people with dementia here as staff in the regional units find them hard to manage during dialysis. There is no evidence that attempts have been made to occupy or engage the patients with dementia for the 5 hours they spend having haemodialysis and the staff report high levels of agitation and distress in these patients who often try repeatedly to detach themselves from the dialysis units. Staff have considered activity before, but because of anxieties around infection control, have not implemented any. This project is using technology to address the infection control issue. We are using a My Life Software Unit (which is a pre-loaded touch screen computer designed for people with dementia) to deliver the activities and also to make the life story books. Patients will have a regular session on the unit when they come in for dialysis and families and carers will be asked to bring in photographs which can be downloaded into the life story book. The staff will also be asked to complete short life stories about themselves and pin these on the walls. The idea of this is to create a shared activity and purpose for staff and patients and break down some of the barriers between them. All the participating patients will be given printed Life Story Books at the end of the project. The activity will be evaluated through interviews with staff, patients and relatives about the impact of the activity and also through an observation of how many times the patients are calling out and asking to be taken off the dialysis before, during and after the activity.

Disclosure of Interest: None Declared

Keywords: Acute Hospital Care, Culture change, Life Stories, Meaningful Activity

Oral Abstracts

OC119

Date: Saturday 18 April 2015

Session: Dementia and Acute Care

THE INFLUENCE OF DEMENTIA ON INJURY-RELATED HOSPITALISATIONS AND OUTCOMES IN AUSTRALIA: A LINKED DATA STUDY

Lara Harvey^{1,*}Rebecca Mitchell¹Henry Brodaty^{2,3}Brian Draper^{2,3}Jacqueline Close^{1,4}

¹Falls and Injury Prevention Group, Neuroscience Research Australia, ²Dementia Collaborative Research Centre, ³School of Psychiatry, ⁴Prince of Wales Clinical School, UNSW, Sydney, Australia

Objectives: Injury is the most common reason for admission to hospital in people with dementia in Australia,[1] however relatively little is known about the temporal trends and the hospital experience of people with dementia hospitalised for an injury. This population-based data linkage study compared the causes, temporal trends and health outcomes for injury-related hospitalisations in people with and without dementia.

Methods: Hospitalisation and death data for 235,612 individuals aged 65 years and over admitted to hospital for an injury over the ten year period (2003-2012) in New South Wales, Australia were probabilistically linked to provide comprehensive person-based records. Descriptive statistics and observed and age-standardised admission rates and rate ratios (RR's) were calculated. Trends over time were analysed using negative binomial regression.

Results: There were 331,432 injury-related hospitalisations over the study period. Age-standardised hospital admission rate ratio (RR 1.78 (95%CI 1.77-1.79) was higher for people with dementia. Age-standardised admission rates increased by 3.5% (95%CI 3.1-3.9) per annum over the study period for people without dementia. In contrast, for people with dementia rates increased by 2.4% (95%CI 1.8-3.1) per annum until 2007 and then decreased by 3.1% (95% CI -4.4—1.7) per annum from 2007 onwards. Compared to people without dementia, a higher proportion of people with dementia were hospitalised as a result of a fall (90.1% vs 75%, $p<0.0001$), sustained a fracture (57.2% vs 52.1, $p<0.0001$), notably hip fracture (30.7% vs 14.7%, $p<0.0001$), had longer mean hospital lengths of stay (16.5 vs 13.6 days), fewer readmissions within 28 days (16.0% vs 17.5%, $p<0.0001$) and higher 30-day mortality (8.7% vs 3.6% $p<0.0001$), although this pattern was not consistent across all injury types.

Conclusion: People with dementia are disproportionately represented in injury-related hospitalisations, experience longer hospital LOS and have poorer outcomes. Ninety percent of hospitalisations for people with dementia were as a result of a fall, highlighting the importance of developing and implementing effective fall-related preventive strategies in this high risk population.

References: 1. Australian Institute of Health and Welfare. People with dementia in hospitals in New South Wales 2006-07. Bulletin no. 110. Cat.no. AUS 165. Canberra: AIHW 2012

Disclosure of Interest: None Declared

Keywords: data linkage, Hospitalisation, Injury, Mortality, Outcomes

OC120

Date: Saturday 18 April 2015

Session: Dementia and Acute Care

HEALTH PROFESSIONAL PERSPECTIVES ON THE DISCHARGE PROCESS AND TRANSITIONAL CARE FOR PATIENTS WITH DEMENTIA AND THEIR CARERS – A QUALITATIVE STUDY

Ashley Kable¹, Lynnette Chenoweth^{2,3}, Dimity Pond⁴

¹School of Nursing and Midwifery, University of Newcastle, Callaghan, ²DCRC-ABC, University of NSW, ³School of Nursing and Midwifery, UTS, Sydney, ⁴School of Medicine and Public Health, University of Newcastle, Callaghan, Australia

Objectives: Acute healthcare professionals engage in discharge planning of people with dementia during hospitalisation; however after discharge the transition into community services is frequently fragmented and planned services are not delivered. The aim of this study was to report health professional (HP) perspectives on the discharge process and transitional care for patients with dementia and their carers.

Methods: This was a qualitative descriptive study. Purposive sampling was used to recruit HPs from four groups: Nurses and allied health practitioners involved in discharge planning in the acute setting, interns in acute care, general practitioners (GPs) and Residential Aged Care Facility (RACF) staff in a regional area in NSW, Australia. Focus group discussions were conducted using a semi-structured schedule. Content analysis was used to understand the discharge process and transitional care for people with dementia and their carers.

Results: There were 33 participants in the focus groups, all of whom described discharge planning and transitional care as a complex process with multiple contributors and components.

Two main categories derived from the analysis were:

Barriers to effective discharge planning and provision of post discharge transitional care processes for people with dementia and their carers includes exacerbations of patient behaviours in acute care, administrative pressure to discharge patients, significant difficulties accessing and organising post discharge services, inadequate information for writing discharge summaries, and no Webster packs provided by hospital pharmacy.

Transitional care process failures and associated outcomes for people with dementia includes discharge summaries not being provided to GPs or RACFs and/or not containing adequate information, planned services not being delivered, missed or delayed medication administration due to no provision of Webster packs, patients being treated like second class citizens and GPs having to revise medications due to excessive prescribing by acute care doctors.

Conclusion: Although acute health care professionals do engage in required discharge planning and transitional care processes, there are significant barriers and deficits in this process that can result in poor outcomes for people with dementia and their carers.

Disclosure of Interest: None Declared

Keywords: Barriers, Discharge Planning, Health Professional Perspectives, Process failures, Transitional Care

Poster Abstracts

P001

Topic: Diagnosing Dementia

THE RELATIONSHIP BETWEEN GDS STRUCTURE AND COGNITIVE-BEHAVIOURAL ASPECTS IN AD

Yong Tae Kwak ^{1,*}

¹Neurology, Yongin, Yongin shi, Korea, Republic Of

Objectives: Although 15-item of the Geriatric Depression Scale (GDS15) is a widely used depression screening questionnaire, the implications of GDS15 in AD may be questioned. We designed this study to explore the factor structure of GDS15 and the relation between these factors and cognitive-behavioural aspects.

Methods: GDS15, cognitive function tests, Korean-Neuropsychiatry Inventory (K-NPI) were administered to 310 patients with probable AD, who were not medicated before visiting the hospital. Using Principal component analysis (PCA), three factors were identified. To determine the relationship between factors and neurocognitive, behavior symptoms, bivariate correlation was used.

Results: The factor 2 was correlated with K-BNT(Korean Boston Naming Test), calculation, Go-no-go test, COWAT(Controlled Oral Word Association Test), CWST(Color Word Stroop Test; word and color), aggression, depression, and apathy. The factor 3 was correlated with calculation, SVLT(Seoul Verbal Learning Test) immediate recall, RCFT(Rey-Osterrieth Complex Figure Test) copy, RCFT delayed recall, contrasting, COWAT, CWST word, and delusion. Our study identified three factors and revealed that the GDS15 may be comprised of a heterogeneous scale.

Conclusion: These results suggest that the GDS15 may be comprised of a heterogeneous scale and suggested multi-dimensionality properties of GDS15 in AD.

Disclosure of Interest: None Declared

Keywords: GDS15, AD, NPI, factor analysis, cognitive function

P002

Topic: Diagnosing Dementia

PRESENT STATE OF DEMENTIA TREATMENT AT PRIMARY CARE HOSPITAL

Minoru Irahara ^{1,*}Emiko Tomita ¹Souichi Kimura ¹

¹Medical Office, IRAHARA Primary Care Hospital, Matudo, Japan

Objectives: In Japan, which currently has the largest elderly population in the world, the number of persons with dementia is continuing to increase. Although patients having numerous of dementia are intermingled among patients seen at medical departments that frequently examine elderly patients, there are not a few cases in which the examining physician continues to evaluate without noticing the dementia and ends up allowing the underlying disease to become worse. This survey was conducted the purpose of identifying the manner in which the personnel of primary care hospital interact with persons having dementia.

Methods: The survey subjects consisted of 288 patients diagnosed with dementia among 2000 patients examined on an out-patient basis at the Irahara Hospital. The survey consisted of six parameters of 1) average age and gender, 2) primary disease, 3) type of dementia, 4) person who noticed dementia, 5) symptoms first suggesting dementia, and 6) type of current residence.

Results: 1) 69 men, 219 women, average age for men, 84.6 years, 87.4 for women. 2) The primary disease for which patients were being treated consisted of 113 orthopaedic diseases, 46 of internal medical diseases, 118 dementia, and 11 cases of other diseases. 3) The diagnosed type of dementia was Alzheimer's dementia in the majority cases. 4) Dementia was most commonly first noticed by a physician in 90 cases, and this was follow by a family member in 51 cases and a nurse in 12 cases. 5) The most common symptoms that first suggested dementia noticed by physicians was the patients forgetting about what was told about the previous examination and noticing that the patient talked the same thing over and over. 6) The majority of persons with dementia currently reside in their own homes, while the second largest member resides in dementia patient group homes.

Conclusion: Physicians were found to be the first to notice and diagnose dementia in the majority of cases. Physicians should therefore examine the patients they treat on a regular basis while constantly looking for signs of dementia.

Disclosure of Interest: None Declared

Keywords: Diagnosis, primary care, Treatment

Poster Abstracts

P003

Topic: Diagnosing Dementia

SUBJECTIVE COGNITIVE DECLINE: EARLIEST WARNING SIGN?

Michael Splaine¹ Michael Splaine^{1,*}

¹Splaine Consulting, Columbia, United States

Objectives: Participants will be able to define/describe the condition of subjective cognitive decline, discuss the themes in recent literature on the topic and compare/contrast with dementia as a diagnostic category.

Disclosure of Interest: None Declared

Keywords: Subjective Cognitive Impairment

P004

Topic: Developing Dementia Friendly Communities

EVALUATING THE CHARACTERISTICS OF PUBLIC AND COMMERCIAL BUILDINGS THAT ARE ENABLING AND DISABLING FOR PEOPLE WITH DEMENTIA.

Richard Fleming ¹*Kirsty Bennett ¹Lyn Phillipson ¹Christopher Brennan-Horley ¹

¹University of Wollongong, Wollongong, Australia

Objectives: To develop a tool to assist with the evaluation of the characteristics of public and commercial buildings that enable, or disable, people with dementia.

Methods: While there are tools available for the evaluation of the enabling and disabling characteristics of residential aged care and hospital facilities for people with dementia there has been relatively little progress made in the development of tools for evaluating shopping centres, banks, libraries, etc. This paper will describe an environmental audit tool developed for this purpose through systematic consultation with a group comprising people with dementia, their carers, town planners, graphics designer, occupational therapist, physiotherapist and community development officers.

The development process was designed to bring together four sources of information; that generated by research on the evaluation of residential aged care facilities for people with dementia, the existing literature on evaluating public spaces and buildings used by people with dementia, the views of potential users of the tool, i.e. professionals likely to be involved in evaluating buildings and users of the buildings, i.e. people with dementia and their carers. The process began with a literature review which resulted in the first draft of the tool. This was then refined in a series of walk-throughs by the group where the tool was used to evaluate a building and the results and experience discussed. This iterative process gradually refined the content and usability of the tool.

Results: The development of the tool revealed the inadequacy of using a simple checklist to describe the characteristics of a building. The building is experienced dynamically as the person identifies it from a distance, approaches it, enters it, moves through it, carries out the required task and exits. The final version of the tool captures this journey and highlights the strengths and weaknesses of buildings as perceived by the person with dementia.

Conclusion: It is anticipated that this tool will prove useful to owners and managers of existing buildings, and planners of future buildings, in their efforts to make town centres places that assist people with dementia to go about their daily lives. The format and content of the tool will be fully described and copies will be made available.

Disclosure of Interest: None Declared

Keywords: dementia friendly environment, design, Evaluation

Poster Abstracts

P005

Topic: Developing Dementia Friendly Communities

BUILDING BLOCKS FOR DEMENTIA FRIENDLY COMMUNITIES: CHALLENGING STIGMA AND SOCIAL ISOLATION THROUGH COMMUNITY ACTION IN KIAMA

Kylie Watkins ¹, Kate Swaffer ¹, Ellen Skladzien ¹, Nick Guggisberg ²

¹Alzheimer's Australia, Scullin, ²Kiama Municipal Council, Kiama, Australia

Objectives: Alzheimer's Australia is the peak body and charity for people with all types of dementia of all ages and their family carers. We provide advocacy, support services, education, training and information to Australian communities.

Dementia has a profound impact on the social wellbeing of the person diagnosed with dementia and their families. A recent survey, completed by people living with dementia indicated that 59% of survey participants thought people avoided spending time with them because of their diagnosis and 41% wished they had more social contact with people in the community. Herein lies the challenge and the opportunity that working towards a dementia-friendly community presents. A dementia-friendly community supports people living with dementia to live a high quality of life with meaning, purpose and value. It supports being able to continue the activities and interests of the person, in the same way the rest of the community does, regardless of having a diagnosis of dementia.

Alzheimer's Australia has been working in Kiama, NSW to support the development of a dementia-friendly community. This presentation will provide an overview of the practical steps taken to foster the inclusion and connection to the community for those living with dementia in Kiama. The presentation will include discussion of;

Disclosure of Interest: None Declared

Keywords: dementia friendly community, social isolation, stigma

P006

Topic: Developing Dementia Friendly Communities

THE UTILITY OF ACTION RESEARCH TO SUPPORT THE DEVELOPMENT OF DEMENTIA FRIENDLY COMMUNITIES

Lyn Phillipson^{1,2}, Chris Brennan-Horley³, Richard Fleming¹, Danika Hall¹, Ellen Skladzien⁵, Kate Swaffer⁵, Nick Guggisberg⁶
on behalf of Kiama Municipal Council and UOW Global Challenges Grant Team

¹Centre for Health Initiatives, ²School of Health and Society, Faculty of Social Sciences, ³Australian Centre for Cultural Environmental Research (AUSCCER), ⁴School of Nursing, Midwifery and Indigenous Health, University of Wollongong, Wollongong, ⁵Policy and Programs, Alzheimer's Australia, Canberra, ⁶Kiama Municipal Council, Kiama, Australia

Objectives: This paper explores the utility of an Action-Research program to inform the development of Dementia Friendly Communities. The 'location-based' research, undertaken in a single geographical community in NSW (Australia) engaged people with dementia and their carers in a series of interviews which included a walk-around their home environments and the mapping of friendly and unfriendly places in their local community. Other research activities included the surveying of business and community members by mail, online and intercept methods. Together, this research was utilised to build an evidence-base to guide the actions of a local dementia alliance to support the development of an action plan to create a more 'Dementia Friendly' community. The features of this model, the challenges and the lessons learned through the adoption of an Action-Research approach are detailed within this paper. The implications for policies and practices to support the development of Dementia Friendly Communities are also discussed.

Disclosure of Interest: L. Phillipson: None Declared, C. Brennan-Horley: None Declared, R. Fleming: None Declared, D. Hall: None Declared, E. Skladzien Conflict with: Alzheimer's Australia, K. Swaffer Conflict with: Kate is a member of the SPC Committee and the Abstract Selection Panel, N. Guggisberg: None Declared

Keywords: action research, dementia-friendly, models

Poster Abstracts

P007

Topic: Developing Dementia Friendly Communities

THE ESTABLISHMENT OF DEMENTIA FRIENDLY ENVIRONMENT IN COUNTRY SERVICE PROVISION CENTER

Ying-Hui Wu ¹, Ling-Ying Chen ², Yen-liang Lin ³

¹Taiwan Alzheimers' Disease Association, Taipei, ²Yunlin Long-Term Elderly Care Association, ³Yen-liang Lin Architect, Yunlin, Taiwan

Objectives: Based on person-centered core value, the establishment of service provision center has tried to trace back the growing background, support the independence of individual and provide meaningful surroundings for people with dementia.

Disclosure of Interest: None Declared

Keywords: community care, dementia friendly environment, multi-function service provision center

P008

Topic: Preparing a Sustainable and Educated Workforce

ANTIPSYCHOTICS AND DEMENTIA: A DE-PRESCRIBING GUIDE

Andrew Mills ^{1,2,*} Sonali Pinto ^{3,4} Danielle White ^{2,5} and Dr Allan Shell Academic GP & Visiting Fellow Dementia Collaborative Research Centre; Dr Lee-Fay Low Associate Professor in Ageing and Health, Faculty of Health Sciences, University of Sydney

¹Marketing & Communications, Alzheimer's Australia NSW, ²Dementia Collaborative Research Centre, Sydney, ³Nursing, University of Western Sydney, Parramatta, ⁴Care Governance Research & Planning, Southern Cross Care, ⁵Education, Alzheimer's Australia NSW, Sydney, Australia

Objectives: A number of research publications have highlighted concerns with the over use and reliance on antipsychotics to manage Behavioural and Psychological Symptoms of Dementia (BPSD). These studies identified that people with dementia stayed on medications for extensive periods of time without regular review and monitoring, resulting in a range of serious side effects including increased risk of stroke, falls, confusion and mortality. Challenges associated with the overuse of antipsychotics include gaps in knowledge about BPSD management, myths about de-prescribing and invalid assumptions regarding the long term use of these medicines. The resource addresses these issues by providing practical approaches to assist with de-prescribing.

Southern Cross Care (NSW & ACT) partnered with Alzheimer's Australia NSW and the Dementia Collaborative Research Centre to produce an educational online resource aimed at educating health professionals on the short and long term side effects of antipsychotics in people with dementia. Gaps in knowledge about these medicines led to the development of a 20min online video resource for health professionals. It is recommended to be used in undergraduate study curriculums, to inform carers, multidisciplinary health professionals such as GPs, pharmacists, nurses, residential and community care managers in best practice

The resource was produced to facilitate a new evidence-based approach towards the prescription of these medicines in people with BPSD, where regular medicine review and de-prescribing is prioritised. The resource highlights a range of non-pharmacological interventions that should be considered as first line treatment when managing BPSD such as pain therapy, person centred activity, before prescribing antipsychotic medication. GPs are more likely to de-prescribe when nurses can identify alternative methods of managing BPSD. Quality of life in people with BPSD is achieved when a collaborative approach involving the patient, family, care staff, doctor and pharmacist is initiated. Authors will present how this approach can be used across residential aged care and home settings.

Disclosure of Interest: None Declared

Keywords: Antipsychotics, BPSD, Deprescribing, Educational, Resource

Poster Abstracts

P009

Topic: Preparing a Sustainable and Educated Workforce

EVALUATING DEMENTIA SPECIFIC TRAINING FOR COMMUNITY SERVICE PROVIDERS

Grace O'Sullivan ^{1,*} Clare Hocking ² Kathryn McPherson ¹

¹Person Centred Research Centre, ²Faculty of Health & Environmental Sciences, Auckland University of Technology, Auckland, New Zealand

Objectives: To evaluate the outcomes of dementia specific training designed to equip service providers, who deliver care and support to people living with mild to moderate dementia in the community, with up-to-date knowledge and at the same time, dispel disabling myths about dementia.

Methods: This qualitative pilot study involved an interdisciplinary, inter-university team consisting of an occupational therapist, a psycho-geriatrician, and a speech language therapist. The team collaborated to produce and deliver an evidence based training resource of interactive exercises emphasizing the need to promote active lifestyles and hopeful attitudes about living with dementia. Reflective exercises challenged myths about dementia and promoted individuality, communication, and principles of empowerment. Participants were recruited from publicly funded organizations using a top down approach. The utility, acceptability and support for the training was evaluated in focus group discussions. Service users engaged in individual interviews to consider perceived outcomes. Transcribed data were analyzed to generate open codes which were then clustered to develop themes and sub-themes addressing the content, delivery and value of the training.

Results: Organizational staff valued up-to-date knowledge and service recipients welcomed the strengths based approach. Nevertheless, the findings indicate that contractual obligations and communication deficits between health care institutions negatively impact their ability to apply knowledge.

Conclusion: Community care staff's capacity to implement new skills and knowledge was hampered by structural practices.

References: Nil

Disclosure of Interest: None Declared

Keywords: Formal caregivers, Education; Knowledge; Workforce,



P010

Topic: Preparing a Sustainable and Educated Workforce

CREATING DEMENTIA CHAMPIONS IN HOSPITAL - A NEW APPROACH TO PRACTICE DEVELOPMENT

Jacqui Rapaic ^{1,*} Julie Lomas ¹

¹Education, Alzheimers Australia, Perth, Australia

Objectives: One in every four people with dementia requires hospital services each year. Poor clinical outcomes, an increased likelihood of readmission, increased length of stays, high mortality rates and complications such as delirium, pressure ulcers and falls are strongly indicated in patients with a diagnosis of dementia. The Dementia Champion in Hospital Program is a unique train-the-trainer initiative that targets hospital staff who lead the development of best practice and optimal dementia care. The dementia champion becomes an essential resource person in their workplace. The program consists of a two day mandatory workshop involving a 15 minute presentation, an environmental audit and two work-based activities. Workplace visits and networking meetings are also part of the program for a period of 12 months whereby champions receive ongoing support and mentoring with access to information and resources and further education opportunities. This program builds sustaining relationships and forms partnerships between Alzheimer's Australia WA and hospital staff throughout Perth with intention to reach outlying regional hospital settings. Hospitals are busy places, filled with people who are acutely ill, with complex medical, physical and social needs. It is not surprising then that people with cognitive impairment generally struggle in hospital, while in an alien physical and social environment, with staff that may not have had access to dementia-related education. The dementia champion program supports the notion that every person with dementia in hospital has an advocate when their ability to advocate for themselves is compromised. The program promotes care that is non-judgemental and emphasizes the importance of well-being using a person-centred approach. The Dementia Champion in Hospital Program prepares the participant to be a leader, educator, informer, visionary, pioneer, change agent, mentor and supporter via an array of helpful resources including a dementia resource kit. By December 2014, 18 champions will have completed the program. The dementia champion program is a vital step towards making hospitals dementia friendly environments and providing excellence in dementia care..

Disclosure of Interest: None Declared

Keywords: advocate, champion, dementia, Hospital

Poster Abstracts

P011

Topic: Preparing a Sustainable and Educated Workforce

PHYSICAL COMORBIDITIES OF DEMENTIA, - AN INTERPROFESSIONAL EDUCATIONAL PROGRAM

Roseanne Hogarth ^{1,*}

¹Rehabilitation & Aged Care, Northern Sydney Local Health District, Sydney, Australia

Objectives: To evaluate an Interprofessional education program and its effectiveness in increasing knowledge about the physical comorbidities of dementia in hospitalised patients.

Methods: Nine physical comorbidities were summarised and presented as acute ward in-service sessions over a six month period. An online evaluation survey containing both quantitative and qualitative questions was used to evaluate the program. The program was further enhanced by translating the series into an on-line learning course.

Results: One hundred and fifteen (115) staff completed all three modules, over the six month period a total of 49 (42%) staff completed the evaluation survey; nursing ($n=24$), occupational therapy ($n=10$), physiotherapy ($n=3$), dietician ($n=4$), and support staff ($n=8$). Relevance of content to practice was rated at 59% strongly agree and 41% agreement. No differences between group responses were detected using Fisher's exact test. Thirty and forty one staff respectively responded to the open text questions with 84% reporting acquisition of new knowledge and 46% planning specific clinical practice changes. Evaluation of the e-learning groups responses to the on-line survey data and comparisons between the groups is due for completion in April 2015

Conclusion: The quantitative and qualitative results of this study confirm the interprofessional education program and its contents were relevant and provided new knowledge on comorbidities of dementia to the interprofessional acute ward staff. It is anticipated the evaluation of the e-learning modules will achieve similar results.

References: Kurrle, S E, H Brodaty, R Hogarth (2012). Physical comorbidities of dementia. Cambridge University Press, London.

Disclosure of Interest: None Declared

Keywords: Interprofessional education, Physical Comorbidities of Dementia

P012

Topic: Preparing a Sustainable and Educated Workforce

A NATIONAL APPROACH TO EDUCATING A CRITICAL MASS OF AGED CARE STAFF: IMPROVING PERSON-CENTRED DEMENTIA CARE IN AUSTRALIA

Sam Davis¹, Rose Capp¹, Alison Campbell¹, Bernie McCarthy²

¹Applied Gerontology, Flinders University, Adelaide, ²McCarthy Psychology Services, Eltham, Australia

Objectives: A national project to disseminate a dementia care toolkit to all residential aged care facilities in Australia is currently underway. This national project, funded by the Australian Government Department of Social Services (under the Encouraging Better Practice Initiative), comprises of the distribution of the toolkit, a series of national workshops to support the implementation of education and use of resources, and twenty four months of further online support. The toolkit comprises four core components: an eLearning DVD, a Personalising Practice DVD of 20 microtraining messages, a manual to guide education implementation and practice change, an interactive website to provide external support and additional information. Pre-release of the education and resources, baseline data from management and staff has been collected. Staff surveys examine their beliefs about personhood in dementia (PDQ developed by Hunter et al, 2013), structural empowerment (CWEQII developed by Laschinger, 2012) and individualized care practices (ICI developed by Chappell et al, 2007). This paper provides a snapshot of person-centred dementia care practice in a national sample of staff in long term care settings and examines how the toolkit is providing eLearning resources to enable facilities to educate a critical mass of staff and supporting facilities to support staff in developing person-centred practice in addressing unmet needs expressed through responsive behaviour.

Disclosure of Interest: None Declared

Keywords: eLearning, micro-training, responsive behaviour, toolkit

Poster Abstracts

P013

Topic: Preparing a Sustainable and Educated Workforce

ADVANCING PRACTICE IN THE CARE OF PEOPLE WITH DEMENTIA: A NATIONAL APPROACH TO EDUCATION AND KNOWLEDGE TRANSFER.

Margaret Winbolt¹*Richard Fleming²Elizabeth Beattie³Kathryn Cunningham⁴Andrew Stafford⁵Hannah Pia Baral⁶

¹Victoria and Tasmania Dementia Training Study Centre, La Trobe University, Melbourne, ²NSW/ACT Dementia Training Study Centre, University of Wollongong, Wollongong, ³Queensland Dementia Training Study Centre, Queensland University of Technology, Brisbane, ⁴SA&NT Dementia Training Study Centre, Alzheimer's Australia South Australia, Adelaide, ⁵WA Dementia Training Study Centre, Curtin University, Perth, ⁶Dementia Training Study Centres, University of Wollongong, Wollongong, Australia

Objectives: In 2006 the Australian Government established Dementia Training Study Centres (DTSC) nationally with the aim of strengthening the capacity of health professionals in all care sectors to provide appropriate, evidence-based prevention, intervention, assessment, treatment and care for people living with dementia. This was to be achieved through the development of evidence-based education resources, education delivery and links with the Dementia Collaborative research Centres to facilitate knowledge transfer.

Since their inception the Dementia Training Study Centres have evolved into a cohesive national program which now delivers dementia education to health professionals across Australia through the provision of e-learning, on-line resources, face to face delivery, Fellowships, knowledge translation projects and consultancy services.

This paper will present the innovative approach taken by the DTSC program and discuss how this multi-faceted model has enabled the program to reach health professionals from all disciplines, all care sectors and all regions of Australia. The paper will show how the DTSC program has developed a strong focus on knowledge transfer and has successfully tailored education delivery to the specific needs of each professional target group.

A number of DTSC projects will be highlighted as a means of demonstrating how the program is ideally positioned to increase the capacity of the healthcare workforce to provide evidence-based care to people living with dementia across the entire trajectory from assessment and diagnosis to end of life.

Disclosure of Interest: None Declared

Keywords: Education, Knowledge transfer, Workforce

P014

Topic: Preparing a Sustainable and Educated Workforce

DEMENTIA CARE: COMPETENCY AND TRAINING NETWORK. DELIVERING A DUAL PLATFORM FOR PERSON CENTRED DEMENTIA ELEARNING AND A WEB BASED SELF- REFLECTIVE INTER-DISCIPLINARY DEMENTIA CARE CLINICAL COMPETENCY FRAMEWORK

Kathy De Souza ^{1,*} Anne Moehead ²

¹Dementia Competency & Training Network, Northern NSW Local Health District, Tweed Heads, ²Member, International Psychogeriatric Association, Lismore, Australia

Objectives: The *Dementia Care Competency & Training Network* provides a dual platform aiming to improve clinician knowledge in supporting people with dementia through online education and dementia clinical competency framework.

Four, clinician facilitated, programs promote excellence in clinical practice by providing Person-Centred Care as the ethical framework, for staff working in acute, community or residential care. The courses are accessible 24/7 and free to NSW Health staff and partners.

Academic content is evidence based and developed in partnership with reputable organisations such as, Dementia Collaborative Research Centres, Alzheimer's Australia, International Psychogeriatric Association, University of Newcastle. It is endorsed by Royal College of Nursing, Australian Association of Social Workers and Royal College of Mental Health Nurses.

The Dementia Care Competency Framework was established in partnership with University of Wollongong and senior clinicians within NSW Health and implemented by Northern NSW Dementia Care Network. The competency framework was developed after intense online consultation with over 532 clinicians from various disciplines in metropolitan, regional and remote settings.

The framework aims to develop dementia care competencies for clinicians across all settings. It inspires personal reflection, professional development, encourages staff retention, guides and supports performance appraisals and develops team practices and processes. It is supported through mentor review.

The competency framework is accessible to clinicians through online assessment providing a competency score. Clinicians provide evidence then develop a plan to improve their skills, through mapped activities. Certificates are awarded for portfolio development.

The provision of an interactive platform that provides both online education and an inter-disciplinary dementia care clinical competency is an exciting innovation that is forging ahead to meet the needs of clinicians across NSW.

Disclosure of Interest: None Declared

Keywords: Competency, Dementia education, eLearning, person centred care, Training

Poster Abstracts

P015

Topic: Preparing a Sustainable and Educated Workforce

ONLINE LEARNING IN A BACHELOR OF DEMENTIA CARE PROGRAM

Lynette R Goldberg ¹* Alison Canty ¹ Kate-Ellen Elliott ¹

¹Wicking Dementia Research and Education Centre, University of Tasmania, Hobart, Australia

Objectives: The Wicking Dementia Research and Education Centre at the University of Tasmania has designed and implemented an innovative online Bachelor of Dementia Care degree for adults working in aged care who wish to further their qualifications and provide evidence-based services to the increasing number of people with dementia. Numerous data sets are embedded in the course to collect qualitative and quantitative data on Knowledge, Skills, and Application and to measure student engagement, retention, and progression. This paper outlines the degree and presents a case study to highlight the use of computational linguistics software to analyse students' comments as a measure of their educational progress.

Methods: Sixty-five students enrolled in a unit on the Biology of Ageing and Dementia completed a post-unit survey. Students were asked: (1) What worked about this unit? (2) What could be better? (3) What did you learn from the case study? (4) How has your understanding of dementia changed as a result of completing the unit? and (5) How might the care you deliver to people with dementia change? There was no word limit. Leximancer, a validated content analysis software program, was used to analyse responses. Ethics approval was obtained.

Results: Students wrote more in response to questions that enabled them to apply prior knowledge to what they were learning. Across questions, the identified concepts showed increased understanding about dementia and the application of this knowledge in the healthcare setting. The content analysis confirmed previous work about what adults need for successful online learning, particularly the importance of assignments that enable them to apply and expand their own knowledge, short lectures, visual information presented in a simple form, structured rubrics for assessments, a workable submission time for assignments, and detailed and timely feedback.

Conclusion: Computational linguistics analysis is a valuable and efficient way to analyse adult learners' narrative feedback. It enables instructors to gain insight into what students are learning and their learning preferences, both of which are essential aspects of the design and delivery of online education.

References: Smith, A.E., & Humphreys, M.S. (2006). Evaluation of unsupervised semantic mapping of natural language with Leximancer concept mapping. *Behaviour Research Methods*, 38(2), 262-279.

Disclosure of Interest: None Declared

Keywords: adult education, computational linguistic analysis, online learning

P016

Topic: Innovations in Care

ALIGNING DEMENTIA CARE PRACTICES WITH RELATIONAL THEORY: EXAMPLES FROM THE PARTNERSHIPS IN DEMENTIA CARE (PIDC) ALLIANCE

Sherry Dupuis¹*Carrie McAiney²Susan Brown³Jennifer Carson⁴Lorna deWitt⁵Darla Fortune⁶Sian Lockwood⁶Kimberly Lopez⁴Janet McKeown⁶Jenny Ploeg⁷Kristie Wiedenfeld⁸

¹Recreation and Leisure Studies, University of Waterloo, Waterloo, ²Dept of Psychiatry & Behavioural Neurosciences, McMaster University, Hamilton, ³Schlegel-University of Waterloo Research Institute for Aging, ⁴Aging, Health and Well-Being Collaborative PhD Program, University of Waterloo, Waterloo, ⁵Faculty of Nursing, University of Windsor, Windsor, ⁶Partnerships in Dementia Care Alliance, University of Waterloo, Waterloo, ⁷School of Nursing, McMaster University, ⁸Wentworth Heights, Schlegel Villages, Hamilton, Canada

Objectives: Uncomfortable with the objectifying and dehumanising care practices that result in cultures dominated by medical/institutional care models, researchers and practitioners worldwide have emphasised the urgent need for a cultural shift in dementia care, toward one that is more humanistic and relational. The Partnerships in Dementia Care (PiDC) Alliance is a culture change (CC) initiative based in Canada. Guided by the philosophical underpinnings of the ADRD framework, authentic partnerships, participatory action research, and Appreciative Inquiry, the PiDC Alliance is facilitating a CC process focused on aligning care practices with relational theory. The ultimate goal is to enhance the dementia care experience for all within long-term care (LTC) home and community care settings. This paper shares learnings from our CC process.

Methods: In an iterative 4 year process, CC coalitions have formed in 6 diverse LTC settings and actively integrate the voices of individuals with dementia, family carers, volunteers, and staff in decision-making throughout the process. In this presentation, we share examples of how our CC coalitions worked collaboratively to: (a) discover their positive core, (b) dream new possibilities for LTC, (c) design a plan for achieving desired aspirations, and (d) implement changes to transform their care settings.

Results: Key enabling factors necessary for CC emerged: adopting creative ways to engage persons with dementia, nurturing CC champions, building caring relationships, being supported by transformative leaders, celebrating accomplishments, adapting with the process, and being responsive to the uniqueness of settings.

Conclusion: The deliberate incorporation into the CC process of relational concepts and practices (e.g., power sharing, relational responsibility, authenticity, mutual accommodation) model alternative ways of being and relating and fuel the transformation towards more life affirming care¹.

References: ¹Walker, M. & Rosen, W. (2004). *How connections heal: Stories from relational-cultural therapy*. New York, NY: Guilford Press.

Disclosure of Interest: None Declared

Keywords: culture change, participatory action research, relational models of living

Poster Abstracts

P017

Topic: Innovations in Care

DINING WITH FRIENDS: AN INNOVATIVE, RELATIONSHIP-CENTERED APPROACH TO DINING FOR PERSONS LIVING WITH DEMENTIA

Jennifer Carson ¹; Michael Smith ¹; Eileen O'Connor ¹; Stephani Shivers ¹; Jenna Weiss ¹

¹Alzheimer's Resource Center, Plantsville, United States

Objectives: From birthday cake to chicken soup, food is an important part of our lives. It does a lot of different things for different people. It can be a source of comfort and relaxation, or afford opportunities for entertainment, novelty and fun. It can be savored in quiet, private moments, shared with family and friends, or used to help communities celebrate special events. While food provides a wide range of experiences, for everyone it is a vital source of nutrition and health. Unfortunately, for many persons living with dementia (PLWD), especially within assisted living and long-term care communities, the ritual of dining is reduced to the task of eating which diminishes the food experience and often results in poor nutrition, dehydration and undesired weight loss. Furthermore, little consideration is given regarding how to modify food and develop dining supports in a thoughtful, dignified and appealing manner to best meet the changing needs of PLWD.

Reaching beyond the functional task of eating, *Dining with Friends*, developed by the Alzheimer's Resource Center, uses person- and relationship-centered approaches to: 1) restore dining to its ritual place in daily life; 2) offer appealing food choices for any type of diet; and 3) provide dining assistance and supports to PLWD in a caring and dignified manner that maximizes independence and relationships. *Dining with Friends* helps care partners provide opportunities for conversation, connection and culinary delight, in addition to healthful hydration and nutrition.

This interactive session will explore: 1) cultural dining rituals; 2) the contributions of dining to health and quality of life; 3) some of the challenges of meeting the dining needs and desires for PLWD, particularly within assisted living and long-term care communities; and 4) person- and relationship-centered approaches to supporting and meeting each person's dining needs and desires. Practical examples of appealing food choices, modifications, and presentations; place settings and ambiance; and physical and relational assistance and support will be shared in a visual manner that will make participants hungry for their next meal.

Disclosure of Interest: None Declared

Keywords: Assisted Living, Dining, Long-Term Care, Quality of Life, Relationship-Centered Care

P018

Topic: Innovations in Care

MODERNISING THE HIERARCHIC DEMENTIA SCALE TO FACILITATE PERSON-CENTRED CARE PLANNING FOR PEOPLE WITH DEMENTIA

Terrie Simpson ^{1,*}

¹Western Australia Dementia Training Study Centre, Bentley, Australia

Objectives: The Hierarchic Dementia Scale (HDS) is a reliable, validated assessment tool that assesses twenty different cognitive dimensions.¹ It has been used in Australia for many years to classify the remaining abilities of a person with dementia, and has retained its popularity due to it having numerous advantages over other dementia assessments. In particular, it highlights remaining abilities rather than deficits, is time-efficient, can be used across the entire course of the disease, and can be used to create highly individualised care-plans.

However, the HDS is now dated in its terminology and appearance which limits its utility and impact in current Australian dementia care practice.

This project aimed to contemporise all components of the HDS kit, including the user manual, training video, test items and care-planning guide. This was undertaken through consultation with clinicians with substantial experience in using the original HDS. These experts informed the modification of the tool to suit the modern Australian population, without compromising the reliability and validity of the original assessment. In addition, a mobile device app was created to streamline the administration, reporting and interpretation of the assessment results thus enabling time-efficient, person-centred care planning based on the mindset of Possibility Oriented Care which aims to engage abilities whilst supporting limitations.²

This presentation will provide an overview of the refinements made to the original HDS as a result of this project, and discuss studies to investigate the validity and reliability of the revised assessment and care-planning strategies.

References:

1. Cole MG, Dastoor DP. The hierarchic dementia scale: conceptualization. *International Psychogeriatrics*. 1996;8(2):205-212.
2. Freegard H. *Possibility oriented care: a guide to using the Hierarchic Dementia Scale to identify abilities and limitations for the person with dementia*. Dementia Training Study Centre;2013.

Disclosure of Interest: None Declared

Keywords: Assessment Tools, care-planning

Poster Abstracts

P020

Topic: Innovations in Care

APPROPRIATE MEDICATION PRESCRIPTION IN DEMENTIA CARE

Joanne Agnelli ¹*,

¹Dementia Services Team, Four Season Health Care, Draperstown, United Kingdom

Objectives: This presentation will detail how 9 dementia care units across Northern Ireland (NI) were supported to routinely reassess the medications their residents living with dementia were prescribed. The 9 dementia care units (comprising 157 people living with dementia) were provided structured educational sessions from a specialist dementia quality lead (DQL) in NI over a period of 12 months. The DQL provided information/advice/support around the prescription of anti-psychotic medications (e.g. Risperidone and Quetiapine) and how these are often routinely over-prescribed in practice. The consequence of this can be acceleration of cognitive decline, increased confusion and sedation. Through reduction or withdrawal of these medications residents living with dementia showed signs of increased wellbeing which were assessed using wellbeing profiling (Bradford University) and Dementia Care Mapping. In total anti-psychotic medication decreased in 8 of the 9 dementia care units. On average, anti-psychotic medication prescription decreased by 29% across the units (Mode: 35%)

As well anti-psychotic medication, the use of anxiolytic medications (e.g. Diazepam) and hypnotic medications (e.g. Temazepam) were also considered. These medications in particular were often used in response to management of distress. Through provision of education around appropriate non-pharmacological interventions along with a series of work-shops, care staff were supported to approach distress using meaningful activity (e.g. pet therapy, reminiscence, music therapy etc.).

While medication reduction was important, as detailed above, the DQL for NI promoted the appropriate prescription of pain relief. The clinical manifestations of dementia mean that pain is often not managed appropriately for people living with dementia. Through the use of a specialised pain tool (Abbey Pain Scale) and education around non-verbal signs of pain, care staff within the unit were supported to recognise pain and administer or seek appropriate pain relief. The combination of: reduction of anti-psychotic, anxiolytic and hypnotic medications, combined with the uptake of non-pharmacological interventions and increase in pain relief prescription greatly enhanced the wellbeing of people living with dementia across 9 dementia care units in Northern Ireland.

Disclosure of Interest: None Declared

Keywords: Person-Centred, Residential Aged Care Facilities, Wellbeing

P022

Topic: Innovations in Care

THE FACTORS RELATED TO INDIVIDUALIZED CARE PRACTICES PROVIDED IN GROUP HOMES FOR ELDERLY PEOPLE WITH DEMENTIA IN JAPAN

Midori Watanabe ¹*Emi Hosoda ¹Mayumi Chiba ¹Chikako Sone ¹Yuka Matsuzawa ¹Tomoya Aruga ¹Akio Kitayama ¹

¹Nursing, Nagano College of Nursing, Komagane, Japan

Objectives: This study aims to identify factors related to individualized care practices provided in group homes for elderly people with dementia.

Methods: A questionnaire was sent by post to 5,000 facilities randomly chosen among 11,012 group homes for elderly people with dementia in Japan, and 1,067 responses were received (20.3%). Of these, 631 facilities where the care managers completed the questionnaire were selected for the analysis.

The questionnaire had 48 items related to individualized care practices, as well as 48 items related to activities in daily living (ADL), severity of dementia of the residents and the awareness of care managers about individualized care practices. The questionnaire also included questions related to the awareness of care managers about instrumental activities of daily living (IADL) and care practice frequencies for IADL. We performed a multiple regression analysis (stepwise) on the data using individualized care practices as the dependent variables, and used IBM SPSS Statistics 21 for the statistical analysis.

Results: As a result, 63.3% of the “individualized care practices” were explained by the mean required care levels, severity of dementia, awareness of individualized care, the ratio of the number of care staff to home residents, and the IADL nursing practices ($R^2 = 63.3\%$). Specifically, the awareness of individualized care, IADL care practices, and the ratio of the number of care staff to home residents were influential.

Conclusion: The findings suggest that the quality of individualized care provided in group homes for elderly people with dementia can be improved by ensuring training to assist the staff in understanding the necessity of individualized care, implementing IADL care practices suited to individual home residents in the daily nursing care, and allocating sufficient staff.

References: Dyck Mary J., Schwindenhammer Theresa (2014): Quality Improvement in Nursing Homes; Evidence-Based Practice Guideline. *Gerontological Nursing*, 40(7), 21-53.

Shachiko Hara, Sakae Mikami, Yoshiko Futouy et. al.(2011): Development of a Measure to Evaluate the Quality of Dementia Care Provided Caregiver at Unit Care Geriatric Health Service Facilities. *Kawasaki Journal of Medical Welfare*, 16(2), 64-75.

Disclosure of Interest: None Declared

Keywords: group homes for elderly people with dementia, individualized care

Poster Abstracts

P024

Topic: Innovations in Care

THE ACTUAL CONDITION OF MORAL SENSITIVITY OF NURSES WHO WORK AT JAPANESE NURSING HOMES

Ayumi Fujino¹*Yumiko Momose¹Nobuko Amaki¹

¹Nursing & Health, Aichi Prefectural University, Nagoya, Japan

Objectives: It has been pointed out that there are potential moral dilemmas in nursing homes where many older adults with dementia are living. Nurses are required to have moral sensitivity to find moral dilemmas and appropriately respond to them in order to provide better support to residents. The purpose of this study was to clarify the actual condition of the state of moral sensitivity among nurses in nursing homes, as well as to find clues about an appropriate educational intervention in order to enhance the moral sensitivity of nurses.

Methods: A survey with a self-descriptive questionnaire was conducted for 1,353 nurses of nursing homes. A t-test of the total score of all items on the "moral sensitivity scale for nurses who work at nursing homes" between the two groups who were classified by their basic attributes was conducted. Ethical approval was obtained from the research ethics committee of our home university.

Results: The number of responses collected was 581 (collection rate: 42.9%). As for basic attributes: the number of females was 552, males numbered 29 and the average age was 46.4 (± 10.0). The number of those who were in managerial positions at their present workplace was 114, and that of those who were not was 424. The number of those who knew the code of ethics for nurses was 204 and that of those who did not was 366. The number of those who had received training in nursing ethics was 95 and that of those who had not was 478. As for the results of the t-test of the total score of the MSS-NH between the two groups that were classified by their basic attributes, there was a significant difference between the two groups when classified by whether or not they knew the code of ethics for nurses, whether or not they had received training in nursing ethics and whether or not they were in managerial positions ($p < 0.05$).

Conclusion: The average score of the MSS-NH of those who knew the code of ethics for nurses was higher than that of those who did not, and the number who had received training in nursing ethics was higher than that of those who had not, which suggested that an educational intervention could possibly heighten the moral sensitivity of nurses.

References: Ayumi Fujino, Yumiko Momose, Nobuko Amaki, Development of a moral sensitivity scale for nurses who work at nursing homes, Journal of Japanese Nursing Ethics, 6(1), 30-38, 2014.

Disclosure of Interest: None Declared

Keywords: moral sensitivity, nursing homes

P025

Topic: Innovations in Care

RESIDENTS' THRIVING IN RESIDENTIAL AGED CARE FACILITIES

Karin Sjögren ¹ Peter Birkett ² Andrea Dunlop ² David Edvardsson ^{1 3}

¹Nursing, Umeå university, Umeå, Sweden, ²Hesser Rural Health Service, Winchelsea, ³School of Nursing and Midwifery, La Trobe University, Melbourne, Australia

Objectives: Thriving is a concept which reflect residents' well-being in relation to place. The objective in this study was to evaluate the psychometric properties of the English short version of the Thriving of Older People Assessment Scale (TOPAS) (Bergland *et al.* 2013), and to explore how residents thriving is related to overall health.

Methods: The study had a cross sectional design. The sample consisted of 227 residents, living in residential care facilities in rural areas of Western Victoria, Australia. More than 50 % of the sample were people with dementia. The staff that knew the resident best conducted proxy ratings of residents' thriving, and health. Statistical evaluations of construct validity, reliability, and correlations were conducted.

Results: Principal component analysis showed that the scale consisted of three underlying dimensions: 1. *Residents engagement and peer-relationships*; 2. *Keeping in touch with people and places*; 3 *Qualities in the physical environment*. These dimensions explained 71 % of the variance. Reliability and homogeneity were satisfactory for the scale as evidenced by Cronbach's alpha of 0.94 for the total scale, and 0.94, 0.84, and 0.84 for the three subscales. Higher scores of thriving was positively related to better health ($r = 0.35$, $p < 0.01$).

Conclusion: The English short version of TOPAS is a valid and reliable measure to evaluate the extent to which residents with dementia are experiencing well-being in relation to the place in which they live. The scale can be used both in research and practice development.

References: Bergland Å, Kirkevold M, Sandman PO, Hofoss D, Vassbø T & Edvardsson D (2013): Thriving in long term care facilities: instrument development, correspondence between proxy and residents' self ratings and internal consistency in the Norwegian version. *Journal of Advanced Nursing*.

Disclosure of Interest: None Declared

Keywords: dementia care, psychometric evaluation, residential aged care facilities, thriving

Poster Abstracts

P026

Topic: Innovations in Care

THE PRACTICALITIES OF USING FITBIT FLEX TO IMPROVE THE QUALITY OF SLEEP FOR PEOPLE LIVING WITH DEMENTIA IN RESIDENTIAL CARE

Lou Jones ^{1,*} and working with the residents, carers and families of residential care

¹Care and services, Amana Living, Perth, Australia

Objectives: Living in a residential care environment often contributes to, or further exacerbates issues with sleep quality for people living with dementia. Inaccurate data collection also provides a challenge in understanding an individual's sleep wake patterns and from there to develop personalised strategies to assist the person to have a better quality of sleep.

At Amana Living we have recently trialled the use of the commercially available "Fit Bit Flex" to better record our residents sleep wake patterns and night time activity levels. Our objective was to use the data produced to better understand individual responsive behaviours and develop strategies to improve their quality of sleep.

This presentation is based on work down in a practical hands on setting and will discuss:

- · The benefits and pitfalls of using a commercially available tool in a "care" environment
- · The responses of staff, residents and families to its use
- · The case study outcomes of residents who have trialled the device
- · The future possibilities for practical application of such devices in improving the well being of people with dementia living in residential care settings.

Disclosure of Interest: None Declared

Keywords: Practicalities, fitbit, quality of sleep

P028

Topic: Innovations in Care

GOOD NUTRITION AS FOOD AND EXPERIENCE IN CARING FOR PEOPLE WITH DEMENTIA IN RESIDENTIAL AGED CARE

Cathy Thesing ¹Emma Mits ^{1,*}

¹Leading Nutrition, Melbourne, Australia

Objectives: Understand the benefits and feel confident to implement unique, creative and flexible food service systems to care for the nutrition and food experience of residents living in residential aged care with dementia.

The introduction of a self-serve breakfast system in a residential aged care setting can have multiple benefits for residents living with dementia in residential aged care settings. The creation of a 'home' environment achieves a degree of empowerment, social interaction and autonomy of food choice as well as improving food intake and therefore nutritional intake which is notoriously low in residents living in residential aged care and with dementia.

The self-serve breakfast model is designed to support and enable residents living with dementia to be active participants in the breakfast meal and independently contribute to the preparation, serving and eating of their own breakfast meal; as they would in their own home. This model allows for: decreased food service and staffing cost, spontaneous food choice, improved food and nutrient intake resident social interaction, engagement in environment, autonomy and empowerment ultimately leading to improved quality of life.

Analysis of project success needs to embrace 2 aspects:

1- From a resident Quality of Life perspective: number of residents engaging in the breakfast buffet offer, degree of social interaction, how many smiles and how much laughter is observed!

2-From a food services perspective: food intake measures, food waste and ordering, supplements use and associated cost savings, staff time savings and logistics.

The self-serve breakfast model is one vital move toward a flexibility of service to be able to better care for our dementia residents. This model highlights the importance of maintaining independence and providing an enabling food environment to help promote improved quality of life and improved nutritional outcomes for people living with dementia receiving full time care within an aged care facility.

Disclosure of Interest: None Declared

Keywords: Food, Nutrition, Quality of Life, Self-serve



Poster Abstracts

P029

Topic: Advances in Dementia Treatment

IMMUNOTHERAPY OF AD: FIRST-IN-MAN AND FIRST-IN-CLASS TAU VACCINE

Michal Novak^{1,1}, Eva Kontsekkova¹

¹neuroscience, Institute of Neuroimmunology Slovak Academy of Sciences, Bratislava, Slovakia

Objectives: Identification of structural determinants on tau protein that are important for pathological tau-tau interaction and use of these determinants for anti tau vaccine development

Methods: Monoclonal antibody DC8E8 was selected for the development of an active vaccine directed against structural units on mis-disordered tau protein

Results: Using knowledge of its 3D structure, we produced tau peptide vaccine conjugated to the immunogenic carrier protein keyhole limpet hemocyanin (KLH). We confirmed its in vivo efficacy in preclinical studies on AD transgenic rat and mouse models. Vaccine was shown to be immunogenic in mice, rats and rabbits, inducing high affinity anti-tau antibodies for pathological tau. Moreover, the immune response to the active vaccine was shifted toward T-cell independent Th2 humoral pathway underlying its safety.

Conclusion: The first phase of human clinical trials started in July 2013, featuring a three month double blind design followed by a three month open labelled study with administration of up to six doses of AADvac1. As of today patients have received up to six doses of AADvac1 with no adverse effects. Patients generated robust and specific immune response to Alzheimer tau. Our results suggest that active immunisation against misfolded Alzheimer tau constitutes a safe and well targeted treatment for disease modifying therapy for Alzheimer's disease.

References: Eva Kontsekkova, Norbert Zilka, Branislav Kovacech^{1,2}, Rostislav Skrabana¹ and Michal Novak¹:

Identification of structural determinants on tau protein essential for its pathological function.

novel therapeutic target for tau immunotherapy

in Alzheimer's disease. Alzheimer's Research & Therapy 2014, 6:45

Disclosure of Interest: None Declared

Keywords: Alzheimer disease, Immunotherapy, Tau protein, Vaccine

P030

Topic: Advances in Dementia Treatment

DESIGN AND SYNTHESIS OF MULTITARGET-DIRECTED DIALLYL DISULFIDE DERIVATIVES: A BIOCHEMICAL, MOLECULAR MODELLING AND BEHAVIOURAL STUDY AGAINST ALZHEIMER'S DISEASE.

Apra Manral¹, Manisha Tiwari¹

¹Dr. B.R. Ambedkar Center for Biomedical Research, University of Delhi, New delhi, India

Objectives: Designing drugs with a specific multi-target profile is a promising approach against multifactorial illnesses as Alzheimer's disease. Diallyl disulfide (DADS), an active principle of garlic, has been reported to prevent APP processing in AD^{1,2}. But its use is restricted due to its volatile and unstable nature. Based on the above understanding, novel DADS derivatives with greater stability were synthesized and tested to assess their potential as anti-Alzheimer's agents.

Methods: Diallyl Disulphide derivatives were synthesized by a novel scheme. *In vitro* A anti-aggregation studies were carried out using ThT -fluorescence assay. The oxygen radical absorbance capacity assay using ORAC-FL was performed to determine antioxidant activity of compounds. *In vivo* assessment of cognitive deficits, associated to Alzheimer's disease, induced by scopolamine was performed on male wistar rats. Molecular docking studies with targets such as A₁₋₄₀ and Acetylcholinesterase (AChE) were carried out using Discovery studio 2.1

Results: Biochemical evaluation of synthesized DADS derivatives indicated that most of the target compounds exhibit significant inhibition of self-induced and Cu²⁺-induced -amyloid (A) aggregation, acted as potential antioxidants and AChE inhibitor. Molecular docking studies and ADMET analysis have further confirmed their activities and drug like properties. Furthermore, *in vivo* behavioural studies with best active derivative **compound 4f** showed attenuation of scopolamine-induced amnesia in a dose-dependent manner, as revealed by the elevated plus maze and passive avoidance test.

Conclusion: Taken together, our data indicate that DADS derivatives emerges as an interesting anti-Alzheimer's lead compound with potent anti- A aggregatory, antioxidant, metal chelating and cognition enhancing effects.

References: 1.Chauhan NB. J Ethnopharmacol. 2006;108(3):385-94.

2. Ray et al. Curr Med Chem. 2011; 18(22):3306-13.

Disclosure of Interest: None Declared

Keywords: elevated plus maze, molecular docking, multi-target directed, passive avoidance, scopolamine

Poster Abstracts

P031

Topic: Advances in Dementia Treatment

IMPROVED DUAL-TASK GAIT PERFORMANCE AFTER DUAL-TASK ORIENTED FUNCTIONAL AND AEROBIC EXERCISE TRAINING IN PATIENTS WITH MILD COGNITIVE IMPAIRMENT AND PATIENTS WITH MILD ALZHEIMER'S DISEASE

Yu-Hsiu Chu ¹, Pei-Fang Tang ², Ming-Jang Chiu ³, Ta-Fu Chen ³, Yi-Cheng Lin ⁴

¹Department of Physical Therapy, College of Health Care, China Medical University, Taichung, ²School and Graduate Institute of Physical Therapy, College of Medicine, National Taiwan University, ³Department of Neurology, National Taiwan University Hospital, Taipei, ⁴Department of Physical Medicine and Rehabilitation, China Medical University Hospital, Taichung, Taiwan

Objectives: Impaired gait performance predicts cognitive decline and risk of falls in patients with cognitive impairment. This study compared the effects of a dual-task oriented functional and aerobic exercise (DOFAE) versus flexibility combined with upper extremity exercises in sitting (FUES) on gait speed and spatial and temporal gait characteristics under single- and dual-task conditions in patients with mild cognitive impairment (MCI) or mild Alzheimer's disease (AD).

Methods: Eighteen patients with MCI or mild AD were randomly assigned to DOFAE (age: 62.6-87.5 years; Mini-Mental State Examination (MMSE): 15-29; Clinical Dementia Rating (CDR): 0.5 or 1) group or the FUES group (age: 61.5-88.0 years; MMSE: 19-27; CDR: 0.5 or 1). Both groups received the designated exercise training three times a week, 90 minutes each time, for 3 months. The DOFAE training included 15-min warm-up, 30-min aerobic exercises, 40-min dual-task functional mobility and balance training, and 5-min cool-down. The FUES training included 5-min warm-up, 60-min stretch exercises, 20-min upper extremity and balance exercises in sitting, and 5-min cool-down. Usual gait speed and spatiotemporal gait characteristics and their variability under single-, motor dual-, and cognitive dual-task conditions were recorded using the GaitMatII. Between-group differences in gait parameters at baseline and post-training and within-group differences from baseline to post-training were compared using nonparametric statistical tests.

Results: There were no group differences in age and MMSE at baseline ($P>0.05$). After training, the DOFAE group significantly walked faster ($P=0.05$) and reduced step time variability ($P=0.007$) in motor dual-task condition, and also significantly reduced stance time variability ($P=0.028$) and gait speed variability ($P=0.049$) in cognitive dual-task condition. The FUES group did not show any significant changes in gait parameters after training. Although the DOFAE group showed poorer gait performance in some gait parameters compared to the FUES group at baseline, the two groups were not different in any gait parameters after training ($P>0.05$).

Conclusion: The DOFAE exercise could effectively improve dual-task gait speed and gait variability in patients with MCI or mild AD. Future larger clinical trials are warranted to investigate the effectiveness of dual-task oriented training on gait performance and falls in older people with dementia.

References: Schwenk M, et al. Improvements in gait characteristics after intensive resistance and functional training in people with dementia: A randomised controlled trial. *BMC Geriatrics*. 2014;14:73.

Disclosure of Interest: None Declared

Keywords: Aerobic exercise, Dual-task, Gait, Mild Alzheimer's disease, Mild cognitive impairment

P032

Topic: Advances in Dementia Treatment

SESAMOL, A LIPID LOWERING AGENT AMELIORATES GLUTAMATE INDUCED NEUROTOXICITY IN DIFFERENTIATED SHSY5Y NEURONAL CELLS

Madhavan Nampoothiri ^{1,*}

¹Pharmacology, Manipal College of Pharmaceutical Sciences, manipal, India

Objectives: Sesame oil from the seeds of *Sesamum indicum* Linn. (Pedaliaceae) has been used traditionally in Indian medical practice of Ayurveda in the treatment of central nervous system disorders and insomnia. A few published reports favour the anti-dementia effect of sesamol, an active constituent of sesame oil. But, the reports fail to explain the role of sesamol in modulating glutamate-mediated neuronal cell death through excitotoxicity. Thus, we investigated the neuroprotective effect of sesamol on glutamate induced toxicity of differentiated SHSY5Y neuronal cells.

Methods: Changes in cell viability was measured by 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl-tetrazolium bromide (MTT) based assay while apoptotic damage was detected by Acridine Orange/ Ethidium Bromide and Hoechst staining. Intracellular reactive oxygen species (ROS) accumulation and morphological alterations were also measured.

Results: Treatment with glutamate induced apoptosis, elevated ROS levels and caused damage to neurons. Sesamol reduced the elevated ROS level and prevented morphological alterations to neurons and inhibited apoptosis.

Conclusion: The neuroprotective effect of sesamol against glutamate induced neurotoxicity in differentiated SH-SY5Y neuronal cells includes multiple mechanisms involving reduction in glutamate induced cell loss, prevention of apoptosis and reducing the production of reactive oxygen species.

References: 1. Kumar N, Mudgal J, Parihar VK, Nayak PG, Kuttu NG, Rao CM. Sesamol treatment reduces plasma cholesterol and triacylglycerol levels in mouse models of acute and chronic hyperlipidemia. *Lipids*. 2013; 48(6):633-638.

2. Chu PY, Chien SP, Hsu DZ, Liu MY. Protective effect of sesamol on the pulmonary inflammatory response and lung injury in endotoxemic rats. *Food Chem Toxicol* 2010; 48(7):1821-1826.

3. Hsu DZ, Chen KT, Li YH, Chuang YC, Liu MY. Sesamol delays mortality and attenuates hepatic injury after cecal ligation and puncture in rats: role of oxidative stress. *Shock*. 2006; 25(5):528-532.

4. Kumar P, Kalonia H, Kumar A. Sesamol attenuate 3-nitropropionic acid-induced Huntington-like behavioral, biochemical, and cellular alterations in rats. *J Asian Nat Prod Res*, 2009; 11(5):439-450.

Disclosure of Interest: None Declared

Keywords: apoptosis, glutamate, neuronal cells, Sesamol

Poster Abstracts

P033

Topic: Advances in Dementia Treatment

PLASMA CONCENTRATION OF S-DONEPEZIL BASED ON CYP2D6 POLYMORPHISM: CORRELATED WITH THERAPEUTIC RESPONSE IN HAN CHINESE PATIENTS WITH ALZHEIMER'S DISEASE

Jin Lu^{1,2}, Lili Wan², Yuan Zhong², Cheng Guo²

¹Shanghai Jiao Tong University, ²Shanghai Jiao Tong University Affiliated Sixth People's Hospital, Shanghai, China

Objectives: We aimed to evaluate stereoselective metabolism of donepezil, to investigate the dominant enzyme genotype, then to confirm the association between concentration of donepezil / S-donepezil based on *CYP2D6* polymorphisms and therapeutic response in Han Chinese patients with Alzheimer's disease.

Methods: A stereoselective metabolism study of donepezil was performed by human liver microsomes, *CYP2D6* alleles, *CYP3A4/5*, *CYP2C9* were involved. Then the result was preliminarily confirmed in 64 Han Chinese patients with Alzheimer's disease, by measuring plasma concentration of donepezil and S-donepezil using HPLC-MS/MS. *CYP2D6**1, *CYP2D6**1*10, *CYP2D6**10 were genotyped by allele-specific PCR. Data were analyzed by Kruskal-Wallis analysis, Mann-Whitney U-test, and ² test.

Results: *CYP2D6* is the predominant P450 enzyme in liver metabolism of donepezil, and *CYP3A4/5*, *CYP2C9* are of minor importance for the metabolism of donepezil. Polymorphism of *CYP2D6* significantly effects plasma concentration of donepezil and S-donepezil. Among the recruited Chinese patients with Alzheimer's disease, there is statistical correlation between steady-state plasma concentration of S-donepezil and therapeutic responses.

Conclusion: Stereoselective differences in the pharmacokinetics of donepezil results from stereoselective metabolism of donepezil. The steady-state plasma concentration of S-donepezil based on *CYP2D6* polymorphisms is significantly correlated with therapeutic response of donepezil in Chinese patients with Alzheimer's disease.

References: [1] Raskind MA, Peskind ER, Wessel T, Yuan W. Galantamine in AD: A 6-month randomized, placebo-controlled trial with a 6-month extension. *Neurology* 2000;54:2261-2268.[2] Diego A, Filippo MB, Gloria B, Giacomo G, Sara L, Francesca C, Luisa B, Roberta G, Daniela G, Rosanna S, Stefania M, Annamaria C, Giuseppe, Claudio M, Elio S, Giuliano B, Giuseppe M, Massimo F, Gianluigi F. Replication Study to Confirm the Role of *CYP2D6* Polymorphism rs1080985 on Donepezil Efficacy in Alzheimer's Disease Patients. *J Alzheimers Dis* 2012; 30:745-749.

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Disclosure of Interest: None Declared

Keywords: S-donepezil; therapeutic response; *CYP2D6* polymorphism; Plasma Concentration; Alzheimer's Disease

P034

Topic: Advances in Dementia Treatment

COGNITIVE INTERVENTION IN MCI AND MILD DEMENTIA

Keshav Kumar ¹ Mathew Varghese ^{2,*} Harshita Vishwakarma ² and Geriatric Clinic & Services, NIMHANS

¹Dept of Clinical Psychology, ²DEPT. of PSYCHIATRY, NATIONAL INST OF MENTAL HEALTH & NEUROSCIENCES, Bangalore, India

Objectives: (a) to develop a cognitive training program to improve cognitive functions in individuals with mild cognitive impairment (MCI) and mild dementia.

(b) to test the efficacy of the cognitive training program to improve cognitive functions in individuals with mild cognitive impairments (MCI) and mild dementia.

Methods: A pre-post experimental design was employed. The sample consisted of 10 patients, aged between 65-85 years (4 patients diagnosed with Mild Dementia and 6 patients diagnosed with Mild Cognitive Impairment) from the Geriatric Clinic at NIMHANS, Bangalore. Their socio-demographic data was collected on the Geriatric evaluation proforma and further they were assessed on Neuropsychological test for the Elderly (Tripathi, Kumar, Bharath & Marimuthu, 2013) and other rating scales (HMSE, EASI, CDR, NPI).

Results: The results of the present study reveal a significant difference in Verbal memory, Logical Memory, Delayed Visuospatial memory and Visual working memory when pre and post intervention scores were compared. There is no significant difference in areas of cognition such as Category Fluency and Attention.

Conclusion: This study highlights the importance of cognitive retraining in improving certain areas of cognition and everyday functioning in patients with Mild cognitive deficits.

References: 1. Tripathi R, Keshav Kumar, Bharath S, Marimuthu P, **Varghese M.** Age, education and gender effects on neuropsychological functions in healthy Indian older adults. *Dement Neuropsychol* 2014 June;8(2):148-154.

2. Tripathi R, Kumar JK, Bharath S, Marimuthu P, **Varghese M.** Clinical validity of NIMHANS neuropsychological battery for elderly: A preliminary report. *Indian J Psychiatry*. 2013 Jul;55(3):279-82.

Disclosure of Interest: None Declared

Keywords: cognitive training, MCI, Mild dementia

Poster Abstracts

P035

Topic: Design and Technology

COMMUNICAID - MEETING IN THE MIDDLE - NON-VERBAL COMMUNICATION WITHIN THE REALITY OF PEOPLE LIVING WITH DEMENTIA – A CASE STUDY APPROACH.

Leah Bisiani* 1 and Uplifting Dementia

1Alzheimers Australia, Perth, Australia

Objectives: The aim of this research study was to examine and measure the impact of utilising Alzheimer's Australia CommunicAid tool in relation to improving and assisting effective communication in the lives of people living with dementia who exhibit word finding difficulty. It was anticipated this Augmentative and Alternative Communication device, may enable people living with dementia who are aphasic, improve their ability to communicate thus enhance quality of life. Specifically, this single case study assessed the potential benefits, of the use of CommunicAid in reducing behaviours of concern such as frustration, anxiety and agitation that may be associated with observed poor verbal communication ability of a person living with dementia.

Methods: A single case study of a female participant, with moderately advanced Vascular Dementia and significant word finding difficulty, was the subject of this research. The case study used both qualitative and quantitative research design and methodology in data collection and analysis.

Results: Demonstrated that CommunicAid was a positive intervention for the person living with dementia who was the participant in this research. The findings indicate a reduction in behaviours of concern related to the need to effectively communicate, and a considerable decline in levels of anxiety and agitation. There was extensive ongoing improvement in social interaction and communication.

Conclusion: This research supports CommunicAid as a beneficial intervention that may be utilized within the ongoing care of some persons with dementia to meet specific and individual communication needs and to reduce behaviours of concern in light of this positive outcome.

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Disclosure of Interest: None Declared

Keywords: AAC in dementia care, CommunicAid, communication aids, dementia/communication, dementia/non verbal communication

P036

Topic: Design and Technology

OPPORTUNITY KNOCKS! RECOGNISING A GOLDEN OPPORTUNITY WHEN YOU SEE ONE.

Diana Carter^{1,*}

¹Alzheimer's Australia Tasmania, Hobart, Australia

Objectives: Philanthropy is the planned and structured giving of money, time, information, goods and services, voice and influence, to improve the wellbeing of humanity and the community. Philanthropy in Australia is an effective use of wealth generated by one generation to benefit current and future generations.

Knowledge and understanding of the Philanthropic continuum, from Cheque-book Philanthropy, through Engaged Philanthropy to Catalytic Philanthropy underpins practice in organisational philanthropy seeking, where continual scanning of the 'giving' landscape needs to occur, identification of potential funders, and then positioning and 'selling' your organisation/project to match the funding criteria. It's also about grasping opportunity when it knocks on your door!

Alzheimer's Australia Tasmania (AAT) is federally funded for providing services to people with dementia and their family carers and offers counselling, support groups, cognitive rehabilitation, art therapy, respite care, and education. AAT was concerned that people living with dementia in parts of the state only receive either intermittent art therapy visits or none at all. The value of an Artist in Residence is that they bring a Fine Art training into the new environments and encourage and inspire creative activities.

AAT now has an Artist in Residence, Michele Wilkie, whom has brought her talents, expertise and passion in art to share with our clients across the state. This Arts Program including supporting our new Artist in Residence is funded by a generous benefactor and the process of converting an interest by that philanthropist into dedicated monies i.e., recognising when opportunity knocks, is explored here.

The value and outputs of AAT having its own Artist in Residence are: improving client outcomes, increasing client numbers, extending our art activities statewide, creating a collection of art works that can be used for promotional purposes, creating publicity around exhibitions and raising community awareness about dementia, helping to reduce the stigma of dementia, and offering some fundraising leverage.

Disclosure of Interest: None Declared

Keywords: Art, Philanthropy

Poster Abstracts

P037

Topic: Design and Technology

DESIGNING PUBLIC BUILDINGS TO BE DEMENTIA FRIENDLY

Kirsty Bennett ^{1,*}

¹NSW/ACT DTSC (Demential Training Study Centre), University of Wollongong, Wollongong, Australia

Objectives: To raise awareness of the importance of designing public buildings that are dementia friendly

To provide advice on how to make public buildings dementia friendly

Outline

Until recently, designing for people living with dementia has focussed primarily on designing residential aged care settings and improving the design of a person's home. The goal has been to design or modify environments so that a person can continue to live meaningfully. These are vital and important endeavours. However, if a person is to truly live a meaningful life, it needs to be recognised that he or she also needs to be able to engage in the wider community. It is essential that a person is able to continue to do the things that have always been an important part of their life, such as going down the street, doing the shopping, paying a bill, or collecting a library book.

This paper will focus on the design of public buildings. It will consider ways in which public buildings can be designed to be dementia friendly and how existing settings can be modified and improved. Case studies of public settings will be used to highlight the issues facing a person with dementia. Attention will be paid to a person's arrival, their entry, and the route to their destination (such as a council office, a supermarket, a bank or a library).

Key principles of designing for people living with dementia have been used with great success to design living environments for people with dementia. The application of these principles in the design of public buildings will be discussed, as well as the role they have to play in creating dementia friendly communities.

Disclosure of Interest: None Declared

Keywords: case studies, design, design principles, public buildings

P039

Topic: Design and Technology

VERIFICATION OF THE PREVENTION OF WANDERING AND THE PSYCHOSOCIAL EFFECTS BY INTRODUCING TRACKING SYSTEM AND COMMUNICATION ROBOT "KABO-CHAN" THE FACILITY USERS WITH DEMENTIA

Kaori Minami ^{1,*}Sawako Arai ²Akihito Fujita ³Hiroki Ogikubo ³Shigeru Emoto ³Sadao Katayama ⁴

¹JA Hiroshima General Hospital, Hatsukaichi-shi, ²Kawasaki University of Medical Welfare, Kurashiki-shi, ³PIP Co., Ltd., Chuo-ku, ⁴Kawasaki Medical School, Kurashiki-shi, Japan

Objectives: With the aging, many people with dementia move into the care facilities. Especially, wandering is an important problem associated with the risk of falling and tumbling. And it is difficult to deal with.

As some initiatives, we sometimes use clip sensor, the mat sensors, and the infrared cameras, etc.... But in introducing and in using them, it is necessary to be determined comprehensively from the view point of the privacy and the safety of users of the facility, prohibition of restraint, etc.... And it is said that these machinery and tools often give misinformation.

Furthermore, there are many caretakers and facility users who feel reluctant to use such "machinery and tools".

In consideration of these problems, PIP Co. Ltd. has developed the new tracking system^{*1}. We can capture the sign of the ambulation with various sensors and, at the same time they send a signal to the caretakers' smartphone and get the communication robot "Kabo-chan" to speak to the facility users.

In this study, we examined whether this system could prevent wandering, and how this system influenced the facility users psychosocially.

Methods: Subjects 16 facility users with dementia and with the difficulty of walking by themselves, staying in a nursing home or a group home.

Study design Within-subject design; Baseline-2weeks. Intervention-2weeks.

Machinery and tools The biosensors can identify the facility users' position from under the bed mat, from below, from above. When the sensors react, the yellow or red signal sends the caretakers' smartphone (For example Yellow signal sitting position on the bed. Red signal sitting position on the edge of the bed). Furthermore, depending on the color of the signal, "Kabo-chan" speaks to the facility users (For example :Yellow signal "Yawn...You may still sleep. Have a sweet dream. Good night.").

Interview We interview the facility users and caretakers 3 times (before the baseline and before and after the intervention).

We use the questionnaires about the cognitive function (MMSE), the psychological symptom (GDS-15 and NPI-NH12), quality of life (DQOLI and Barthel Index).

Results: Under examination at care facilities.

Conclusion: Under examination at care facilities.

References: ^{*1} http://robotcare.jp/?page_id=101

Disclosure of Interest: None Declared

Keywords: communication robot, prevention of wandering

Poster Abstracts

P040

Topic: Design and Technology

LIVING IN STYLE - THE SYDNEY OBSERVATORY AS HOME

Katherina Sparti¹, Sanjeeta Mackrani¹

¹Alzheimer's Queensland, Upper Mount Gravatt, Australia

Objectives: This session will provide a contemporary response to living in aged care today. Today's aged care consumers are not only more technologically advanced but have higher expectations in terms of standards of living and quality of care provided. With increasing competition between aged care providers, services need to match the wants of consumers. Gone are the days of clinical looking aged care facilities that are about the needs of the staff and the care they think needs to be delivered.

Keeping abreast of the changing wants of consumers, Alzheimer's Queensland stepped up and engaged interior designers to transform one of their specialist dementia care unit into an elegant home. After 18 months of extensive input and inspired by the Sydney Observatory Hotel, the refurbished interior encapsulates the qualities of home without an aged care clinical feel.

Modeling after a luxury hotel is a new way of thinking about dementia care facilities. It acknowledges the value of design in improving residents' care and wellbeing. Before and after pictures of the residence will be shared that demonstrates the traditional and classical design elements. Selecting materials with high performance qualities and colours that aim to soothe and cocoon were some of the strategies that have made the home a luxurious haven for residents.

Residents and visitors feel relaxed and comfortable and appreciate being in a beautiful space. The transformation has also boosted staff morale, increasing pride and joy in the space in which they work. Experiences and responses of residents, staff, and families with this transformation will be shared.

Through this project, Alzheimer's Queensland has also come to understand the importance of staff training to maximize the impact on quality of care. Staff mindset were transformed to one that saw the care facility as a home for residents rather than a workplace.

The success of the refurbishment is also echoed with Alzheimer's Queensland winning a Building Design Excellence Award and being featured in 'Transforming the Nation's Healthcare' magazine. Immensely impressed with the impact of good design, Alzheimer's Queensland now has a full time interior designer on staff, which is pioneering, as the organization works to refurbish additional spaces.

Disclosure of Interest: None Declared

Keywords: dementia, Design, quality of life, residential aged care, Well-Being

P041

Topic: Design and Technology

SMELL-A-MEMORY: THE USE OF SCENTS FOR PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS

King Lam Ho¹, Yong Lock Ong², Yen Chun Kuo¹, Li Ling Ng²

¹Rehabilitative Services, ²Psychological Medicine, Community Psychogeriatric Programme, Changi General Hospital, Singapore, Singapore

Objectives: Smell-A-Memory aimed to test if a series of scents, created by Givaudan©(Vernier, Switzerland), when used regularly with a person centred care approach (PCC), could act as a complementary therapy to evoke memories in persons with dementia (PWDs) thus improving the quality of reminiscence and reducing caregiver stress.

Methods: 10 PWDs with mild to moderate degrees of dementia, confirmed by the Blessed Dementia Scale (ADL) were selected for this single arm, proof of concept study. Selection of suitable scents was determined by the caregiver and the occupational therapist taking into consideration the life history, interests and choice of the PWD. Caregivers were trained to engage the PWDs with the scents daily for 10-15mins for a month and to use guiding questions to facilitate interaction. Outcomes were assessed using the Well-Being Profile (Individual Profile Sheet), the Zarit Burden Interview, the Quality of Life in Alzheimer's Disease (QOL-AD) and a feedback questionnaire for the caregivers.

Results: 70% of PWDs responded to scents with memories of varying degrees of detail and intimacy, 50% of caregivers felt using scents was a good way to engage persons with dementia while 60% reported the use of scents as a more interesting mode of intervention. 70% of caregivers said they would continue to use scent-kits after the trial. It was also found that some smells evoked more memories for the PWD if they were related to their life histories. There was no correlation with use of the scents and Well-Being Profile, Zarit Burden Interview and QoL AD scores.

Conclusion: Our study suggests that the use of smells significant in the lives of the PWD may be useful as a complementary therapy. Further studies involving large scale multi-centres are recommended to confirm these preliminary results.

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Disclosure of Interest: None Declared

Keywords: caregivers, complementary therapy, people with dementia, reminiscence, scents

Supporting and Enabling People Living with Dementia

Poster Abstracts

P042

Topic: Design and Technology

THE LETTERBOX PROJECT - STAY IN TOUCH WITH ME.

Michele Wilkie^{1,*}

¹Alzheimer's Australia Tasmania, Hobart, Australia

Objectives: The Letterbox Project – Stay in touch with me

The images I carried from the mosaic letterboxes created after the Victorian Bushfires inspired this project. Resilience shown in colour and connection, housing the written word as a symbol of a new home and new way of living. This also is the journey along the road with dementia.

My role as Artist in Residence, Alzheimer's Australia Tasmania, sees me travel the State delivering Art programs to residents, day groups, carers and staff, culminating in touring exhibitions. The latest being 'The Letterbox project' March 2015 presenting 30 letterboxes, hand-made books and film.

Participants involved were clients and carers aged 35 - 85 years across Tasmania.

Ongoing skill development has included; sanding, drilling, prototype construction, painting techniques, working in 3D, functional sculpture and book binding. The construction and artwork of the letterboxes, plus the book binding have been filmed to document the processes.

The letterbox itself represents a vessel of communication and memories, linking old home to new home. It evokes an emotional response of excitement, anticipation and surprise.

Letters received from families and friends form books that sit alongside the letterboxes in the exhibition.

Selected sections from letters were photographed (de-identified), printed then bound into books.

The books may be used as reference for new clients' families / friends/ the public asking 'how do I keep in touch?', 'what should I talk about?', 'how should I say things?', 'will they know if I write to them?'

The outcomes having included positive, creative conversations between carers and clients of their artwork and processes, giving a focus on the new. For people living with dementia, this project additionally satisfies their hunger for learning, desire and ability to learn new skills.

A film plays behind the installation of the artists processes combined with a soundscape of the letters being read in the exhibition.

The letterboxes will be a joyful, colourful conversation piece in the street or facility, spreading the importance of continuing communication on the dementia journey for all.

Disclosure of Interest: None Declared

Keywords: exhibition, Letterbox Project



P044

Topic: Design and Technology

AMERICAN LIBRARY ASSOCIATION GUIDELINES FOR ALZHEIMER'S AND RELATED DEMENTIAS

Melanie Saulnier ^{1,*} on behalf of IGARD

¹ALA IGARD, Washington D.C. , United States

Objectives: IGARD, ALA's Alzheimer's & Related Dementias Interest Group, focuses on creating, disseminating and implementing guidelines for library services to people with Alzheimer's and related dementias. Using the International Federation of Library Associations and Institutions (IFLA) preexisting guidelines as a model, this year's goal is to build guidelines to provide direction and guidance for library services to this audience in the United States. This presentation serves as an update of IGARD's progress and as open forum for feedback and insight from the international Alzheimer's disease research community.

Disclosure of Interest: None Declared

Keywords: dementia, libraries, United States

Poster Abstracts

P045

Topic: Design and Technology

DEMENTIA GETS DOLLED UP - A THERAPEUTIC MEANS TO DIMINISH BEHAVIOUR OF CONCERN IN A PERSON LIVING WITH DEMENTIA

Leah Bisiani* 1

1Alzheimers Australia, Perth, Australia

Objectives: The aim of this research was to examine the impact of the provision of a lifelike baby doll as a therapeutic tool, on the behaviour of a person living with dementia. Specifically, the research assessed potential benefits of the use of doll therapy in reducing behaviours of concern that may be associated with observed past attachment needs of a person with dementia.

Methods: A single, female participant, with moderately advanced Alzheimer's disease was the subject of this research. The study used both qualitative and quantitative research designs and methodologies in data collection and analysis.

Results: Results demonstrated that doll therapy was a positive intervention for the participant. The findings indicate significant reduction in behaviours of concern related to the need for attachment and considerable decline in levels of anxiety and agitation. There was extensive ongoing improvement in social interaction, self-worth and communication.

Conclusion: This research supports doll therapy as a therapeutic intervention that may be utilised within the ongoing care of some persons with dementia to meet needs for attachment and to reduce behaviours of concern. Despite some controversy on this topic, doll therapy should be considered as a therapeutic approach to further dementia care in light of this positive outcome.

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Disclosure of Interest: None Declared

Keywords: attachment, dementia, dementia/therapeutic use of dolls, doll therapy/dementia



P046

Topic: Design and Technology

CAN TEXTILES BRING POSITIVE SENSORY STIMULATION TO ALZHEIMER'S PATIENTS?

Adriana Machado ^{1,*}

¹Founder, Sensory Design, Medellín, Colombia

Objectives: I explore if positive sensory stimulation can be brought to people living with Alzheimer's using textiles. I take common everyday objects and using different materials and processes, I create sensory experiences designed to bring out positive and calming feelings.

A woman who lives with Alzheimer's disease in an advance stage said to me once: "This feels so good" right after she touched a stimulating hand-warmer I created for her. This reaction was very shocking and at the same time, very motivating, because this was the first time in a long time she had pronounced a coherent sentence.

My greatest inspiration for this project was my grandmother. She inspired me to design for a group of people that is often ignored, bringing well-being and comfort into their lives.

I design objects specifically for people living with Alzheimer's, considering their needs and their condition in order to bring well-being and positive feelings into their lives.

Disclosure of Interest: None Declared

Keywords: design, feelings, memory, sensory stimulation

Poster Abstracts

P048

Topic: Design and Technology

'I KNOW WE DO GREAT WORK HERE BUT WE CAN DO BETTER'. ALZHEIMER'S AUSTRALIA VIC'S EXPERIENCE IN DELIVERING CONSULTING SERVICES TO RESIDENTIAL AGED CARE FACILITIES IN VICTORIA.

Trudy Neal ^{1,*}

¹Alzheimer's Australia Vic, Parkville, Australia

Objectives: This session will provide an overview of the positive outcomes achieved and the challenges encountered by Alzheimer's Australia Vic when providing consultancy support for organisations seeking to transform their service for people with dementia. Initially the consultancy support focused on improving the dementia friendly design of facilities and then subsequently around the areas of leadership and change management as these became evident as areas of need. Whilst the consultancy may identify that there are some physical design issues that need to be addressed by the facility often the bigger issue is around what type of culture and relationships they want to create in their facility. Often the ultimate test of this is whether it is somewhere staff would want to have a family member live.

Creating a different culture within these services has been a key focus of this consultancy work. The session describes the importance of working with multi-disciplinary teams to challenge existing work practices, build engagement, implement and evaluate practice improvements. The session will highlight the work undertaken with several facilities as an example of the positive outcomes that can occur through this work. The benefits to residents of the consultancy work are clearly evident with higher levels of engagement in purposeful activities and roles, reduced behaviours and reduced use of psychotropic medications. The session will also highlight the very real challenges of sustaining practice improvement and making it 'the way we do things around here'.

Disclosure of Interest: None Declared

Keywords: Consultancy, Environments

P049

Topic: Design and Technology

AUTONOMY VS. VERACITY: THE THERAPEUTIC USE OF DOLL THERAPY FOR PEOPLE LIVING WITH DEMENTIA.

Joanne Agnelli ^{1,*} Gary Mitchell ¹

¹Dementia Services Team, Four Season Health Care, Draperstown, United Kingdom

Objectives: In light of the increasing population experiencing dementia it is not surprising that researchers and practitioners are increasingly interested in therapeutic ways to improve the quality of lives of people with dementia. The therapeutic use of dolls, for people with dementia, is one method that has been growing in recent years. Providing a doll to someone with dementia has been associated with a number of benefits which include: reduction in episodes of distress, increase in general well-being, improved dietary intake and higher levels of engagement with others. Despite some positive findings from empirical studies, there are some limitations to the practice of doll therapy.

The therapeutic use of dolls for people with dementia is a contentious issue. It can be argued that it fulfills the concepts of beneficence (promotes well-being) and respect for autonomy (as the person can freely decide to engage with dolls if they wish). However it can also be argued that doll therapy is unethical when consideration is given to dignity (in that people with dementia are encouraged to interact with dolls), veracity (as the health professional is usually encouraged to treat the doll like a real-life baby) and non-maleficence (considering the potential distress this therapy could cause for family members).

There is evidence to suggest that doll therapy in dementia care can be of benefit to some people with dementia. However in the absence of rigorous empirical evidence or legislative guidelines, it is a therapy that must be approached with a degree of caution.

Disclosure of Interest: None Declared

Keywords: Dementia/Therapeutic Use of Dolls, Autonomy, Decision-Making

Poster Abstracts

P050

Topic: Mapping the Journey of Dementia

PREVALENCE AND RELATED FACTORS OF ADVANCED DIRECTIVE AMONG NURSING HOME RESIDENTS WITH DEMENTIA IN NORTHERN TAIWAN

Hsiul-Li Huang ¹, Yyea-Ing Lotus Shyu ¹, Li-Chueh Weng ¹, Wan-Shuan Wang ¹

¹ School of Nursing, Chang-Gung University, Tao-Yuan, Taiwan

Objectives: The purpose of this study is to report the prevalence of ADs and to explore the factors associated with the presence of ADs among nursing home residents with dementia in Taiwan.

Methods: A cross-sectional, correlation study. 130 dyads of residents experiencing advanced dementia (GDS score of 5-7) and their surrogates were recruited from 10 nursing homes. Chart review and structural questionnaires were used to data collection.

Results: Among the 130 nursing home residents with dementia, 46 (35.4%) had ADs that including palliative living will, Do-Not-Resuscitate (DNR), Do-Not-Hospitalization (DNH) and 95.7% of the ADs had been put in place by family surrogates. Multiple regression demonstrated that residents with pressure sore (OR = 9.13, 95% CI = 1.11-75.13), clinical utilization in half year (OR = 0.06, 95% CI = 0.01-0.28), family surrogates who have higher intimate with their relative with dementia (OR = 4.45, 95% CI = 1.42-13.94), have been informed ADs information (OR = 12.38, 95% CI = 2.05-74.84), had an experience of signed DNR (OR = 6.40, 95% CI = 1.57-26.03), and frequency of discussion with professionals (OR = 1.92, 95% CI = 1.17-3.13) were associated with the presence of ADs.

Conclusion: Only few residents with dementia took part in their own advance care plan. Our data suggest the need to develop strategies that would facilitate residents with dementia to involve discussion of ADs for themselves.

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Disclosure of Interest: None Declared

Keywords: advanced directive, dementia, family surrogate

P051

Topic: Mapping the Journey of Dementia

ASSESSMENT OF TRAINING OF CARE AT THE END OF LIFE IN GROUP HOMES FOR OLDER ADULTS WITH DEMENTIA

Nobuko Amaki ¹Naomi Yamasaki ²Yumiko Momose ¹Ayumi Fujino ¹

¹Aichi Prefectural University, nagoya, ²Kio University, nara, Japan

Objectives: This research aimed to understand and assess the staff of group homes (GHs) after receiving training for care at the end of life for older adults with dementia.

Methods: 120 subjects participated in a lecture on the care at the end of life for older adults with dementia using a text prepared by the researchers alongside group work about coordinating medical care. Then a self-report survey containing 24 items, (four point scale survey), of specific interest to the research goals to determine degree of understanding as well as questions on the lecture's contents and a self-descriptive questionnaire. The subjects were asked to freely describe their impression of the group work. The descriptive statistics and free description were qualitatively analyzed. The survey period was from Dec. 2013 to Jan. 2014. This research was approved by the research ethics committee at our respective universities.

Results: The average age of the participants was 43.1 years (SD±1.20); nurses made up most (53.3%) of the participants. The average years of caring experience in group homes was 5.3 years (SD±3.8) and 67.1% were experienced in the care at the end of life. There were 104 responses to the questionnaire (collection rate: 87%) with over 85% choosing; "I understood very well" and "I understood moderately". The items with a high understanding were "Epidemiology in relation to the death of the elderly", "Dignifying care at the end of life of the elderly" and "The process to death." Regarding elderly dementia patients, it may be easier for health workers to deepen their understanding of death and dying through daily care. The items with a low understanding were "Support for decision making to die a dignified death", "Confirmation of death" and "Decision making of older adults with dementia." Japanese culture rarely discusses death and adults with dementia have trouble making decisions, so instances of practical decision making support were rare. Therefore, ensuring communication among family members and confirming the will of the elderly is imperative.

Conclusion: Over 90% of participants found the group work useful. The opportunity to discuss opinions on practical methods for sharing of information between families, facilities and medical services helped set the foundation for future coordination.

References: Kobayashi,S:End of life care for older adult with dementia living in group home in Janpan, Japan journal of Nursing Science,5,pp31-40,2008.

Disclosure of Interest: None Declared

Keywords: end of life care

Poster Abstracts

P052

Topic: Mapping the Journey of Dementia

IN-PATIENT REHABILITATION FOR PATIENTS WITH COMORBID DEMENTIA

Robin Digby^{1,*} Allison Williams¹ Susan Lee¹

¹School of Nursing and Midwifery, Monash University, Melbourne, Australia

Objectives: People with dementia can find in-patient rehabilitation traumatic and intimidating because of the unfamiliar environment, faces and routines. Dementia is a common comorbidity secondary to an acute problem requiring admission. Nurses can find caring for people with dementia stressful and exhausting.

The objective of this study was to investigate and understand the patients' and nurses' perspective of care in rehabilitation facilities.

Methods: An ethnographic study was conducted using conversational interviews of up to one hour with 30 in-patients with dementia and 30 nurses caring for them in two rehabilitation facilities in Melbourne in 2014. The patients and nurses were asked to talk about their experience of care. The interviews were digitally recorded, transcribed verbatim and analysed using Nvivo.

Results: Preliminary analysis shows that patients were often unaware of the reason for admission or of any discharge plan. Boredom was a common complaint and many spoke of the things that occupied them at home such as shopping and domestic activities. Several expressed the desire to return home despite the risks. Some appeared unaware of their surroundings and were content to be in hospital.

Nurses reported frustration and stress in their work citing lack of time as a major factor. A shortage of specific education in dementia, poor organisational support and limited access to extra resources contributed to their stress. The ethnicity of patients and nurses impacted on communication and cultural understanding. Satisfying aspects of the nurses' role included hearing the patients' stories, developing a connection, and contributing to improvements in patient health. Teamwork with colleagues was highly valued. The personality traits of some nurses made them more suitable to this type of nursing.

Conclusion: Activities and garden access may avert patient restlessness brought on by boredom. Patients must be involved in discharge planning discussions which may need to be repeated because of short-term memory problems.

Nurses require education about dementia to increase understanding of the condition including practical strategies to manage behavioural symptoms. Organisational support and adequate resources are vital. Cultural diversity requires further exploration.

References: N/A

Disclosure of Interest: None Declared

Keywords: care experience, dementia, inpatient, nurses



P056

Topic: Arts and Engagement

USE IT MORE AND KEEP IT BETTER. TWO YEARS COGNITIVE TRAINING IN MILD COGNITIVE IMPAIRMENT

Elena Poptsi¹, Fotini Kounti¹, Magda Tsolaki¹

¹Alzheimer Hellas, Thessaloniki, Greece

Objectives: Cognitive training may optimize the cognitive functioning of MCI patients. However, further studies are needed to examine the long-term effectiveness of cognitive training. Patients with amnesic and multi-domain Mild Cognitive Impairment were followed up after two years of cognitive training.

Methods: One hundred and five patients were classified in two groups, experimental and control, matched in age, gender, education, cognitive, and functional performance. Seventy three attended 32 weekly sessions of attention and executive function training, during one year. Forty one out of them attended 34 weekly sessions for one more year. The control group (n=32) continued the regular daily activities. Neuropsychological assessment was performed at baseline, one and two years later.

Results: At the end of the first year, the experimental group (N=73) had better performance than controls in verbal (p£ .031) and visual memory (p= .005), executive function (p£ .007), executive function in ADL (p£ .025), and in total cognitive (p= .020) and functional performance (p= .003). At the two years follow up, the participants with two years of training had better performance than controls in verbal (p£ .005) and visual memory (p= .001), executive function (p£ .031), executive function in ADL (p£ .004), and total cognitive and functional performance (p= .000). The participants with two years of training had better performance than participants with one year of training in verbal (p= .007) and visual memory (p= .007), executive function (p£ .009), executive function in ADL (p£ .038), and total functional performance (p= .000). The participants with one year of training had better performance than controls, in executive function (p£ .013), total cognitive (p= .016) and functional performance (p= .009).

Conclusion: Two years of cognitive training is more beneficial for MCI patients, than one year of training or no training.

References: Moro, V., Condoleo, MT., Valbusa, V., Broggio, E., Moretto, G., Gambina, G. Cognitive Stimulation of Executive Functions in Mild Cognitive Impairment: Specific Efficacy and Impact in Memory. *American Journal of Alzheimers Disease and Other Dementias*, 2014 1-12 doi: 10.1177/1533317514539542

Disclosure of Interest: None Declared

Keywords: Mild cognitive impairment, Two years cognitive training

Poster Abstracts

P058

Topic: Arts and Engagement

YOUNGER PEOPLE WITH DEMENTIA: ESEMAJ, A SOCIO-ECONOMIC STUDY BASED ON CLINICAL DATA

Manuel Plisson ^{1,*}Alain Bérard ²Roméo Fontaine ¹

¹Economics, ²Fondation Médéric Alzheimer, PARIS, France

Objectives: The objective of this study is to develop a better understanding and measure of the impacts and changes of Alzheimer's disease on the family, social and financial environment of the people with young-onset dementia and their spouse.

Methods: A collaborative research with the National Reference Center for Young-onset Dementia at CHU Lille, based on 42 interviews with people with young-onset dementia and their spouse.

Results: 1. Disorders associated with the disease lead to a premature exit from the labour market. For most than half of the study participants, disease diagnosis was posterior to leaving the labour market. Indeed, mean age at onset of first disorders is 52 years, mean age of professional activity cessation is 55 years and mean age at diagnosis is 56 years.

2. Professional activity cessation is associated with a rapid and important social isolation, a reduction in travels, a lower involvement in volunteering and non-profit activities, a halt in sport activities, the inability to perform activities without help, driving cessation, fewer contacts with friends or stepping back from religious practice.

3. About two out of three participants declare that the disease has upset their family life. Giving up professional, social and domestic activities leads to redefining family relations, which translates into increased spousal activity, i.e. more frequent leaves, reduction of working hours, or even giving up professional activity. When spouses manage to maintain a professional activity, it is most difficult for them to balance professional activity and caregiving.

Conclusion: The disease leads to focus on managing the present period, which reduces individual capacity to think about and anticipate the future. One may even speak of denial: 40% of people with a diagnosis of less than 2 years declare that they do not want to hear about their future needs.

References: Etude du consortium EURODEM (*European Community Concerted Action on the Epidemiology and Prevention of Dementia Group*) : étude sur des cas diagnostiqués dans dix pays européens, 1991 et 2003 ; Rapport de l'OPEPS 200

Hébergement des personnes atteintes de maladies d'Alzheimer ou apparentées avant 60 ans. Quelles réponses administratives pour quels besoins ? Rousselot T. *Médecine* 2012;8(6):272-275.

Disclosure of Interest: None Declared

Keywords: exit from the labour market, social isolation

P059

Topic: Arts and Engagement

THE LEND A HAND PROGRAM - A PROJECT INVOLVING INDIVIDUALS WITH DEMENTIA IN VOLUNTEERING ROLES

Mel Ottaway¹*Michele Wood¹

¹Southern Cross Care, Myrtle Bank, Australia

Objectives: Within the scope of the current funding agreement, there was opportunity to implement a new care model. The aim of the model was to improve the linkages between the day respite centre and the aged care centre based at Lourdes Valley. It involves implementation of a new type of care delivery involving the respite clients being utilised as volunteers within a residential setting with a key worker arrangement (1:1 support). Individual abilities are determined and a meaningful program developed based on their strengths aimed to support their personhood.

The clients at Myrtle Cottage are involved in a day respite program. Currently the program run at Myrtle Cottage functions within the confines of the cottage. It is funded through the National Carers Respite Program and is designed to give respite to carers. The current model of care delivery is based on Montessori principles. Montessori principles are designed to provide an emphasis on independence and self-worth. They utilise person centred care which uses an individual's character to spark activity and instil self-value. With the grounds of the cottage, clients undertake a range of activities from daily living tasks such as meal preparation, gardening and centre based activities based on individual's needs and interests. It is limited to what is able to be done in a small house environment with a standard domestic sized garden.

There are currently up to 20 clients a day attending the cottage. Their ages vary from late 40s to early 90s. There are varying levels of cognitive function amongst the clients. Some of the clients are in the early stages of dementia and like to help at the cottage. They have a strong need to feel valued and useful. Some have recently retired from paid employment and miss the structure of "working life". It was identified there was opportunity to be able to engage these clients in meaningful roles which support their self-worth and sense of self while adding a valuable service to a residential care facility. The goal of the new program has been to implement a safe and effective program for the clients at Myrtle Cottage to engage them in meaningful volunteer work through providing additional support to residents within a residential setting. It has produced amazing results.

Disclosure of Interest: None Declared

Keywords: volunteering

Poster Abstracts

P060

Topic: Arts and Engagement

INTEGRATED LITERATURE REVIEW - WORKFORCE PARTICIPATION AND MAKING DECISIONS TO STAY OR RETIRE

Cathie Andrew ¹, Lyn Phillipson ¹

¹Faculty of social sciences, University of Wollongong, Wollongong, Australia

Objectives: As government policies shift toward promoting increased participation for all people in the workforce, there is a significant need to understand the issues faced by people living with dementia regarding their workforce participation. This paper will present the results from an integrated literature review investigating current research regarding salient issues. The review identified literature examining the issues of recognizing early signs of dementia at work and supporting the benefits of continuing engagement in life roles for people living with dementia. It highlights the complex decision making processes about workplace participation faced by people living with dementia, their employers, their families and their health practitioners, including the impact of various work roles and their relative risks. Overall the review suggests the need to improve policy and processes to support work participation decisions and will make recommendations for future research.

Disclosure of Interest: None Declared

Keywords: Decision making, dementia, participation, workforce

P061

Topic: Arts and Engagement

THE EFFECT OF PI3K AND MAPK INSULIN RECEPTOR SIGNALING PATHWAYS ON DAMAGED NEURONS INDUCED BY AMYLOID BETA 25-35 IN RAT.

Farnaz Nikbakht^{1,*}Homa Rassouli²

¹Physiology, ²Anatomy, Iran University of Medical Sciences, Tehran, Iran, Islamic Republic Of

Objectives: Some evidences support the concept that Alzheimer (AD) is fundamentally a metabolic disease with progressive derangements in brain responsiveness to insulin and insulin signaling pathways. Herein, the contributions of impaired insulin signaling to AD-associated neuronal loss is studied.

Methods: The AD model was built by i.c.v microinjection of amyloid beta (A 25-35, 22 nMol). Insulin (500 mU) was injected into left lateral ventricle, the day after AD modeling and continued for 3 weeks. The specific inhibitors of PI3K (wortmannin, 0.5µg/2µl) and MAPK (PD98059, 5µg/2µl) was chronically administered before insulin application. Three weeks after modeling neuronal degeneration was determined by Fluoro-Jade B staining.

Results: Significant neuronal loss in CA3- CA4 and CA1 regions of hippocampus were observed following AD modelling. After chronic insulin administration a reduction in neuronal degeneration was observed in CA2, CA4, CA1 and CA3 areas with 72%> 66% - 50% and 42% respectively. MAPK pathway inhibitor, (PD98059) increased the protective effects of insulin against Ab toxicity (P<0.0001 for CA1 and P<0.001 for the rest areas). However, PI3K pathway inhibitor (wortmannin) suppressed the protective effect of insulin only in CA1 area.

Conclusion: Our results revealed that insulin by its PI3K pathway could attenuate the toxicity of Ab. It seems that MAPK pathway is involved in apoptotic pathways. As insulin after AD model showed protective effects, it seems that PI3K pathway is normally the prominent pathway of insulin. The protective effects of insulin were less than our expectation; it must be due to some desensitization of insulin receptors following long-term administration of insulin.

References: 1- de la Monte S M, Wands J R (2005) Review of insulin and insulin-like growth factor expression, signaling, and malfunction in the central nervous system: Relevance to Alzheimer's disease. *Journal of Alzheimer's Disease* 7:45–61.

2-Gerozissis K (2010a) The brain–insulin connection, metabolic diseases and related pathologies. *Diabetes, Insulin and Alzheimer's Disease* Springer Berlin Heidelberg :21–42.

3-Jiang LH, Zhang YN, Wu XW, Song FF, Guo DY (2008)Effect of insulin on cognizing function and expression of hippocampal Abeta1-40 of rat with Alzheimer disease. *Chin Med J* 121:827-31

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Disclosure of Interest: None Declared

Keywords: A 25-35, chronic insulin, wortmanin. PD98059, neurodegeneration

Poster Abstracts

P062

Topic: Aetiology of Dementia

THE PATTERNS OF INHERITANCE IN EARLY-ONSET DEMENTIA: ALZHEIMER'S DISEASE AND FRONTOTEMPORAL DEMENTIA

Peter Panegyres¹, Anna Jarmolowicz¹, Huei-Yang Chen¹

¹Neurodegenerative Disorders Research Pty Ltd, Perth, Australia

Objectives: Known genes which contribute to autosomal dominant transmission of early-onset dementia (EOD) account for only a small proportion of total genetic load for EOD. Our objective is to examine the proportion of patients with a family history of EOD and compare this to their mutation status.

Methods: Design: Data was collected on gender, diagnosis, age at onset, mutation status and family history of dementia on 202 consecutive patients presenting to an EOD clinic from 2000 to 2013 with early-onset Alzheimer's disease (EOAD) (n=120) and frontotemporal dementia (EOFTD) (n=82). Family history was characterized in two ways: having any family member affected by dementia or Goldman classification. Each participant with an autosomal dominant family history had been offered genetic testing to determine their mutation status.

Setting: Neurodegenerative Disorders Research Pty Ltd (Neurodegenerative Clinic).

Patients: A consecutive series of 228 patients collected over a 10-year period.

Results: The majority of participants, 72.5% with EOAD and 74.4% with EOFTD, did not have a positive family history of dementia. Of those with a suspected familial component, 1.6% of EOAD and 7.3% of EOFTD, carried a known mutation. Autosomal dominant inheritance patterns were seen in 14.2% of EOAD and 13.4% of EOFTD families; in these subgroups known mutations explained 11.8% and 54.5% respectively. A patient was identified carrying two genes known to increase the risk of EOFTD, Sigmar 1 and C9ORF72.

Conclusion: EOD does not appear to be a strongly autosomal dominantly inherited condition. The majority of patients were sporadic and did not possess mutations; known mutations do not explain the total autosomal dominant burden. Further research into other patterns of inheritance including mitochondrial and oligogenic could potentially explain more EOD. The benefit of genetic testing in relatives is questioned, unless a known mutation has been identified.

Disclosure of Interest: None Declared

Keywords: Alzheimers disease, Early onset dementia, Frontotemporal dementia

P063

Topic: Health Promotion and Implementation Models

PREDICTORS OF HEALTH BEHAVIOUR AND LIFESTYLE CHANGES FOR DEMENTIA RISK REDUCTION

Sarang Kim¹, Kerry Sargent-Cox¹, Kaarin Anstey¹

¹Centre for Research on Ageing, Health and Well-being, Australian National University, Canberra, Australia

Objectives: Risk factors for dementia have been actively sought and identified in recent years. Unfortunately, people do not necessarily change their lifestyle and health behaviours accordingly to reduce their risk of developing dementia despite being aware of the risk factors. Successful changes can be explained by many factors such as behavioural intentions, stability of intentions, knowledge and components of various behaviour change models. Determinants of behaviour and lifestyle change however, have not yet been examined. The objective of this study is to examine the factors that influence behaviour and lifestyle changes for dementia risk reduction among 50-60 year old Australians without dementia.

Methods: 176 participants (mean age=55.5 (SD=3.06)) from the Body Brain Lifestyle study were analysed. The dementia literacy questionnaire, Australian National University-Alzheimer's Disease Risk Index (ANU-ADRI), and the Motivation to Change Lifestyle and Health Behaviour for Dementia Risk Reduction questionnaire were used for analyses.

Results: The higher number of protective and lower number of risk factors at baseline ($p<.001$), as well as higher perceived severity scores at baseline ($p<.005$) predicted behavioural and lifestyle changes, demonstrated by decline in the total ANU-ADRI score. Decline in scores on perceived severity ($p<.01$) and improvement in self-efficacy scores ($p<.05$) were also related to behavioural changes for dementia risk reduction. However, both baseline intentions ($p=.77$) and changes in intentions ($p=.97$) were not significantly associated with behavioural and lifestyle changes for dementia risk reduction.

Conclusion: The findings suggest that high intentions do not always lead to behaviour changes. Instead, it is suggested that subjective (measured by perceived severity score) rather than objective (measured by number of risk and protective factors for dementia) risks of developing dementia at baseline is related to making health behaviour and lifestyle changes for dementia risk reduction. In addition, a decline in the subjective risk of developing dementia and enhancement in confidence in changing lifestyle and health behaviour lead to behaviour changes for dementia risk reduction.

References: Anstey, K. J., Bahar-Fuchs, A., Herath, P., Rebok, G. W., & Cherbuin, N. (2013), A 12-week multidomain intervention versus active control to reduce risk of Alzheimer's disease: Study protocol for a randomized controlled trial. *Trials*, 14, 60.

Disclosure of Interest: None Declared

Keywords: Australian, behaviour change, dementia

Poster Abstracts

P064

Topic: Health Promotion and Implementation Models

MALNUTRITION - A RISK FACTOR FOR PEOPLE WITH DEMENTIA LIVING AT HOME? RESULTS FROM THE GERMAN DEMNET-D STUDY

Saskia Meyer^{1,*}, Johannes Gräske¹, Karin Wolf-Ostermann¹

¹Department 11, Human and Health Sciences, University of Bremen, Bremen, Germany

Objectives: Malnutrition in the elderly is an important nursing challenge. Especially persons with dementia disease (PwD) have a high risk of malnutrition and losing weight, particularly in later stages. In Germany, the majority of care-dependent PwD still live at home being supported by family members and/or multiprofessional networks for care and support. Only little is known about their nutritional status.

Methods: In a longitudinal study (2012-2015) data about the nutritional status (MNA-SF), cognitive impairment (FAST), depression (GDS), functional status (IADL) and socio-demographic characteristics of PwD were collected throughout Germany as part of the DemNet-D study. Trained study personnel obtained this data in standardized face-to-face interviews with PwD and/or their family members.

Results: 403 PwD (79.8 years, 59.3% female) with a severe cognitive impairment (FAST: median 6.0) and low daily living abilities (IADL: mean 2.0) participated in the study. 52.6 % show a risk of malnutrition and 18.9 % are even malnourished. Less functional abilities turned out to be a significant explanatory factor for malnutrition.

Conclusion: The study results clearly show that malnutrition is a serious problem considering the situation of PwD living at home. Strong efforts have to be directed to cope with this situation in order to avoid malnutrition and health related problems.

Disclosure of Interest: None Declared

Keywords: dementia, dementia care networks, living at home, malnutrition

P065

Topic: Health Promotion and Implementation Models

THE BRAIN GRID INITIATIVE IN INDIA:

TOWARDS A NEUROINFORMATICS ENDEAVOUR FOR PROMOTING GRACEFUL AGEING ACROSS THE LIFE-SPAN

Prasun Roy ^{1,*}

¹Neuroimaging, National Brain Research Centre, Govt. of India, Manesar, Delhi NCR, India

Objectives: The world's highest disease burden is in India (700 Million DALY-units), costing US\$ 17.4 Trillion during 2012-2030. A major global challenge is drawing meaningful findings from the enormous epidemiological, genomic and imaging data of the clinical investigations. We develop a novel integration of Multiscale informatics approach to the issue, with emphasis on dementia.

Methods: In India, health-sector grids have been initiated, as National Cancer Grid. For Brain Grid, we develop a neuroinformatics architecture in Linux-Apache-MySQL-PHP bundle, using the Government's National Knowledge Network, NKN and CBrain prototype, with global linkage via Trans-Eurasia Network/TIEN-3. We set-up zonal hubs in 4 zonal regions: East (Calcutta: Inst. of Postgraduate Medical Education & Research), North (Delhi: our centre and All-India Institute of Medical Sciences), West (Bombay: King Edward Medical Inst.) and South (Bangalore: National Inst. of Mental Health & Neurosciences). We develop a clinical neurorestorative approach for vascular dementia and subacute stroke collaboratively among some of NKN centres.

Results: We delineate the reparative restoration of damaged stroke tissue (penumbra), using normal internal neural stem cells activated by drugs/growth signals [as neuropoietin and glypromate-tripeptide]. Using 3D modelling of cell reaction kinetics and its tissue flow, we delineate a therapy planning approach to optimize recovery in stroke and vascular dementia. Thereby we develop a digital clinical expert system for this neuroprotection schedule.

Conclusion: An affordable country-wide Brain Grid is initiated, for effective multicentric collaboration and analysis, with possibility for high-precision applications to dementia. Such endeavours offer hope for the future by in India by utilizing local affordable manpower in I.T., medicine, and pharmaceuticals.

References: S Kapoor, VPS Rallabandi, P Roy (2014). Optimizing Performance of Neural Stem Cell therapy for Ischemic Stroke. Front. Neuroinfo. Conf. Fifth INCF Cong. doi:10.3389/conf/fninf.2014.08.00126

Disclosure of Interest: None Declared

Keywords: Grid computing, International collaboration, Multicentric epidemiology, Neurorestoration, Vascular Dementia

Poster Abstracts

P066

Topic: Health Promotion and Implementation Models

COMMUNITY SCREENING FOR DEMENTIA AND DEPRESSION

Gaik Suan Lim ¹ Mary Pui ¹ Doris Yek LL ¹ Emily Ho ¹ Kua Ee Heok ¹ Chris Tsoi ¹

¹Department of Psychological Medicine, National University Hospital, Singapore, Singapore

Objectives: INTRODUCTION:

Early screening and detection of mental health conditions in community remain controversial. At least half of the elderly have been identified as having mental health issues, do not meet the diagnostic criteria and/or the elderly refuse further evaluation following a positive screening. This paper aims to evaluate the feasibility of using paraprofessional in community screening as well as the help seeking behaviour of the elderly in Singapore context.

METHODS AND MATERIALS:

Geriatric Psychiatry Out-Reach Assessment, Consultation and Enablement (G-RACE) provides educational training for community partners' paraprofessionals to enhance their understanding of elderly dementia and depression and the use of a screening tool.

The first phase of the screening involves the use of AMT and EBAS-DEP by paraprofessionals. For elderly who were screened positive, a G-RACE team member would conduct a semi-structured interview as well as an assessment using MMSE and MADRS. This would be followed by a consensus meeting conducted by the multidisciplinary team, to determine if the elderly has a probably dementia or depression.

RESULTS:

Of the 102 elderly screened, 55.9% were determined to have probable depression or dementia and 4 elderly refused further assessment.

56 elderly were assessed by G-RACE, including three elderly who were screened negative at the first stage due to request either by family or community worker. 69.6% of the elderly were determined to have either probable dementia or depression and needing further assessment.

61.5% of the elderly were agreeable for a formal consult and further investigations and 86.7% of them did turn up for the specialist appointment arranged.

CONCLUSIONS:

This study has demonstrated the feasibility of using paraprofessional in community screening. It is encouraging to learn that our community partners are able to accurately identify 69.6% of the elderly in the community that may otherwise not be identified. The elderly's help seeking behaviour was also encouraging; consist of 61.5%, higher than other studies.

Disclosure of Interest: G. S. Lim Conflict with: NUH staff, M. Pui Conflict with: NUH staff, D. Yek LL Conflict with: NUH staff, E. Ho Conflict with: NUH Consultant, K. Ee Heok Conflict with: NUH Professor, C. Tsoi Conflict with: NUH Consultant

Keywords: community screening, dementia, depression

P067

Topic: Health Promotion and Implementation Models

DEMENTIA FRIENDLY COMMUNITY PHARMACIES IN AUSTRIA. PROMOTING HEALTH AND WELLBEING OF PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS IN THE COMMUNITY SETTING.

Petra Plunger¹ on behalf of Steering Committee project “Dementia-friendly community pharmacy” Monika Natlacen^{2,*} and Steering Committee project “Dementia-friendly community pharmacy”

¹Institute for Palliative Care & Organisational Ethics, Alpen Adria University Klagenfurt / Austria, ²Alzheimer Austria, Self help group, Vienna, Austria

Objectives: Community pharmacies are a health care setting frequently used by people with dementia and their caregivers. The project “Dementia-friendly community pharmacy” aims at transforming pharmacies into dementia friendly settings supporting wellbeing and quality of life.

Methods: This pilot-project is based on principles of health promotion (Ottawa Charter 1986) and participatory health research (IHCPH 2013), seeking to involve people with dementia, their caregivers, pharmacy staff, Alzheimer Austria, the Chamber of Pharmacists and the researchers in knowledge-exchange and practice-development.

A needs assessment was carried out with caregivers and with pharmacy staff. In the first phase, interactive workshops for pharmacy staff were offered. In the second phase which is still ongoing, community pharmacies are implementing small-scale project in their local communities. To increase visibility, a logo has been developed by all involved partners. A “toolbox” gathering successful interventions is being developed to ensure sustainability and transfer to subsequent pharmacies.

Results: The project has attracted considerable attention amongst pharmacies. Pharmacy staff has voiced a need for training in dementia care based on a broad psychosocial understanding and integrating medicines management, at the same time describing many “caring interactions”. Caregivers have voiced the need for easily accessible services and de-stigmatization of dementia.

The workshops for pharmacy staff focused on communication, networking and Pharmaceutical Care. The projects implemented by the pharmacies aim at spreading information and creating visibility via e.g. window displays and counselling areas, and organising “dementia days” with local partners.

Conclusion: Community pharmacies are a relevant, but fairly underestimated setting in creating dementia-friendly communities: They are easily accessible with mostly long-lasting relationships between clients highly trusted staff. However, challenges have to be taken into account. The approach taken has proven successful, and cooperation of relevant partners ensures rich input from diverse perspectives creating relevant and sustainable interventions. Involving people with dementia remains a challenge which has to be worked on.

References: ICPHR (2013): What is Participatory Health Research?

WHO (1986): The Ottawa Charter for Health Promotion

Disclosure of Interest: None Declared

Keywords: Community pharmacy, health promotion, participatory health research

Poster Abstracts

P069

Topic: Health Promotion and Implementation Models

DEMENTIA-FRIENDLY EXPRESSIVE DANCE CLASS PROMOTES BRAIN AND BODY HEALTH

Elsje Chiapello ¹ Monica Burton ¹ Jeanette Van Luyn ²

¹Alzheimer's Australia (Qld), ²Alzheimer's Australia (Qld), Brisbane, Australia

Objectives: Alzheimer's Australia (Qld) has for many years run support groups and activities for people with dementia and their carers including Tai Chi, exercise programs, and book club to name a few. *Come Dance with Me* is a new program which aims to promote physical activity and social interaction—two critical factors in brain health.

The *Come Dance with Me* program was launched in September 2014 by Alzheimer's Australia (Qld) as part of Dementia Awareness Month, which aims to empower Australia to become more dementia-friendly. The program is the first of its kind in Australia and embodies the principles of dementia-friendly communities promoting inclusion and well-being for people with dementia.

The goal of the program is to empower people with dementia to participate in physical activity while expressing personal creativity and cultivating meaningful social interactions in their community. The program encourages inclusion as it is open to people with dementia and their family and friends. The impetus for creation of the class was consumer directed and people with dementia have been included in all aspects of the development of the program. Wendy Kuddell has submitted an abstract about the class which includes her experience of the program as a person with dementia.

This poster will illustrate the methodology used to develop the program as well as results of evaluation data. It was found that participation in the dance classes resulted in significantly more positive mood, as rated on a self-report measure completed immediately before and after each session. Participants also completed qualitative feedback at the completion of the program, which indicated positive outcomes for people with dementia and other members of the community.

Disclosure of Interest: None Declared

Keywords: creative, dementia friendly community, Social inclusion



P070

Topic: Health Promotion and Implementation Models

LIFESTYLE AND ALZHEIMER'S DISEASE

Mahin Yazdani Zonouz^{1,*}

¹Islamic Azad University of Bonab, Iran, Islamic Republic Of

Objectives: Alzheimer's Disease (AD) is the common form of dementia, a neurological disease, severe enough to interfere with normal activity of daily living, with unknown causes. But lifestyle and environmental factors might be expected to have a major role in causing AD. So we conducted a descriptive study to determine the nurses' attitude regarding lifestyle and AD.

Methods: This study was conducted to determine nurses' attitude regard to lifestyle and AD. By using a five points Likert scale. The sample size was 80 nurses, chosen through non-random sampling. Data were collected through a self-directed questionnaire that consisted demographic characteristics and 20 items about lifestyle and AD.

Results: The findings showed that most of participants were 39- 39 years old, female with BS. Degree. It was considerable that 14 (17.4%) of them had positive family history of AD. also the result indicate that attitude of the most participants was positive about relationship between lifestyle and AD.

Conclusion: This study is an initial effort to examine the nurses; attitude regarding lifestyle and AD., because education about lifestyle, life habits and environmental factors that may contribute to AD., is part of the nurses' role.

References: None

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, Lifestyle, Nurse

Poster Abstracts

P071

Topic: Health Promotion and Implementation Models

EDUCATIONAL AND ACTIVITY INTERVENTION TO OPTIMISE MEMORY IN EVERYDAY LIFE

Vera Riley^{1,*} Odile Roberts¹ Stephen Ho^{1,1}

¹Department of Rehabilitation and Aged Care , Sir Charles Gairdner Hospital , Nedlands, Australia

Objectives: Background: Evidence in the literature describes cognitive intervention and exercise as beneficial in enhancing memory and cognitive function in older adults with mild cognitive impairment (MCI).^{1,2}

Objective: To enhance and maintain cognitive skills for patients with MCI or emerging dementia through education and practice in a group setting, both in an ADL context and a gym context.

Methods: The group program consists of 1 hour occupational therapy intervention and 30 minutes of physiotherapy intervention weekly for 4 weeks. In 17 months, of 43 patients recruited, 37 attended part of or the entire group program. Maximum group size was 4 participants. Content for the group sessions includes focus on positive thinking, strategies to optimise attention/concentration, strategies to structure and repeat information to be remembered, exploring memory aids, and a physiotherapy program of balance and strengthening exercises. The content was delivered by a combination of discussions and ADL based tasks. A basic self-awareness assessment of memory was completed by patients in weeks 1 and 4.³ Feedback forms were mailed to patients.

Results: The mean age of the 37 participants was 79.5 yr (F:M 23:14), predominant diagnosis was MCI. 30 of the 37 patients attended the group program for 3 or more sessions. Basic self awareness assessment of memory showed lack of insight of memory impairment in many patients. 24% of patients demonstrated increased insight at the end of the program, change seen in female patients. During group discussions, patients consistently acknowledged the benefit of positive thinking and the need for cognitive challenge despite memory impairment and advancing age. 18 patients (60%) responded with positive feedback.

Conclusion: Analysis of data shows that the majority of patients demonstrated commitment to the learning experience through consistent attendance, active participation, and willingness to provide feedback. Lacking insight was evident from the self-awareness assessment. The small number of group sessions limited opportunity for repetition of information and practice to facilitate learning.

References: 1 Simon et al Neurosci Bio Behav Rev 2012; 36:1163

2 Kurz et al Int J Geriatr Psychiatry 2009; 24:163

3 Gordon, Barry. 1998. *Memory skills*. [ONLINE] Available at: http://www.cls.utk.edu/pdf/ls/Week3_Lesson19.pdf. [Accessed 27 October 14].

Disclosure of Interest: None Declared

Keywords: Mild cognitive impairment, Occupational Therapy, Patient education, Physiotherapy

P072

Topic: Health Promotion and Implementation Models

MICRO-PET OBSERVATION OF THE EFFECT OF ELECTRO-ACUPUNCTURE ON CEREBRAL HIPPOCAMPUS GLUCOSE METABOLISM IN ALZHEIMER'S DISEASE ANIMAL MODEL SAMP8 MICE

Jing Jiang¹, Kai Gao², Yuan Zhou¹, Xiangbo Han¹, Zanzun Piao¹, Yuping Mo¹, Haijiang Yao¹, Gang liu³, Zhigang Li¹

¹Beijing University of Traditional Chinese Medicine, Beijing, 100029, China; ²Institute of Laboratory Animal Science, Chinese Academy of Medical Sciences Comparative Medical Center, Peking Union Medical College, Beijing, 100021, China; ³Community Health Service Center of Dongcheng District, Beijing, 100010, China

Objectives: To observe the status of cerebral glucose metabolism in normal control group mice SAMP8 mice of Alzheimer's disease model group and electro-acupuncture treatment group by 18F-FDG micro-PET

Methods: SAMP8 mice from the model group electro-acupuncture treatment group and normal SAMR1 mice with the same background were randomly selected (age: 7.5 months; n = 4) for microPET study. Each mouse was anesthetized using 2% isoflurane and was injected through a tail vein with 14.8-16.5 MBq 18F-FDG as a bolus. After 1 hour of 18F-FDG uptake period PET scans were performed for 10-min. Calculate and compare 18F-FDG uptake rate per gram hippocampus tissue of the mice of different groups.

Results: Hippocampus 18F-FDG uptake rate per gram tissue of electro-acupuncture treatment group mice is higher than both the normal control group and model group mice.

Conclusion: Electro-acupuncture treatment can increase hippocampus 18F-FDG uptake and 18F-FDG uptake rate per gram tissue. Electro-acupuncture treatment may play a neuroprotective role through an influence to hippocampus glucose metabolism.

Disclosure of Interest: None Declared

Keywords: alzheimer's disease, electroacupuncture, hippocampus glucose metabolism, micro-PET, SAMP8 mice

Poster Abstracts

P073

Topic: Health Promotion and Implementation Models

THE OLDER PERSON WITH A DELIRIUM

Tony Schumacher Jones ¹*Mary-Ann Ryall ¹ on behalf of Sivakumaran & Associates, 3/46 Geils Court, Deakin ACT 2600, Australia

¹Alzheimers Australia ACT, Canberra, Australia

Objectives: Delirium is a reversible disorder of cognitive function and is a significant challenge to the health and welfare of the older person in both the residential care setting and the hospital environment. It is a condition that is typically under recognised, and thus under treated, by health professionals. Research suggest that delirium affects up to 56% of older people admitted to hospital. Available data from residential care suggests a rate at least as high as that found in the acute setting. Our challenge was to construct a poster that would both educate and alert residential care staff to the threat of delirium, especially in those people with a pre-existing dementia, and give them strategies to provide an effective and timely response.

Disclosure of Interest: None Declared

Keywords: aged care home, Delirium, dementia, effective response

P074

Topic: Health Promotion and Implementation Models

A ROBUST NEW MODEL TO CLASSIFY COGNITIVE DECLINE INTO TWO GROUPS: SLOW (DEMENTIA, MILD COGNITIVE IMPAIRMENT) AND RAPID (DELIRIUM, TRANSIENT GLOBAL AMNESIA, ISOLATED DYSPHASIA, ISOLATED EXECUTIVE IMPAIRMENT) DISTINCT FROM BEHAVIORAL DECLINE

Paul Regal^{1,*}

¹Geriatric Medicine, University of Newcastle, Newcastle, Australia

Objectives: Develop a system to classify phenotypes and predict the course of cognitive decline in the elderly. DSM-V identified major minor neurocognitive disorders (NCD) as dementia (major NCD) and mild cognitive impairment (minor NCD) but did not explicitly name this as slow cognitive decline (SCD). DSM-V discusses delirium without reference to MMNCD or naming it rapid cognitive decline (RCD).

Methods: Wyong Hospital Memory Clinic with 570 subjects assessed 6-monthly. Central Coast Australia Delirium Intervention Study. Forward imputation used scores before delirium. Reverse imputation used best score during 14 days after delirium as the pre-delirium value. Instrumental Activities of Daily Living (22-item IADL), Selective IADL (8-item), Mini-Mental State Exam (MMSE), DSF daily, Delirium Index (DI) daily and Apathy Evaluation Scale (AES). Calculated relative change (RC) as absolute change / test range; RC / MPC ratio was RC after admission / maximal possible change.

Results: Memory Clinic subjects had mean annual decline of 3-8% in most cognitive scores with more rapid annual fall in IADL (5-16%). CADIS recruited 130 delirium subjects mean age 83.6. 48% had prior dementia. RC from pre-delirium to admission was 42% for MMSE, 41% for SIADL, 34% for 5-DSF, 54% for 6-DSF and 37% for AES. Improvements after admission (RC and RC / MPC ratios) were 32% / 98% for 5-DSF, 54% / 82% for 6-DSF and 45% / 80% for DI. General medicine and geriatric medicine groups had similar outcomes.

Conclusion: SCD and RCD phenotypes have high content validity. Delirium superimposed on dementia has RCD in attention, executive function, IADL and apathy that recovers almost as rapidly. We are testing home cognitive monitoring by family members as an early warning system and to provide precise cognitive trajectories.

References: Regal P. Improving the logic and rigor of delirium trials. Internal Medicine Journal 2013;43:1260

Disclosure of Interest: None Declared

Keywords: Delirium, Dementia, Functional decline, Mild cognitive impairment, Trajectory

Poster Abstracts

P075

Topic: Health Promotion and Implementation Models

MESSAGING ABOUT DEMENTIA RISK: CHALLENGING BUT IMPORTANT

Michael Splaine ^{1,*}Michael Splaine ¹

¹Splaine Consulting, Columbia, United States

Objectives: Participants will be able to identify the latest information on modifiable population risk factors and examples of responsible brain health promotion public health campaigns

Disclosure of Interest: None Declared

Keywords: dementia risk

P076

Topic: Risk Factors Including Links with Other Chronic Conditions

ALZHEIMER'S DISEASE RISK ESTIMATION ACCURACY IN YOUNG, MID-AGE, AND OLDER ADULTS: A LIFESPAN APPROACH

Joanna Brooks¹*Kaarin Anstey¹

¹Centre for Research on Ageing, Health and Wellbeing, Australian National University, Canberra, Australia

Objectives: Current Alzheimer's disease (AD) risk strategies and prevention programmes are aimed towards older adults (>60 years) but there is now evidence that risk factors for AD may occur in younger adults (1, 2). Hence prevention strategies need to consider awareness of risk in adults of all ages. To date, there is no study that has explored perceived versus actual risk of AD across the full adult lifespan.

Methods: The *perceived* risk of AD was compared to *actual* risk of AD in young (aged 18 to 39 years), mid-age (aged 40 to 59 years) and older adults (over 60 years). Participants (N400) were asked "What is your perceived risk of developing Alzheimer's disease dementia in later life?" and rated perceived risk on a scale from 1 (low risk) to 10 (high risk). Participants also rated perceived risk for known modifiable AD risk factors (i.e., BMI, depression, smoking, physical activity). Actual Risk was assessed with the Australian National University Alzheimer's Disease Risk Index, an evidenced-based and validated online tool. Risk estimation accuracy was calculated for each age group. General knowledge about AD was also measured via semi-structured interviews conducted with a sub-group of participants to further explore awareness, knowledge and understanding of AD.

Results: Younger adults were less accurate than mid-age or older adults when estimating their risk of AD ($p < .05$) with older adults being the most accurate; factors such as familial history of dementia increased risk estimation accuracy ($p < .05$). The qualitative thematic analysis indicated that awareness, understanding and knowledge of AD risk factors was also age specific, with older adults being both more informed than younger or mid-age adults and more familiar with existing strategies and prevention programmes.

Conclusion: A lifespan approach to AD risk reduction needs to consider how perceived risk varies between young, mid and older aged-adults and the factors that underlie this variation.

References: 1. Nyberg, J., Aberg, M, A, I., Schiöler, L., Nilsson, M., Wallin, A., Toren, K., & Kuhn, H. G. (2014). Cardiovascular and cognitive fitness at age 18 and risk of early onset-dementia. *Brain*, 137, 1514-1523.

2. Nordström, P., Nordström, A., Erikson, M., Wahlund, L., & Gustafson, Y. (2013). Risk factors in late adolescence for young-onset dementia in men: A nationwide study. *JAMA International Medicine*, 173 (18), E1-7.

Disclosure of Interest: None Declared

Keywords: Alzheimer's disease, lifespan, risk accuracy , risk estimation, risk factors

Poster Abstracts

P077

Topic: Risk Factors Including Links with Other Chronic Conditions

THE RELATIONSHIP OF DIET TO NEUROCOGNITIVE HEALTH: A SYSTEMATIC REVIEW

Sophie Chen ¹, Henry Brodaty ¹, Fiona O'leary ²

¹UNSW, Kensington, ²the University of Sydney, Camperdown, Australia

Objectives: Diet and nutrition may play an important role in neurocognitive health. Whether and how effective can single nutrients, or diet patterns be protective against neurocognitive decline, remains controversial. In this paper we review data from cohort studies, case-control studies and RCT relating either signal nutrients or dietary pattern to the risk of cognitive decline and dementia. We focus on the following six groups: caloric restriction, alcohol, vitamin B, antioxidants, fatty acids, and dietary patterns.

Methods: We systematically reviewed selected modifiable dietary factors including calorie, alcohol, vitamin B, antioxidants, fatty acids, and dietary patterns that were studied in relation to neurocognitive health, including incident dementia. We searched MEDLINE, EMBASE and SCOPUS for published literature, excluding cross-sectional studies and laboratory trials. Analysis compared study finding consistency across factors, study designs e.g. population size, dosage of supplementation, age group and study-level characteristics.

Results: In total, 90 studies were retrieved for systematic review. Research findings are mostly inconsistent even for those mostly studied compound such as vitamin B and antioxidant. Studies indicating daily energy deficit not significantly related to change in cognitive function except for DASH diet combined with a weight reduction program, however limited due to small sample size. A few RCT and cohort studies suggested no significant association between unsaturated fatty acids intake and incident dementia while others provide evidence of the opposite. Most studies found low to moderate alcohol intake lower risk of dementia. Dietary Patterns which is characterized by higher intake of fruits, vegetables, fish, nuts and legumes, and lower intake of meats and butter seemed to be associated with reduced risk of dementia.

Conclusion: Conflicting data is found due to methodology issues. Further studies need focus on specific age group, adequate sample size and follow up years, subjects whose diet is assessed and monitored at an earlier stage and adequate dosage of supplementation on nutrient of interest.

References: References unable to include due to line limit.

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, cognitive function, dementia, dietary pattern, Nutrition

P079

Topic: Risk Factors Including Links with Other Chronic Conditions

RISK FACTORS FOR APPENDICULAR SKELETAL MUSCLE MASS DECLINE IN ELDERLY PEOPLE WITH ALZHEIMER'S DISEASE: FOCUS ON SWALLOWING FUNCTION

Yutaka Watanabe¹, Hirohiko Hirano², Ayako Eda¹, Hiroshi Motohashi¹

¹Department of Oral Diseases Research, National Center for Geriatrics and Gerontology, Obu, ²Research Team for Promoting Independence of the Elderly, Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan

Objectives: In recent years, sarcopenia has been an area of interest as a risk factor for activities of daily living (ADL) decline among the elderly, for which Skeletal Muscle Index (SMI) has been used as a diagnostic criterion. Muscle mass decline caused by factors other than aging such as malnutrition or chronic medical conditions is called secondary sarcopenia, and dementia may also be a cause. The purpose of this study was to investigate the risk factors of appendicular skeletal muscle mass decline in elderly people with Alzheimer's disease (AD), focusing on oral function which is closely related to nutrition.

Methods: Subjects included 232 elderly AD patients requiring care in two prefectures in Japan. Subjects' average age was 85.4±5.9, and included 31 males and 201 females. Subjects underwent SMI: measured by InBodyS10, Mini-Nutrition Assessment Short-form, Dementia Severity: Clinical Dementia Rating (CDR), Barthel Index, Eating and Swallowing function: Occlusal contacts, Tongue function, Swallowing Function and a basic information survey. The lowest 25th percentile was determined using multivariate analysis, and SMI cut-off values were set for males and females. Logistic regression analysis was used for the purpose of researching factors related to SMI.

Results: Three logistic models were used using low SMI as the dependent variable. Statistically significant results were observed in the following variables: Model 1 (Independent variables were controlled for all variables.), Barthel Index (OR: 15.2), Swallowing Function (OR: 15.2). Model 2 (Independent variables were controlled for the Basic information and severity of AD, Oral status, Oral function, Swallowing function). Change to severe CDR (OR: 30.3), Swallowing Function (OR: 12.8), Model 3 (Independent variables were controlled for the Basic information and severity of AD). Change to severe CDR (OR: 47.0).

Conclusion: Greater SMI declines were seen in groups with increasing AD severity. Swallowing function, ADL decline, and dementia severity were significantly associated with SMI decline in elderly people with AD. The results suggest the importance of swallowing dysfunction for sarcopenia prevention in elderly people with AD.

References: Sato E, Hirano H, Watanabe Y, et al.: Detecting signs of dysphagia in patients with Alzheimer's disease with oral feeding in daily life. *Geriatr Gerontol. Int.* 2014 Jul;14:549-55.

Disclosure of Interest: Y. Watanabe Conflict with: Ministry of Health, Labour and Welfare of Japan, H. Hirano Conflict with: Ministry of Health, Labour and Welfare of Japan, A. Eda Conflict with: Ministry of Health, Labour and Welfare of Japan, Y. Motohashi: None Declared

Keywords: Nutrition, Skeletal Muscle Index, Swallowing function

Poster Abstracts

P080

Topic: Risk Factors Including Links with Other Chronic Conditions

COMMON MENTAL DISORDERS AND RISK OF DEMENTIA: A 10/66 STUDY

Matthew Prina¹, Lena Johansson², Mariella Guerra³, Martin Prince¹

¹Health Service and Population Research, King's College London, London, United Kingdom, ²Department of Psychiatry and Neurochemistry, Gothenburg University, Gothenburg, Sweden, ³Instituto de la Memoria, Lima, Peru

Objectives: Depression and anxiety are two of the most common mental conditions in adults. Cognitive disorders, anxiety and depression often co-occur, however, the nature of this association is still not entirely understood. Here we assess the evidence for common mental disorders as risk factors for dementia, presenting data from the 10/66 study and from the broader literature.

Methods: Two different analyses will be used. 1-A systematic review of the literature with meta-analysis that was conducted as part of the World Alzheimer Report 2014². 2-Longitudinal analyses of population-based cohort studies in China, Cuba, Dominican Republic, Mexico, Peru, Puerto Rico and Venezuela. ICD-10 depression and GMS/AGECAT anxiety were assessed at baseline in all participants, and incident dementia ascertained three to five years after cohort inception.

Results: The total sample size of the 32 studies included in our meta-analysis was 62,598 participants, with a median follow up of 5 years. Those with depression or depressive symptoms at baseline were twice as likely to have experienced an onset of dementia by follow-up (pooled effect size 1.97, 95% CI 1.67-2.32).

We will also present results of recently completed analyses carried out in the 10/66 cohort study addressing the independent association of depression and anxiety on the incidence of dementia.

Conclusion: This review updates previously meta-analysed evidence on the relationship between depression and subsequent onset of dementia.

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2. Prince, M., Albanese, E., Guerchet, M., & Prina, M. *World Alzheimer Report 2014: Dementia and risk reduction: An analysis of protective and modifiable risk factors*. 2014 London: Alzheimer's Disease International

3. Diniz BS, et al. Late-life depression and risk of vascular dementia and Alzheimer's disease: systematic review and meta-analysis of community-based cohort studies. *British Journal of Psychiatry* 2013; 202(5): 329

Disclosure of Interest: None Declared

Keywords: anxiety, depression, dementia, risk, 10/66

P081

Topic: Risk Factors Including Links with Other Chronic Conditions

TAKING A CLOSER LOOK AT VITAMIN B12: TOWARDS A HAND-HELD MONITORING DEVICE FOR TRACKING VITAMIN B12 IN ADULTS AT RISK OF DEMENTIA

Joanna Brooks ^{1,*}Georgios Tsiminis ²

¹Centre for Research on Ageing, Health and Wellbeing, Australian National University, Canberra, ²ARC Centre of Excellence for Nanoscale BioPhotonics, Institute for Photonics and Advanced Sensing, University of Adelaide, Adelaide, Australia

Objectives: Vitamin B12 has been implicated in the transition from Mild Cognitive Impairment (MCI) to dementia. Vitamin B12 plays an important role in metabolic cycles in the human body, primarily for the processing of methylmalonic acid (MMA) and homocysteine. An increased level of non-metabolised homocysteine, for example, may be a risk factor for vascular dementia and Alzheimer's disease. The current challenge is to develop and deliver a method of measuring and monitoring these components in adults with MCI, as well as healthy ageing adults, in a minimally-invasive, time-efficient, cost-effective and self-administered manner. We discuss a new bio-photonics technique that we are developing for measuring different concentrations of vitamin B12, homocysteine and MMA in adults with MCI. Our approach uses an innovative combination of optical fibre sensing and Raman Spectroscopy. To date, Raman detection of vitamin B12 has been conducted in large lab-based systems and has not been performed for biological samples using optical fibres. We discuss how this new technique will be fast, cost-effective and time-efficient and relevant for both biological samples (blood and urine) and minimally invasive *in vivo* configurations (tissue proximity/direct contact). We review how the emergence of the hand-held monitoring device for glucose was a transformative technology for diabetes patients and we hope to achieve the same outcome for vitamin B12 as well as other members of the vitamin B family – also implicated in preventing and treating cognitive impairment and decline. We predict that our device will be a valuable tool for establishing a correlation between vitamin B12 levels and changes in cognitive health that may lead to dementia.

Disclosure of Interest: None Declared

Keywords: Alzheimer's disease, Dementia, Homocysteine, Optical fibres, Vitamin B12

Poster Abstracts

P083

Topic: Risk Factors Including Links with Other Chronic Conditions

THE ASSOCIATION BETWEEN ALCOHOL USE AND THE PROGRESSION OF ALZHEIMER'S DISEASE

Devorah Heymann¹, Yaakov Stern², Stephanie Cosentino², Oksana Tatarina-Nulman², Jhedy Dorrejo², Yian Gu²

¹University of Melbourne, Melbourne, Australia, ²The Taub Institute for Research in Alzheimer's Disease and the Aging Brain, Columbia University, New York, United States

Objectives: To examine the relationship between alcohol, both the amount and type, and cognitive decline in a cohort of Alzheimer's disease (AD) patients.

Methods: A cohort of 360 patients with early AD in New York, Boston, Baltimore and Paris were followed-up biannually for up to 19.28 years. At each visit, the cognitive profile of the patients was assessed using the modified Mini-Mental State Examination (mMMSE), and patients' alcohol intake, including beverage type, was reported by patients' primary caregivers. General estimating equation analysis was used to determine whether baseline alcohol use was associated with the rate of cognitive decline.

Results: Heavy drinkers (8 or more alcoholic drinks/week) had a faster cognitive decline, deteriorating 2.625 more points on their mMMSE score annually compared to abstainers ($P \leq 0.0001$), or 3.429 more points compared to mild-moderate drinkers (1-7 alcoholic drinks/week) ($P = 0.006$). There was no significant difference when comparing mild-moderate drinkers to abstainers. Increasing standard drinks of hard liquor, but not beer or wine, was also associated with a faster rate of cognitive decline ($\beta = -0.165$ $P = \leq 0.0001$).

Conclusion: Heavy alcohol consumption and more hard liquor are associated with a faster rate of cognitive decline in AD patients, suggesting that they may hasten progression of AD. Our results suggest that alcohol drinking habits might alter the course of AD.

References: Mehlig K, Skoog I, Guo X, Schutze M, Gustafson D, Waern M, et al. Alcoholic beverages and incidence of dementia: 34-year follow-up of the prospective population study of women in Goteborg. *American journal of epidemiology*. 2008 Mar 15;167(6):684-91. PubMed PMID: 18222934.

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Virta JJ, Järvenpää T, Heikkilä K, Perola M, Koskenvuo M, Riihinen I, Rinne JO, Kaprio J. Midlife alcohol consumption and later risk of cognitive impairment: a twin follow-up study. *Journal of Alzheimer's Disease*. 2010;22(3):939-48.

Disclosure of Interest: None Declared

Keywords: Alcohol, Alzheimer's Disease, Cognitive decline

P084

Topic: Risk Factors Including Links with Other Chronic Conditions

DOES ANXIETY PREDICT COGNITIVE FUNCTION? FINDINGS FROM THE PATH THROUGH LIFE STUDY

Richard Arthur¹ · Moyra Mortby¹ · Richard Burns¹ · Kaarin J. Anstey¹

¹Centre for Research on Ageing, Health and Wellbeing, Australian National University, Canberra, Australia

Objectives: To date, little research exists on the relationship between anxiety and cognitive ageing. Some research has suggested anxiety predicts cognitive function (CF) in older adults. Using data from the PATH Through Life project (Anstey et al., 2012) this study aims to investigate: 1) the prevalence of anxiety in community-dwelling older Australians; and 2) whether anxiety at baseline is associated with CF 8 years later.

Methods: Anxiety and cognitive function were investigated in 1699 cognitively healthy older Australians (51% male; mean age: 63 years; mean education: 14 years). Measures included the Goldberg Anxiety Scale (GAS); Symbol Digit Modalities (SDM); Digit Span Backwards (DSB); Purdue pegboard (PP; dominant, non-dominant, both); Immediate and Delayed Recall (IR, DR); Spot the Word (SW); and Mini Mental State Examination (MMSE). Relationships between GAS and changes in cognitive function were assessed using hierarchical regression analyses.

Results: At baseline, clinically significant levels of anxiety were reported in 282 participants (16.6%). Controlling for age, gender and education, anxiety at baseline was associated (8 years later) with IR ($\beta = -.048$, R-squared-change (R^2) = .002, $p = .046$); DR ($\beta = -.056$, $R^2 = .003$, $p = .021$); SDM ($\beta = -.075$, $R^2 = .006$, $p = .003$); PP (dominant) ($\beta = -.062$, $R^2 = .004$, $p = .012$); and PP (both) ($\beta = -.067$, $R^2 = .004$, $p = .008$). No significant association was reported between anxiety and DSB, PP (non-dominant); MMSE; or STW. The largest, significant effect explained only 0.6% of the variance, and when depression was also controlled for, all associations were no longer significant.

Conclusion: In this community population of older Australians, prevalence of clinical level anxiety was 16.6% of participants. Although anxiety predicted memory, executive function, and psychomotor performance, the effect size was insubstantial. Importantly, when depression was accounted for, anxiety was no longer associated with CF, suggesting anxiety has no enduring effect on CF.

References: Anstey, K.J. et al. (2012). Cohort Profile: The PATH through life project. *Int J Epidemiol* 41:951

Disclosure of Interest: None Declared

Keywords: anxiety, cognitive decline, cognitive function, depression, epidemiology

Poster Abstracts

P085

Topic: Risk Factors Including Links with Other Chronic Conditions

ALZHEIMER'S DISEASE RISKS IN AUTOIMMUNE DISORDERS PATIENTS

Xinjun Li ^{1,*}

¹Lund University, Malmö, Sweden

Objectives: To investigate association between autoimmune disorders and hospitalization for Alzheimer's disease, and to study whether the risk is associated with follow-up time and age.

Methods: In this follow-up study, the nationwide database was used to identify 43 hospitalized conditions of autoimmune disorders in patients from the Hospital Discharge Register. Follow-up of 797 424 patients with autoimmune disorders was carried out from 1964 to 2010. This study includes separate follow-ups for shorter intervals. Standardized incidence ratios (SIRs) were calculated for depression in patients with autoimmune disorders by comparing them to subjects without autoimmune disorders.

Results: Among total of 43 conditions of autoimmune disorders, 10040 Alzheimer's disease was identified with an SIR of 1.29 (95% CI 1.26-1.32). 17 showed an increased risk. The remaining 14 conditions were still at risk when Alzheimer's disease diagnosed in the year of autoimmune disorders diagnosed was excluded. The risks depended on the age at hospitalization for Alzheimer's disease. The SIRs for Alzheimer's disease declined by age at hospitalization of patients with chronic rheumatic heart disease, Crohn disease, diabetes type 1, Graves' disease, hashimoto thyroiditis, multiple sclerosis, pernicious anemia, Sjören syndrome, and system lupus erythematosus. The risk of Alzheimer's disease decreased with follow-up time. Chronic rheumatic heart disease, type 1 diabetes, Graves' disease, pernicious anemia, polymyalgia rheumatic, and Wegener granulomatosis showed significant risk of Alzheimer's disease after ten years follow-up of autoimmune disease.

Conclusion: This large study quantified the increased risks of Alzheimer's disease in patients with many types of autoimmune disorders.

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, Autoimmune diseases, Risk factors

P086

Topic: Risk Factors Including Links with Other Chronic Conditions

RISK FACTORS FOR CLINICALLY DIAGNOSED DEMENTIA PATIENTS :- A CASE-CONTROL STUDY IN KERALA, INDIA.

Malini Bhattathiry ^{1,*}

¹community medicine, travancore medical college, Kollam, India

Objectives: To identify the risk factors of dementia among the inmates of Alzheimer's and related Disorders Society of India Centres in Kerala, INDIA

Methods: The study was conducted among the inmates of four randomly selected ARDSI centres in Kerala after obtaining consent from the concerned authorities. These centres are run by non government institutions (NGO's). All the inmates in these four centres were selected which accounted for fifty one clinically diagnosed dementia patients. The study was conducted for one month period from October to November 2011. The head of each centre was interviewed using structured interview response schedule. The details of each patient was well-documented on admission at the ARDSI centre.

Results: A case control study involving 51 clinically diagnosed dementia patients from randomly selected four ARDSI Centers in Kerala were considered as cases and 102 age and sex matched controls were selected from neighborhood.

Using a pretested structured interview schedule the risk factors of dementia were identified. The dementia patients who were in the 70 – 79 age groups constituted 43% among the women with dementia 18% were widows. Multiple logistic regression analysis showed that important determinants/ risk factors of dementia were family history of dementia, widowhood, and hypertension

Conclusion: Identification of risk factors for Alzheimer's disease is important because they can indicate lifestyle choices that can help reduce a person's chance of developing the disease. Some factors are beyond individual control, while other important risk factors can be reduced through appropriate lifestyle.

The public awareness about dementia in India is low. A better understanding & identification of the risk factors of dementia which would protect/reduce the risk of dementia is essential for controlling this silent epidemic.

References: 1.Neurology, 1987;37:1630-1663 The Risk factors for Alzheimer's disease

2.Dementia in Kerala,SouthIndia:prevalance and influences age,Education and genter

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BMC neurology 2008.8:39doi:101186/1471-2377-8-39

Disclosure of Interest: None Declared

Keywords: Prevention,risk factors,alzheimers

Poster Abstracts

P087

Topic: Risk Reduction Programmes

PREVENTION OF ALZHEIMER'S DISEASE: BENEFICIAL INTERACTION BETWEEN B VITAMINS AND OMEGA-3 FATTY ACIDS IN SLOWING BRAIN ATROPHY AND COGNITIVE DECLINE IN SUBJECTS WITH MCI

A David Smith^{1,*} on behalf of OPTIMA Helga Refsum² Fredrik Jerneren¹ Abderrahim Oulhaj³ Amany Elshorbagy⁴ Stephen Smith⁵ Celeste de Jager⁶

¹Pharmacology, University of Oxford, Oxford, United Kingdom, ²Nutrition, University of Oslo, Oslo, Norway, ³Institute of Public Health, United Arab Emirates University, Al Ain, United Arab Emirates, ⁴Physiology, University of Alexandria, Alexandria, Egypt, ⁵Clinical Neurosciences, University of Oxford, Oxford, United Kingdom, ⁶Department of Medicine, University of Cape Town, Cape Town, South Africa

Objectives: Raised plasma homocysteine (tHcy) and low intake of omega-3 long chain fatty acids (FA) are risk factors for AD. A trial of B vitamins in MCI (VITACOG) showed that B vitamin treatment reduced the rate of brain atrophy(1) and slowed cognitive decline(2). The slowing of brain atrophy was marked (90%) in regions of the brain, such as the medial temporal lobe, that are affected in AD(3), indicating that lowering tHcy can slow the disease process. The Objective of this study was to see if the baseline plasma omega-3 FA concentrations influenced the beneficial effects of B vitamin treatment in the participants in the VITACOG trial.

Methods: The effect of B vitamin intervention in VITACOG subjects was analysed according to baseline omega-3 FA (DHA and EPA) concentrations.

Results: There was a significant interaction ($P = 0.024$) between B vitamin treatment and plasma omega-3 FA on brain atrophy rates. In subjects with high omega-3 FA, B-vitamin treatment slowed the atrophy rate by 40% compared with placebo, whereas B-vitamins had no effect on atrophy in subjects with low omega-3 FA. High baseline omega-3 FA was associated with slower brain atrophy in the B-vitamin group, but not in the placebo group. In those with high tHcy levels and high omega-3 levels, B vitamin treatment slowed brain atrophy by >70% compared to placebo. A similar interaction was found between omega-3 FA and the beneficial cognitive effects of B vitamin treatment: high baseline omega-3 FA levels enhanced the slowing of cognitive decline following B vitamin treatment.

Conclusion: The beneficial effect of B vitamin treatment on brain atrophy and cognition was found only in subjects with high plasma omega-3 FA. Likewise, the beneficial effect of omega-3 FA on brain atrophy is confined to subjects with good B vitamin status. The results highlight the importance of identifying subgroups likely to benefit in clinical trials. The findings provide the basis for a component of a risk-reduction programme. Subjects with MCI who have raised tHcy levels and low omega-3 FA levels could be offered B vitamins and omega-3 FA to slow down disease progression. Further clinical trials are needed.

References: 1. Smith AD, et al. PLoS ONE 2010;5:e12244. 2. de Jager CA, et al. Int J Geriatr Psychiatry 2012;27:592-600. 3. Douaud G, et al. Proc Natl Acad Sci U S A 2013;110:9523-8.

Disclosure of Interest: A. D. Smith Conflict with: Named as inventor in patent application filed by University of Oxford on use of a combination of B vitamins and omega-3 fatty acids to slow brain atrophy in MCI, H. Refsum Conflict with: Named as inventor in patent application filed by University of Oxford on use of a combination of B vitamins and omega-3 fatty acids to slow brain atrophy in MCI, F. Jerneren Conflict with: Named as inventor in patent application filed by University of Oxford on use of a combination of B vitamins and omega-3 fatty acids to slow brain atrophy in MCI, A. Oulhaj: None Declared, A. Elshorbagy: None Declared, S. Smith: None Declared, C. de Jager: None Declared

Keywords: Brain atrophy, Homocysteine, Mild cognitive impairment, Polyunsaturated fatty acids (PUFA), Vitamin B12

P088

Topic: Risk Reduction Programmes

YOUR BRAIN MATTERS: THE WORLD'S FIRST PUBLICLY FUNDED DEMENTIA RISK REDUCTION PROGRAM

Suha Ali ^{1,*}

¹Alzheimer's Australia Vic, Melbourne, Australia

Objectives: Objectives: To determine initial findings of the first 3 years of Your Brain Matters, the world's first publicly funded dementia risk reduction program

Methods: Growing evidence shows that addressing modifiable risk factors can decrease one's risk of dementia. Your Brain Matters is a health promotion program developed by Alzheimer's Australia that provides consumers with information and strategies on how to implement positive changes to influence dementia risk. Launched in September 2012, Your Brain Matters has focused on a national communications strategy along with a range of community level activities to engage and educate a cross-section of the population. Alongside these strategies are a number of tools and resources to assist with national implementation. Innovative approaches, including the development of an interactive website which challenges users to pledge brain healthy activities for 21 days, targeted online resources, reviews of research papers, development of a multimedia resource for Indigenous communities, and development of a workplace program, have been essential in raising awareness of brain health and dementia risk reduction. Complemented by the world's first dementia risk reduction smartphone application, BrainyApp, Your Brain Matters has reached a wider audience group than previous similar programs have achieved.

Results: Quantitative and qualitative approaches have been used to obtain insights into the delivery and impact of Your Brain Matters. National population surveys of randomly selected Australians, aged 20-75 years, have been undertaken at key points of the program. Program participants have also participated in various evaluation strategies. Initial findings demonstrate encouraging signs that knowledge about the risk reduction benefits of mental activity, physical activity and healthy eating may have improved among the Australian community. The findings indicate that there is a strong need to further develop and implement campaign delivery strategies to reach a wider cross section of diverse Australian communities.

Conclusion: A population health approach to dementia prevention is required to help shape the Australian community's overall health status profile. Your Brain Matters has demonstrated that there is keen interest in brain health. With rising dementia prevalence, our best chance to curb the growing epidemic is through preventive strategies.

Disclosure of Interest: None Declared

Keywords: Risk reduction

Poster Abstracts

P089

Topic: Risk Reduction Programmes

EVALUATION OF A WORKPLACE DEMENTIA RISK REDUCTION PROGRAM

Kelly Bryden ^{1,*}

¹Alzheimer's Australia Vic, Melbourne, Australia

Objectives: Your Brain Matters is a dementia risk-reduction program which promotes 5 Simple Steps to Maximise Brain Health: Look after your heart; Do some kind of physical activity; Mentally challenge your brain; Follow a healthy diet and Enjoy social activity. One initiative of this program is an educational presentation delivered to workplaces as part of employee health and wellbeing programs. This initiative is being evaluated to determine whether the presentation increased awareness of the 5 Simple Steps and encouraged behaviour change in attendees.

Method: These preliminary results are based on responses from 143 attendees at five presentations. Survey 1 comprised a short paper survey immediately following the presentation (S1; n=93, 65%). Survey 2 comprised an online survey one month later (S2; n=28, 20%).

Results: The majority of respondents reported previous awareness of one or more of the 5 Simple Steps (80%; S1). The steps most commonly recalled were mental activity (43%) and exercise (42%). The vast majority of respondents (96%) reported increased health and wellbeing knowledge following the presentation. One month later, all respondents were able to recall (unprompted) at least one of the steps (S2). The steps most commonly recalled were mental activity (96.4%) and exercise (92.9%). However, even the less commonly recalled steps (heart health and social activities) were recalled by 39% of respondents without prompting. The majority of respondents (89-100%) correctly identified the steps when prompted.

The majority (88%) of respondents reported an intention to change their lifestyle immediately following the presentation (S1). In the month following the presentation (S2), the majority (64%) of the participants reported deliberately taking action to improve their brain health. The most commonly reported actions were around exercise (46%) and mental activity (36%).

Discussion: The preliminary results from this evaluation demonstrate that the workplace program is effective at increasing knowledge of dementia risk factors. For all 5 Steps, rates of unprompted knowledge one month following the presentation was double to quadruple community based rates previously reported (Farrow, 2008) and rates of prior knowledge reported immediately following the presentation. The results also demonstrate some promise for the program to motivate attendees to make lifestyle changes, particularly in the areas of exercise and mental activity.

Disclosure of Interest: None Declared

Keywords: Risk reduction

P090

Topic: Risk Reduction Programmes

THE PERFORMANCE OF INSTRUMENTAL ACTIVITIES OF DAILY LIVING IN MILD COGNITIVE IMPAIRMENT: A MIXED-METHOD APPROACH

Meng-Hsuan Wen^{1,2,*}Hui-Fen Mao²Ling-Hui Chang³

¹Occupational Therapy, China Medical University Hospital, Taichung City, ²Occupational Therapy, National Taiwan University, Taipei City, ³Occupational Therapy, National Cheng-Kung University, Tainan, Taiwan

Objectives: This study is to understand the nature and extent of instrumental activities of daily living (IADL) difficulties in amnesic mild cognitive impairment (MCI). Assessment of IADL in MCI is of great challenge because the definition of IADL impairment in MCI is not clear, and no objective standard evaluation exists. Therefore, we need to, first, identify MCI-specific functional impairments and, secondly, investigate the relationship between these impairments and current IADL measurements.

Methods: This study uses a mixed-method approach. By purposive sampling, eight to ten amnesic pairs of MCI and their caregivers are included. Quantitative results from Disability of Dementia (DAD) questionnaire and UCSD Performance-Based Skills Assessment brief version (UPSA-B) are used to evaluate the IADL function. Qualitative data is collected through interview to investigate individual's experience, culture, and the difficulty of daily life.

Results: Data collection is ongoing to reach the goal of ten pairs of MCI and their caregivers by January, 2015. The preliminary finding as following: (1) There was a discrepancy between the reports of persons with MCI and caregivers. For example, persons with MCI indicated their total independence in IADL, but their caregivers disagreed; (2) Persons with MCI took longer to complete specific IADL task in UPSA-B. Trial and error pattern in problem solving was noted. Scoring, however, was unable to reflect this decreased efficiency; and (3) The interviews with caregivers indicated a lifestyle change due to IADL decline, as the persons with MCI could not pursue their hobbies and the caregiver needed to devote more time to caregiving.

Conclusion: A mixed-method design enabled the researchers to understand the IADL performance from a comprehensive perspective. The result will be beneficial in understand the nature of IADL difficulties as well as in differentiating the data derived from various types of evaluation.

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2. Wadley, V.G., et al., Mild cognitive impairment and everyday function: evidence of reduced speed in performing instrumental activities of daily living. *American Journal of Geriatric Psych*, 2008. 16(5): p. 416-424.
3. Yeh, Y.-C., et al., Functional disability profiles in amnesic mild cognitive impairment. *Dementia and geriatric cognitive disorders*, 2011. 31(3): p. 225-232.
4. 2013 Alzheimer's disease facts and figures. 2013, Alzheimer's Association.

Disclosure of Interest: None Declared

Keywords: instrumental activities of daily living, pre-dementia, mild cognitive impairment, qualitative research, triangulation

Poster Abstracts

P091

Topic: Support Services for Carers

THE START STUDY (STRATEGIES FOR RELATIVES)

Juanita Hoe^{1,*} Gill Livingston¹ and The START Research Project Team

¹Division of Psychiatry, UNIVERSITY COLLEGE LONDON, London, United Kingdom

Objectives: Two-thirds of people with dementia live at home supported largely by family carers. Those carers frequently develop clinical depression or anxiety which predicts care breakdown. We assessed whether the START (STrategies for RelatIves) intervention, reduced depression and anxiety symptoms over 8 months in family carers of people with dementia compared with Treatment as Usual (TAU) and was cost-effective and then whether it continued to work and was cost effective at 24 months.

Methods: We performed a pragmatic randomised controlled trial with blinded outcome assessment recruiting 260 carers from three UK dementia mental health and one neurology service.

The intervention is an eight-session manual-based coping intervention delivered individually by supervised psychology graduates. It consists of coping strategies including psycho-education about dementia, recognising stress, relaxation and where to get emotional support.

Results: 173 carers randomised to START and 87 to TAU.

At 8 months, HADS-T scores were lower in the intervention group compared to the TAU group [mean difference -1.83 (95% confidence intervals (CI) -3.32 to -0.33; P=0.02). Health state utility (EQ5D) was higher in the intervention group compared to TAU (mean difference 0.04; 95%CI=-0.01 to 0.08). The cost per QALY was £2545. The cost effectiveness acceptability curve showed a greater than 95% chance of cost effectiveness at a willingness to pay threshold of £30000 per QALY gained. Carers in the intervention group were less likely to have case level depression (Odds ratio (OR) = 0.23 (95% CI 0.07 to 0.76)) but not case level anxiety (OR=0.31, 95% CI 0.09 to 1.08).

At 24-months, the intervention group was significantly better than TAU in HADS-T (mean difference -2.58 points; 95% CI: -4.26 to -0.90; p=0.003). The difference between intervention groups on the EQ-5D was .05 (95%CI= -0.03 to 0.13). The intervention was cost-effective for both carer and patient (67% probability of cost-effectiveness at the £20,000 per QALY willingness-to-pay threshold, and 70% at the £30,000 threshold).

Conclusion: The START intervention is clinically effective, improving carer mood and quality of life for two years. Carers in the control group were seven times more likely to have clinically significant depression. It does not increase costs and is cost-effective in terms of both carer and patient outcomes, and by reference to NICE thresholds.

References: Livingston G, et al (2013) The START study (STrategies for RelatIves): BMJ, 347:f6276.

Disclosure of Interest: None Declared

Keywords: Coping strategies, Family carers

P092

Topic: Support Services for Carers

DEPRESSION AND CAREGIVER BURDEN IN SUPPORTERS OF PEOPLE WITH MILD COGNITIVE IMPAIRMENT (MCI) COMPARED TO DEMENTIA AND HEALTHY CONTROLS – AN UPDATED SYSTEMATIC LITERATURE REVIEW AND META-ANALYSIS

Katrin Seeher^{1,*} Lee-Fay Low² Simone Reppermund¹ Henry Brodaty¹

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

Objectives: Levels of distress in supporters of people with MCI are expected to lie between supporters of healthy controls and dementia caregivers. However, meta-analytic evidence is lacking. We updated our earlier systematic review (1) and performed a meta-analysis to compare the rates and levels of caregiver burden, depression and distress in supporters of older people with MCI, dementia and healthy controls.

Methods: Common literature databases were searched using MCI and caregiver related terms with 'AND' relations. Results were limited to quantitative English language articles published in peer-reviewed journals between 1980 and August 2014. The following caregiver outcomes were considered: caregiver burden (ZBI), depression (CES-D) and distress related to neuropsychiatric symptoms (NPI-distress). We report weighted pooled prevalence and mean scores/SD for MCI supporters and the total overall effect for the mean difference between MCI supporters and dementia caregivers or controls.

Results: Twenty-four papers were identified, 14 of which were published since our previous review. Studies reported data on a total of 2,062 MCI supporters. Ten papers also included dementia caregivers (n=1,328) or study partners of healthy controls (n=354). The weighted pooled prevalence of high caregiver burden and depression for MCI supporters were 27.6% and 21.1%, respectively. MCI supporters' mean levels of ZBI, CES-D and NPI-distress were 15.1 (SD=11.2), 12.2 (SD=6.2), and 3.4 (SD=3.9), respectively. Compared to study partners of healthy controls, MCI supporters experienced significantly higher levels of caregiver burden and NPI-distress (overall effect: 0.59[0.24;0.95] and 1.87[1.24;2.51], respectively). There was insufficient data to estimate the mean effect for depression. MCI supporters' levels of caregiver burden and depression were significantly lower compared to dementia caregivers (overall effect: -0.89[-1.18;-0.61] and -0.21[-0.42;-0.01], respectively). No study compared NPI-distress in these two groups.

Conclusion: Even in pre-dementia stages, caregiving puts MCI supporters at risk for negative mental health outcomes. While less affected than dementia caregivers, MCI supporters report significantly more symptoms than supporters of healthy controls. This suggests that negative caregiver trajectories start long before dementia onset. Identifying supporters in pre-dementia stages for early intervention could help to prevent or ameliorate negative caregiver outcomes.

References: Seeher K, Low L-F, Reppermund S, Brodaty H. Predictors and outcomes for caregivers of people with mild cognitive impairment – A systematic literature review. *Alzheimer's and Dementia*. 2013;9(3):346-55

Disclosure of Interest: None Declared

Keywords: caregiver burden, caregiving, depression, mild cognitive impairment

Poster Abstracts

P093

Topic: Support Services for Carers

THE DEVELOPMENT OF CARETOONS: AN ONLINE TRAINING PROGRAM FOR CARERS USING CARTOONS

Lee-Fay Low^{1,*} and CareToons development team

¹Faculty of Health Sciences, University of Sydney, Sydney, Australia

Objectives: Our aim was to develop a practical scenario-based training program for carers on management of behavioural and psychological symptoms of dementia delivered exclusively using the internet. The CareToons program will fill a gap in training services for carers who are not able to access face-to-face education because of constraints of geography, time or availability. The development of Caretoons has been a collaborative partnership between Alzheimer's Australia New South Wales and Queensland, and the Universities of Sydney and New South Wales. Carers were integral in writing the content of the behavioural scenarios and guiding the approach.

Over 8 weeks, carers watch three 7-minute animated videos on dementia, behaviour changes and activities, and choose from twenty 2-minute behavioural scenarios such as shadowing, hoarding and incontinence. The characters include three culturally diverse married couples (younger, middle-aged and older) where one person has dementia and a fourth couple where a daughter is caring for her mother. Each scenario shows the challenging behavior and the carers emotional and behavioural response, and different approaches to manage the behaviour. The videos are engaging, sometimes funny, and connect carers emotionally to the program. The accompanying worksheets help carers to: 1) Think about their own situation and possible causes/explanations for the behaviour; 2) Try several strategies to manage the behaviour; and 3) Tick and reflect on the outcomes of their strategies. A CareToons video will be shown during this presentation.

We are currently obtaining feedback from carers finessing CareToons. The CareToons program will be evaluated in a randomised controlled trial of 200 carers in 2015 with the aim of reducing carer distress in relation to behavioural and psychological symptoms of dementia, levels of behavioral symptoms and burden.

The CareToons Development team: Gavin Andrews, Heather Campbell, Lindy Clemson, Kevin Dunne, Robyn Faine, Jennifer Fletcher, Imelda Gilmore, Alan Gravalin, Anne Lunnon, Graeme Noonan, Claire O'Connor, Kathleen O'Moore, Pieter Rousseau, Jacqueline Wesson, Danielle White, Henry Brodaty.

Disclosure of Interest: None Declared

Keywords: Behavioral and Psychological Symptoms in Dementias (BPSDs), carers, online learning



P094

Topic: Support Services for Carers

THROUGH THE EYES OF A NINE-YEAR OLD: THE IMPACT OF A PARENT WITH YOD

Micheline Astley-Boden ^{1,*}

¹none, none, none, Australia

Objectives: My mother, Christine Bryden, was diagnosed with Younger Onset Dementia (YOD) when I was nine-years old. My mum, our family, and I experienced shock; a whole raft of differing and extreme emotional responses were elicited by this diagnosis. I will outline the feelings of a nine-year old child, providing anecdotal evidence for the impact of a YOD diagnosis on the family members of a person living with dementia. The initial response and subsequent reverberations throughout my childhood will be discussed. Immediately after the diagnosis, life was extremely hard. As I continued through primary and secondary school, I was profoundly impacted by the emotional and social ramifications of mum's condition. Indeed, the challenges of this diagnosis continue to resound now, into my late twenties. It has been nineteen years since my mother was diagnosed. She is an exceptional case and we have been incredibly fortunate to have had this time together. If the prognosis – that mum would be in a nursing home in five years, and would pass away after eight – had followed the expected path, I would not be here today. The initial shock, underlying stress, and ongoing trauma was real and potent, and young children of parent's with YOD need considerable support. Opening a dialogue between support providers and those who need help, may provide new insights into the experiences and needs of family members, particularly young children, who face the challenge of a loved one who is diagnosed with dementia. I share my experiences so that others might be able to see the world through the lens that young people, in a similar situation to mine, may view the world. I seek to emphasise the impact of a parent's Younger Onset Dementia diagnosis on a very young child.

Disclosure of Interest: None Declared

Keywords: Carers and families, Younger onset dementia

Poster Abstracts

P095

Topic: Support Services for Carers

PROXY DECISION-MAKING ON BEHALF OF PEOPLE WITH DEMENTIA: HOW DO SURROGATES DECIDE?

Deirdre Fetherstonhaugh ^{1,*}Michael Bauer ¹Linda McAuliffe ¹Christopher Shanley ²

¹La Trobe University, Melbourne, ²University of NSW, Sydney, Australia

Objectives: Decision making capacity of a person with dementia decreases as the severity of the dementia increases (Hirschman et al. 2004). Eventually, the person with dementia will reach a stage where they are no longer able to make decisions for themselves. At this point, decisions about lifestyle and health care (e.g., moving into residential care, transfer to hospital, consenting to operations, and end-of-life care decisions) become the responsibility of a surrogate decision maker, typically a family member. Yet despite far reaching implications, there is little research in this area.

The study aimed to explore how surrogate decision makers make decisions on behalf of a person with dementia; how supported surrogate decision makers feel in making decisions, and what types of support and means of support delivery are preferred.

Methods: This qualitative study was informed by Grounded Theory Methodology. Recruitment occurred via newspapers, community carer groups and Alzheimer's Australia. Surrogate decision makers of a person with dementia (either legally appointed or recognised as the 'person responsible') who had already made a major life decision on behalf of the person with dementia were interviewed.

Results: Thirty four spouses and adult children of older adults with a diagnosis of dementia participated. Not all participants reported having Power of Attorney and very few reported having an advanced care directive. A mix of proxy decision-making methods including both the substituted judgement standard and the best interest standard, applied to a range of situations in which a major decision was required were reported. Many participants reported needing an advocate to help them better navigate the decision-making process.

Conclusion: Surrogate decision makers use a variety of ways to make decisions on behalf of a person living with dementia, most often in the absence of an advanced care directive. Participants identified the need for greater support to assist surrogates through what is often a complex and confronting process.

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Disclosure of Interest: None Declared

Keywords: Decision making, people with dementia, surrogate decision makers

P096

Topic: Support Services for Carers

ENHANCING HEALTHCARE EDUCATORS' COMPETENCE IN INTERVENING WITH FAMILIES OF PATIENTS WITH DEMENTIA: A PILOT STUDY

Huei-Ling Huang ¹*Yea-Ing shyu ²Wen-Chuin Hsu ³

¹Department of Gerontological Care and Management, Chang Gung University of Science and Technology, ²School of Nursing, Chang Gung University, ³Dementia Center, Chang Gung Memorial Hospital, Kwei-Shan Tao-Yuan, Taiwan

Objectives: The purpose of this study was to develop a competency-based train-the-trainer model of curriculum for dementia educator as well as to implement a pilot study to examine the effectiveness of this dementia educator training model for elders with dementia and their family caregivers in Taiwan.

Methods: Design: A randomized clinical trial was conducted. The interventional group received one year of health education and evaluation at a health education clinic, including patient and family assessment, problem identification, handling of dementia behavioural problems as well as other care and health issues. Telephone consultation and home visit were provided according to individual needs. The control group received only regular service at the clinic.

Participants: Elders with dementia and their family caregivers (N=100) lived in the communities of northern Taiwan and were randomly assigned to the interventional group (n=50) or control group (n=50). **Measurements:** Behavioral problems of elders with dementia were assessed by the Chinese version of the Cohen-Mansfield Agitation Inventory, community form. Family caregivers' outcomes were measured by the Agitation Management Self-efficacy Scale and the Preparedness and Competence Scales. These instruments were administered before the program and 1 months, 3 months, and 6 months afterward. The difference in outcomes change between the interventional and the control groups, and within 6 months following the baseline were examined using the generalized estimating equations (GEE) method.

Results: The results of this study showed that family caregivers who received the health education program can effectively decreased the behavioral problem of elders with dementia, and improve the caregiver' self-efficacy competence and preparedness for managing behavioral problem

Conclusion: This study brought up a training course for healthcare educators based on competency. It is expected to cultivate dementia healthcare educators with practical competence, and will serve as a base for future dementia educator training model in Taiwan.

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Disclosure of Interest: None Declared

Keywords: competence, caregivers, Dementia, self-efficacy

Poster Abstracts

P097

Topic: Support Services for Carers

THE TRANSITION FROM HOME TO RESIDENTIAL CARE FOR PEOPLE LIVING WITH DEMENTIA: A PILOT STUDY

Margaret Sealey ¹*Gail Humphries ¹

¹Support Services Counselling, Alzheimer's Australia WA, Perth, Australia

Objectives: During the journey for people living with dementia, there are a multitude of losses and transition points. One particularly difficult transition occurs when a person with dementia moves to residential care. Few have planned for this eventuality. Placement is often the result of carer stress and burden, where the carer's physical health may have been compromised, and residential care remains the sole option. In such cases, carers are often required to make decisions about care options quickly and under duress. The transitional process results in high rates of depression and anxiety, with poorer quality of life and wellbeing for both carer and care recipient. **Objectives:** To prepare families, and thus minimize the stress of making the transition from home to residential care, the counseling team at Alzheimer's Australia WA (AAWA) developed and piloted two workshops for family carers. The first workshop, for those contemplating making the transition to care, dealt with the practical and emotional issues in need of consideration. The second workshop was for those carers whose loved one had made the transition to care, and who were still struggling emotionally with the change. Taking a person centered approach to support and care provision is vital for successful transition. Evaluation of the workshops indicates they are an effective means of providing strategies to help cope, as well as offering peer support for carers. This paper will briefly outline the rationale to developing the workshops, what they entailed, the evaluation, and proposes steps care facilities could make to enable a smoother transition at this time.

Disclosure of Interest: None Declared

Keywords: dementia, caregivers, residential aged care facilities

P098

Topic: Support Services for Carers

MODELLING RESPONSE TO DEMENTIA CAREGIVER INTERVENTION: FINDINGS FROM THE REACH-HK PROGRAMME

Gloria Wong^{1,*}Hao Luo¹Terry Lum^{1,2}Bobo Lau³Jennifer Tang¹Karen Cheung^{1,2}

¹Sau Po Centre on Ageing, ²Department of Social Work and Social Administration, ³Department of Psychology, The University of Hong Kong, Hong Kong, Hong Kong

Objectives: Accumulating evidence has suggested efficacy of multicomponent interventions in reducing the negative impact of supporting people with dementia. To inform ways to increase the effect size and cost-effectiveness of similar interventions, a next question is “who benefits more, and through what process?”.

Methods: A total of 359 dyads of people with dementia and their care partners in the Reaching out Dementia Caregiver Support Project (REACH)-Hong Kong programme completed an interview at baseline and after the 6-month intervention (Cheung et al, 2014). Multiple regression and structural equation modelling were used to investigate predictors associated with the negative impact of supporting a person with dementia (measured using Zarit Burden Interview, ZBI) and to test hypothetical models of the process.

Results: A multiple regression model ($R^2=.42$, $F(20,175)=6.19$, $p<0.001$) showed that compared with care partners who have full-time job, retired care partners benefited less from the intervention ($=-4.82$; $p<0.01$); care partners with higher baseline ZBI had greater reduction ($=0.46$; $p<0.001$); and the effect was less obvious if the person with dementia had more severe psychological symptoms ($=-1.57$; $p<0.01$). A model ($\chi^2(df=75)=125.91$; $p<0.01$; CFI=0.894; TLI=0.847; RMSEA=0.043) suggested the following: care partner being younger and being a spouse, and the person with dementia having more severe behavioural and psychological symptoms of dementia (BPSD) and difficulties in instrumental activities of daily living (IADL) contributed to higher baseline ZBI; and higher baseline ZBI and greater BPSD changes contributed to greater ZBI reduction.

Conclusion: Care partners who had sustained greater negative impact of supporting a person with dementia benefited more from the intervention. They are likely to be younger, working full-time, being a spouse to the person, and faced with more severe BPSD and IADL difficulties. The benefit was mainly achieved through changes in BPSD. Future intervention design may focus on the specific needs of this group of care partners in supporting them to reduce BPSD effectively.

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Disclosure of Interest: None Declared

Keywords: Burden, Caregiver Support for Dementia, Dementia care program

Poster Abstracts

P099

Topic: Support Services for Carers

FEELINGS OF LOSS AND GRIEF EXPERIENCED BY HEALTHCARE PROVIDERS WORKING WITH PEOPLE WITH DEMENTIA

Mary Schulz ¹Mimi Lowi-Young ^{2,*}

¹Education, ²Alzheimer Society of Canada, Toronto, Canada

Objectives: Healthcare providers working with people with dementia often experience a profound sense of grief when the person they support dies. In long-term care (LTC) homes, it is estimated that 39% of residents are anticipated to die each year by the year 2020 (Fisher, Ross, McLean, 2000). The staff in these settings experience the death of a client on a regular basis, yet few initiatives exist to address their grief and loss. Similarly in community based settings, loss not only can result from client death, but also transition to other levels of care.

The objective is to address how grief and loss impact staff working with people with dementia in various settings and provide examples of organization/peer-led support strategies and self-care techniques.

The Alzheimer Society of Canada (ASC) conducted thorough research reviews and Pan-Canadian interviews with healthcare providers working with people with dementia where death is omnipresent.

ASC developed a practical evidence-based resource outlining the feelings of loss and grief experienced by healthcare providers working with people with dementia. The goal is to recognize, name and address grief; change the culture of silence around death and dying; equip staff with practical strategies (self-care) to help them better support people with dementia throughout the progression of the disease until end of life; and to promote grief support among healthcare organizations.

This guide makes recommendations on how organizations provide support to staff, offers strategies for staff self-care and includes practical case studies to address this complex issue.

Disclosure of Interest: None Declared

Keywords: Grief, loss, dementia, staff

P100

Topic: Support Services for Carers

HOW TO RAISE AWARENESS ABOUT DEMENTIA – YOUNG PATIENTS BEFORE 50 YEARS OF AGE

Stefanija Luki Zlobec^{1,*}

¹president, Spomin ica - Alzheimer Slovenija, Ljubljana, Slovenia

Objectives: I have been working for the Slovenian Alzheimer Association Spomin ica for more than 5 years. I have started to work in this field when my husband was affected by Alzheimer dementia, not yet 50 years old. He was a public person, deputy in Slovenian Parliament, human rights activist, translator, poet and Slovenian ambassador in Brussels. Unfortunately, the diagnosis was established very late, because he was supposed to be too young for such a disease. Soon after coming back from Brussels where he was the ambassador of the Republic of Slovenia, his behaviour patterns slowly changed. From an extremely energetic person, he became completely passive. He had problems finding words, had difficulties speaking and became inactive in every aspect. In 2012, when he was in the last stage of his illness, I decided to speak about his condition in public and thus raise the public awareness about dementia and young patients. On my initiative, in 2012 Alzheimer Cafes started to be organized in Slovenia, and soon became widely spread. Now, there are about 60 Alzheimer Cafes operating all over Slovenia, which definitely shows that such informal meetings are necessary and effective. We organise them in public places: hotels, bistros, libraries and promote each Alzheimer Cafe through public media. For the last two years, I have been the president of Spomin ica – Alzheimer Slovenia and since 2014 a member of the Board of Directors of Alzheimer Europe. With my work and personal experience with dementia I am trying to help others in this condition and raise awareness about dementia in public.

Disclosure of Interest: None Declared

Keywords: Alzheimer Cafe, awareness raising, young patients

Poster Abstracts

P101

Topic: Support Services for Carers

BURDEN OF INFORMAL CAREGIVERS OF COMMUNITY-DWELLING OLDER PERSONS WITH DEMENTIA IN MACAU

Wen Zeng^{1,*} and Kiang Wu Nursing College of Macau

¹KIANG WU NURSING COLLEGE OF MACAU, Macau, Macao

Objectives: To explore the burden of informal caregivers of community-dwelling older persons with dementia in Macau and to investigate the factors related to their burden.

Methods: Van Manen's interpretive phenomenological approach was employed to collect qualitative data from 14 purposively selected participants, all informal caregivers of community-dwelling older persons with dementia.

Results: Three categories of factors related to the burden of informal caregivers emerged: (1) the common symptoms & problems found in older persons with dementia; (2) burden of informal caregivers covering themes of lack of awareness of dementia, huge stress, long hours for caring, physical problems, difficulties gained during treatment, and unprofessional services for dementia; (3) coping skills of informal caregivers.

Conclusion: The findings highlight filial support, valued in Chinese culture, should be emphasised in nursing practice for older persons with dementia and their caregivers and illustrate the potential for incorporating psychosocial training interventions as a therapeutic approach, hence to improve their quality of life living in Macau.

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Disclosure of Interest: None Declared

Keywords: Burden, Chinese Culture, Informal Care-givers

P102

Topic: Support Services for Carers

PSYCHOLOGICAL IMPACT OF VOLUNTEERING ON THE VOLUNTEER: A LONGITUDINAL STUDY OF PEER SUPPORTERS FOR FAMILY CARERS OF PEOPLE WITH DEMENTIA

James Sinclair¹ Georgina Charlesworth^{1,2,*} on behalf of 'Impact of Volunteering' subgroup of the SHIELD Carer Supporter Programme

¹Clinical, Educational and Health Psychology, UCL, ²Research and Development, North East London NHS Foundation Trust, LONDON, United Kingdom

Objectives: Little is known about the impact of volunteering as a peer supporter for family carers of people with dementia. This paper has two objectives: 1) to use a cross-sectional study design to compare characteristics of volunteers and those of recipients of a peer support programme for family carers of people with dementia, in terms of demographic background, social networks, and psychological well-being; 2) use a longitudinal study design to explore the overall impact of the volunteering on the volunteers' psychological well-being.

Methods: Data was collected from programmes run in England between October 2009 and March 2013. The volunteer role entailed empathic listening and encouragement over a 10-month period. Both carer supporter volunteers (N=87) and service users (N=109) provided baseline information on demographic information, social networks, service use and well-being (Personal Growth Index, EuroQoL Visual Analogue Scale, and Hospital Anxiety and Depression Scale). Carer Supporters completed additional measures of well-being at baseline (Generalised Self-Efficacy Scale; Control, Autonomy, Self-Realisation, Pleasure-19), and all measures at follow-up.

Results: Volunteer carer supporters were significantly more likely than service users to be female and to have cared for a parent or grandparent. Both groups were psychologically well, but volunteers had significantly higher personal growth, lower depression and greater perceived well-being. The longitudinal analysis identified no change in volunteer wellbeing over time except for small but significant declines in personal growth ($p=0.005$) and autonomy ($p=0.031$). There was a positive correlation between the volunteers' duration of involvement and perceived wellbeing ($r_s = .442, p < 0.05$).

Conclusion: The findings are at odds with the literature that emphasises the adverse impact of caring. Data indicated participants' resilience and little psychological risk from providing emotional support to peers. However, there are ethical considerations for appropriate support for volunteers, and for volunteer selection in terms of 'readiness' to support others following their role as a family carer.

Disclosure of Interest: None Declared

Keywords: Family carers, Peer support, Volunteering

Poster Abstracts

P103

Topic: Support Services for Carers

FTD CARER SUPPORT GROUP – THE ROAD AHEAD, ACTION RESEARCH PROJECT.

Ruth Dwinger¹Beth Potter^{2,*}J Papoutsis²V George²T Wardill³David Hooker¹

¹Alzheimer's Australia Vic, ²Barwon Health, Geelong, ³Melbourne Neuropsychology Services, Melbourne, Australia

Objectives: Ongoing specialist education and peer support reduces social isolation and improves perceived competence of FTD carers: An evaluation of the effectiveness of an FTD-specific carer support group.

Frontotemporal Dementia (FTD) is a degenerative brain disease. Carers of individuals with FTD typically report high levels of burden and increasing social isolation owing to the unique and often socially inappropriate behavioural symptoms associated with the disease. This study aimed to establish whether an FTD carer-support group could help alleviate carer burden and reduce feelings of social isolation through specialist education and peer support. Twenty-three carers of individuals with FTD were invited to participate in a series of ten monthly 90-minute group sessions. The group was informal with discussion topics steered by member's experiences and queries to professionals. The group was facilitated by a Dementia Consultant from Alzheimer's Australia Vic., and a Clinical Neuropsychologist from Barwon Cognitive Dementia and Memory Service (CDAMS). Two evening Family Education Sessions were held, attended by carers and their family members. Information about carer's perceived knowledge about FTD and their perceived level of competence in their caring role, as well as their level of burden, social support, and psychological distress, was obtained by structured interview and a series of standardised questionnaires completed pre- and post- intervention. The findings indicated that while carer burden remained "moderate" to "severe" reflecting the very difficult role these carers have in managing the day-to-day challenges associated with this disease, carers experienced significantly greater levels of emotional and social support following the intervention and qualitatively reported feeling less socially isolated. Carers indicated that they felt significantly more knowledgeable about FTD and more competent in coping with the day-to-day challenges of their caring role. This study offers a model for a cost-effective method of supporting FTD carers in their very unique and challenging role through professional-facilitated FTD carer support groups.

Disclosure of Interest: None Declared

Keywords: Carer support, Frontotemporal dementia, FTD

P104

Topic: Support Services for Carers

THE EFFECT OF COGNITIVE-BEHAVIORAL MANAGEMENT TRAINING PROGRAM ON THE BURDEN OF FAMILY CAREGIVERS OF PERSONS WITH ALZHEIMER'S DISEASE

Elham Navab¹, Ladan Bagherbeik¹, Ahmad Ali asadi nooghabi¹

¹geriatric Nursing, TEHRAN UNIVERSITY, Tehran, Iran, Islamic Republic Of

Objectives: Determining the impact of behavioral-cognitive management training program on the burden of family caregivers of persons with Alzheimer Disease

Methods: A randomized controlled trial design was conducted. Burden of all family caregivers (n = 70) were measured by ZARIT questionnaire. 6 weeks after presenting behavioral-cognitive management program for the experimental group, the burden was measured in both experimental and control groups. Descriptive and inferential statistics were used to analyze the data.

Results: In the first measurement, the caregivers' burden in control and experimental group were estimated accordingly 42.57 ± 5.98 and 44.54 ± 6.77 ($P = 0.20$), and after the intervention the caregivers' burden became 44.86 ± 5.87 for control group, and 39.54 ± 5.88 for experimental group ($P = 0.001$).

Conclusion: Findings showed that after presenting cognitive-behavioral management training program, the burden of care in experimental group had significantly decreased. The results offer some of the first evidence of the benefits of this intervention to reduce the burden of care for caregivers of people with AD in Iran.

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Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease (AD), Burden, Family Caregivers, Behavioral-Cognitive Management Training

Poster Abstracts

P105

Topic: Support Services for Carers

THE CONTENTS OF NURSING CARE TO THE ELDERLY PEOPLE WITH DEMENTIA IN GENERAL HOSPITALS

Chikako Sone^{1,*}Katsumasa Ota²

¹Nursing, Nagano College of Nursing, Komagane, ²Nursing, Nagoya University, Nagoya, Japan

Objectives: The objective of this study is to identify details and features of nursing care for demented elderly people provided by nurses in general hospitals where priority is given to medical treatment.

Methods: Participants: Participants were 17 nurses who had more than three years of clinical experience in internal medicine and surgical departments, cranial nerve internal and surgical departments, or orthopaedic departments of three hospitals, and who had experienced at least five cases of care for patients diagnosed with dementia.

Study method: Semi-structure interview (about 60 minutes/interview).

Method of analysis: Each of the nursing care cases for demented elderly people taken up in the interviews was extracted as one unit and coded, focusing on the similarities in the coded cases, data were classified and integrated into categories and subcategories. The results were exhaustively examined by two researchers including one nursing ethics researcher.

Results: Details of the participants: Participants were one male and eleven female nurses, with a mean age of 41.0 ± 9.8 years, and the mean of the clinical experience was 17.5 ± 7.4 years.

The analysis yielded six categories: "providing care for core symptoms", "noticing poor health conditions and providing early care", "understanding patients through interaction with the patients", "coordination of daily rhythms", "ensuring and aiming at comfort in daily life", and "risk prevention including avoidance of falling and tumbling".

Conclusion: Details of the participants: Participants were one male and eleven female nurses, with a mean age of 41.0 ± 9.8 years, and the mean of the clinical experience was 17.5 ± 7.4 years.

The analysis yielded six categories: "providing care for core symptoms", "noticing poor health conditions and providing early care", "understanding patients through interaction with the patients", "coordination of daily rhythms", "ensuring and aiming at comfort in daily life", and "risk prevention including avoidance of falling and tumbling".

References: Chikako Sone, al 2011 Details and Methods of Advance Directive Care for Dying Elderly Residents with Dementia at Nursing Homes- Features of Nursing Homes in Nagano Prefecture-, Bulletin/Nagano College of nursing, vol.13,39-50.

Disclosure of Interest: None Declared

Keywords: dementia care, general hospital

P106

Topic: Support Services for Carers

CHANGES IN PROFESSIONAL AUTONOMY AND KNOWLEDGE OF CAREGIVERS AFTER A DELIRIUM PREVENTION CARE PROGRAM FOR DEMENTED ELDERLY

Yuka MATSUZAWA ^{1,*}Midori WATANABE ¹

¹Nursing, Nagano College of Nursing, Komagane, Nagano, Japan

Objectives: We developed a delirium prevention care program and conducted a three-month intervention for demented elderly persons who developed delirium. Before the intervention, we provided training for caregivers, and the objective of this study is to determine how the professional autonomy and knowledge of caregivers changed between the situations before and after the training, and after the intervention.

Methods: Participants were caregivers including nurses and care workers in geriatric health service facilities in Japan. We examined 44 items of the autonomy of caregivers and 24 items of the knowledge of caregivers about elderly people (Mary Starke Harper Aging Knowledge Exam: MSHAKE) before the training (Time 1, n=15), after the training (Time 2, n=15), and after the intervention (Time 3, n=19). The median values of the 44 items of autonomy were compared for Times 1 and 2, Times 1 and 3, and for Times 2 and 3 with the Wilcoxon signed rank test, and correct answer rates in the 24 items of MSHAKE were compared by the chi-square test. Before the training, we explained the differences between dementia and delirium, the details of the care program, and the intervention method. During the intervention, we discussed the issues of elderly people with the caregivers.

Results: There were significant differences in 17 of the 44 items of the autonomy of caregivers, and the scores at Times 2 and 3 were higher than that at Time 1. The comparison at Times 1 and 2 showed significant differences in two items, at Times 1 and 3 in ten items. Between Times 2 and 3 there were 16 including "I can provide care considering the social lives of residents" ($p<0.01$). There were significant differences in 4 of the 24 items of MSHAKE and the scores at Times 2 and 3 were higher than that at Time 1. The comparison at Times 1 and 2 showed significant differences in two items, and at Times 1 and 3 there were two items including "An Alzheimer's patient may see and hear but not recognize or understand" ($p<0.05$). Between Times 2 and 3 there were two items with significant differences including "Delirium is typically an irreversible condition" ($p<0.05$).

Conclusion: Findings suggest that the program is effective to improve the practical nursing skills considering the individuality and social lives of caretakers.

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Disclosure of Interest: None Declared

Keywords: a delirium prevention care program , professional autonomy and knowledge of caregivers

Poster Abstracts

P107

Topic: Support Services for Carers

VISUALIZING THE 'CARE-TANDEM': SOCIAL SUPPORT STRUCTURES ADAPTED TO PEOPLE WITH DEMENTIA AND FAMILY CAREGIVERS. EMPIRICAL FINDINGS

Henrik Wiegelmann ¹Liane Schirra-Weirich ^{2,*} on behalf of Centre for Participation Research

¹Centre for Participation Research, Catholic University of Applied Sciences, Cologne, ²Centre for Participation Research, Catholic University of Applied Sciences, Aachen, Germany

Objectives: The situation of family caregivers (FC) is one of the major socio-political topics in Germany. It's evident that informal home care is crucial to both stabilize the individual care arrangement and the healthcare system as a whole. But there is still an inadequate perspective on primary caregivers when it comes to the provision of social support services. This also applies to FC of people with dementia (PwD). In comparison they face higher levels of psycho-social stress than other FC. In many cases FC resort to formal social support to ease the burden of caregiving and to prevent the institutionalization. Often the services are not well adapted, showing small effects in the long run.

Methods: By evaluating data of the project "DementiaNet CityRegion Aachen (DN_A)" the presentation focuses on the so-called "care-tandem", composed of PwD and (primary) FC. The aim is to develop a tandem-typology for a better tailored and thereby effective social support structures (in the present case: Case Management (CM)). A hierarchical cluster analysis (SPSS), combining PwD, FC and CM data, provides useful findings regarding the importance of the tandem's generational character.

Results: According to the findings we have to separate at least three different tandems, each requiring adapted CM approaches and strategic objectives. On basis of the study's findings, neuralgic points and challenges for a future social support system for people with dementia and their caring relatives will be highlighted.

Conclusion: The "tandem approach" offers an integrated method to include caregivers systematically into research about home care arrangements.

Disclosure of Interest: None Declared

Keywords: care experience, case management, dementia network, Family carers, Home care

P108

Topic: Support Services for Carers

AMBIGUOUS LOSS: CHALLENGING THE WORLDVIEW OF PEOPLE LIVING WITH DEMENTIA

Margaret Sealey ^{1,*}

¹Support Services Counselling, Alzheimer's Australia WA, Perth, Australia

Objectives: Background: Feelings of loss, sadness and grief go hand in hand with a diagnosis of dementia. Grief continues throughout the trajectory, as the various losses accumulate. The losses are experienced by the person with dementia as well as family members, and are experienced in a multitude of ways. This becomes increasingly difficult as people negotiate their way through multiple losses in the process. Ambiguous loss, which is often accompanied by conflicting feelings, requires constant adjustment as the symptoms of dementia progress over time. Frustration, anger, guilt, anxiety, and fear about the future get mixed with overwhelming love, sadness and grief as the relationship changes, amidst glimpses of how things used to be. The emotional toll can have adverse health related consequences for both care recipient and care partner, and as such, warrants early psychosocial intervention.

Objectives: This poster explores the complexity of psychosocial issues related to dementia, taking into account the long and variable trajectories of dementia. It hones in on the concept of ambiguous loss and ways to work more effectively with people living with dementia; for those diagnosed as well as their partners in care. It highlights how taking a person centred, meaning-making approach to care is necessary, from diagnosis and throughout the whole illness. This approach will assist support services to formulate effective care plans, touching on assessment, identification of needs, and ways to engage with networks of service providers in order to achieve better outcomes for their clients and families.

Disclosure of Interest: None Declared

Keywords: dementia, caregivers, psychosocial support, ambiguous loss

Poster Abstracts

P109

Topic: Support Services for Carers

THE RELATIONSHIP BETWEEN PROBLEM SOLVING, SELF-EFFICACY AND WELL-BEING IN FAMILY CARERS OF PEOPLE LIVING WITH DEMENTIA – IMPLICATIONS FOR COUNSELLING PRACTICE

Margaret Lawson ^{1,*}

¹Alzheimer's Australia Vic, Melbourne, Australia

Objectives: Aim: The purpose of this study was to investigate the relationship between problem solving, self-efficacy and wellbeing for community based adults caring for people living with dementia in Australia.

Background: Community based family carers of people living with dementia encounter caring demands for which they often have had little or no preparation, minimal knowledge of dementia and or the likely trajectory of their role. Feelings of being overwhelmed, stressed and unsure about how to cope are very common in family carer presentations to Alzheimer's Australia Vic counselling services and the literature. Recent research has identified carer self-efficacy as a determinant of the level of stress experienced by family carers. Being creative, adaptive and psychologically flexible seem to be important coping strategies. Effective problem solving has been found to be associated with optimism, hope, and improved self-esteem, self-confidence and emotional well-being.

Method: Family carers (n = 88) were recruited via Alzheimer's Australia Vic, the general community and Residential Aged Care facilities. Demographic information, socioeconomic status, caring role, level of stress, problem –solving approach and self-views data was collected via a self-report survey. Multiple regression was used to analyse the measures of general self-efficacy, carer stress, carer reaction to behaviours and psychological symptoms of dementia (BPSD), social problem-solving orientation.

Results: The relationships between problem solving, self-efficacy and well being were explored with the prediction that a higher level of self -efficacy is likely to be related to positive problem solving orientation and higher levels of well-being whilst controlling for BPSD. Improving family carers problem solving ability may increase the likelihood that they adapt more successfully to the challenges that caring for a person living with dementia can bring. Implications for incorporating problem solving therapy into counselling practice and family education services are discussed.

Disclosure of Interest: None Declared

Keywords: Family carers, Well-Being

P110

Topic: Support Services for Carers

FLEXIBLE RESPITE FOR CARERS OF PEOPLE WITH DEMENTIA

Lyn Phillipson^{1,*}

¹Centre for Health Initiatives, University of Wollongong, Wollongong, Australia

Objectives: The provision of respite is consistently identified by carers of people with dementia as one of their critical unmet care needs, and the overall proportion who use available respite programs tends to be low. In Australia this is likely to be the result of numerous complex and interacting factors including: a complex and fragmented service environment; carers' beliefs and attitudes about services; and their beliefs about their own caring responsibilities.

Carers' use of support services can also be influenced by perceptions of poor service quality, lack of availability, cost, and a lack of flexibility in service arrangements. Whilst the delivery of flexibility is consistently highlighted as critical to carers, there is currently a lack of clarity in regards to what domains are most important when designing and delivering flexible services. To fill this gap, this paper reports on a review of the academic and grey literature. Iterative coding was undertaken and five domains of flexibility were identified (location, timing, providers, activities and funding) providing insights into flexible respite practices for three service types (day care centres, in-home services and residential respite care). Results from the review suggest that aspects of flexibility vary by service type and across settings. The implications for respite policy and practice are discussed.

Disclosure of Interest: None Declared

Keywords: carers, dementia, Respite

Poster Abstracts

P111

Topic: Support Services for Carers

IDENTIFYING AND ADDRESSING THE SUPPORT NEEDS OF FAMILY CARERS OF PEOPLE LIVING WITH DEMENTIA IN THE COMMUNITY: A PILOT STUDY

Samar Aoun¹*Chris Toye¹Elizabeth Beattie²Andrew Robinson³Daymon Joseph⁴Susan Slater⁵

¹Curtin University, Perth, ²Queensland University of Technology, ³University of Tasmania, ⁴Juniper, ⁵Curtin University, Australia

Objectives: Background: The Carer Support Needs Assessment Tool (CSNAT) is used to elicit family carer support needs in a systematic way, rather than the existing ad-hoc manner. Eliciting and addressing concerns early leads to better carer health outcomes. Aims: To test whether the use of the CSNAT in home-based care for people living with dementia improves family carer's quality of life and support across the caring experience. The specific objectives are to assess: -the acceptability, relevance and usefulness of the tool and the assessment process from a family carer and service provider perspective; -the feasibility of using an RCT approach with this group and the suitability of the outcome measures; -the potential impact on improving the family carer's quality of life and perceived support and in reducing carer strain.

Methods: Methods: A pilot RCT is taking place through Juniper with 20 family carers in the intervention group (using the CSNAT approach of needs assessment) and 20 in the control group (using the standard approach). This will be followed by telephone interviews with family carers and a focus group with service providers to seek their feedback on the appropriateness, relevance and benefit of the assessment process to them.

Results: Anticipated outcomes: It is anticipated that the CSNAT implementation will be feasible and will lead to an improvement in carer outcomes. It will also provide a formal structure to facilitate discussions with family carers to enable needs to be addressed in a timely manner.

Conclusion: no conclusions are available still at the time of submitting this abstract

References: Aoun S, Toye C, Ewing G, Grande G, Stajduhar, K. "Implementing and Evaluating the Impact of the Carer Support Needs Assessment Tool (CSNAT) in Community Palliative Care in Australia". 8th World Research Congress of the European Association for Palliative Care Conference, 4-7 June 2014. Lleida, Spain.

Disclosure of Interest: None Declared

Keywords: carer burden, Carer support, family carers, quality of life

P112

Topic: Support Services for Carers

MULTICOMPONENT INTERVENTION ON ENHANCING DEMENTIA CAREGIVER WELL-BEING AND REDUCING BEHAVIORAL PROBLEMS AMONG HONG KONG CHINESE: A TRANSLATIONAL STUDY BASED ON REACH II

Silk Cheung ^{1,*} on behalf of REACH-HK

¹Social Work and Social Administration, The University of Hong Kong, Hong Kong, Hong Kong

Objectives:

This study examined the effectiveness of a translated version of REACH II in Hong Kong's service delivery context.

Methods: The localized multicomponent intervention encompassed 12 individual-based sessions which addressed multiple domains of caregiving risks. A total of 359 dyads of people with dementia in the Reaching out Dementia Caregiver Support Project (REACH-HK) completed an interview at baseline and after the 6-month intervention between 2011 and 2014.

Results: The paired samples t-test indicated that the change in CES-D score was significant (t -statistics=-9.887, $p<.001$). The paired samples t-test suggested that the change in caregiver burden to be significant (t -statistics=-11.322, $p<.001$). Positive Aspect of Caregiving scale scores changed from 28.34 at baseline to 31.08 at follow-up, and mean comparison test suggested that the increase was significant (t -statistics=5.835, $p<.001$). The perceived deteriorations on all three domains of problem behaviours as rated by the caregivers had significantly decreased, which suggested improvements in all domains: (a) cognition ($Z=-6.019$, $p<.001$), (b) behaviour ($Z=-7.147$, $p<.001$), and (c) mood ($Z=-6.499$, $p<.001$).

Conclusion: The results evidenced that the familial caregivers of community-dwelling dementia patients in Hong Kong were able to experience significant reductions on depressive symptoms and caregiver burden, an increase of perceived positive aspects of caregiving, and rated increases in confidence when dealing with behavioral problems.

References: Cheung, S. L.K., Lau, B. H. P., Wong, P. W. C., Leung, A. Y. M., Lou, V. W. Q., Chan, G. M. Y., & Schulz, R. (2014). Multicomponent intervention on enhancing dementia caregiver well-being and reducing behavioral problems among Hong Kong Chinese: A translational study based on REACH II. *International Journal of Geriatric Psychiatry*. Advance online publication. doi: 10.1002/gps.4160

Disclosure of Interest: None Declared

Keywords: caregiving, dementia, intervention

Poster Abstracts

P113

Topic: Support Services for Carers

ALZHEIMER'S SOCIETY CARER INFORMATION AND SUPPORT PROGRAMMES - A TRANSNATIONAL CHALLENGE

Diana Barbosa ^{1,*} on behalf of We are submitting the abstract on behalf of Jeremy Hughes, Alzheimers Society Chief Executive Officer and This application is submitted on behalf of Jeremy Hughes, Alzheimer's Society Chief Executive Office

¹Alzheimer's Society, London, United Kingdom

Objectives: The presentation provides an overview of the development, implementation and dissemination of two Information and Support Programmes for family carers of people living with dementia in response to priorities to increase the access to inclusive information both at point of diagnosis and throughout the course of the care journey. The design of the Carers Information and Support Programme (CrISP) and its culturally tailored adaptation, the Information Programme for South Asian Families (IPSAF) was informed by a systematic process of literature review and consultation with people living with dementia and carers regarding the feasibility and refinement of new information based service models. The evidence gathered indicated that family carers preferred to access information as soon as possible after diagnosis in a printed format (for CrISP) and audio-visual format (for IPSAF). The information ought to be delivered face to face, in partnership with local faith and community organizations (for IPSAF), in the relevant language on a confidential peer supportive environment. We will present the findings reported in the independent evaluations undertaken by the University of Brighton and University of Bradford and reflect on the impact that programmes had on participant's knowledge of dementia, practical knowledge and confidence to look after a person with dementia and understand the importance of looking after themselves as well as to plan for the future. By April 2015 the Information Programme for South Asian Families will have been piloted across 20 locations in England and the Carers information and Support Programme will have been delivered over 450 times across England, Wales and Northern Ireland.

Disclosure of Interest: None Declared

Keywords: co design, Ethnicity, Inclusion, innovation, Service delivery model

P114

Topic: Support Services for Carers

COMMUNICATION AND SUPPORTING TO THE ELDERS WITH SEVERE DEMENTIA BY THEIR FAMILIES IN THE NURSING HOME

Yoko Uenishi ^{1,*}Kimika Usui ²Tokuhiko miki ³

¹School of Nursing Faculty of Health Sciences, Morinomiya University of Medical Sciences, Osaka, ²Faculty of Nursing and Rehabilitation, Konan Women's University, Kobe, ³Graduate School of Medicine and Faculty of Medicine, Osaka City University, Osaka, Japan

Objectives: In this study, we make clear the actual methods of communication and the ways of support between the elders and their families in the nursing home. Targets of this study were the families who were visiting often the elders with dementia in the nursing home.

Methods: We interviewed using semi-structured interview paper to the families of the elders with severe dementia in nursing home, when their families agreed to our study with their own free will after our explanation about our purposes and methods of this study. We interviewed to the families about methods of communication and ways of support to the elders with dementia in nursing home. Results which were obtained by interview were analyzed according to the contents. Sentences of communication and supporting were punctuated by phrase following meaning for the purpose to analysis. The simplified phrase was used as a unit for analysis. The phrases of interview were categorized according to similar contents. For the purpose to improve appropriateness, interview was analysed certainly by two co-researchers. This study was permitted by the committee of research ethics of our former university.

Results: 10 families were agreed and joined our study. Grouped five categories were shown as following. "Make use of senses"; Such as expression of the face and eye movement of the eye, touching the elders with hand and hearing the favourite music etc. "Arrangement of surroundings"; Decorating with the custom goods, making calm environment. "Meeting at the scheduled time"; Visiting during meal time, or after work. "Talk frequent" ; Talking about reminiscences with ordinary voice. "Family signal"; a certain physical contact and touch as a family.

Conclusion: Communication and support to the elders with severe dementia by their families were continuation of daily life using stimulation of sense or supporting by calm and relaxing talking. The families made efforts to remember the memories of the elders. Communication and support to the elders with severe dementia by their families were continuation of daily life using stimulation of sense or supporting by calm and relaxing talking. It seems to be most important that continuous supporting based on suitable for humanity of the elders.

References: Research of crisis and support to families of elders with terminal dementia during palliative care process, Yoko Uenishi, Midori Sirai, Kimika Usui, 9th Asia / Oceania Regional Congress of Geriatrics and Gerontology.

Disclosure of Interest: None Declared

Keywords: communication, elder dementia, families

Poster Abstracts

P115

Topic: Support Services for Carers

CARERS OF PEOPLE WITH DEMENTIA: THEIR EXPERIENCES DURING THE TRANSITION TO RESIDENTIAL CARE

Elaine Fielding¹Maria O'Reilly¹Ha Doan²Elizabeth Beattie¹

¹Queensland University of Technology, Brisbane, Australia, ²University of Medicine and Pharmacy, Ho Chi Minh City, Viet Nam

Objectives: As the numbers of people with dementia increase, so too do the numbers of family carers. Carers of people with dementia report higher stress levels than other carers. For a substantial portion of people with dementia, part of their journey involves permanent placement in residential care. Previous international research has identified the "transition into care" stage as one of the most difficult parts of the journey for carers.

Methods: Carers of people with dementia on the wait list or recently placed in permanent care were asked to complete a survey online or by telephone. Both closed- and open-ended questions about their experiences during the transition process, background information and scales about their caring styles and ability to cope were included. A total of 26 carers responded to the survey (23 online, 3 by telephone). Most carers were female (65%) and nearly all (95%) were either the spouse or child of the person with dementia. Carers rated degree of stress at several time points (decision, "moving in" and "settling in") on a four-point scale: "not stressful at all," "a little stressful," "somewhat stressful" and "very stressful."

Results: The time surrounding transition to permanent residential care was reported as a time of high stress. The greatest stress (> 60% "very stressful") was reported at the decision and "moving in" stages, whereas by the "settling in" stage (beyond one month after moving in) stress had dropped off somewhat (39% "very stressful"; 61% "somewhat stressful"). Responses to the open-ended questions illustrate these findings. One carer remarked that she did not understand why she was not "*provided with some sort of trauma support during this stressful time!*" Others expressed guilt, wondering whether they had "*done the right thing.*" When asked to describe the full range of emotions they had experienced since deciding to place the person, some carers focused primarily on their guilt, grief and loss while others reported a mix of emotions, such as "*guilt, relief ... and worry*" or "*tears and laughter.*"

Conclusion: Our study shows that, consistent with the literature, Australian carers of people with dementia report the transition to permanent residential care as very stressful, with multiple contributing factors such as guilt, indecision, pressure to decide quickly, financial concerns, and lack of support from family members. Carers' suggestions for improvements included better communications from staff and involvement of family members in care decisions.

References: Graneheim, U. H., Johansson, A., & Lindgren, B. M. (2013). Family caregivers' experiences of relinquishing the care of a person with dementia to a nursing home: insights from a meta ethnographic study. *Scandinavian Journal of Caring Sciences*, 28(2), 215-224.

Disclosure of Interest: None Declared

Keywords: family carers, residential aged care, stress, supporting carers, transitions in care

P116

Topic: Support Services for Carers

FORMAL SUPPORT FOR INFORMAL CAREGIVERS TO PERSONS WITH DEMENTIA THROUGH THE TRAJECTORY OF THE DISEASE IN EIGHT EUROPEAN COUNTRIES

Connie Lethin^{1,*} on behalf of RightTimePlaceCare Consortium Helena Leino-Kilpi² Brenda Roe³ Maria Soto Martin⁴ Kai Saks⁵ Astrid Stephan⁶ Sandra Zwakhalen⁷ Adela Zabalegui⁸ Staffan Karlsson¹

¹Department of Nursing, Department of Nursing and The Swedish Institute for Health Science, Lund, Sweden, ²Nursing Science, University of Turku, Turku, Finland, ³Nursing Science, University of Manchester, Manchester, United Kingdom, ⁴Alzheimer's Disease Research and Clinical Centre, University Hospital, Toulouse, France, ⁵Department of Internal Medicine, University of Tartu, Tartu, Estonia, ⁶Nursing Science, Faculty of Health, Witten/Herdecke, Germany, ⁷Health Services Research, Nursing, Maastricht, Netherlands, ⁸Nursing Science, Hospital Clinic of Barcelona, Barcelona, Spain

Objectives: In European countries knowledge about availability and utilisation of support for informal caregivers caring for older person with dementia (PwD) is lacking. To be able to evaluate and develop the dementia support system for informal caregivers to a PwD, a survey of European support systems and professional providers could serve as a knowledge base and enable European countries to learn from each other. The aim was to explore support for informal caregivers to PwD in terms of availability and utilisation, and to explore professional care providers and their educational levels involved in the support for informal caregivers to PwD through the trajectory of disease across eight European countries.

Methods: A mapping system aiming to explore care and service for PwD and informal caregivers in eight European countries was used (Hallberg et al., 2013) to gather information about availability, utilisation and providers of support to informal caregivers caring for PwD.

Results: Counselling, caregiver support and education were the support activities that had high availability in the diagnose stage to the intermediate stage with a decrease in late to end of life stage. Utilization was low with a small increase in the intermediate stage. Day care and respite care at home had high availability in the diagnose stage to the intermediate stage with a decrease in the late to end of life stage, utilized by no one or few through all stages. Professionals specialised in dementia (Bachelor to Master degree) provided counselling, education while caregiver support for informal caregivers and day care, respite care and respite care at home as relief for informal caregivers was provided by professionals from upper secondary school to a master degree.

Conclusion: Availability and utilisation of support for informal caregivers appears to be related to each country's care and support systems. Countries with National guidelines for PwD and informal caregivers seemed to be more aware about the importance of professionals specialised in dementia in the support.

References: Hallberg, I.R., Leino-Kilpi, H., Meyer, G., Raamat, K. Soto Martin, M., Sutcliffe, C., Zabalegui, A., Zwakhalen, S. & Karlsson, S. (2013). Dementia care in eight European countries; developing a mapping system to explore systems. *Nursing Scholarship*, 45:4, 412-424.

Disclosure of Interest: None Declared

Keywords: Trajectory of dementia, European countries, Formal care, Informal caregivers, Persons with dementia

Poster Abstracts

P117

Topic: Support Services for Carers

DOES THE USE OF FORMAL SERVICE REDUCE CAREGIVER BURDEN FACED BY CAREGIVERS FOR DEMENTIA: A STUDY OF FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA IN TAIWAN

Li-Jung Ku ^{1,*}Pei-Yu Shih ¹Ming-Chyi Pai ²

¹Institute of Public Health, ²Alzheimer's Disease Research Center, National Cheng Kung University, Tainan, Taiwan

Objectives: This study aims to assess the level of caregiver burden faced by family caregivers for elders with dementia in Taiwan, and examining whether the use of formal service has a negative association with caregiver burden after controlling for other known predictors of burden including both patient and caregiver characteristics.

Methods: A cross-sectional study conducted with 182 family caregivers for persons with dementia who regularly visited a medical center's Alzheimer's disease clinic in Tainan City, Taiwan. Caregiver burden for dementia was assessed by the Chinese version of Zarit Caregiver Burden Interview (ZBI) and the definition of formal service for caregivers used in our survey included any paid help such as long-term care services and foreign domestic workers. Hierarchical regression analysis was used to assess the effect of formal service in predicting caregiver burden while controlling for other factors.

Results: Female accounted for 61.5% of family caregivers among our sample and the average duration of caregiving was 5 years. The mean ZBI scores reported was 28.7 (SD=15.1) and 42.9% of caregivers used at least one type of formal service. Regression results showed no significant association between the use formal service and caregiver burden, but formal service use was associated with fewer hours of informal caregiving, and fewer caregiver hours had a negative association with caregiver burden.

Conclusion: Although formal service use did not have a direct effect on caregiver burden, our finding suggested that long-term care service could have an indirect effect on caregiver burden by reducing hours of informal care provided.

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Tolkacheva, N., Van Groenou, M. B., De Boer, A., & Van Tilburg, T. (2011). The impact of informal care-giving networks on adult children's care-giver burden. *Ageing & Society*, 31, 34-51. doi: 10.1017/s0144686x10000711

Disclosure of Interest: None Declared

Keywords: caregiver burden, Caregiver Support for Dementia, Long term care

P118

Topic: Support Services for Carers

TO WHAT EXTENT DO INDIVIDUAL PREFERENCES LIMIT LONG-TERM CARE DEMAND? EVIDENCE FROM A FRENCH SURVEY

Manuel Plisson ¹*Alain Bérard ²Roméo Fontaine ¹Nina Zerrar ¹

¹Economics, ²Fondation Médéric Alzheimer, PARIS, France

Objectives: Using data from an original survey (PATED) of a representative sample of 3,616 French people, the Fondation Médéric Alzheimer has analyzed the role of individual preferences in the demand for long-term care insurance.

Methods: Scoring was used to further evaluate the role of individual preferences in the insurance demand through three key dimensions: preference for the present, risk aversion and family altruism. These three dimensions do not have the same explanatory power. The length of time before the occurrence of the long-term care risk gives a lead role to the preference for the present, while risk aversion and family altruism play only a minor role. A two-step model is therefore proposed:

- step 1: in considering the risk of long-term care, the explanatory factor is the preference for the present;
- step 2: among individuals considering the risk of long-term care and who insure themselves against this risk, explanatory factors are the risk aversion and family altruism

Results: Results show that a significant part of individuals do not consider the risk of long-term care occurrence and do not develop any coverage strategy as a consequence. This highlights the importance of short-sightedness (or denial) as an explanatory factor of the weak individual willingness to contract a long-term care insurance.

Conclusion: However, even though preferences play a significant role to account for the demand of long-term care insurance, they explain only partially the low level of subscription observed. Indeed, even though the population as a whole would prefer subscribing insurance (acting like a “good parent”), the proportion of insured individuals would not reach 15% in the current context. Increased market development would have to go either through an extensive change of insurance products and institutional context (taxation of saving and insurance products, etc.), or through the introduction of a compulsory insurance.

References: Barsky R.B., Kimball M.S., Juster F.T. et Shapiro M.D. (1997), « Preference Parameters and Behavioral Heterogeneity: An Experimental Approach in the Health and Retirement Survey », *Quarterly Journal of Economics*, vol. 112, n° 2, pp. 537-580.

Finkelstein A. et MacGarry K. (2006), “Multiple Dimensions of Private Information: Evidence from the Long-Term Care Insurance Market”, *American Economic Review*, n°96(4), p.938-958.

Disclosure of Interest: None Declared

Keywords: altruism, long-term care insurance, PATED, preference, risk aversion

Poster Abstracts

P119

Topic: Support Services for Carers

ESTABLISHING A PSYCHO-EDUCATIONAL CARER SUPPORT PROGRAM

Deborah Fleming-Prins¹, Karen Brown¹

¹Support Services, Alzheimer's Australia WA Ltd, Perth, Australia

Objectives: There are currently 29,600 people living with dementia in Western Australia and this number is predicted to rise to approximately 36,500 in 2020. The support of family or friends who take on the role of carer is vital and enables a person with dementia to maintain their independence and stay at home for longer. Many studies have demonstrated the caring role can impact emotional, psychological, physical and social aspects of their health. Without adequate support carers are at high risk of stress and carer burnout which can lead to early admission to residential care for the person they are looking after.

In 2013 Alzheimer's Australia (WA) reviewed their model for delivering support through their Carer Support Groups which included feedback from current group members. Following the findings of the review, a new program was developed which includes a psycho-educational component as well as providing a therapeutic support group. The aim of the Carer Education Support Program is to bring together a community of carers with a shared understanding of what it means to care for someone with dementia. The program, which comprises 11 sessions, is facilitated by two experienced professionals, and aspires to enable carers to cope with the challenges involved in caring for someone with dementia. It provides information, practical and emotional support, including self-care, thus empowering the carer.

Evaluation of the initial four pilot programs shows that participants valued the opportunity to share experiences, discuss practical strategies and receive information about support services, behaviours and communication. The new structure ensures consistency of information and service delivery by offering two types of support, the Carers Education Support Program and our Social Support Groups.

Disclosure of Interest: None Declared

Keywords: empowering carers, psycho-educational



P120

Topic: Support Services for Carers

‘JUST CHECKING’ ON THE IN-LAWS.

Ellen Bragger¹, Sandra Macartney²

¹Just Checking Pty Ltd, Cowaramup, ²Family Carer, Canberra, Australia

Objectives: To share a family carer experience of caring for a married couple, both living with dementia in their own home.

To provide practical examples of how Activity Monitoring Technology supports the carer role.

To discuss how the change to consumer directed care supported the carer and the people with dementia in unique ways.

Disclosure of Interest: None Declared

Keywords: Activity Monitoring Technology, consumer directed care, In Home support, Supporting Carers

Poster Abstracts

P121

Topic: Support Services for Carers

A MEDICATION MANAGEMENT INFORMATION RESOURCE TO SUPPORT PEOPLE LIVING WITH DEMENTIA AND THEIR CAREGIVERS.

Robyn Gillespie^{1,*} Judy Mullan¹ Lindsey Harrison²

¹Graduate School of Medicine, ²School of Health and Society, University of Wollongong, Wollongong, Australia

Objectives: ADI. 2015

Supporting and Enabling People Living with Dementia

A medication management information resource to support people living with dementia and their caregivers.

R. J. Gillespie¹

J.R. Mullan¹

L. Harrison²

¹Graduate School of Medicine, ²School of Health and Society, University of Wollongong, Wollongong, Australia

People living with dementia (PLWD) often require medication either to manage the progression of their dementia or treat other concurrent diseases. Ongoing safe and effective medication management is important for the PLWD in order to maintain their quality of life and prevent hospitalisation or placement into a residential aged care facility.

From the perspective of the PLWD or their caregiver/s, medication management is a complex task involving:

- · discussing medication needs with health professionals,
- · understanding potential benefits and risks of medication use,
- · being able to give informed consent to treatment,
- · giving feedback regarding the effectiveness or side effects of medication use,
- · being able to maintain supplies,
- · correct storage,
- · understanding the reason for each medication.

Over time, family caregivers may need to assist the PLWD with some or all of these medication management tasks. Family caregivers need information and support to assist them to effectively support the PLWD with ongoing safe and effective medication management. Family caregivers from culturally and linguistically diverse backgrounds may find accessing information and support for this aspect of their caregiving role even harder. Based on findings from an earlier qualitative study we developed an online medication management resource to guide safe and effective medication management for the PLWD in the community. To increase the accessibility of the information on the site it is planned to present the content in multiple languages (currently English and Italian). Content can be either read or listened to. A printer version of the text is also available. Key messages of the site include:

- · Undertake regular medication reviews
- · Use blister packaged medications; regularly check for their ongoing safe usage
- · Use reputable sources of information about medication – primary care physician, pharmacist, nurse
- · Check it is safe to give crushed medications
- · Know strategies to help take the right medicine at the right time.

Disclosure of Interest: None Declared

Keywords: community care, Dementia education, ethnic minority, Family carers, medication management

P123

Topic: Support Services for Carers

GOING FORWARD THROUGH RETREATS: COLLABORATING TO SUPPORT AND EMPOWER PRIMARY CARERS.

Kim Curley ^{1,*} and Dr Pat Baines

¹Alzheimer's Australia (Tasmania), Launceston, Australia

Objectives: Research carried out since the 1980s (such as Brodaty, 1989; Donaldson et al. 1998; Doyle, 2008) has documented the impact of caring for a person living with dementia on the primary care-giver. Feelings of isolation, of being demoralized and depressed, and experiencing stress, have been identified as common responses to the caring role. The more recent research has only confirmed the earlier findings but has added findings regarding the value of offering education to carers about dementia. This paper offers some insight into what kind of settings may be most conducive to supporting primary care-givers.

As we move towards client-directed care, the value of collaboration between service providers to offer the best possible ways to support and empower clients in an economical yet meaningful way, is the subject of this paper. Staff members of Alzheimer's Australia Tasmania have worked together with the Commonwealth Respite & Carelink Centre to hold retreats for primary carers. Retreats, it is suggested, offer the opportunity for a deeper level of sharing and foster the development of new friendships. Spending time away from home over a weekend, where the care givers do not have to cook for themselves, appears to offer enough space and time to reflect. For a number of carers, this is their first genuine taste of respite, such as experiencing a full night's sleep in a long time, achieving some true relaxation and learning in a conducive environment. It is also possible to share new experiences, such as Tai Chi and relaxation techniques, as well as to offer education about dementia and strategies for coping with change. The views of primary carers about different kinds of events was canvassed, as well as listening to their accounts of the richness of their experiences when taking part in a retreat. The perceptions of collaborating service providers about the value of this more intense consumer experience was also collected. This then is a qualitative study attending to what care-givers say are the kinds of support which empower them and enable them to continue in the carer role.

Disclosure of Interest: None Declared

Keywords: Carer stress, Retreats, Service collaboration

Poster Abstracts

P124

Topic: Support Services for Carers

INFORMATION SHARING WITH DEMENTIA ELDERLY IN FACILITIES AND THE DISTRICT - THROUGH EVACUATION DRILL -

Tomoko Komura ¹, Shigeko Iimori ¹, Taeko Yashima ¹

¹ , , , Japan

Objectives: [Introduction] The participation in evacuation drill at GH clarified the cooperation method with the district and subject for information sharing this time.

[Methods] Action research in at A GH

[Ethical Considerations] This study was approved by the office.

[Results] Appeals to neighborhood inhabitant, Volunteer Fire Department for the participation to evacuation drill. Improvement after evacuation drill. Publicity of facilities and user existence to the district by carrying out evacuation drill.

[Discussion] The event including local residents such as evacuation drill raised interest of the inhabitant. Condition is made a record to be able to cope without medical care person, and information may be shared simply as GH through associating with district usually.

Disclosure of Interest: None Declared

Keywords: dementia, elderly, evacuation drill, group home

P125

Topic: Supporting and Enabling People Living with Dementia

THE EXPERIENCE OF CARE PARTNERS OF PEOPLE WITH DEMENTIA: FROM HOSPITAL TO RESIDENTIAL AGED CARE

Robin Digby ¹*Kimberley Crawford ¹Melissa Bloomer ¹Heather Tan ¹Allison Williams ¹

¹School of Nursing and Midwifery, Monash University, Melbourne, Australia

Objectives: Informal carers can be integral to a person with dementia living in their own home and community. Many carers are close family members who provide co-resident care over a long period of time. When the person with dementia is admitted to hospital the carer can face challenges in adjusting to the role of 'visitor' while care is delivered by clinicians. The aims of the study were to explore the experience of carers of people with dementia when the person they care for is admitted to hospital.

Methods: A descriptive qualitative study using in-depth interviews of up to one hour was conducted with 20 family carers whose relative with dementia was admitted to a rehabilitation facility in Melbourne, Australia. They were asked to speak about their experience of the change in role from carer to visitor. The interviews were audio-taped, transcribed verbatim and analysed thematically.

Results: The participants reported that relinquishing care was an emotional experience for them. They could feel lonely and lost at home and undervalued by the hospital staff. Relinquishing care of the person to strangers could be challenging and a cause of stress. Anxiety about the future was commonly reported. Family support and conflict played a significant role in decision-making. Carers reported a lack of communication with hospital staff and little emotional support.

Conclusion: When a person with dementia is admitted to a rehabilitation facility the focus is on improving function and mobility and planning for the future however if the person has been cared for at home the process must consider the dyad of carer and patient as they are often tightly entwined. Many carers especially older spouses have a high-stake interest in the outcome of the hospitalisation for both their relative and themselves. Emotional support for caregivers is a neglected area.

References: N/A

Disclosure of Interest: None Declared

Keywords: Care partner, hospital care experience

Poster Abstracts

P126

Topic: Quality of Life

COUPLES WITH DEMENTIA POSITIONING THEMSELVES AS A 'WE'

Lars Christer Hyden ¹*Elin Nilsson ²

¹Department of Social and Welfare Studies, ²Linköping University, Norrköping, Sweden

Objectives: Objectives: There is little research about how couples themselves define the relationship and how they use their relationship in order to (re-)define their identity when one of them develops dementia. The aim of this paper is to look closer at how couples that live with dementia jointly talk about their relationship.

Methods: Methods: Analysis of 11 video recorded joint interviews with couples. The couples were asked to tell about when they met, the experience of dementia and their everyday life. Analysis with a focus on the various ways the spouses positioned themselves as a "we" in the interviews.

Results: Results: It was found that the spouses frequently position themselves as part of a "we" in the interview. This "we" has a number of functions. First, the "we" may refer to the two spouses. Second, "we" can be used to indicate a collective subject, the couple, being something more than the sum of the spouses. This "we" seems to be especially important facing the changes and challenges brought about by the dementia disease, hence indicating the possibility (and importance) of facing this challenge jointly. Third, "we" is sometimes used in order to establish an identity as a couple especially in relation to shared memories.

Conclusion: Conclusion: By describing the various ways couples with dementia position themselves as a "we", the individual spouses can be seen as collaborative agents engaged in sustaining their couplehood, rather than just as carer and cared-for joined in a caring relationship.

References: N/A

Disclosure of Interest: None Declared

Keywords: couplehood, joint interviews, sense of "we"



P128

Topic: Quality of Life

NUTRITIONAL STATUS OF INSTITUTIONALIZED PEOPLE WITH DEMENTIA IN HONG KONG

Yuet Ying Wong^{1,*}

¹Division of Nursing and Health Science, The Open University of Hong Kong, Hong Kong, Hong Kong

Objectives: Around 47% of demented elderly live in residential homes and nearly half of them are partially incapable of feeding themselves. Up to 90% of demented elderly have risks of malnutrition, dehydration and unintentional weight loss (Watson, 2002; Chang, 2012; Chang & Roberts, 2011). The aim of this study was to investigate the nutritional status of institutionalized people with dementia in Hong Kong.

Methods: 151 dementia older adults were recruited from six residential care homes. Data were collected using Body Mass Index (BMI), Mini-Nutritional Assessment (MNA), Modified Barthel Index (MBI) and Mini-Mental State Examination (MMSE).

Results: According to the cut-off point of MNA, 68(45%) institutionalized people with dementia had risk of malnutrition and the prevalence rate of malnutrition was 49.7%. As a result, only 5.3% of institutionalized people with dementia were able to sustain their nutritional status in residential care homes. When comparing subjects with different level of ADL, the mean score of MNA among subjects who are totally dependent, severely dependent, moderately dependent and independent were 15.43 ± 2.906 , 17.8 ± 2.737 , 21.3 ± 2.466 , and 22.15 ± 2.286 , respectively. It showed that subjects who are independent had the highest mean score (22.15 ± 2.286) when compared within 4 subgroups. In view by different severity level of dementia, the mean score of MNA among subjects with moderate level of dementia was 20.05 ± 3.584 and subjects with severe level of dementia was 15.89 ± 3.154 . A statistically significant difference was found between these two groups ($t = 7.221$, $p = 0.00^*$).

Conclusion: The prevalence of malnutrition was high among institutionalized people with dementia in Hong Kong. Cognitive impairment, level of activity daily living, age and gender would be the associated factors with malnutrition. Due to the complication of malnutrition, an evidence-based protocol should be implemented in residential care homes in order to assess, monitor and intervene such alarming condition in Hong Kong.

References: Chang, C. C. & Roberts, B. L. (2011). Strategies for feeding patients with dementia: How to individualize assessment and intervention based on observed behavior. *American Journal of Nursing*, 111(4), 36-44.

Chang, C. C. (2012). Prevalence and factors associated with feeding difficulty in institutionalized elderly with dementia in Taiwan. *The Journal of Clinical Nursing*, 14, 1185-1192.

Watson, R. (2002). Eating difficulty in elderly patients with dementia. *Nursing Older People*, 14, 21-25.

Disclosure of Interest: None Declared

Keywords: dementia, malnutrition, nutritional status

Poster Abstracts

P129

Topic: Quality of Life

ALZHEIMER'S AND THE DRAWBACKS OF 'LIFELONG LEARNING'

Charles Bingham ^{1,*}

¹Faculty of Education, Simon Fraser University, Vancouver, Canada

Objectives: Over the past two decades, popular and academic discourses surrounding 'lifelong learning' has gained incredible momentum (Field, 2000; Barr & Tagg, 1995). Phrases such as 'learning center,' 'learning hub,' 'senior learning,' as well as medicalized terms such as 'learning difficulty' and 'learning disorder,' have marked a shift away from promoting 'instruction' to instead promoting 'learning'. A new paradigm of learning has resulted, one that champions learning at every stage of life. In juxtaposition to these discourses promoting 'lifelong learning,' an aging population increasingly experiencing the effects of Alzheimer's disease presents a discursive dilemma. Is it morally justified to normalize 'lifelong learning' when so many Alzheimer's patients may not be able to take part in learning as it is commonly understood?

In this paper, I aim to show that discourses supporting 'lifelong learning' need to be questioned, especially in the context of an aging population increasingly experiencing Alzheimer's. Quoting from academic and popular texts, I will show five ways that 'lifelong learning' has been discursively situated. In such discourses 'lifelong learning' is assumed to be innocuous. It is assumed to be distinct from teaching and instruction. It is assumed to be observable. It is assumed to be discrete. And, lifelong learning is assumed to be an attainable goal of educational institutions. This paper will interrogate each of these assumptions.

For its theoretical framework, this paper will draw on the work of Michel Foucault, especially his seminal text on discourse, "The Discourse on Language," published in *The Archaeology of Knowledge* (1972).

Ultimately, this paper will contribute to Alzheimer's scholarship by showing that we must be wary of the discursive effects of the shift to 'lifelong learning.' We must refine our appreciation for those who may not continue to learn in any traditional sense. Our compassion for, and appreciation of, our fellow human beings with Alzheimer's needs to be delinked from a blind acceptance of 'lifelong learning.'

Barr, R., & Tagg, J. (1995). "From teaching to learning: A new paradigm for Undergraduate education." *Change*, November/December, 13–25.

Field, J. (2000). *Lifelong learning and the new educational order*. Stoke-on-Trent: Trentham Books.

Foucault, M. (1972). The discourse on language," in *The archaeology of knowledge*. New York: Pantheon Books.

Disclosure of Interest: None Declared

Keywords: Discourse, Education, Learning, Lifelong Learning



P130

Topic: Quality of Life

FIGHTING FOR THE RIGHT TO CARE FOR MY MOTHER IN HER OWN HOME WITH ALZHEIMER'S

Robyn Carmichael^{1,*}

¹Alzheimer's Australia Vic, Melbourne, Australia

Objectives: Things changed slowly for mum; she started off being largely self-sufficient, needing guidance rather than having things done for her. As Alzheimer's progressed though it was easier to do things for her than wait for her to work it out herself. For example RDNS who came to give her morning tablets used to make her tea and toast in the morning otherwise she was fiddling around doing this for herself when they wanted her to take the tablets. Next thing I knew they were saying she can't look after herself because she can't make a cup of tea. She could...she just couldn't with the pressure of them breathing down her neck.

RDNS tried to get her case manager to convince me to put mum into care. Her case manager knew mum well and refused saying mum was coping well and didn't need to be moved. This was also the view of her GP. Then mum's case manager resigned and her new case manager thought residential care was ok so told me that was what I had to do. When I refused there were many 'meetings' about how I was putting my mother at risk. They organised to a geriatrician to visit mum in her home and assess her. His view was "Yes, she would certainly be safer in residential care - as would we all. However we choose not to as we want to live our life." Then mum ended up in hospital. She picked up an infection and needed strong antibiotics. I didn't know it at the time but when someone is admitted to hospital the 'power of attorney' form becomes invalid and the decisions are made by the hospital not me. RDNS told the hospital she needed to go into residential care so the hospital began the arrangements - taking it fully out of my hands. This resulted in another round of 'meetings'. The decision was not in the hands of the head geriatrician at the hospital. At first she fully supported the residential care decision but as the weeks went by and I kept fighting she actually got to know mum and what she was capable of. At the last minute she changed her mind and after about seven weeks mum came home again.

So many episodes like this happened... time and time again. Caring for someone with dementia should be a shared thing between the family and professionals. Each 'team' has their strengths and just because someone has a piece of paper with a few letters after their name doesn't mean that knowledge should override the people who know mum.

Disclosure of Interest: None Declared

Keywords: care arrangements

Poster Abstracts

P131

Topic: Quality of Life

TRANSITIONS OF EATING AND SWALLOWING FUNCTION ACCOMPANYING DEMENTIA PROGRESSION - EXAMINATION ON THE BASIS OF FUNCTIONAL ASSESSMENT STAGING (FAST) -

Ayako Eda¹Hirohiko Hirano¹Yutaka Watanabe²Yuki Ohara¹

¹Research Team for Promoting Independence of the Elderly,, Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology, Tokyo, ²National Center for Geriatrics and Gerontology, Obu-si, Aichi, Japan

Objectives: Eating and swallowing dysfunctions are caused by progression of dementia, resulting in greater risk of malnutrition, frailty, and mortality rate. However the details remain unrecognized. We examined the eating and swallowing dysfunctions in elderly peoples with Alzheimer's disease (AD) on the basis of FAST.

Methods: Subjects included 175 elderly AD patients requiring care in a rural area in the Northeast of Japan. The subjects' average age was 86.6±6.1, and included 29 males and 146 females. Subjects underwent vital function tests (self-feeding assessment, screening test for swallowing dysfunctions, oral-function assessment was included), cognitive assessment (ex. FAST), and a basic information (ex. MNA-SF) survey. All data was classified by FAST and analyzed with SPSS ver.22 (IBM) for eating and swallowing dysfunctions. The protocol for the present study was designed in accordance with the Declaration of Helsinki.

Results: MNA-SF showed significant decrease in scores after their FAST7b ($p<0.001$). Self-feeding assessment showed that eating difficulty occurred from the FAST6e stage ($p<0.001$). Coughing during meal time, which shows signs of dysphagia, became pronounced especially after FAST7a ($p=0.042$), and the dysphagia screening test with a stethoscope showed choking and/or wet hoarseness sounds in the pharynx increased after FAST6e ($p=0.022$). Prominent difficulty in rinsing became apparent after FAST7b ($p<0.001$), and difficulty in gargling was seen after FAST6e ($p<0.001$). However, meal time lengthened (over 40minutes) after FAST6b and was further lengthened (over 60minutes) after FAST7b ($p=0.021$).

Conclusion: Eating and swallowing dysfunctions were greater with increasing severity of AD on the basis of FAST. These results showed that the cough sign during mealtime and difficulty in rinsing occurred after finding self-feeding dysfunction, difficulty in gargling and wet hoarseness sounds with a stethoscope. It is necessary to offer predictive support for elderly patients with AD, after taking into consideration functional decline over time can be different according to the cause of dementia.

References: EdaA, HiranoH, YamadaR, ChibaY, WatanabeY, TonogiM, YamaneG. Factors affecting independence in eating among elderly with Alzheimer's disease. *Geriatrics & Gerontology International*.12(3):481-490, 2012.

Disclosure of Interest: None Declared

Keywords: Alzheimer's disease, Eating, FAST, Oral function, Swallowing

P133

Topic: Quality of Life

EARLY INTERVENTION TO PREVENT WEIGHT LOSS IN PEOPLE LIVING WITH DEMENTIA IN THE COMMUNITY

Lynn Field ^{1,*}

¹Alzheimers Australia, South Australia, Adelaide, Australia

Objectives: Dementia affects more than 322,000 people in Australia and is the third leading cause of death. The prevalence of under-nutrition in the elderly living in the community is estimated to be as high as 30 percent, rising to an estimated 70 percent in residential aged care settings. Under-nutrition and weight loss are common in people living with dementia. The signs are not always obvious and therefore the condition often goes untreated, despite the known association with adverse clinical outcomes, including an increased risk of infection, slower recovery from injury and illness, loss of muscle mass and an increased risk of falls. Ultimately this leads to a decrease in mobility which impacts on independence and may lead to a person being prematurely placed in a residential facility.

Dementia Link Workers in South Australia support people living in the community with memory changes or a diagnosis of dementia, their carers and family members to enhance their ability to live well and independently. These Workers are uniquely placed to be able to identify people at risk of under-nutrition and to intervene in the early stages of weight loss by offering simple, practical strategies to increase food intake and preserve muscle mass.

This presentation will provide an overview of the toolkit used by Dementia Link Workers in South Australia to identify people living in the community with dementia who are at risk of under-nutrition. Case studies will be presented to demonstrate the effectiveness of early intervention to prevent weight loss in people living with dementia and to improve their quality of life.

Disclosure of Interest: None Declared

Keywords: mobility, nutrition, quality of life, under-nutrition, weight loss

Poster Abstracts

P134

Topic: Quality of Life

BEING SUPPORTIVE OF RESIDENTS' EXPRESSION OF THEIR SEXUALITY IN LONG TERM AGED CARE: THE DEVELOPMENT OF THE SEXUALITY ASSESSMENT TOOL (SEXAT)

Michael Bauer¹ Deirdre Fetherstonhaugh¹ Rhonda Nay¹ Laura Tarzia¹ Elizabeth Beattie²

¹La Trobe University, Melbourne, ²Queensland University of Technology, Brisbane, Australia

Objectives: Sexuality forms a part of who we are and being able to express sexuality in a healthy way is a basic human right. Its expression is furthermore linked to quality of life and wellbeing. Many residential aged care facilities however continue to find resident's expression of their sexuality challenging and there is currently little information available to support facilities and guide practice in this area. This presentation outlines the development of a sexuality assessment tool (SexAT) which can assist facilities to improve the way they approach sexuality. The tool was developed from the literature, focus groups and interviews with staff, families and residents (with and without dementia), and consultation with a wide range of experts using a Delphi process.

The SexAT allows a facility to identify its strengths or weaknesses with respect to the management and support of sexuality, including for people with dementia in the following areas: policies and procedures; staff education, knowledge, and attitudes; education and support for residents; education and support for families; assessment and documentation; the physical environment and safety and risk management.

Disclosure of Interest: None Declared

Keywords: Long term care, Sexuality, Tool development

P135

Topic: Quality of Life

SWALLOWING FUNCTION AND NUTRITIONAL STATUS IN ELDERLY WITH ALZHEIMER'S DISEASE - A STUDY OF MALNUTRITIONAL RISK FACTOR -

Hirano Hirohiko^{1,*}Yutaka Watanabe²Ayako Eda¹

¹Prevention of Dependence on Long-Term Care, Tokyo Metropolitan Institute of Gerontology, Itabashi-ku, ²Oral Diseases Research, National Center for Geriatrics and Gerontology, Obu-si, Japan

Objectives: Transitions in dysphagia occur with increasing severity of dementia, and while there are several causes, the inability to eat may lead to a greater risk of malnutrition across all stages; therefore, understanding nutritional status is very important. The purpose of this study was to investigate swallowing function in elderly people with Alzheimer's Disease (AD) in order to determine malnutrition risk factors.

Methods: Subjects included 171 elderly AD patients requiring care in Japan. The average subject age was 86.7±6.1, and included 28 males and 143 females. Subjects underwent Nutritional status: Mini-Nutrition Assessment Short-form (MNASF), Dementia Severity: Clinical Dementia Rating (CDR), Barthel Index (BI), Eating and Swallowing function: Occlusal contacts, Swallowing Function: Modified Water Swallow Test (MWST) and a basic information (ex. Age, Sex) surveys. Existing MNA-SF cutoff values were used to classify subjects into three groups: well-nourished (score 14-12), at risk of malnutrition (score 11-8) and malnourished (score 7-0), and multiple logistic regression analyses were performed to assess the risk factors for malnutrition between each group. All statistical analyses were done using SPSS20.0J for Windows and a risk ratio of less than 5% is considered a significant difference.

Results: The multiple logistic regression models showed that CDR (OR:3.94 95 CI:1.57-9.89) and occlusal contacts (OR:3.25 95 CI:1.11-9.49) were significant with the well-nourished and risk of malnutrition groups as the objective variables. However, when the well-nourished and malnourished groups were the objective variable, Barthel Index (OR:0.94 95 CI:0.90-0.99), occlusal contacts (OR:8.47 95 CI:1.20-59.90), and MWST (OR:0.69 95 CI:0.50-0.96) were significant.

Conclusion: The results of this study showed that ADL disability, greater dementia severity, occlusal contact dysfunction, and swallowing function were significant risk factors for malnutrition. Furthermore, malnutrition risk was different based on nutritional status, and interventions taking these results into account are necessary.

References: EdaH, HiranoH, YamadaR, ChibaY, WatanabeY, TonogiM, YamaneG. Factors affecting independence in eating among elderly with Alzheimer's disease. *Geriatrics & Gerontology International*.12(3):481-490, 2012.

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, Mini-Nutrition Assessment Short-form, Nutrition, Swallowing Function

Poster Abstracts

P136

Topic: Quality of Life

HOMELESSNESS AND DEMENTIA: OVERCOMING MULTIPLE PHYSICAL, MENTAL AND SOCIAL HEALTH IMPEDIMENTS

Alice Rota-Bartelink^{1,*}

¹Research and Behaviour Support, Wintringham, Ascot Vale, Australia

Objectives: Mainstream services are failing older people (50+) with high and complex care needs associated with multiple physical and cognitive impairment particularly for those experiencing housing instability or homelessness. Wintringham is an independent welfare company in Melbourne which has continued to provide secure, affordable, long-term accommodation and high quality services to older people who are homeless or at risk of becoming homeless. Due to a high incidence of multiple cognitive pathologies and ongoing drug and alcohol abuse among our clients, we have adapted our model of care to accommodate an increasing complexity of need. A lack of appropriate intervention all too often results in a continuing cycle of increasing behavioural disturbance, hospital admissions, restrictive interventions and frequently, premature death.

The deficit of skills and knowledge that currently exist among frontline workers in the provision of specialised support to older people living with a complex behavioural profile is the driving force behind this presentation. We aim to provide an overview of issues faced by people with these conditions and the evolution of Wintringham's Wicking Project which is currently trialling a specialised residential model of service delivery to this client population. We will present key strategies that have assisted care and support workers to better understand the underlying factors contributing to complex and challenging behaviour and explore the appropriateness and effectiveness of strategies that may be adopted to provide continuing high quality care and support.

Disclosure of Interest: A. Rota-Bartelink Conflict with: Wintringham, Conflict with: The JO & JR Wicking Trust

Keywords: Alcohol related brain injury, complex behaviour, and stigma

P137

Topic: Quality of Life

PAIN ASSESSMENT TOOL VALIDATION, BASED ON PAIN SYMPTOM CHANGES (PRE- AND POST-PAIN MEDICATION) IN JAPANESE NURSING HOMES.

Haruna Tanaka ^{1,*}Yumiko Momose ²

¹Department of Nursing, Gifu University of Medical Science, Seki, ²School of Nursing & Health, Aichi Prefectural University, Nagoya, Japan

Objectives: We originally developed the Pain Checklist for Older People (P-COP) for Japanese older people, and in this study, we examined the versatility of P-COP, while conducting pain assessments in Japanese nursing homes.

Methods: Subjects comprised of 12 older people (aged 65 and older and whose Hasegawa Dementia Scale –Revised scores were over 10) living in 3 nursing homes in Japan. Subjects were chosen based on regular use of pain medication and were assessed using the Verbal Rating Scale (VRS), which requires verbal answers.

From one week to a month, one nurse at each facility conducted the pain assessments (pre- and post-medication) on 12 nursing home residents, using P-COP. This same nurse used the VRS when checking pain intensity (pre- and post-medication). The data was then analyzed using the Wilcoxon Signed Rank Test.

This study was also subject to an ethical review and approved by the Research Ethics Committee by a university within Japan. In addition, participation was voluntary and based on informed consent, with confidentiality and anonymity assured.

Results: The mean age of the sample was 85.7 years (SD=5.90). 9 out of 12 (75%) of the participants were female and 3 out of 12 (25%) were male. The mean score of the HDS-R was 17.9 (SD=6.05). Results indicated that a significant reduction was found in the VRS (pre- and post-pain medication) assessment. 23 out of 28 items from the P-COP were checked as pain symptoms in those residents. 12 out of 23 items from the P-COP showed a significant decrease in pain symptoms (pre- and post-pain medication).

Conclusion: 12 items suggest validity, when identifying changes in pain symptoms (pre- and post-medication). The remaining 16 items need to be reassessed for reliability, when checking for pain.

This study was subsidized by the grant-in-aid for scientific research (C).

References: 1) International Association for the Study of Pain. Pain Terminology. Retrieved from http://www.iasp-pain.org/AM/Template.cfm?Section=Pain_Definitions&Template=/CM/HTMLDisplay.cfm&ContentID=1728. Accessed 2009-08-30.

Disclosure of Interest: None Declared

Keywords: nursing home, pain management

Poster Abstracts

P138

Topic: Quality of Life

AUTONOMY IN DEMENTIA: TOWARDS INCLUSIVE DECISION-MAKING PRACTICES

Suze Jarrad ^{1,*}

¹School of Law, Flinders University, Adelaide, Australia

Objectives: Personal autonomy is valued highly in our society, and a key principle underpinning law. Making our own decisions in relation to personal values and meaning is affirming of our identity and selfhood.

This paper explores the characteristics of the liberal idea of autonomy, and its translation into legal principles about decision-making capacity. Applying capacity concepts in practice is challenging, but research shows that factors such as prejudice, ageism, medicalised practices, and a variable understanding of the use of law, undermines some of the protections of law in enhancing the autonomy of people with dementia who may meet the capacity threshold.

At the same time, new understandings about decision-making, autonomy and personhood challenge this traditional approach towards persons and its exclusionary nature, with new concepts of autonomy emerging.

In response, this paper proposes that capacity assessments are best utilised as a last resort. New practices are required that recognise the value of the person beyond cognitive definitions, and which maximise autonomy and personhood through inclusive decision-making. This requires greater respect for personhood, an understanding of the interface between law and society, and a focus on justice. Some approaches towards person-centred decision-making are proposed.

Disclosure of Interest: None Declared

Keywords: autonomy, capacity, decision-making, law, personhood

P140

Topic: Quality of Life

BENEFITS OF ONE SUPPORT WORKER THROUGH THE DEMENTIA JOURNEY. TESTED METHOD IN RURAL COMMUNITIES REDUCING STRESS AND ISOLATION FOR THE PERSON WITH DEMENTIA AND THEIR CARER.

Adele Doherty^{1,*}

¹Regional Operations Manager, Northern Ireland, United Kingdom

Objectives: In rural areas of Northern Ireland where people with dementia and their carers are affected by high levels of isolation the Alzheimer's Society offers one support worker to be available from when the person is diagnosed, through review clinics, at community support, 1:1 support and carers information programmes and peer support group. The benefits of one support worker enable the person with dementia and the family not to have to repeat their story at each stage and group they attend, the SW can ensure that the service is as bespoke as possible to them and reduce stress for the family and PWD.

Disclosure of Interest: None Declared

Keywords: Carers and families, community care, Point of diagnosis, Reduce isolation, rural areas

Poster Abstracts

P141

Topic: Quality of Life

RELATIONSHIP BETWEEN DEPRESSIVE MOOD IN PEOPLE WITH DEMENTIA, THEIR EXPERIENCE, THEIR FAMILY'S RECOGNITION OF DEMENTIA

Sawako ARAI ^{1,*}Sadao KATAYAMA ²Yumiko KUTOKU ²Yoshihide SUNADA ²

¹Clinical Psychology, Kawasaki University of Medical Welfare, ²Kawasaki Medical School, Kurashiki-shi, Japan

Objectives: Understanding the daily living experience of people with Alzheimer's disease (AD) has important implications for the enhancement of their psychological well-being. Results from a preliminary, single case study suggest that the suffering of individuals with AD is linked to their and their family's recognition of dementia. Therefore, this study explores the relationship between the depressive mood of people with AD, their experience, and their family's recognition of dementia.

Methods: Subjects: Individuals with mild to moderate AD and their family members. Data collection: Semi-structured interviews lasting 30–60 min were conducted. These interviews were conducted separately for individuals with AD and their family members. For those with AD, the interviewer usually began by asking about the individual's (1) experience of receiving a dementia diagnosis, (2) ingenuity for remembering things in daily life. For family members, the interviewer usually began by asking about (1) impressions of the family after receiving the AD diagnosis, (2) ingenuity after the diagnosis. Furthermore, we administered questionnaires about cognitive function (MMSE), depressive mood (GDS). Analysis: Words from the interviews were analyzed using the commercially available "Word Miner" text-mining software. The analysis mapped relational words from the interviewers, with the distance between words showing the strength of the relation.

Results: One subject had moderate depression (GDS= 8), and another had a low level of depression (GDS= 4). The data from the subject with low depression and those from her family were closely positioned on the map. Conversely, the data from the subject with moderate depression and those from her family were positioned apart. The husband and daughter of the subject with low depression characterized the subject's words as "uncheerful," and the family's words were characterized by "Alzheimer" and "disease." Conversely, words of the subject with moderate depression were characterized by "not much," and the family's words were characterized by, "There is nothing for it."

Conclusion: In conclusion, the family of the subject with moderate depression cared about the subject's treatment. Conversely, her family seemed to accept the situation despite their lack of satisfaction. Overall, recognition of dementia by the family is possibly related to the depressive mood of individuals with AD, but further research is still required.

References: Arai et al. (2010) How Do Patients with Alzheimer's Disease and Family Members Experience Memory Impairments? Bulletin of the Graduate School of Education, HiroshimaUniversity. Part 3, 59, 119-128.

Disclosure of Interest: S. ARAI Conflict with: JSPS KAKENHI Grant Number 25780414., Conflict with: Eisai, S. KATAYAMA: None Declared, Y. KUTOKU: None Declared, Y. SUNADA: None Declared

Keywords: depressive mood, recognition of dementia, text-mining



P142

Topic: Quality of Life

RELATIONSHIP BETWEEN NUTRITIONAL STATUS AND SEVERITY OF ALZHEIMER'S DISEASE

Yoshiko Motohashi ^{1,*}Hirohiko Hirano ²Yutaka Watanabe ¹Ayako Edahiro ²

¹National Center for Geriatrics and Gerontology, Aichi, ²Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan

Objectives: Nutritional states in elderly people with Alzheimer's disease (AD) Changes with severity of dementia .The malnutrition that accompanies AD progression leads to difficulty in care.This study focused on AD, a degenerative dementia, and was investigated for the purpose to grasp basic information of nutritional changes by progression of AD.

Methods: Subjects includes 232 elderly AD patients requiring care in two prefectures in Japan (Akita ,Kanagawa). Subjects average age was 85.4±5.9 ,and included 31 males and 201 females. Subjects underwent Clinical Dementia Rating (CDR),nutritional states (ex BMI,NMA-SF,Calf Circumference(CC) ,Thigh Circumference (TC)),Skeletal Muscle Index(SMI) and basic information (ex.age)surveys. All data was classified by CDR and analyzed with SPSS ver.22 (IBM) for nutritional changes in each classified group.The protocol for the present study was designed in accordance with the Declaration of Helsinki.

Results: Decreasing trends of nutritional states were observed, though statistically non-significant, in males with increasing severity of AD. In femals,SMI (CDR0.5: 5.5±0.9, CDR1:5.0±0.9,CDR2:5.0±0.9,CDR3:3.6±1.0 following CDR severity order),BMI (22.7±4.5,22.1±4.0,22.1±3.9,19.2±4.2 ,MNA-SF (11.6±1.6,10.5±2.1,9.8±2.1,7.0±2.5 ,CC(31.7±2.5 ,30.4±3.5,29.7±3.5,25.3±4.3 ,and TC (37.7±4.4,36.2±4.7,35.4±4.4,31.7±6.3 were significantly different with the severe reduction of dementia.No significant difference in age was found. The result comparing the Z-score on the basis of the mean in CDR 0.5,MNA-SF and CC showed changes that were similar to each other.

Conclusion: Nutritional status declines with progression of AD, in particular, it was found to be reduced significantly when AD was severe. Simple evaluation methods such as the MNA-SF and CC have been suggested likely to be useful as an indicator of monitoring nutritional status in elderly people with AD.

References: Edahiro A, Hirano H, Yamada R, Chiba Y,Watanabe Y, Tonogi M, Yamane G.

Factors affecting independence in eating among elderly with Alzheimer's disease.Geriatrics Gerontology International.12(3):481-490,2012.

Disclosure of Interest: None Declared

Keywords: Mini-Nutrition Assessment Short-form (MNA-SF), Nutrition, Calf circumference (CC), Skeletal Muscle Index (SMI),

Poster Abstracts

P143

Topic: Quality of Life

VOICE AND CHOICE: AN ALL-WALES INDEPENDENT ADVOCACY SERVICE

Eirwen Jones ^{1,*} Cheryl Williams ²

¹Services Directorate, ²Alzheimer's Society, London, United Kingdom

Objectives: An all-Wales independent advocacy service that provides an outcome focussed service for people with dementia with complex needs. It offers support for people with dementia to voice their needs and a voice for a person with dementia if they cannot speak for themselves. This model recognises the importance of an individual's fundamental rights and needs, using established methods of non-instructed advocacy such as the Watching Brief Approach, Witness-Observer Approach, Person Centred Approach and the Human Rights Approach.

Disclosure of Interest: None Declared

Keywords: advocacy

P145

Topic: Quality of Life

A LOT OF THINGS WORK BETTER WITH MUSIC – MUSIC AS A SUPPORT OF DAILY LIFE ACTIVITIES OF PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS

Simone Willig ^{1,*}

¹Ambulante Musiktherapie, Herborn, Germany

Objectives: Music addresses people with dementia as human beings, not as patients. Music is life, is the living expression of life. Music facilitates an appreciative way of communicating, a dialogue amongst equals, in which the person with dementia can participate and shape his or her own experiences in a significant way. For a person with dementia, the experience of being appreciated and perceived as a person in the musical process, is often motivating and furthers and supports the person's wellbeing, also in many areas of practical life. More than that music creates neural networks and can be interpreted as the brain's biological language. Various musical parameters stimulate and link different areas in the brain at the same time. It has been proven that music activates centres in the brain that are responsible for emotions and instigates processes of neural reorganisation. Music engages brain and behaviour functions based on the neurobiology of music perception. Music is always in interaction with motor control, executive functions, memory, language or attention.

Disclosure of Interest: None Declared

Keywords: Motor control, language, memory, executive functions, Music due to the activities of daily life, Music in nursing, Neural Reorganisation, Neurobiology of music perception



Poster Abstracts

P146

Topic: Quality of Life

FINDING SUPPORT AND CONNECTEDNESS WHILE CARING FOR MY HUSBAND WITH VASCULAR DEMENTIA

Pushpa Jayakody^{1,*}

¹Member of the Consumer Advisory Committee, Alzheimer's Australia Vic, Melbourne, Australia

Objectives: I met my husband Jaya while I was at university. We migrated from Sri Lanka in the early 1990s. We enjoyed a loving caring very supportive marriage and have two beautiful children, a daughter and a son. In 2008 Jaya's behaviour started to change and he was diagnosed with vascular dementia in 2009.

Life changed so quickly and so dramatically and I lost the things I really enjoyed. I found that I could not leave Jaya alone at home for even a short amount of time. We both missed each other's support in and lost quality in our life together. I gave up work to care for him and three years ago we were compelled to place him in Nursing care. I still have a large role in his care, visiting him almost every day.

We have had a lot of family support along the way, with my daughter & son both moving with their families to be living close to me and his family, other relatives and friends assisting us, often at short notice. Our son recorded a song dedicated to Jaya for Father's Day this year which I would like to share with the delegates.

I am very much supported by the Carer Consultant at North West Mental Health and I take pride in being involved with projects such as "Families as Partners in Care" and also in being able to be part of the Consumer Advisory Committee of Alzheimer's Australia Vic. I continue my active leadership and involvements with the Sri Lankan and multicultural communities of the City of Whittlesea in Victoria; including community organisations like Cultural Bridges, the Northern Melbourne Sri Lankan Association and my own former University Alumni Association. I started the Northern Melbourne Senior Citizens group in 2007 which now has about 150 members, and I coordinate a local Planned Activity Group for SPECTRUM Migrant Resource Centre in Melbourne. These allow me to provide guidance and support to others as to be experiencing Alzheimer's/ dementia is bad enough and is much worse for people from the culturally and linguistically diverse (CALD) communities since they often feel isolated and helpless.

Disclosure of Interest: None Declared

Keywords: carers, Community, support group

P147

Topic: Quality of Life

EXPLORING THE LIVED EXPERIENCE OF INDIVIDUALS OF BLACK ETHNICITY LIVING WITH DEMENTIA'

Perfect Tiritega Mawaka ^{1,*}

¹Continuing Healthcare, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Group, Essex, United Kingdom

Objectives: This investigation has the following objectives:

To explore how individuals of black ethnicity living with dementia see themselves

To understand how they cope in the day-to-day reality of living with dementia- the difficulties, demands and opportunities

The research approach is qualitative, involving interviews with individuals of black ethnicity living with dementia as little is known about their experiences. The philosophical framework used in this project is based on phenomenology.

Rather than establishing some fundamental truth about experiences of living with dementia, this work seeks to gain some insight into the particular perspective of a person living with dementia; the experiences and the ideas that inform this perspective. With this aim as the basis of this project, the following research questions were developed:

- What is the lived experience of the individual of black ethnicity living with dementia?
- How does the individual of black ethnicity living with dementia describe their experience and everyday lives?

Disclosure of Interest: None Declared

Keywords: dementia, ethnic minority, lived experience

Poster Abstracts

P148

Topic: Younger Onset Dementia

DIFFERENCES BETWEEN EARLY AND LATE ONSET ALZHEIMER'S DISEASE

Peter Panegyres ^{1,*}Huei-Yang Chen ¹

¹Neurodegenerative Disorders Research Pty Ltd, Perth, Australia

Objectives: Previous studies comparing early-onset Alzheimer's disease (EOAD) and late-onset AD (LOAD) have been limited by cross-sectional design and a focus on isolated clinical variables. This study aims to explore differentials in clinical features between EOAD and LOAD and to examine longitudinally trends in cognitive function.

Methods: Data from 3,747 subjects with AD from C-PATH Online Data Repository was used to compare demographics, body mass index (BMI), mean arterial pressure (MAP), biochemistry and cognitive assessments, including mini-mental state examination (MMSE) and Alzheimer's Disease Assessment Scale-cognitive subscale (ADAS-Cog), between EOAD and LOAD. The baseline differences were examined by binominal proportion test and t-test. The trends of cognitive functions, evaluating by MMSE and ADAS-Cog, were examined by the mixed model, controlling for the effect of repeated measures of the same person.

Results: No significant difference was found in BMI and MAP. C-reactive protein, creatinine and blood urea nitrogen (BUN) ($p < 0.05$) were significantly higher in LOAD. The APOE 4 alleles were more likely to be found among LOAD compared to APOE 2 or APOE 3. EOAD had significantly lower MMSE at baseline and this difference significantly increased over time. Despite an insignificant differential in ADAS-Cog between EOAD and LOAD at baseline, the differential was enlarged gradually and became more significant with time.

Conclusion: Our findings suggest that elevated inflammatory markers, impaired renal function and APOE 4 alleles are overrepresented in LOAD, possibly indicating that different factors determine the development of EOAD and its more rapid cognitive deterioration.

References: 1. Atkins ER, Bulsara MK, Panegyres PK. Cerebrovascular risk factors in early-onset dementia. J Neurol Neurosurg Psychiatry 2012;83:666-667.

2. Atkins ER, Panegyres PK. The clinical utility of gene testing for Alzheimer's disease. Neurol Int 2011;3:e1.

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, Early onset dementia, Late onset dementia

P149

Topic: Younger Onset Dementia

TOO LATE FOR PEOPLE WITH YOUNGER ONSET DEMENTIA?

Julie Dunn ^{1,*} Julie Dunn ¹

¹Dementia Day Respite Centres, Hastings District Respite Care, Port Macquarie, Australia

Objectives: Dementia day respite services are faced with a major challenge of providing much needed and vital support to people with younger onset dementia (YOD) with a model that is flexible, person-centred and with services that are not centre bound but encourage community activities with a strong focus on community inclusion. People with YOD need appropriate funded programs that are flexible in providing emotional support, including case management, as well as providing opportunities to maximise their remaining skills and abilities.

Like many service providers we at Hastings District Respite Care (HDRC) find ourselves in a service and funding void. The window of opportunity to engage people with YOD is brief due to the shorter progression of their illness and requires services to be innovative and responsive to frequently changing needs. HDRC has a vision of putting what matters to our clients at the heart of everything we do. A person with YOD and their family need services that increase enablement maintain family relationships, maximise community participation with the overall aim of enabling them to continue to live at home and not require premature entry into residential aged care.

Our service provides opportunities for self-determination and individuality. Program planning takes place and can be updated on any day according to the group or individual's needs at any time. People with YOD are supported to engage in voluntary projects to encourage community inclusion and improved self-esteem. Our clients regularly enjoy kayaking, horse riding, sailing, swimming, attending men's sheds, latte sipping or beach walking. Their needs, interests and abilities are certainly varied and invite staff and volunteers to be spontaneous, flexible and person-centred. These YOD programs are delivered using existing HACC funding through being creative and unafraid to think outside the box but can only be an interim solution until there is full recognition that services need to be adequately funded. HDRC is proud of our "Sharing the Caring" service promise in providing support to people with YOD. Being too late is not an option.

Disclosure of Interest: None Declared

Keywords: challenges, day respite centre, funding

Poster Abstracts

P150

Topic: Younger Onset Dementia

FIRST REPORT ON SUPPORT FOR PATIENTS WITH EARLY-STAGE DEMENTIA: DEMENTIA CAFÉ ACTIVITIES

Motoko Onozuka^{1,1,*} Akiko Yane² Tsukasa Miyama¹ Hisayoshi Suzuki¹ Takako Kitamura³

¹School of Nursing, Kyoto Tachibana University, Kyoto, ²Faculty of Health Sciences, Naragaku University, Nara-shi,

³School of Nursing, Tsuruga University, Tsuruga, Japan

Objectives: Introduction: In City A, café forums have been held to provide a place where dementia patients, their family members, and other individuals concerned are free to meet from the earliest stage of disease onset and where they receive care and support suitable for early-stage dementia patients. This report describes the results of five café forums held between December 2012 and May 2013.

Café outline: Café objectives: 1) To create opportunities that lead to the provision of appropriate care and support to early-stage dementia patients, 2) to create opportunities to promote correct understanding of dementia, and 3) to create opportunities to improve specialist skills to support dementia patients. Basic policies of the café: 1) equality between participants and 2) attitude of friendly consideration. Frequency of café open: once per month. Target participants: early-stage dementia patients, their family members, and local residents. Café staff: Nurses, welfare workers, and physicians. Program: 1) Lectures from physicians and other individuals concerned, 2) concert, 3) tea time.

Ethical considerations: Consent was obtained from café participants and staff after they were given verbal and written explanations of the objectives, details, and ethical considerations of the café.

Results: Number of participants (from a total of five cafés): 176 individuals (29 dementia patients, 27 family members, 33 local residents, and 9 other individuals)

1) Until participants became familiar with the venue, they were led by staff to a general seating area. As the number of cafés increased, participants sat where they pleased and enjoyed the café.

2) Photos, etc., from the café events were compiled in an album-like file and were then distributed and evaluated by dementia patients and their family members.

3) For staff members with little experience in providing support to early-stage dementia patients, the café was a place where they could acquire support skills, and where they could share learning experiences and exchange opinions at each meeting.

Summary: As the dementia café is a place where dementia patients and their family members can meet freely and continuously, a venue that is close to where they live is convenient. We hope to create a place that is welcoming for such individuals.

Disclosure of Interest: None Declared

Keywords: Dementia café

P152

Topic: Younger Onset Dementia

TIME TO DIAGNOSIS FOR YOUNG-ONSET DEMENTIA – WHAT FACTORS CONTRIBUTE TO DELAY? FINDINGS FROM THE INSPIRED STUDY

Brian Draper^{1,*} Adrienne Withall¹ Fiona White¹ Monica Cations¹ Henry Brodaty¹ Apo Demirkol² Perminder Sachdev¹ Julian Trollor¹ Peter Gonski¹ Clement Loy³

¹University of NSW, ²Langton Clinic, ³University of Sydney, Sydney, Australia

Objectives: There are concerns that people with young-onset dementia (YOD) experience unacceptable delays in obtaining a dementia diagnosis. Our objective was to map out the journey to diagnosis of younger people with dementia.

Methods: Participants were recruited via relevant health care professionals (HCPs), the Alzheimer's Association or self-referral. Information was obtained about the diagnostic pathways from interviews with the carer and/or the person with YOD, and from medical record reviews. Clinical dementia diagnoses were reached by a consensus review of all diagnostic information by at least two dementia specialists.

Results: Participants included 74 people with dementia onset prior to 65 years of age (mean age of onset = 56.2 years); Alzheimer's disease (AD) (56.8%, $n=42$), frontotemporal dementia (FTD) (17.6%, $n=13$), vascular dementia (6.8%, $n=5$) and other (18.8%, $n=14$). 18.9% had been diagnosed with MCI at some point ($n=14$) and 54.1% had a history of psychiatric illness ($n=40$), mostly depression (36.5%, $n=27$). HCPs in the diagnostic pathway included GPs (85%), neurologists (73%), memory clinics (39%), psychiatrists (39%), neuropsychologists (34%) and geriatricians (27%). Mean time from symptom onset to first assessment was 1.86 years; to first dementia diagnosis was 2.70 years; to family awareness of first dementia diagnosis was 3.17 years; and to final dementia diagnosis was 4.31 years. More than one type of dementia diagnosis occurred in 37.9% participants (mean 1.45 diagnoses). MCI was associated with significantly longer time from first assessment to first and final dementia diagnoses, and from symptom onset and time to family awareness of diagnosis. The time from symptom onset to final dementia diagnosis was significantly longer for FTD (6.84 years) and other dementias (5.45 years) than for AD (3.47 years) and these differences largely occurred after initial dementia diagnosis.

Conclusion: Longer time from symptom onset to final dementia diagnosis occurs when there are delays in seeking help, MCI in the dementia prodrome, and when there is a non-Alzheimer dementia.

References: Speechly et al MJA 2008; 189 (9): 487-489

Disclosure of Interest: None Declared

Keywords: Diagnosis

Poster Abstracts

P153

Topic: Younger Onset Dementia

ESTABLISHMENT OF A CARING MAP FOR THE HEALTHCARE PROVIDERS AND USERS FACING YOUNG ONSET DEMENTIAS

Yung-Jen Yang^{1,*} Ying-Hui Wu² Ying-Jyun Shih³

¹Taiwanese Society of Geriatric Psychiatry, Taichung City, ²Taiwan Alzheimer's Disease Association, Taipei, ³Department of Nursing, Tsao-Tun Psychiatric Centre, Nan-Tou County, Taiwan

Objectives: We conceptualise and construct a caring map applicable and specifically for YOD in Taiwan.

Methods: Initiatives were formed and guidelines as well as YOD project reports across the countries (Australia, Netherland, France, USA, UK, and Japan) had been first searched from the internet. Frame of interventional flow had been constructed based on current treatment, services and management that were available locally. The frame mainly included medical and social welfare services. Relevant administrating regulations, special notice about cultural issues and remainders about legal considerations have also been addressed on the caring map. Key issues in clinical care were compared with those been addressed in the documentations from other countries. Discrepancies were solved and final consensuses about recommendations were achieved by Delphi method in the initiatives after searching the medical literatures or consultation with the experts in the specific field when no good evidence was available. The experts in the academic societies were finally consulted and reviewed the final product.

Results: A caring map for management of YOD was constructed, and it was aimed for the patients with YOD, their caregivers, and healthcare and social service providers. The final product will be presented with the poster in the conference.

Conclusion: To our knowledge, the caring map is the first explicit and comprehensive document for managing YOD along the disease trajectory in Taiwan. We wish that this could stimulate and attract more attention on the care for YOD, and prompt to set up national caring standards and enhance the quality of care eventually.

Disclosure of Interest: None Declared

Keywords: caring map, Young onset dementia

P154

Topic: Younger Onset Dementia

THE YODA (YOUNGER ONSET DEMENTIA ALLIANCES) PROJECT: STAY CONNECTED WITH YODA

Connie Alomes¹; Alex Good¹

¹Alzheimer's Australia Tasmania, Australia

Objectives: For many people who have been diagnosed with YOD, not only is the future uncertain but the connections that one has cemented into middle age; family, community, work, and social activity are severely disrupted and sometimes severed as the condition progresses. As the person with YOD struggles to access age appropriate supports and services, they also find that finding meaningful activities and a sense of purpose also diminishes. The YODA Project addresses this by implementing a volunteer befriender service that matches volunteers with YOD clients who share the same interests, culture, skills and hobbies. YODA volunteers are screened, trained, supervised and supported by a Key Worker (Volunteer Coordinator) and matched by mutual agreement with the PWD. The YODA volunteer can either enable the PWD to participate in activities or to enable the PWD to become a volunteer themselves in an area that they are interested in. TAS YOD has partnered with Volunteering Tasmania to recruit volunteers and to ensure that a best practice volunteer management system is in place to support this program. • The aim of the project is to provide social support, increase community participation and social inclusion by matching PWD with compatible volunteers who will assist the PWD to engage in community activities. For example, people with YOD often maintain their physical capacity whilst their cognitive abilities diminish. Befriender volunteers can provide opportunities for people living with YOD to enjoy or reinitiate physical activity such as walking, without having to worry about getting lost, misreading signs etc. This program also allows PWD to be included in mainstream community activities such as volunteering and this reduces social isolation and increases confidence and a sense of purpose and belonging. • The YODA Project also provides respite for carers and/or the ability for carers to enjoy an activity with the person they care for without having to be the sole person responsible for the wellbeing of the PWD. • Clients participate by helping to create the matching criteria, having the final say in the choice of the volunteer befriender and contributing their lived experience to the evaluation of the project.

Disclosure of Interest: None Declared

Keywords: volunteering, younger onset dementia

Poster Abstracts

P155

Topic: Younger Onset Dementia

AN UNUSUAL FORM OF YOUNG ONSET ALZHEIMER'S DISEASE: POST CORTICAL ATROPHY SYNDROME

Peter Panegyres ^{1,*} Judy Goh ¹

¹Neurodegenerative Disorders Research Pty Ltd, Perth, Australia

Objectives: To understand posterior cortical atrophy (PCA), taking into account the natural history, neuropathology and functional imaging of patients.

Methods: A longitudinal evaluation of ten patients was performed over a period of 5.0 years (SD=2.01). The clinical history, examination, neuropsychological assessment and imaging results were evaluated.

Results: Ten patients with clinical features of PCA were followed. The mean age of onset was 55.5 years (SD=4.03, range 48 to 63). The most common symptoms at onset were working memory deficits, spatial disorientation, alexia, dressing and limb apraxia, agraphia and acalculia. The mean duration of follow-up was 4.18 years (SD=2.01). Four of the patients had posterior parietal and occipital atrophy, three had frontal and parietal lobe involvement and one patient had predominantly parietal and temporal changes on imaging. Interestingly, three patients had hypoperfusion and hypometabolism of the parietal lobes with no associated changes on structural imaging. Three patients had amyloid deposition in their brains using PiB PET imaging. Alzheimer's disease was confirmed in one patient who came to autopsy.

Conclusion: This study documents the natural history of patients with PCA and has revealed a heterogeneous clinical picture. This has implications for early diagnosis and management. It is suggested that perfusion and metabolic scans are more sensitive in the early detection of PCA than structural imaging. The detection of amyloid using PET imaging and the neuropathological findings suggest PCA is a b amyloidosis and most likely a rare form of Alzheimer's disease.

References:

Disclosure of Interest: None Declared

Keywords: Alzheimer's disease, Post Cortical Atrophy, Young onset dementia

P156

Topic: Younger Onset Dementia

WHAT IS THE ROLE OF ENVIRONMENTAL AND LIFESTYLE RISK FACTORS IN THE DEVELOPMENT OF YOUNGER ONSET DEMENTIA?

Monica Cations^{1,*} Adrienne Withall¹ Lee-Fay Low² Brian Draper¹

¹UNSW Australia, ²University of Sydney, Sydney, Australia

Objectives: Younger onset dementia (YOD) has significant consequences for the person diagnosed, their family and community. Identifying risk factors for YOD can inform initiatives aimed at preventing or delaying onset of the illness. Directly heritable dementias may account for less than 20% of YOD cases, and a number of non-genetic factors are identified contributors to late-onset dementia (LOD). Whether these factors also relate to YOD is not well understood. Available evidence will be reviewed to clarify the YOD risk profile, and a protocol for future research will be suggested.

Methods: A systematic review of the PubMed and PsychINFO databases (1980-2014) was conducted using the terms “risk” AND “young* onset dementia”, “presenile dementia” or “early onset dementia”. Five publications from three studies could be identified. A wider search of “dementia” AND “age of onset” identified a further 21 relevant studies.

Results: Results showed that many risk factors relevant to LOD are also related to YOD, and that the accumulation of factors is particularly detrimental. However, the risk conferred by each individual factor may differ to that for LOD. For example, heavy alcohol use may be more detrimental for YOD than it is for LOD. Dementia onset may be hastened by cardiovascular factors, history of depression, low educational attainment and traumatic brain injury. Also, dementias related to heavy and/or sustained risk factor exposure, such as alcohol-related dementia and chronic traumatic encephalopathy, are more common in mid-life. Finally, populations exist in which prevalence of both YOD and multiple risk factor exposure is high. These themes suggest that the brain has a limited ability to withstand excessive and prolonged exposure to some risk factors, and particularly the accumulation of multiple risks. However, the quality and breadth of evidence in the area is weak, attributable mainly to the challenges inherent to epidemiological research in rarer diseases.

Conclusion: The epidemiology of YOD is in its very early stages, but the literature indicates that the risk profile of YOD may slightly differ to that of LOD. The mechanisms by which the onset of dementia might be brought forward are as yet unknown. Epidemiological studies should focus in particular on the interaction of multiple factors, to enable preventative strategies to be developed.

Disclosure of Interest: None Declared

Keywords: Epidemiology, Lifestyle, Prevention, Risk factors, Younger onset dementia

Poster Abstracts

P157

Topic: Younger Onset Dementia

THE DIAGNOSIS OF DEMENTIA DOES NOT EQUAL DISABILITY TO WORK

Virvatuli Ryyänänen ^{1,*}

¹The Alzheimer Society of Finland, Helsinki, Finland

Objectives: Due to improvements in knowledge and diagnostic methods, people get the diagnosis sooner than before. The diagnosis of dementia does not necessarily mean disability to work. In the name of equality, people with early onset dementia should go through a proper evaluation of their ability to work and their need for rehabilitation, just as people with e.g. musculoskeletal diseases.

The Alzheimer Society of Finland asked occupational health doctors and neurologists about their perceptions of current praxis about people with early onset dementia continuing to work. Preliminary results suggest that the dementia diagnosis is seen as an obstacle to the continuation of work. This poses major challenges for the equality from the perspective of people with dementia, as well as opportunities if they wish to continue their careers. Based on the survey there is room for change in the attitudes of professionals, as well as need for tailored information, support and materials.

Although not every person with early onset dementia can or even want to continue working, the possibility cannot be written-off. Working is an excellent way of rehabilitation. Continuing to work is also a significant factor considering the whole society, as the age of retirement is increasing and the amount of aging population rising. The possibilities that enable working include actions the person him-/herself makes, decisions the neurologist makes and the support the employers and work community give. A support person, cut workload, memory aids and shorter days can help the person to keep working and still have the strength to enjoy leisure time. Most of the actions, such as decreasing the cognitive burden with post-it-notes, calendars and an undisturbed working space, are light and easy to incorporate without having to make enormous changes. Through interviewing employers of people with early-onset dementia we found out that these actions and changes merely require for the employers, work communities and the whole society to adopt a right attitude and a will to adjust.

The Alzheimer Society of Finland has produced a comprehensive brochure about people with early onset dementia in working life. We will arouse discussion around the topic throughout the year 2015.

Disclosure of Interest: V. Ryyänänen Conflict with: The Alzheimer Society of Finland

Keywords: ability to work, early onset, equality, rehabilitation



P158

Topic: Younger Onset Dementia

FIRST REPORT ON SUPPORT FOR PATIENTS WITH EARLY-STAGE DEMENTIA: DEMENTIA CAFÉ ACTIVITIES

Motoko Onozuka ^{1,*}Akiko Yane ²Tsukasa Miyama ¹Hisayoshi Suzuki ¹Takako Kitamura ³

¹Faculty of nursing, Kyoto Tachibana University, Kyoto, ²Faculty of Health Science, Naragakuen University, Nara-shi,

³Faculty of nursing, Tsuruga University, Tsuruga, Japan

Objectives: Introduction: In City A, café forums have been held to provide a place where dementia patients, their family members, and other individuals concerned are free to meet from the earliest stage of disease onset and where they receive care and support suitable for early-stage dementia patients. This report describes the results of five café forums held between December 2012 and May 2013.

Café outline: Café objectives: 1) To create opportunities that lead to the provision of appropriate care and support to early-stage dementia patients, 2) to create opportunities to promote correct understanding of dementia, and 3) to create opportunities to improve specialist skills to support dementia patients. Basic policies of the café: 1) equality between participants and 2) attitude of friendly consideration. Frequency of café open: once per month. Target participants: early-stage dementia patients, their family members, and local residents. Café staff: Nurses, welfare workers, and physicians. Program: 1) Lectures from physicians and other individuals concerned, 2) concert, 3) tea time.

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Results: Number of participants (from a total of five cafés): 176 individuals (29 dementia patients, 27 family members, 33 local residents, and 9 other individuals)

- 1) Until participants became familiar with the venue, they were led by staff to a general seating area. As the number of cafés increased, participants sat where they pleased and enjoyed the café.
- 2) Photos, etc., from the café events were compiled in an album-like file and were then distributed.
- 3) For staff members, the café was a place where they could acquire support skills, and where they could share learning experiences and exchange opinions at each meeting.

Summary: As the dementia café is a place where dementia patients and their family members can meet freely and continuously, a venue that is close to where they live is convenient. We hope to create a place that is welcoming for such individuals.

Disclosure of Interest: None Declared

Keywords: Dementia café

Poster Abstracts

P159

Topic: Younger Onset Dementia

SUPPORT GROUP FOR YOUNGER ONSET DEMENTIA AND THEIR CARERS: EXPERIENCE SHARING ON A 5-YEAR PRACTICE

Ying-Hui Wu ¹*Yung-Jen Yang ²Jui-Peng Lin ¹

¹Dementia Section, Catholic Sanipax Social-Medical Service & Educational Foundation, ²Taiwanese Society of Geriatric Psychiatry, Taipei, Taiwan

Objectives: We will introduce services for patients with YOD as well as their carers and share the advantages from a 5-year service practice in Taipei.

Methods: A small group consisting of 8-10 couples with YOD and carers has been hosted by the Sanipax since 2009. Based on the rationale for providing supports, services were organized through group approach, professional intervention, peer support, psychosocial education activity, and joint activities including excursion, volunteer work, overnight travelling and horticultural therapy. Surveys were performed and replies to questionnaires with choices and subjective descriptions/statements had been obtained. The results were analysed and summarised through qualitative approaches.

Results: We will report the development of the supportive group and feedback from the participants of the group. Both descriptive analyses of basic information and subjective statement focusing on the changes of caregiver burden and quality of life will be illustrated in the conference.

Conclusion: Based on our experience, we believe that supportive group indeed empower the caregivers of YOD, alleviate burden and improve quality of life of the YOD caregiver.

References: 1. Learning Together and Discovering Connections from Houston & Southeast Texas Chapter, Alzheimer's Association

2. Younger Onset Dementia, Alzheimer's Australia

3. Service and Support Requirements for People with Younger Onset Dementia and their Families, Social Policy Research Center

Disclosure of Interest: None Declared

Keywords: questionnaires and subjective statement, service practice, support group

P160

Topic: Younger Onset Dementia

KEY INSIGHTS INTO THE IMPACT OF YOUNGER ONSET DEMENTIA ON THE WHOLE FAMILY, (EIGHTEEN YEARS AND ONGOING) AND THE SUCCESSFUL USE OF A DEMENTIA DAY PROGRAM

Lindy Harkness¹ Carolyn Cranwell^{2,*}

¹Alzheimer's Association SA, ²Alzheimer's Australia, SA, Adelaide, Australia

Objectives: Delegates will hear how Alzheimer's affects not only the person with dementia's life, but also seriously impacts on the mental, emotional, physical health and well being of the care partner and all members in the family unit.

Some of the early issues and challenges faced: Children and the spouse notice subtle changes in the person with dementia; Person with dementia gradually loses skills and confidence; Confusion, shock and disbelief of diagnosis; Temporary relief brought from receiving the diagnosis; Fear and uncertainty ;Lack of community awareness; Workplace issues.

Some of the ongoing issues and challenges faced: Stress and the ripple effect throughout the family; Family adjustment and role reversals; Social isolation and loneliness; Anxiety, confusion and insecurity of the whole family; Ambiguous loss and continuous grief; Continuous adjustment to the new reality; Living with one foot in the past, one foot in the present and stressed about the future; Non-definitive disease trajectory leaves the family in constant uncertainty and state of limbo; Care partner grief and guilt; Relinquishment of care.

Some practical realities encountered: Financial pressure; Children have to grow up quickly and take on caring responsibilities; Lack of workplace awareness or support; Gaining person with dementia's acceptance of residential respite; Care partner's health and elevated stress levels; Young adult family members escape to their own lives.

Some day dementia program benefits include: Improved quality of life for person with dementia; Beneficial lifeline for the family to support services; Assists in delaying care partner burnout; Assists in delaying person with dementia's entry to residential care facility; Facilitates well managed transition from care at home to a residential care facility.

Conclusion

It is essential for professionals to consider the health and wellbeing of the whole family as well as the person with dementia. Working in partnership with family units and fostering resilience will not only optimise outcomes for the person with dementia but for all concerned.

Disclosure of Interest: None Declared

Keywords: adjustment, burnout, Dementia Day Program, Impact on children, whole family approach

Poster Abstracts

P161

Topic: Younger Onset Dementia

SECOND REPORT ON SUPPORT FOR PATIENTS WITH EARLY-STAGE DEMENTIA: THE SIGNIFICANCE OF AND ISSUES ASSOCIATED WITH DEMENTIA CAFÉS FOR THESE PATIENTS AND THEIR FAMILY MEMBERS

Akiko Yane ^{1,*} Motoko Onozuka ² Tsukasa Miyama ² Hisayosi Suzuki ² Takako Kitamura ³

¹Faculty of Health Sciences, Naragaku University, Nara-shi, ²Faculty of Nursing, Kyoto Tachibana University, Kyoto,

³Faculty of Nursing, Tsuruga Nursing University, Tsuruga, Japan

Objectives: We organized and discussed the status of involvement of café participants and the content of meetings with specialists to clarify the significance of and issues associated with cafés for early-stage dementia patients and their family members.

Methods: 1 Data collection and processing: Verbal accounts were recorded regarding the status of participants' involvement in five cafés and the staff meeting held after the café forums. These accounts were analyzed and discussed to clarify the significance of and issues associated with cafés for early-stage dementia patients and their family members.

2 Ethical considerations: Consent was obtained from café participants and staff after they had been given verbal and written explanations of the objectives, details, and ethical considerations of the café.

Results: Number of participants (a total of 176 individuals). The status of participants' involvement: 1) As the number of cafés increased, conversation became more animated and participants seemed to be happy; 2) the program was organized into three different paced sections so as to keep participants interested, including the lecture, concert, and tea time. ;3) family members said that it had become easier to express their feelings at home and to talk to the patient about dementia;

4) during the 6-month period in which the café forums were held, dementia progressed in one patient and required particular consideration;

Conclusion: The café provided dementia patients and their family members an opportunity to equally share and enjoy each other's company equally and express their feelings. We also noted three issues associated with the cafés: the need for a) the cafés to provide support in accordance with disease progression from the early stage of dementia; b) evaluation of the cafés from the perspective of patients, their family members, and specialists; and c) the establishment of more cafés based on local support for early-stage dementia patients.

References: Alzheimer's Disease International World Alzheimer Report 2009 Executive Summary, 2009.

Disclosure of Interest: None Declared

Keywords: Dementia café

P162

Topic: Younger Onset Dementia

A STUDY OF EARLY ONSET DEMENTIA: THE ARTEMIS PROJECT (A PRELIMINARY ANALYSIS)

Peter Panegyres¹*Victoria Lorrimar¹Paula Mather¹Aimee Johnson¹Huei-Yang Chen¹Cheryl MacFarlane¹

¹Neurodegenerative Disorders Research Pty Ltd, Perth, Australia

Objectives: Our aim is to describe the natural history of early-onset dementia (EOD).

Methods: To perform a prospective evaluation of EOD to define the causes, demography, manifestations, symptoms, comorbidities, cognitive profiles, imaging (structural and functional) and natural history.

Results: A preliminary analysis of 30 patients showed a mean age 58.15 years; F=18, M=14; Alzheimer's disease = 21; Frontotemporal dementia = 6; and other diagnoses = 4. Eight patients had one first-degree relative, 3 two first-degree relatives and 16 had no family history. With regards to education, 17 had 8–10 years of education and 14 had 11 or more years. Memory loss was found in 18 and behavioural changes in 5. Comorbidities were dyslipidaemia (n=14), hypertension (n=9), alcoholism (n=7) and smoking (n=6). The mean MMSE was 23.4 ± 4.87 ; ACE-R = 57.5 ± 18.57 ; Frontotemporal dementia rating scale 44.4 ± 23.55 ; Cambridge behavioural inventory 60.6 ± 33.94 ; and total functional capacity 9.4 ± 2.19 . The EEG showed some changes in 41% of subjects. Atrophy was found on MRI scanning in 63%, with small vessel changes in 22.2%. There was a significantly lower total functional capacity in patients with EOAD ($p=0.02$) and most of the FTD patients had atrophy on MRI scans ($p=0.02$). (We plan to have data on most of the cohort of 250 analyzed by early 2015.)

Conclusion: EOD is mostly composed of Alzheimer's disease and Frontotemporal dementia with variability in symptom onset, family history, education, comorbidities, cognitive assessments and imaging findings.

References:

Disclosure of Interest: None Declared

Keywords: Early onset dementia

Poster Abstracts

P163

Topic: Younger Onset Dementia

THREE YEARS SERVICE DEVELOPMENT FOR YOUNGER ONSET DEMENTIA IN TAIWAN

Dai-Wei Yu ¹Huey-Jane Lee ¹Li-Yu Tang ^{1,*}Ming-Jang Chiu ² and Taiwan Alzheimer's Disease Association

¹Taiwan Alzheimer's Disease Association, ²Neurology, National Taiwan University College of Medicine, Taipei, Taiwan

Objectives:

1. Maximize the function of people with younger onset dementia (YOD)
2. Support people with YOD and their carers to cope with the impact of dementia
3. Decrease the caregivers' burden
4. Improve the quality of life of people with YOD and their carers

Methods

Since 2012, Taiwan Alzheimer's Disease Association started our services for YOD and their family caregivers. The services included case management, family caregiver support service and patient service. We developed our services based on the needs of people with dementia and caregivers. The content of case management includes caregiving consultation, provide information, social welfare consultation, resources referral, psychological support and telephone follow-up. Family caregivers can choose the kind of services they preferred, including aroma relaxation, planting activity etc. The YOD can participate in a variety of activities including gym, yoga and cooking etc.

Results

There were 31 YOD in this program. Among them, 64.5% were male, 38.7% were diagnosed with AD and 58.1% were in the moderate stage. Most of the caregivers were female 87.1%, 67.7% of them were spouse. The caregivers expected services specially designed for YOD such as gym and yoga activity. Cooking was the most satisfied activity for caregivers and they asked for more cooking activity in the future.

Conclusion

The needs of YOD and their caregivers were unique and different from older people with dementia. They demand services specialized for themselves. They involved in the program better and support each other better.

Disclosure of Interest: None Declared

Keywords: Younger onset dementia

P165

Topic: Younger Onset Dementia

NOT TOO YOUNG FOR DEMENTIA: A YOUNGER ONSET DEMENTIA DIAGNOSIS GUIDE

Denise Craig ^{1*} on behalf of The Younger Onset Dementia subgroup of the Qld Statewide Dementia Clinical Network

¹ACAT, Qld Health, Cairns, Australia

Objectives: Younger Onset Dementia is affecting increasing numbers of young Australians. With symptom onset typically insidious, complex and unexpected, patients are often misdiagnosed and inadequately supported which further increases their burden. The Younger Onset Dementia Diagnosis Guide seeks to support a timely diagnosis for people exhibiting symptoms of dementia prior to age sixty-five.

Methods: Based on Clinical Practice Guidelines and Care Pathways for People Living With Dementia in the Community (Qld University of Technology, 2008), the Qld Statewide Clinical Dementia Network has generated an evidence based, best practice diagnosis guide.

Results: The Younger Onset Dementia Diagnosis Guide is a ready reference flowchart which can guide clinicians and inform the diagnostic pathways. The guide prompts consideration of the person's history; physical, cognitive and functional assessment; behavioural or mood symptoms; diagnostic investigations; differential diagnoses; and dementia subtypes. The guide concludes with post-diagnosis referral information

Conclusion: The Younger Onset Dementia Diagnosis Guide supports appropriate diagnostic pathways for people with symptoms of dementia who are younger than age sixty-five. This Guide is a ready reference flowchart designed by clinicians, for clinicians, to inform an accurate and timely diagnosis of increasingly prevalent Younger Onset Dementia.

References: Abbey, J, Palk, E, Carlson, L & Parker, D (2008). Clinical pathways practice guidelines and care pathways for people with dementia living in the community. Bris QUT.

Alzheimer's Australia (nd). http://www.fightdementia.org.au/common/files/NAT/20130808_QDC4.pdf

Disclosure of Interest: None Declared

Keywords: dementia, Diagnosis, early, Young, younger

Poster Abstracts

P167

Topic: Consumer Education and Training

EFFECTIVENESS OF WORKSHOP FOR GROUP HOME CARE PROVIDERS IN END-OF-LIFE CARE FOR ELDERLY PEOPLE WITH DEMENTIA IN MIYAGI AND AICHI JAPAN IN 2014

Naomi Yamasaki ^{1,*}Yumiko Momose ²Nobuko Amaki ²Ayumi Fujino ²Sachiko Ono ³

¹Faculty of Health Science, Kio University, Nara, ²School of Nursing & Health, Aichi Prefectural University, Nagoya,

³School of Nursing, Miyagi University, Sendai, Japan

Objectives: The number of facilities take end-of-life care where increases rapidly in Japan of the rate of aging 25.1% for older People with Dementia in group home.

The purpose of this study was to clarify providing a workshop Care for care providers and figuring out whether it is effective in MIYAGI and AICHI Japan in 2014

Methods: The participants took a quiz consisted of 10 multiple-choice questions before, right after and 2 months after the workshop, and percentages of correct answers were shown on a quiz check table. The t- test was used to compare the percentages of correct answers of each question, and the Friedman test was used to compare the total scores. These test results were used to determine whether there were significant changes in participants' knowledge between the points of time.

The protocol of this research was approved by the ethical committee at MIYAGI Prefectural University .

Results: The average age of the participants was 43.1 years (SD±1.20); nurses made up most (53.3%) of the participants. The average years of caring experience in group homes was 5.3 years (SD±3.8) and 67.1% were experienced in deathwatch. There were 104 responses to the questionnaire (collection rate: 87%).

The quiz was taken by people on the baseline, 78 people right after the workshop and 68 people after time in MIYAGI. 38 people right after the workshop and 36 people after time in AICHI. 104 people took all three quizzes, and their data were the subjects for analysis. The t-test showed significant changes in all 10 questions. The Friedman test also showed a significant change, but the medians showed no change between right after the workshop.

Conclusion: These results indicate that the workshop helped the participants to increase their knowledge in end-of-life care, and their memories were kept for at least three months. In conclusion, the content validity of the workshop was ascertained.

References: Y. Hirakawa: Topics of medical education concerning end-of-life care for the elderly, Medical education,40 1 ,pp61-64,2009.

Disclosure of Interest: None Declared

Keywords: end of life care

P168

Topic: Consumer Education and Training

THE CHARACTERISTICS OF DIFFICULTY OF A NURSE FOR DEMENTIA ELDERLY NEEDING REST BY HEMODIALYSIS

THE COMPARISON OF NURSING FOR TWO TYPES OF DEMENTIA ELDERLY (HEMODIALYSIS AND PREOPERATIVE TRACTION)

Shigeko takayama¹ Mitue iso¹ Masayo kume¹ Rumi yamada¹ Seiko morita¹

¹Geriatological nursing, ISHIKAWA PREFECTURAL NURSING UNIVERSITY, kahoku, Japan

Objectives: The purpose of this study is to clarify problems on nursing for the dementia elderly on hemodialysis. We interviewed five nurses who cared the dementia elderly needed a bed rest (four hours) by hemodialysis and four nurses who cared the dementia elderly needed a bed rest (between two and three days) by preoperative traction. We compared the contents of interview and extracted a particular problem for the dementia elderly with hemodialysis.

Methods: The objects were five certified nurses of dialysis nursing (three females and two males on average at age 43) and four nurses (all females on average at age 39.5). They had an experience for caring the dementia elderly took the skeletal traction because of hip fracture. We analyzed the contents by qualitative study.

Results: I was comparing the two categories. As a result, we found the following four characteristics of difficulty of nursing for dementia elderly on hemodialysis. "1: The quiet hour of hemodialysis (four hours) was shorter than the quiet hour of traction (between two and three days), but the stress of the nurse was strong because of high risk of needle removal due to immobilization of the upper limb "2: In the first two hours of hemodialysis, body motion became stronger for the reason of two pains (the pain of quiet, the pain caused by internal variation such as blood pressure reductions and variation of electrolyte balance) and patients forgot the reason why they were taking hemodialysis because of disorder of memory."3: When patients excited themselves, restraint for preventing removal of needle got them excited. Therefore, it contributed to a vicious cycle that increase the risk of needle removal.

Conclusion: We believe that consideration for the correspondence focusing on a particular problem above encourage the continuance of hemodialysis for dementia elderly on hemodialysis.

References: isao fukushima et.al, Psychiatric Disorders among Patients Undergoing Hemodialysis Therapy, Nephron, 2002; 91: 344-347

Disclosure of Interest: None Declared

Keywords: dementia care, hemodialysis

Poster Abstracts

P169

Topic: Indigenous Communities

HIGH DEMENTIA RATES IN URBAN REGIONAL ABORIGINAL AUSTRALIANS

Holly Mack^{1,*}Kylie Radford^{1 2}Brian Draper^{3 4}Kim Delbaere^{5 6}Tony Broe^{1 7}

¹Aboriginal Health and Ageing Research Program, Neuroscience Research Australia, ²School of Medical Sciences, University of New South Wales, ³Academic Department for Old Age Psychiatry, Euroa Centre, Prince of Wales Hospital, ⁴School of Psychiatry, University of New South Wales, ⁵Sensation, Movement, Balance & Falls Group, Neuroscience Research Australia, ⁶School of Public Health and Community Medicine, ⁷Geriatric Medicine, University of New South Wales, Sydney, Australia

Objectives: Aboriginal Australians have reduced life span, poor mid-life health and multiple early life brain-growth risk factors; however they are now ageing rapidly and dementia is an emerging concern, but little data exists. A previous study, the Kimberly Indigenous Cognitive Assessment Study (Smith K. et al. 2008) had shown high rates of dementia in a representative sample of remote Aboriginal people. We aimed to determine: the prevalence of dementia; the relative performance of 3 cognitive screening tests; potential risk factors, in the majority urban regional Aboriginal people, in partnership with five representative NSW communities.

Methods: A census was conducted of all Aboriginal and Torres Strait Islander people aged 60 years and above residing in the five collaborating urbanised communities and identified 546 potential participants; 336 (61.5%) participated in Phase 1 of the study and completed a structured interview including health, wellbeing, lifespan history, service use, and cognitive screens (MMSE; mKICA; RUDAS). Participants scoring below designated cognitive cut-off scores (n=127), and a 20% random sample of those scoring above (n=26), completed a Phase 2 detailed cognitive & medical assessment and contact person interview. Medical assessments were completed blind to Phase 1 data and were reviewed by a panel of clinicians who determined, by consensus, a diagnosis of dementia or mild cognitive impairment according to standard criteria.

Results: Crude prevalence of dementia was 13.4% and age-standardised prevalence was 21.0%, three times higher than the comparable rate in the general Australian population. The most common types of dementia were Alzheimer's dementia (44%), mixed dementia (29%) and vascular dementia (17%). Estimated prevalence of MCI was 17.7%.

Conclusion: Dementia prevalence is substantially higher in Aboriginal Australians compared to the general Australian population and many other nations or ethnic groups. There is an immediate need for provision of dementia education and services, as well as a move towards promoting successful ageing, from childhood onwards in this "at risk" population.

References: Smith, K, Flicker, L, Lautenschlager, NT, Almeida, OP, Atkinson, D, Dwyer, A, & LoGiudice D. High prevalence of dementia and cognitive impairment in Indigenous Australians. *Neurology* 2008; 71(19): 1470-3.

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, Dementia Epidemiology, Indigenous Population, Mild cognitive impairment, Vascular Dementia

P170

Topic: Indigenous Communities

TROUBLE IN THE TROPICS? DEMENTIA AND AGEING IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES IN FAR NORTH QUEENSLAND (FNQ)

Sarah Russell^{1,2,*} on behalf of The Healthy Ageing Research Team

¹School of Medicine and Dentistry, James Cook University, ²Queensland Health, Cairns, Australia

Objectives: Aboriginal and Torres Strait Islanders have higher rates of chronic disease and worse health outcomes than the general Australian population¹. Recently, an increased risk of dementia has also been identified within Aboriginal communities^{2,3}. It is not known if Torres Strait Islanders share this increased risk of dementia, although high rates of vascular risk factors, which may increase the risk of dementia, are found in these communities⁴. Preliminary evidence from our pilot study on Hammond Island in the Torres Strait (N=20) suggested there may be some cause for concern, with 25% of the sample being diagnosed with cognitive impairment and 80% having one or more vascular risk factors⁵. The aim of this paper is to discuss the problems facing older adults in the Torres Strait and describe how our research aims to address these issues. This includes (1) the results of our pilot study evaluating culturally appropriate methods of assessing dementia in the region and (2) validation of a cognitive assessment tool, the Kimberley Indigenous Cognitive Assessment, for use in the Torres Strait both face to face and via Telehealth. Challenges associated with conducting research within such remote communities together with the implications of our research and future directions will also be discussed.

References

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2. Smith K, Flicker L, Lautenschlager NT, et al. (2008). High prevalence of dementia and cognitive impairment in Indigenous Australians. *Neurology*, 71(19):1470-3.
3. Radford, K., Mack, HA, Draper, B, et al. (in press). Prevalence of dementia in urban and regional Aboriginal Australians. *Alzheimer's & Dementia*.
4. Leonard D, McDermott R, O'Dea K, et al. (2002) Measuring prevalence: obesity, diabetes and associated cardiovascular risk factors among Torres Strait Islander people. *Australian and New Zealand Journal of Public Health*, 26 (2):144-9.
5. Russell, S., Strivens, E., LoGiudice, D., et al. (2014). Ageing on Hammond Island. Is there cause for concern in the Torres Strait? Manuscript submitted for publication.

Disclosure of Interest: None Declared

Keywords: Aboriginal and Torres Strait Islander Australians, cross cultural assessment, Dementia, healthy ageing

Poster Abstracts

P171

Topic: Indigenous Communities

STRONGCARERS STRONG COMMUNITIES

KEEPING KIMBERLEY SPIRIT STRONG

Cathryn Josif ^{1,*}Roslyn Malay ¹Leon Flicker ²Kate Smith ²David Atkinson ^{3,4}Dawn Bessarab ⁵Melissa Lindeman ⁶Christopher Beer ²Fabian Pungana ¹Dina LoGiudice ⁷

¹WA Centre for Health and Ageing, University of Western Australia, Broome, ²WA Centre for Health and Ageing, University of Western Australia, Perth, ³Rural Clinical School, University of Western Australia, ⁴Kimberley Aboriginal Medical Service Council, Broome, ⁵Centre for Aboriginal Medical and Dental Health, University of Western Australia, Perth, ⁶Centre for Remote Health, Flinders University, Alice Springs, ⁷Royal Park Campus, Melbourne Health, Melbourne, Australia

Objectives: This team has previously demonstrated prominent levels of dementia in remote Aboriginal communities in the Kimberley region of Western Australia, matched by substantial carer burden. This study aims to improve community empowerment with a resulting improvement in community understanding of chronic aged conditions including dementia, service utilization, caregiver burden and caregiver wellbeing in this population.

Disclosure of Interest: None Declared

Keywords: Aboriginal research, caregivers, dementia, Empowerment, participatory action research

P172

Topic: Engaging People Living with Dementia

A VIETNAMESE DEMENTIA 'TALKING BOOK' DEVELOPED IN AUSTRALIA, AVAILABLE GLOBALLY.

Jaklina Michael ^{1,*} Dianne Goeman ¹ Susan Koch ¹

¹RDNS (Royal District Nursing Service), Melbourne, Australia

Objectives:

The project aims to address low literacy in older people of Vietnamese background living with dementia, by developing an online 'talking-book' to help individuals, their families and carers, better understand and manage their condition. A 'talking-book' is a bilingual, multiple-media tool that can be viewed on computer, and online. People will have the choice of reading the information on-screen or listening to the information.

Methods

RDNS (Royal District Nursing Service) in Melbourne, Australia worked in collaboration with Alzheimers Australia and the Australian Vietnamese Women's Association Inc. to ensure that the content (in English and Vietnamese), format and presentation of the talking book is language and culture appropriate for older people from Vietnamese background.

Consumer consultation and community testing informed the production of this online, bi-lingual 'Dementia Talking-Book in Vietnamese', providing more than 45 information sheets on 9 dementia related topics.

Results

More than 40 members of the Vietnamese community living in different areas of Melbourne, Australia participated in focus groups to test the information and format. Community members wanted dementia information in the Vietnamese language and that their preference was for a bilingual format (English and Vietnamese) to support information sharing with younger family members. Further, there was strong support for listening to dementia information rather than just reading it.

Conclusion

An evaluation utilising a Participatory Action Research approach and qualitative interviews with consumers and focus groups with RDNS staff is currently being implemented to assess the effectiveness and usefulness of the talking book. Results of this study will be available later in 2015.

This presentation will include a short demonstration of the Vietnamese Dementia Talking Book.

Disclosure of Interest: None Declared

Keywords: Consumer participation, Diversity, Diversity, Low health literacy, Talking Book

Poster Abstracts

P173

Topic: Engaging People Living with Dementia

TRANSCENDING TRAGEDY: GENUINE ENGAGEMENT OF PEOPLE LIVING WITH DEMENTIA TO MAINTAIN SELFHOOD, MEANINGFUL RELATIONSHIPS AND WELL-BEING

Peter Reed ^{1,*} Jennifer Carson ² Sherry Dupuis ³

¹Sanford Center for Aging, University of Nevada Reno, Reno, ²Alzheimer's Resource Center of Connecticut, Plantsville, United States, ³Recreation and Leisure Studies, University of Waterloo, Waterloo, Canada

Objectives: There is a fundamental transformation unfolding amid understandings of Alzheimer's disease and related dementias, with an emerging focus on how to best support people in *living well* with dementia, without overemphasizing the traditional focus on the common challenges and losses that are often associated with it. A central goal in supporting people who are living with dementia is maintaining selfhood, relationships, engagement, and opportunities for meaning, purpose, choice, and growth; all of which are all components of well-being. This goal transcends a focus on disease and disability. Prioritizing the person and his or her lived experience, rather than the disease and expert 'treatments', requires a shift away from the ubiquitous tragedy discourse and toward a more enlightened understanding of the everyday lives of people who are living with dementia. To improve understandings and support well-being, we must find ways to engage and embrace the unique individuality, strengths and contributions offered by persons who are living with dementia. This presentation will describe research, community initiatives and care practices that not only listen to persons who are living with dementia, but engage them as equal partners. First, we will review perspectives on dementia gathered from among hundreds of people who are living with dementia that participated in a nationwide series of Town Hall meetings in the United States. Then, recognizing that people who are living with dementia are the true 'experts' and able to make vital contributions to their own lives and in the lives of others, we will describe a research-based approach in Canada that uses *authentic partnerships* to include people who are living with dementia as equal partners in care, support, research, and to change the culture of dementia care in residential care and community-based settings.

Disclosure of Interest: None Declared

Keywords: engagement, relationship-centred care

P174

Topic: Engaging People Living with Dementia

NATIONAL CROSS CULTURAL DEMENTIA NETWORK - A KNOWLEDGE NETWORK OF VALUE

Helena Kyriazopoulos ¹, Yvonne Sanatalucia ² on behalf of National Cross Cultural Dementia Network and National Cross Cultural Dementia Network

¹National Cross Cultural Dementia Network, Alzheimers Australia, Glenside, ²South West Sydney, Aged care, Sydney, Australia

Objectives: National Cross Cultural Dementia Network - A Knowledge Network of Value

One in eight Australians with dementia do not speak English at home. Dementia does not discriminate; it affects all people regardless of race, culture or ethnicity. The National Cross Cultural Dementia Network (Network) established in 2003 assists Alzheimer's Australia and the Commonwealth in its strategic and grass roots role in supporting people living with dementia from a culturally and linguistically diverse background. The Network provides Alzheimer's Australia with a pool of knowledge and expertise that is of benefit for all Australians living with dementia. The Network acts as a platform for Alzheimer's Australia, the Commonwealth and other relevant government services, and non-government organisations by providing professional, expert and strategic advice across a broad range of issues relating to people from culturally and linguistically diverse backgrounds (CALD) who live with dementia. A strength of the Network's membership is its diversity. This diversity of skills, expertise, backgrounds and sector knowledge ensures robustness in discussion, activities and outputs from the Network. This strength is further reflected in Alzheimer's Australia seeking the opinion/advice of either the Network as a group, or individual members on specific issues, policy papers and submissions. The presentation will explore the uniqueness of this model and how it has challenged the way Alzheimer's Australia and other agencies respond to the needs of people with dementia from culturally and linguistically diverse backgrounds. The learnings from the Alzheimer's Australia experience can be applied across other peak bodies.

Disclosure of Interest: None Declared

Keywords: access and equity, Consumer participation, culturally and linguistically diverse, Diversity, knowledge translation

Poster Abstracts

P175

Topic: Engaging People Living with Dementia

THE POWER OF COMMUNITY – THE IMPACT OF PEER SUPPORT GROUPS IN ENABLING THE QUALITY OF LIFE FOR PEOPLE WITH DEMENTIA LIVING IN THE COMMUNITY.

Claire Emmanuel ^{1,*}

¹Alzheimer's Australia Vic, Melbourne, Australia

Objectives: The Carers Peer Support Groups engaged nine culturally and linguistically diverse communities from Croatian, Japanese, Korean, Lithuanian, Mauritian, Serbian, Turkish, Ukrainian, and Spanish speaking background. The focus of the program was to promote health and wellbeing of people with dementia and their carers, improve their health literacy, link them with local services, dispel the stigma about dementia and engage people with dementia in social, artistic and physical activities focusing on their existing skills.

Social engagement is a key component in the delivery of dementia programs and projects for Culturally and Linguistically Diverse communities. The focus is on promoting enabling factors such as community capacity building, advocacy, creating settings and supportive environments, developing personal skills, reorienting health services, social marketing, community engagement, and the role of empowering community members as change agents to understand and de-stigmatise dementia.

Five bi-lingual educational and informative resources were developed in nine community languages in order to sustain and maintain knowledge for future use.

All activities, information sessions and format of the program were tailored to the specific needs and choices of each cultural group implementing consumer directed and person centred principles.

The Carers Peer Support Groups program has had a significant impact on the lives of people who engaged and participated in the activities and information sessions: Reduced isolation, increased self-confidence, boost in morale and motivation, improvement in communication, understanding of the services available, community acceptance and better quality of life.

This poster will demonstrate how people with dementia living in the community and their carers can benefit from programs that enhance social connections, provide support to live a high quality of life with meaning, purpose and value, and connect them with community and health organisations; A great example for dementia-friendly communities in practice.

Disclosure of Interest: None Declared

Keywords: Community, Peer support

P177

Topic: Policy, Practice and Economics

REVISION OF THE 2003 AUSTRALIAN 'CARE OF PATIENTS WITH DEMENTIA IN GENERAL PRACTICE' GUIDELINES

Constance Dimity Pond ^{1,*} Jill Phillips ¹

¹The University of Newcastle (UoN), Callaghan, Australia

Objectives: Background In 2003 dementia guidelines for use by general practitioners in Australia were produced under the aegis of the Royal Australian College of General Practitioners. This presentation will report on a project to revise these Guidelines. Methodology A literature review of guidelines relevant to general practice produced since 2008 was undertaken. Guidelines were assessed using the AGREE II instrument. Topics covered by these guidelines were compared with those covered by the 2003 Australian GP dementia guidelines and a list of possible topics for revision or addition prepared. The process of topic development involved reviewing questions addressed by the original 2003 guide and questions inspired by the review of more recent guidelines. New questions were raised in the course of discussions. Questions were aimed at meeting the needs of GPs, practice nurses and nurse practitioners caring for a patient with dementia or possible dementia. Formulating the questions was an iterative process which encompassed developing questions that would expand on existing information and incorporate new information, to arrive at contents for update/revisions and new topics for inclusion in the new guideline. A literature review of each topic area is being undertaken. Where appropriate, the literature used is being evaluated using a standard instrument. However, it should be noted that most of the primary care topics have a very low evidence base and are at the level of practice points. It is proposed to run the topics and the review past a guidelines revision group consisting of experts in dementia from a variety of backgrounds. Some issues will be extracted and subject to a Delphi process of a wider group of experts. Each topic area will be further developed using forum information from GPs, nurse practitioners, practice nurses, carers and consumers from urban, regional and remote locations. Those parts of the guidelines that lend themselves to algorithms e.g. the assessment process will be translated into one page guidelines for GPs and trialled in general practice. Results Main findings from the literature review of one or two areas will be presented to the audience.

Disclosure of Interest: C. D. Pond Conflict with: I have been on advisory groups for Pfizer and Nutricia in the past 3 years, J. Phillips: None Declared

Keywords: general practice, guidelines, primary care

Poster Abstracts

P179

Topic: Policy, Practice and Economics

A HUMAN RIGHTS COMPATIBLE REGULATION OF LEGAL CAPACITY FOR PEOPLE LIVING WITH DEMENTIA?

Nicolas Kang-Riou ^{1,*}

¹University of Salford, Salford, United Kingdom

Objectives: The paper studies the tension between substituted and assisted decision making for people with altered faculties. It relies on Paul Ricoeur to develop an analysis of a legal capacity regime respecting the human rights of people with dementia.

The trend in international human rights law is for people living with dementia to be helped as much as possible to make decisions which are respectful of their autonomy, thus providing for what is called assisted decision making. This is the only mechanism accepted by the Committee supervising the UN Convention on the Rights of People with Disabilities.

However, documents issued by the Council of Europe (Recommendation CM/Rec(2014)2 of the Committee of Ministers to member States on the promotion of the human rights of older persons), the Organisation of American States (draft Inter-American Convention on the Protection of the human rights of older persons) and recent domestic legislations on legal capacity (Ireland, UK) still recognise the necessity of substituted decision-making in order to protect vulnerable older people including those living with dementia.

These oppositions as to what is a human rights compatible regime of legal capacity reflect the lack of a sufficiently realistic ethical model of decision making, in particular of people living with dementia.

This paper proposes that the ethics developed by the French philosopher Paul Ricoeur is better able to offer a basis for a legal framework taking into account the multidimensional nature of what it means to be a capable/incapable human. Paul Ricoeur has developed an ethics working at the different levels of the relation of the self with oneself, of the self with others and of the self with institutions. Furthermore it also fully integrates the evolution of the self through time and the inherent fragility of the human capacities. All these dimensions are critical to a proper understanding of decision making for people with dementia. It thus proposes a more robust foundation to the legal regulation of capacity by bringing to light the inherent limits of both assisted and substituted decision-making as well as their complementarity in the hands of the right person(s).

Disclosure of Interest: None Declared

Keywords: autonomy, Decision making, human rights



P180

Topic: Policy, Practice and Economics

RISK, FREEDOM, REGULATION AND EXPERIENCE: A STUDY OF DEMENTIA CARE

Ashley Carr¹, Simon Biggs¹

¹School of Social and Political Sciences, University of Melbourne, Melbourne, Australia

Objectives: Regulation is often constructed to avoid risk, however it can also be used to facilitate positive behaviour and environments of care. Regulations are usually understood as the rules, standards or guidelines used to monitor and moderate particular activities, including formal care arrangements. They play a decisive role in the care provided to people with dementia, but are mainly perceived as prohibitive. In light of current debates about the burden of regulation, this paper introduces a different way to understand the regulation of dementia care.

Drawing on research conducted as part of the Australian National Health and Medical Research Council (NHMRC) Cognitive Decline Partnership Centre (CDPC) the paper explores a new way of thinking about regulation, based on close consultation with people living with dementia, their carers and providers of care. The model developed combines two formative elements, a complex map of regulatory powers and the pathways taken in the everyday experience of care. This paper will present results from the first phase of empirical research, and an accompanying analysis of regulation in practice.

Disclosure of Interest: None Declared

Keywords: Dementia care, Regulation, Risk, Care Pathways

Poster Abstracts

P181

Topic: Policy, Practice and Economics

RISK FACTORS FOR ALZHEIMER'S DISEASE: LIFESTYLE FACTORS OR A CONSEQUENCE OF SOCIAL DETERMINANTS OF HEALTH?

Brendan Moore¹, Marija Stupar¹, Kylie Miskovski¹

¹Policy, Research and Information, Alzheimer's Australia NSW, North Ryde, Australia

Objectives: Currently more than 332,00 Australians are living with dementia and this number is projected to triple by 2050. The modifiable risk factors contributing to the development of dementia are becoming increasingly important in efforts to decrease the effect of dementia on society.

There are a number of risk factors contributing to the development of Alzheimer's, with seven modifiable risk factors identified as contributing a high proportion of the total number of people living with dementia. Diabetes, obesity, smoking, depression, cognitive inactivity and low educational attainment, midlife hypertension, and physical inactivity have been identified as the seven modifiable risk factors. Action taken to prevent the incidence of Alzheimer's due to any of these seven risk factors could significantly reduce the number of people living with Alzheimer's in the future.

Alzheimer's Australia NSW (AlzNSW) conducted research to examine the extent to which the seven modifiable risk factors for Alzheimer's contribute to the prevalence of the disease in Australia. We then identified what actions can be taken to address these risk factors from a long-term policy perspective and identify how much the prevalence of the disease could be reduced in the future. This represents a departure from the previous focus on individual lifestyle modification messages promoted through such programs as Your Brain Matters. Our approach has been informed by the growing awareness and focus on social determinants of health and ill health. Therefore we have put forward policy recommendations for Governments in Western nations which will work in conjunction with the existing focus on individual lifestyle modification messages and initiatives to decrease the disease burden on societies, taxpayers and individuals.

Disclosure of Interest: B. Moore Conflict with: Alzheimer's Australia NSW, M. Stupar: None Declared, K. Miskovski Conflict with: Alzheimer's Australia NSW

Keywords: Government policy, Lifestyle, Risk factors

P182

Topic: Policy, Practice and Economics

“EMPOWERMENT” IN POLICY, RESEARCH AND PRACTICE: IF WE’RE NOT HELPING PEOPLE MAINTAIN IDENTITY, WE’RE MISSING THE POINT

Nicole Batsch ^{1,2,*}

¹Alzheimer’s Disease International, ²King’s College London, London, United Kingdom

Objectives: This topic is a finding from a PhD project which sought to collect the understandings of people living with dementia in defining empowerment. Empowerment is a term often used in policy documents, research articles and practice settings where empowerment is presumed as an outcome. However, no research has been collected on what empowerment means to people with dementia in order to go about knowing whether these initiatives might be successful or not in empowering people.

Methods: This was a qualitative study that involved four focus groups of 22 people living with mild dementia in England over the period of one year to define empowerment. A secondary data thematic analysis was also conducted of the World Alzheimer Report 2012: Overcoming the Stigma of Dementia in order to identify a possible relationship between empowerment and stigma.

Results: Several findings from the study will be shared with a focus on identity as a central theme of empowerment as defined by people living with dementia themselves. People with dementia identified individual, familial and societal issues that remain barriers to opportunities for empowerment.

Conclusion: With this early definition of empowerment emerging, this study encourages future research in this area and support for future policies, research and practice to understand how people with dementia define empowerment and therefore make appropriate adjustments to enhance opportunities for people living with dementia.

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Disclosure of Interest: N. Batsch Conflict with: Alzheimer’s Disease International, Conflict with: King’s College London

Keywords: Empowerment, Identity

Poster Abstracts

P183

Topic: Policy, Practice and Economics

SPECIALIST NURSES SHOULD FORM PART OF THE POST-DIAGNOSTIC CARE AND SUPPORT NETWORK FOR LIVING WELL WITH DEMENTIA

Shibley Rahman ¹*Kate Swaffer ²Peter Gordon ³Facundo Manes ⁴Lucy Jane Marsters ⁵

¹BPP University, London, ²University of Wollongong, Wollongong, ³NHS Scotland, Dundee, United Kingdom, ⁴INECO, Buenos Aires, Argentina, ⁵Brighton and Sussex Medical School, Brighton, United Kingdom

Objectives: There have been numerous concerns that the health and care system in England is too fragmented, and lacks sufficient focus for a person with dementia or caregiver to navigate through the system. This makes it difficult for people to live well with dementia. The aim of this study was to conduct a preliminary online survey into citizens' attitudes to what post-diagnostic support in the English jurisdiction could look like.

Methods: 90 respondents completed the online "SurveyMonkey" survey, invited from a Twitter account with around 13000 followers. The survey could only be completed once. Participants were invited to be a person who had just received a "timely" diagnosis of dementia in the English jurisdiction.

Results: You were most likely to see your General Practitioner if you were aware of dementia and had noticed memory problems (49%) rather than simply talk to friends and family (33%), but you were likely to take action as soon as possible (92%). You were most likely to wish to have follow up from a neurologist and community psychiatric nurse (39%), with input from a specialist nurse in a multidisciplinary team (74%). However, you would (*just*) prefer to have a specialist nurse as your 'care coordinator' (47%) rather than a "dementia adviser" (34%), but to have a primary caregiver's input in formulating a personalised care plan (46%).

(Respondents further stated that the decision to implement clinical nursing specialists should be based on clinical outcomes (76%).)

Conclusion: The results from this preliminary survey identify the clinical nursing specialist as key stakeholder of future importance in the English jurisdiction, working together with a person living with dementia and the primary caregiver in the post-diagnostic care and support network. This will vastly improve likelihood of living well with dementia.

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Disclosure of Interest: None Declared

Keywords: care coordinators, England, post-diagnostic care, specialist nursing, timely diagnosis

P184

Topic: Policy, Practice and Economics

THE DEVELOPMENT OF CROATIAN STRATEGY FOR FIGHT AGAINST ALZHEIMER'S DISEASE (2015 - 2020)

Ninoslav Mimica^{1,2}, Marija Kušan Juki^{1,2}

¹Biological Psychiatry and Psychogeriatrics, University Psychiatric Hospital Vrap e, ²Alzheimer Croatia, Zagreb, Croatia

Objectives: The Croatian Society for Alzheimer's Disease and Old Age Psychiatry of Croatian Medical Association and Alzheimer Croatia gave themselves a task, following the guidelines of the World Health Organization, to develop a national strategy/plan to combat Alzheimer's disease (AD). For this purpose, Croatian Alzheimer Alliance (CAA), or in Croatian language *Hrvatska Alzheimer alijansa / HAA*, was established with the desire to bring together as many people, professional societies and associations to join their forces to lobby for the implementation of the national strategy to fight against AD. In parallel, a draft text of the proposal entitled "Croatia strategy for fight against Alzheimer's disease (2015 – 2020)" was prepared and for the first time has been presented and discussed in public in Brela, during Croatian Congress on Alzheimer's Disease (CROCAD-14) with International Participation. The text of the draft strategy, together with the adopted additions from the preceding discussion, was presented at the 6th Croatian Psychiatric Congress in Zagreb. Then text of the strategy will be sent to all members of the CAA for review and comments. At the end of the year 2014, at the expert meeting of the Croatian Society for Alzheimer's Disease and Old Age Psychiatry, CroMA, which is scheduled to take place on Dec. 15, 2014, we will try to get to the final version of the text of the national strategy for the fight against AD. The final version of the strategy will be published in Croatian and English language available on the Internet, for the purpose of encouraging others, but also for the possibility to make comparisons with others in the region, regarding the quality of life of people with dementia and their careers. Croatia, as part of the EU, should be in this segment of caring for the vulnerable population. We are aware that it will take some time for Croatia to catch a European port in the level of care for people with dementia, but without the initial concrete steps, such as an adoption of national strategy against AD, we cannot move forward.

Reference:

· Mimica N, Kušan Juki M. *Neurol Croat* 2014;63(Suppl 2):161-7.

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, Croatia, Strategy

Poster Abstracts

P185

Topic: Policy, Practice and Economics

WHY CROATIA ALZHEIMER ALLIANCE

Ninoslav Mimica^{1,2}, Goran Šimić^{1,3}, Marija Kušan Jukić^{1,4}, Morana Ivić^{1,5}

¹Alzheimer Croatia, ²Biological Psychiatry and Psychogeriatrics, University Psychiatric Hospital Vrapče, ³Croatian Institute for Brain Research, ⁴University Psychiatric Hospital Vrapče, ⁵Dom Zdravlja Zagreb Centar, Zagreb, Croatia

Objectives: The latest epidemiological data indicate that currently Alzheimer's disease (AD) affects about 47 million people, and by 2050 this figure will rise to more than 115 million. According to that data the World Health Organization (WHO) in 2012 recognized Alzheimer's disease as global public health priority, and ordered all its members, including Croatia, to act, i.e. primarily drafting action plans / national strategies for combating AD. In order to develop a common national strategy to combat AD we believe that the best and most effective way was to form an alliance of interested groups, which would develop and adopt that basic consensus document. Croatian Society for AD and Old Age Psychiatry, CroMA and Alzheimer Croatia were the main initiators and endeavoured to gain more members to Croatia Alzheimer Alliance (CAA). The initial public invitation to join the CAA was sent to all interested parties, and the associations listed below have already joined the CAA: Croatian Society for Clinical Pharmacology and Therapy, Croatian Society for Neuroscience, Croatian Association of Palliative Medicine, Croatian Society for the Protection and Promotion of Mental Health, Croatian Neurological Society, Croatian Psychiatric Association.

The draft proposal of "The Croatian Strategy for Fight Against Alzheimer's Disease (2015 – 2020)" was assembled by members of the Croatian Society for AD and Old Age Psychiatry and Alzheimer Croatia, enveloped the national specificities on the basis of the existing plans of other countries taking into account the recommendations and advices of Alzheimer's Disease International and Alzheimer Europe. The draft of strategy was published in the congressional supplement *Neurologia Croatica* and for the first time was presented and discussed on round table during CROCAD-14 in Brela, Croatia. The second public presentation was during national congress of psychiatrists in Zagreb. The public discussion will last until the end of the year, when the final text of the Croatian National Strategy for Combating AD will be adopted and published in Croatian and English, to make it available for other countries in the world, especially those from the European Union.

Disclosure of Interest: None Declared

Keywords: Alliance, Alzheimer's Disease, Croatia

P186

Topic: Awareness and Stigma

ASSESSMENT SERVICE FOR PEOPLE SEEKING HELP FOR COGNITIVE CONCERNS: THE RELATIONSHIP BETWEEN WAITING TIME TO ASSESSMENT AND COGNITIVE DEFICITS

Jennifer Tang¹Gloria Wong¹Terry Lum^{1,2}Carmen Ng^{2,*}Maggie Lee³David Dai^{1,4}

¹Sau Po Centre on Ageing, ²Department of Social Work and Social Administration, The University of Hong Kong, ³Hong Kong Alzheimer's Disease Association, Hong Kong, Hong Kong, ⁴Institute of Alzheimer's Education, Hong Kong Alzheimer's Disease Association, Hong Kong, Hong Kong

Objectives: There are controversies surrounding early detection for dementia. One of the main concerns is unnecessary distress and false positives in otherwise healthy people. The prevalence and severity of cognitive impairment in people who seek help proactively is unknown. This study evaluated waiting time to help-seeking and objective cognitive impairment among people seeking help from a community assessment service because of subjective/informant-reported cognitive complaints.

Methods: Cross-sectional data of 1,809 help-seekers who sought assessment between 2005 and 2013 were analyzed. Waiting time between help-seeking and first notice of symptoms as reported by the person or the informant were categorized into short (0–12 months), medium (12–24 months), and long (>24 months). Associations of waiting time with cognition, disability, and depressive symptoms were explored, controlling for the effects of demographics.

Results: The median waiting time to assessment was 12 months (Interquartile range 7–30). Compared with early help-seekers, late help-seekers showed poorer functioning in working memory and episodic memory whereas very late help-seekers showed generalized deficits in cognition, disability and depression.

Conclusion: Longer waiting time appears to be associated with greater cognitive deficits. Tools for retrospective systematic evaluation of symptom onset are called for.

Disclosure of Interest: None Declared

Keywords: Cognitive assessment, cognitive function, Help-seeking

Poster Abstracts

P187

Topic: Awareness and Stigma

WHO WERE THE BIGGEST WINNERS AND LOSERS OF THE 'G8 DEMENTIA SUMMIT'? AN ONLINE SURVEY.

Shibley Rahman¹, Kate Swaffer², Peter Gordon³, Facundo Manes⁴

¹BPP University, London, United Kingdom, ²University of Wollongong, Wollongong, Australia, ³NHS Scotland, Dundee, United Kingdom, ⁴INECO, Buenos Aires, Argentina

Objectives: The G8 summit on dementia ("#G8dementia") was much promoted 'to put dementia on top of the world agenda'.

In the absence of any previous published research, this study was conducted to gauge views of members of the public about this event.

Methods: An online "SurveyMonkey" survey, with respondents invited from a Twitter account with around 12000 followers. The survey could only be completed once. There were 97 respondents, with numbers of responses to individual items ranging from 64 to 97.

Results: Most had witnessed #G8internet on the internet (66%) ($n = 97$), but many did not think the summit was a "game changer" (53%) ($n = 91$). The majority thought the subject matter was significant (82%) ($n = 91$). In terms of language, the respondents were consistent in *not* viewing the response against dementia as a "fight" (61%), a "war" (84%) a "battle" (71%), an "epidemic" (69%), or "turning the tide" (56%) [n ranging from 83 to 87]. Despite the extensive media coverage of #G8 dementia, 69% of respondents "*did not feel excited about the world or country's response to dementia*" ($n = 87$).

Responses from the sample further indicated that the pharmaceutical industry, large charities and corporate finance overall were perceived to have benefited the most from #G8dementia, but carers including unpaid caregivers, small charities and persons with dementia conversely did not.

Conclusion: Results taken cumulatively suggest a consistent public impression of who "called the shots", and who benefited, from #G8dementia.

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Zeilig H. (2014) Dementia as a cultural metaphor, *Gerontologist*, 54(2), pp. 258-67.

Disclosure of Interest: None Declared

Keywords: G8 dementia, global, language, media, public health challenge

P189

Topic: Awareness and Stigma

DEMENTIA OR WITCHCRAFT? AWARENESS CHALLENGES IN SUB-SAHARA AFRICA

Susanne Spittel^{1,2,*}

¹Alzheimers and Related Disorders Association Ghana, Accra, Ghana, ²Alice Salomon University, Berlin, Germany

Objectives: Worldwide people becoming increasingly older and age related diseases becoming more important in many societies. Especially dementia diseases started to be one of the first health priority. But not everywhere in the world people discuss dementia diseases prominently. Especially countries in Sub-Sahara Africa are often disclosed from these issues because of low life expectancies. Therefore the aim of this study is to identify the awareness challenges of dementia diseases in Sub-Sahara Africa in the context of witchcraft by using the example of Namibia and Ghana.

Methods: The research was conducted in mostly rural areas of Namibia and Ghana. Qualitative data were collected during a field observation combined with recordings and quantitative data by retrieving questionnaires (n=530).

Results: The results revealed that people can reach to older age like respondents identified for their grandparents (mean age 79.86). Family members are affected by symptoms of memory loss and daily tasks (25.3 %; n=134) with a mean age of 60.62. Over one third of these family members were under 50 years old. Also the observations show that many younger people suffer from dementia symptoms – many of them were affected by HIV/AIDS not taking the antiretroviral drugs. Beside these facts not even 20 % of the respondents have heard something about dementia and even less people have knowledge about the disease. Moreover the respondents identified that signs and symptoms of dementia diseases are nearly identical with behaviours of accused witches and wizards. Because of missing knowledge about mental disorders many people in Sub-Sahara Africa are still stigmatized, neglected and accused of witchcraft. Consequently these people are disclosed from the society.

Conclusion: Accordingly, awareness in Sub-Sahara Africa need to be raised and worldwide people need to be sensitised that dementia is not only a White-Man-Disease. Especially in Sub-Sahara Africa low life expectancies because of high young death rates caused by HIV/AIDS, Malaria, Cholera, etc. does not mean that people cannot reach to old age in these countries. On the other hand the focus and further discussions need to be on HIV/AIDS and other disease related types of dementia.

Disclosure of Interest: None Declared

Keywords: awareness, dementia, stigma, Sub-Sahara Africa, witchcraft



Poster Abstracts

P190

Topic: Awareness and Stigma

RESPECT + INCREASE CAPACITY + SOCIAL EMPHASIS = ACCEPTANCE CALD LINK WORKER BROKERAGE PROGRAM: ALZHEIMER'S AUSTRALIA NSW PARTNERSHIP PROJECT

Nina Catalano^{1,*}

¹Alzheimer's Australia NSW, Australia

Objectives: Counsellor/Group Facilitator Alzheimer's Australia NSW Work undertaken by Alzheimer's Australia NSW and local dementia networks in Southern and South Western Sydney, identified a significant underuse of dementia awareness resources, diagnosis, education and in-home support amongst a number of the most vulnerable culturally and linguistically diverse (CALD) communities. Newer CALD communities have greater levels of unmet and hidden need because of low proficiency in English, barriers that can be attributed to backgrounds of trauma, not enough time for the community sector to develop services to match the emergence, and the lack of familiarity with health, aged and community care services among members themselves. The CALD Link Worker brokerage program was inceptioned as an innovative model providing a culturally specific avenue by which the most vulnerable of communities (Assyrian, Croatian and Cambodian) have been introduced to dementia, supported to access diagnosis, enabled to manage their situation and achieve quality of life in the in-home context. The program is focused on South Western Sydney where local area populations have more than 50 per cent of constituents from non-English speaking backgrounds. The brokerage program framework addresses trajectories of: building upon existing social connectedness of respective communities; identifying and empowering culture specific welfare agencies to respond at the local level and; demystifying dementia to increase acceptance of mainstream service and support. This presentation will provide an overview of the achievements and lessons learned in relation to benefits of aligning acceptance of dementia within a social model construct, the sustainability by enabling and building capacity within local agencies to support goals, and opportunities to develop greater links between CALD communities and mainstream service provision. The model components and its features will be pictorially presented with a brief outline of the comparative characteristics supporting the diversity and complexity of each community.

Disclosure of Interest: None Declared

Keywords: Acceptance, CALD Link Worker Brokerage Program, increase capacity, Respect, social emphasis



P191

Topic: Awareness and Stigma

THE ABOUT DEMENTIA CAMPAIGN - ALZHEIMERS NZ

Sarah Sinnott¹ Catherine Hall^{1,*}

¹Alzheimers NZ, Wellington, New Zealand

Objectives: *About Dementia* is a nationwide dementia awareness campaign run by Alzheimers NZ. The campaign launched on 24 August 2014 and will run through to June 2016. It has been funded by the Ministry of Health and granting organisation Pub Charity.

About Dementia aims to increase awareness and understanding of dementia in New Zealand, reduce the stigma and facilitate better access to information, diagnosis and support services, work which we know is vitally important in helping people affected by dementia get the support that they need to live well with dementia.

It was developed in response to an online survey conducted in 2013 which identified a need for more information and awareness about dementia in New Zealand.

The campaign is all about bringing dementia out of the shadows and into the sunshine, and is built around the key themes of **hope, action** and **respect**. It features stories compiled from the experiences of people living with dementia, all of whom have met the challenge and are living well, alongside Alzheimer NZ's Champion for Dementia, Colin Mathura-Jeffree whose experience with his grandmother has convinced him that we all need to get our heads around dementia. Our second Champion for Dementia, former All Black captain Reuben Thorne is also involved in the campaign, particular in the area of risk reduction.

A key driver of the About Dementia campaign were the results of our 2014 awareness study, which identified that two out of every three New Zealanders are touched by dementia, meaning they know or have known someone with dementia.

The campaign was developed in consultation with people affected by dementia, members of the New Zealand dementia community, and Alzheimers NZ's Member organisations.

About Dementia is revolutionary for New Zealand and has resulted in significant media coverage and discussion about dementia in public forums.

Our presentation will discuss the development of the campaign, its various mechanisms and the results we have seen to date, and the opportunities for the New Zealand dementia community to get involved.

Disclosure of Interest: None Declared

Keywords: Awareness, dementia, stigma

Poster Abstracts

P192

Topic: Awareness and Stigma

ASSOCIATIONS BETWEEN DIETARY FIBRE, PROTEIN, ENERGY INTAKE, BMI AND AMYLOID IN PEOPLE AT RISK OF ALZHEIMER'S DISEASE

W MADB Fernando¹, S. R. smith¹, R Martins¹

¹School of medical sciences, Edith Cowan University, Joondalup, Perth, Australia

Objectives: Low energy intake, body mass index, protein intake and high dietary fibre intake may contribute to decrease dementia risk, but epidemiologic data remain controversial. This study analysed the associations between above factors and risk of Alzheimer disease (AD), adjusting for sociodemographic and vascular risk factors, and taking into account the ApoE genotype and A β isoforms using AIBL cohort.

Methods: The AIBL study is a longitudinal study of 1112 volunteers including healthy control (HC), Mild Cognitive Impairment (MCI) and AD individuals. The cohort comprised 768 HC, 133 MCI and 211 AD individuals at baseline, aged 60 years and above.

Results: A significant increase in the frequency of the APOE-e4 allele was observed, with AD and MCI individuals having a significantly higher frequency than HC. Cerebral amyloid burden (SUVR), revealed a clear differentiation of clinical classifications into 3 homogenous subsets: AD, MCI and HC. In healthy controls, BMI was positively correlated with fibre and protein intake. In MCI, energy intake was positively correlated SUVR. In AD, protein intake was positively correlated with energy intake. Association between fibre/protein intake and plasma A β /SUVR was not influenced by age, gender, E4 allele, education, energy intake and body mass index in HC/MCI. However in AD, correlation between protein intake and plasma A β 1-40 was influenced by above factors. For a unit increase in fibre intake whilst controlling for protein intake, energy intake, body mass index, the log odds of a fibre intake of MCI participant as opposed to healthy control decreased by 1.637. AD participants had less intake of fibre compared to HC. MCI and AD participants were having low intake of protein and lower BMI compared to HC. The log odds of total energy intake of MCI and AD as compared to HC, increased by 1.685 and 3.818 respectively.

Conclusion: Total energy intake, fibre intake and BMI are significant predictors to identify AD/ MCI from HC.

References: Hu FB. 2002. Dietary pattern analysis: a new direction in nutritional epidemiology. *Curr Opin Lipidol* 2002;13:3-9.

Willett WC. *Nutritional epidemiology*. New York: Oxford University Press 1998.

Disclosure of Interest: None Declared

Keywords: Abeta isoforms, BMI, Dietary Fibre, Energy intake, Protein

P193

Topic: Awareness and Stigma

FEAR OF DEMENTIA: IS STIGMA A SUFFICIENT EXPLANATION?

James Sinclair¹ Georgina Charlesworth^{1,2}, Paul Higgs³ on behalf of Promoting Independence in Dementia (PRIDE) NIHR/ESRC Programme Grant for Applied Research awarded to Orrell and colleagues

¹Research Department of Clinical, Educational and Health Psychology, University College London, ²Research and Development, North East London NHS Foundation Trust, ³Division of Psychiatry, University College London, London, United Kingdom

Objectives: Alzheimer's and dementia are the most feared conditions associated with aging. The fears relating to these conditions have often been reduced to a fear of status loss and social isolation resulting from stigmatisation. This conceptualisation of dementia as a stigmatising condition has influenced policy at both the national (e.g. governmental) and international (e.g. ADI) level with the development of policies to address fear by tackling stigma. This has led to the comparison of dementia with other stigmatising conditions (e.g. HIV and disability) which have succeeded in transcending this status. However, it remains unclear to what extent stigma is an explanation of dementia fear amongst the non-affected population and, subject to this, to what extent comparison with other stigmatising conditions is a valid and/or useful approach.

This discussion begins with the identification, from the literature, of the sources of fear about dementia – what are people afraid of? These identified sources are used to develop a multi-faceted model of fear of dementia which includes, but is not limited to, a fear of stigmatisation and suggests that it is neither a sufficient nor necessary component of fear. The model is utilised to compare fear of dementia with fear of other stigmatising conditions and demonstrates that such comparisons are of limited usefulness (particularly with regard to anti-stigma policy) due to the sources of fear unique to dementia such as its association with aging, threats to self and loss of autonomy. These factors, not shared by other 'classic' stigmatising conditions, imply an inability to transcend this status and suggests that fear of dementia involves not only fear of stigmatisation but, perhaps more fundamentally and uniquely, a fear of being unable to challenge it. Existing anti-stigma policies may benefit from incorporating approaches to these other fears in order to more effectively address the fear of dementia.

Disclosure of Interest: None Declared

Keywords: Ageing, Autonomy, Fear, Self, Stigma

Poster Abstracts

P195

Topic: Awareness and Stigma

COMMUNITIES WITH OTHER PUBLIC HEALTH PRIORITY

Lilia Mendoza ^{1,*}

¹Asociacion Guerrerense de Alzheimer, Mexico City, Mexico

Objectives: How can we raise awareness in communities / countries that have other public health priorities? In Mexico brain-related diseases are non-existing, at least in public statistics. There is no government funding for this purpose in the Health Ministries at either the federal, state or municipal level. For instance, at the Federal Health Ministry no office has been tasked with the topic of dementias. Even though Mexico has been participating in the ADI's 10/66 Dementia Research Group since 1998, no official action has been taken. NGO's have been raising awareness since 1986 through Support Groups for family members and by training health professionals and educating the general public. Additionally, by disseminating through the media information about dementia and how it can be diagnosed, and by relaying the voice of people with dementia from all over the world. Unfortunately here in Mexico people get a very late diagnosis, long after the disease has been active for years. During World Alzheimer's Month in September we multiply our efforts to heighten awareness through a number of activities including memory walks, conferences, training courses, and radio and television interviews. The stigma of brain diseases is enormous, mainly due to general ignorance, prejudices and myths, and not only among the general public but among physicians as well. During ADI Conferences we have been in touch with people with dementia; we have attended their special gatherings and have heard about their efforts to speak out and stand up and fight to obtain respect for their human rights. As a result, in January of this year Dementia Alliance International (DAI) was formed. As recommended by the World Health Organization (WHO), we have to find ways to make our health and social authorities become aware of the magnitude of dementia as a public health issue and the challenges involved, as well as to carry out intensive lobbying in the two houses of Congress.

Disclosure of Interest: None Declared

Keywords: awareness, human rights, public health challenge, stigma



P196

Topic: Awareness and Stigma

DEMENTIA FRIENDS IS CHANGING THE WAY PEOPLE ACT, THINK AND TALK ABOUT DEMENTIA. JOIN US FOR AN INTERACTIVE SESSION ABOUT DEMENTIA: RAISING AWARENESS, REDUCING STIGMA, AND LEARNING ABOUT THE SMALL THINGS WE CAN ALL DO TO HELP REDUCE SOCIAL ISOLATION.

Kathryn Smith¹*Natalie Rodriguez²

¹Operations, ²Dementia Friends, Alzheimer's Society, London, United Kingdom

Objectives: Dementia Friends aims, by 2015, to reach a million people in England, providing them with a better understanding about dementia and the everyday, practical actions they can each take to reduce the social isolation so many people affected by dementia experience. Through the programme, we aim to build a lasting legacy of dementia-friendly communities; communities that envelope, not expel, people living with and affected by dementia. The programme has already reached over 500,000 people since it was launched in early 2013. Based on a Japanese concept, the Alzheimer's Society initiative relies on thousands of volunteers (Dementia Friends Champions) who are trained to deliver informative and interactive 45min information sessions in their communities – work colleagues, neighbours, faith groups, etc. A Dementia Friend is someone who has attended an information session and committed to an action - big or small - that will help someone affected by dementia to live well. Examples of actions Dementia Friends have taken include staying in touch with a friend who has been diagnosed with dementia or even just being patient in a supermarket queue. Another way to become a Dementia Friend is online, at dementiafriends.org.uk where you can watch a short video and request a badge and further information to be posted to your home address (NB this is currently restricted to England addresses only). Many organisations have already converted their employees into Dementia Friends. This includes Marks & Spencer, Lloyds Bank etc.

Join Kathryn Smith (Operations Director – Alzheimer's Society) to learn more about the fastest-growing dementia awareness programme in the world and to hear about how you can get involved.

Disclosure of Interest: None Declared

Keywords: Awareness, Social Action, Stigma, Volunteering

Poster Abstracts

P198

Topic: Awareness and Stigma

PERSON-CENTERED INTEGRATED DEMENTIA CARE: THE WAY FORWARD?

Irene Chua^{1,*}

¹Faculty of Medicine, Dentistry, and Health Sciences, the University of Western Australia, Perth, Australia

Objectives: In Singapore, with the number of elderly with dementia are expected to increase, improving the ability of healthcare system to respond to the demand of dementia care in the elderly has become more imperative. This study sought to study existing dementia care programs and how integrated care models can be used in parallel to provide good dementia care for the future in Singapore.

Methods: A qualitative descriptive study, which includes comprehensive literature search from, computerized databases; manual searches, and key informants were used.

Results: Several existing programs ranging from educational to diagnostic programs were already implemented in Singapore. However, most programs were rolled out to meet specific isolated functions or aims. These programs are rather loosely affiliated. Users do not know specifically how or where to navigate the system and bring about much inconvenience and confusion.

Conclusion: Domains of dementia care interaction include: symptom diagnosis, management, medication, support service linkage, and social support. The integration of health and social care provides a great opportunity to create a structures and strategic approach to dementia care. With the carefully crafted integrated care program, people with dementia and their career can achieve a truly good quality of life.

References: NA

Disclosure of Interest: None Declared

Keywords: Dementia, Dementia care, Future, Integrated care, Person centred care

P199

Topic: Awareness and Stigma

MAKING THE STORY MATTER: HOW DEMENTIA HAS BECOME A LEGITIMATE ISSUE IN THE MEDIA LANDSCAPE

Sarah Price¹, Alex Nielsen², Christine Bolt³

¹Media, Alzheimer's Australia NSW, Sydney, ²Marketing & Communications, Alzheimer's Australia, Canberra,

³Communications, Alzheimer's Australia Vic, Melbourne, Australia

Objectives: Five years ago, community awareness around dementia was low, stigma was high and no-one mentioned the 'd-word'. However, over the past few years, working collaboratively, Alzheimer's Australia has broken down the barriers to turn this previously unpalatable issue into a conversation we have to have.

This co-presentation with a consumer will explain how we have worked to 'make the story matter' by using creative story-telling techniques to ensure relevance with the media and wider community at a global and local level.

By using a combination of dementia prevalence statistics at a national, state and regional level, along with stories told by people living with dementia, their carers and families, we have showcased the increasing impact this condition is going to have on people's lives and why this is a story that matters. We have shown that dementia doesn't discriminate and stigma really is based on misinformation, fear and myth.

The increase in prevalence rates has also meant that more than ever people have been hungry for information which we have worked effectively to meet.

The uptake of social media has complemented this mission to broaden the message to a bigger and more diverse audience. By using platforms such as Facebook and Twitter, and innovative story-telling techniques, including animations featuring grandchildren of people with dementia, news blogs and the consumer story, Alzheimer's Australia national and state and territory offices have increased their community engagement and reach to new audiences across generations. Communication has developed into a multi-channel and cross-platform operation, as opposed to the single media-release approach from a few years ago.

While the all-important statistics have made people sit up and take notice, our consumers have told the story and helped people understand why it matters. Alzheimer's Australia has garnered a reputation as being a 'go-to' organisation for diverse consumer stories and expert dementia commentary about the impact of the condition on the lives of everyday people. We've found our voice in the media landscape and have built a solid foundation to continue to erode stigma and increase community awareness around this highly important issue.

Disclosure of Interest: S. Price Conflict with: Alzheimer's Australia NSW, A. Nielsen Conflict with: Alzheimer's Australia, C. Bolt Conflict with: Alzheimer's Australia Vic

Keywords: Consumer participation, Engagement, media, Stigma, Awareness

Poster Abstracts

P200

Topic: Awareness and Stigma

WITHOUT A VOICE - AT WHAT POINT DID THEY LOSE THEIR VOICE?

Sharon Richards ^{1,*}

¹Advocare, Perth, Australia

Objectives: Drawing on the experiences of advocates in WA, the presenter will share an insight into some of the challenges faced by those living with dementia in 2014 - the stigma, discrimination and breach of human rights.

Over a period of 15 months a number of cases of people who had been diagnosed with dementia and lived in a residential care facility came to light when family and friends raised issues about the kind of treatment they were receiving.

Some issues were resolved locally, others went to the State Administrative Tribunal; on occasion there did not seem to be a logical or fair conclusion to the episode and advocates were left wondering about the apparent breaches of human rights. At what point did these people lose the right to have their own choices considered?

This presentation will explore the reasons behind the actions/behaviours of family, friends and facilities alike, not to pass judgement but to learn and better understand a way to move forward to a world where a diagnosis of dementia does not necessarily mean a lack of choice and a person's story influences the care they are given

Disclosure of Interest: None Declared

Keywords: advocate, human rights

P202

Topic: Awareness and Stigma

AN ANALYSIS OF 75 ENGLISH LANGUAGE ONLINE ARTICLES ON THE 'G8 DEMENTIA SUMMIT'

Shibley Rahman¹, Kate Swaffer², Peter Gordon³, Facundo Manes⁴

¹BPP University, London, ²University of Wollongong, Wollongong, ³NHS Scotland, Dundee, United Kingdom, ⁴INECO, Buenos Aires, Argentina

Objectives: The G8 dementia summit (“#G8summit”) had the potential to allow many of these recurrent motifs to resurface unchallenged in the media. Did this happen?

Methods: A search for the search term “G8 dementia”, on the UK Google search engine. It only came up with languages in English article, and only the ‘top’ 75 search results were included. After identification of suitable articles, an automated online textual analysis of the frequency of the most commonly used words was completed.

Results: The relative frequencies of common words formed a consistent pattern: “research” (372), “wellbeing” (6), “data” (34), “collaboration” (31), “international” (116), “carers” (43), and “health and social care” (16). There was overall a clear bias in words reflecting the medical approach: such as “diseases” (219), “treatment” or “treatments” (81), or “cure” or “cures” (70). There clearly was also a bias towards Alzheimer’s disease: “Alzheimer” was used 12 times, with the word “vascular” used only 6 times. Usual ‘dramatic’ cultural metaphors were, rather surprisingly, infrequent: “timebomb” was only twice, and the terms “bomb” or “bombs” were only used four times.

Conclusion: Reports of #G8dementia avoided common dramatic cultural metaphors and were generally positive, but gave little emphasis on care or living well approaches.

References: George, D.R., Whitehouse, P.J., Ballenger, J. (2011) The evolving classification of dementia: placing the DSM-V in a meaningful historical and cultural context and pondering the future of “Alzheimer’s”, *Cult Med Psychiatry*, 2011 Sep;35(3):417-35.

Zeilig H. (2014) Dementia as a cultural metaphor, *Gerontologist*, 54(2), pp. 258-67.

Disclosure of Interest: None Declared

Keywords: culture, global, language, media, stigma

Poster Abstracts

P203

Topic: Awareness and Stigma

PATHWAYS TO DEMENTIA CARE IN INDIA

Prafulla Shivakumar¹, Shilpa Sadanand¹, Santosh Loganathan¹, Mariamma Phillip², Srikala Bharath¹, Mathew Varghese¹

¹Department of Psychiatry, ²Department of Bio Statistics, National Institute of Mental Health and Neurosciences, Bangalore, India

Objectives: Dementia is an important public health problem, and its early detection is known to be beneficial. In most parts of India Dementia is construed as a normal part of aging and is not perceived as requiring medical help, leading to missed or delayed treatment. Since it's established that early intervention is known to have better treatment outcomes for both Persons with Dementia (PwD) and their caregiver, we aimed to study the pathways to dementia diagnosis from the family a caregivers' perspective.

Methods: 45 PwD and their caregivers attending Geriatric Clinic and Services, NIMHANS were assessed. PwD were diagnosed according to ICD-10 diagnostic criteria; Clinical Dementia Rating Scale was used to measure disease severity. The caregivers were assessed using the World Health Organization encounter form¹ and Knowledge about Dementia Interview.

Results: The mean age of the PwD was 70.36yrs (± 9.2), 54% of them were female. Most PwD were in moderate to severe stages (75%) according to CDR, with a mean duration of illness of 38.38 months (± 19.0). Help seeking was most often initiated by families, 42% of them presented for memory problems and more than 58% of them for both memory and behavioural problems. 52% of them first sought care from either a general practitioner or a hospital doctor and 42% of them sought first time care from psychiatric services and 6% from a neurologist. The mean duration of untreated illness was 16.2 months (± 12.0). Better caregiver's knowledge of illness was significantly negatively correlated with duration of untreated illness ($p < .004$).

Conclusion: Presence of behavioural problems along with memory problems were the most cited reason for seeking help in a PwD in this set up. Delay in help seeking can be attributed to poor awareness of the illness. Hence, increasing public awareness on dementia, providing information on early diagnosis, care intervention and availability of care resources can hasten the pathway to care thus fostering better quality of life for both PwD and their caregivers.

References: Janca, A., Chandrashekhar, C.R. (Eds.), 1995. Catalogue of WHO Psychiatric Assessment Instruments. Division of Mental Health. WHO, Geneva.

Disclosure of Interest: None Declared

Keywords: care pathways, caregiving, dementia

P205

Topic: Awareness and Stigma

EMPOWERING CARERS IN “BALLOONS SPEAK OUT”

Mehrdad Khansari ¹Faraneh Farin ^{2,*}Mahboobe Babai ³Masomeh Salehi ⁴Leila Hafarian ⁵Azam Hoseinkhan ⁶Azam Mirhaj ⁷

¹Deputy Chief Executive, ²Overseas PR-coordinator, ³Director of Head Public relations, ⁴Chief Executive Officer, ⁵Head Education and research, ⁶Support Group Facilitator, ⁷Head Public Awareness & Education, Iran Alzheimer Association, Tehran, Iran, Islamic Republic Of

Objectives: Dementia is a challenge to the world's health systems creating many issues for the persons with dementia and the family care-givers. One major problem is Stigma which the carers widely experience. They feel ashamed at the behaviour of their loved ones and the judgement of others. The feeling of social exclusion and marginalisation hinders carers to seek support. The Iranian studies and the experiences of Iran Alzheimer Association indicate that despite execution of many projects, stigma still exists strongly among the Iranian carers. It is felt that only by involving PWD and their carers, awareness can be raised among the general public and officials, dispelling myths to reduce stigma in the community. It is with this goal in mind that IAA organized an event for World Alzheimer's Day titled “Balloons Speak Out”. The plan was presented to the Tehran Municipality. After a few sessions, it was finalised for operation. The next step was to convince the carers to speak out in the event. The occasion was promoted in the media, by text messages and by posting translated Alzheimer's disease International's 2014 poster throughout different centres. On World Alzheimer's Day, the event was held at 4 pm, in a park. People with dementia and their carers, invited guests and the general public took part in a unique event. More than four hundred people participated and were informed about the disease and its challenges. Fifty carers held placards for the first time requesting their needs and one took the podium to address their issues. An exhibition was held on the side, introducing IAA's activities, 2014 WAD poster with its informative messages of reducing risk factors. Brochures were handed out and IAA's staff answered the participants' queries. At the close of the event, ADI's balloons were distributed through the crowd with this year's key messages tied to them. They were released in the sky. In the following days, the emerging group of carers felt strong enough to meet with the chairperson of the Parliamentary faction for the disabled persons, to demand their needs. The chairperson has been following the case actively through government channels. This event was a successful experience in breaking the stigma, raising awareness and carers' solidarity. More active participation of carers is anticipated in the future.

Disclosure of Interest: None Declared

Keywords: care-givers, Dementia, Stigma

Poster Abstracts

P208

Topic: Quality and Philosophies of Care

TAKING FORWARD NATIONAL IMPROVEMENTS IN SPECIALIST SETTINGS FOR PEOPLE WITH DEMENTIA IN SCOTLAND: QUALITY AND EXCELLENCE IN SPECIALIST DEMENTIA CARE (QESDC) - COMMITMENT 11 OF SCOTLAND'S NATIONAL DEMENTIA STRATEGY 2013-2016

Hugh Masters¹*Vicky Thompson¹

¹Chief Nursing Officer Directorate, Scottish Government, Edinburgh, United Kingdom

Objectives: There are around 1,800 NHS or NHS-paid for dementia continuing care or dementia specialist care beds in Scotland, providing some of the most complex, intensive and challenging care for people in the advanced stages of their dementia, frequently combined with other acute care needs associated with age and end of life.

Commitment 11 of Scotland's Dementia Strategy (2013-16) sets out plans to further spread work to improve the quality of care and treatment for people with dementia in general hospitals to other hospitals and NHS commissioned care home settings. This national programme of work is conceptualised as 'Quality and Excellence in Specialist Dementia Care' (QESDC).

The presentation begins by exploring the history of Specialist Dementia Care (SDC) settings within NHS Mental Health services. The interplay between SDC settings and: asylums, institutions, community care, care homes and integrated services from the 1960s to the present day will be explored.

The QESDC programme of work comprises of:

- A national scoping of SDC beds and units, and a better understanding of the purpose and aims of this type of provision.
- An initial self-assessment of the quality of care by NHS boards through reports to Scottish Government – the results of the self assessment will be presented.
- The development of a national scrutiny and improvement programme – through the exploration of Quality Expert Peer Review, Accreditation Scheme and formal inspection approaches.
- The development of a national education and development programme and associated resources.

This presentation will outline the approaches and challenges of this national programme of work and will be of interest to people with dementia and carers, policy makers, practitioners, educationalists, and those more widely involved and passionate about driving forward improvements in the specialist care and support of people at more progressed stages of their dementia journey.

Disclosure of Interest: None Declared

Keywords: care experience, Hospitalisation, multidisciplinary team, policy, Specialist Care Unit

P210

Topic: Quality and Philosophies of Care

FUNCTIONAL EXERCISE: STAND TALL & DON'T FALL

Elaine Bray^{1,*} Sanjeeta Mackrani²

¹Garden City Aged Care Services, ²Resource Centre, Alzheimer's Queensland, Upper Mount Gravatt, Australia

Objectives: Think falls prevention in residential care and the common solutions that come to mind are static exercise or walking programs teamed with medication review, footwear and environment modification. But does this work for people with severe dementia? As we discovered at Garden City Aged Care Services, these traditional solutions are often not effective because a) they do not keep the residents' interest; b) it was difficult to keep the residents on task and c) these interventions had no impact on their 'living' experience.

So the question was – How do we incorporate exercise using their existing capabilities?

After much deliberation by the multidisciplinary team, an innovative program was trialed. This was an 8week program that involved the use of functional exercise. Literature review yielded nil studies that had examined the impact of functional exercise, thus the team decided to gather data to justify the program.

Delegates will be provided with following information that will enable them to translate it into their own facilities.

- General Information about an 8 week pilot
- Participants - 14 residents living in a secure cottage who were mobile, had severe cognitive impairment, were high falls risks and classified frequent fallers.
- Following an Occupational Therapist assessment using a Falls Management Tool designed specifically for this program, participants received either individual sessions or groups sessions, or both based on their capabilities and interests.
- Group sessions were offered 5times/week and individual sessions or group sessions, or both based on their capabilities and interests.
- Group sessions were offered 5times/week and individual sessions 3times/week.
- Program activities included functional exercise such as cooking, gardening, ducting, making the bed and folding laundry.
- Quantitative data was collected on falls and aggressive behaviour.
- Qualitative data was based on observations and staff and family/carer feedback.
- Data comparison for the 8 weeks of the study was made against the preceding 8 weeks maintaining the same cohort for comparison.
- Results were outstanding with 66% reduction in falls and 65%reduction in aggressive behaviour.
- Extensive positive feedback was also received from family/carers and staff.

Overall a change of focus is required from 'doing for' to 'doing with'. Impressed with the positive outcomes, Alzheimer's Queensland is rolling this program to other residents / sites.

Disclosure of Interest: None Declared

Keywords: aged care home, Dementia, exercise, falls prevention, occupational therapy

Poster Abstracts

P211

Topic: Quality and Philosophies of Care

PROMOTING PERSON-CENTRED DEMENTIA PRACTICES IN CARE HOMES: A CASE STUDY

Joanne Agnelli ^{1,*}

¹Dementia Services Team, Four Season Health Care, Draperstown, United Kingdom

Objectives: Current estimates suggest that 40 million people worldwide live with dementia and this is set to treble over the next 40 years. In the UK approximately 80% of people living in care homes have a form of dementia. Best practice in dementia advocates a culture that is person-centred which values and respects people regardless of the extent of illness. Person-centred practices can facilitate better two-way communication, shared treatment/non-treatment decisions and the extent to which a person/care partner feels empowered to engage in health care¹.

Methods: Utilising Four Seasons Health Care's PEARL programme, which was underpinned by Brooker's VIPS framework¹, a clinical dementia advisor provided 18 months of visits (between every 4-8 weeks) to support 40 care staff (all grades) to educate, implement and evaluate the dementia care of its 32 residents.

Results: The prescription of anti-psychotic medication decreased from 68% to 24% residents over an 18-month period. This was coupled with an increase in the number of residents receiving regular pain relief which increased from 12% to 97%. This led to an overall increase in the general level of engagement/wellbeing as evidenced by carrying out regular validated assessments including: Dementia Care Mapping, Abbey Pain Scale, Cornell Scale and Bradford Wellbeing Profile. In addition, care documentation became more person-centred, organised activity became more meaningful as a result of using the Pool assessment tool and overall dining experiences improved. Note all of these changes were based on best practice²³

Conclusion: The PEARL framework, which is based on the optimum delivery of dementia care, provided healthcare professionals with an evidence-based structure for which they could model their care around. Through receipt of this knowledge, healthcare professionals were able to develop their practice and support people living with dementia to achieve and sustain a higher level of wellbeing than before.

References: 1.Brooker, D. (2007) Person-centred dementia care: Making services better. London: Jessica Kingsley Publishers.

2.Banerjee, S. (2009) The use of antipsychotic medication for people with dementia: A time for action. London: Department of Health.

3.Personalisation through person-centred planning (2010) London: Department of Health.

Disclosure of Interest: None Declared

Keywords: Person-Centred Care, Care Staff Practice, Dementia-Friendly

P213

Topic: Quality and Philosophies of Care

STUDY OF THE EFFECTIVENESS AND TASKS OF ORAL CARE ASSESSMENT SHEET AND CARE MANUAL FOR THE DEMENTED ELDERLY THE CASE STUDY THAT ORAL CARE CONDITION WAS NOT IMPROVED

Fumie Sato ¹*Naomi Kawarabata ²Naomi Yamasaki ³Sachiko Ono ² and Sachiko Ono

¹Tohoku Fukushi University Sendan Hospital, ²Miyagi University, ³Kio University, Japan

Objectives: Objective: Towards the realization of oral care effective to the demented elderly, we developed care manual and assessment sheets for oral care that can take advantage of effective nurses and care workers such as demented elderly in own facility, so that it applied to demented elderly 10 cases there. As a result, it was possible to improve for the oral conditions and maintenances, except 1 case. Therefore, in this study, it illustrates the application process to the 1 case that had not been improved, and it's an objective of the invention to consider what needs to do next and effectiveness. Method This study's method is a technical action research, the author of nurse having qualifications in dental hygienist play a leading role, proceed in cooperation with nurses and care workers belong ward. This study's data were condition of daily life, development situation of BPSD record of examination in the course content, and oral cavity condition of application cases efforts. I was analyzed together with them that frequency of use, other cases from each oral care sheets. The application of the "Oral care Manual and Assessment sheets" for the case Mr. C who didn't improve of this study was after 5 months hospitalization during July to September 2013. Results: Mr. C was the light Alzheimer's type dementia in 84-year-old man. He had been oral care by himself. However, he was told thorough oral care from the dentist because there were signs of infection of the dental implants. In this opportunity, he tried to implement oral care along with staffs. Mr. C's oral condition that upper was full denture, lower was a partial denture and dental implant bridge, which the plaque were attached thin them. We conducted Mr. C's daily oral care plan based on the trial plan of "Oral care Manual". At first he carried out tooth and denture brushing by himself and then checked by staff after each meal. "Oral care Assessment sheets" had used every month. "Oral care Flow sheet" that describes the oral condition after each meal had exploited 8 times at start month but it had not been exploited from next month. He was told from the dentist again that were signs of infection of implants. Conclusion: We had looked Mr. C's oral care with self-care after each meal, however in practice he had not been able to appropriate oral care and had left dental plaque. Staff are aware of demented elderly who were heavy and rejected strong but the other would become left. If we can't judge early who can perform self-care such as Mr. C. That's why, in particular demented elderly, I consider regular oral care assessment is very important regardless of ADL condition.

Disclosure of Interest: None Declared

Keywords: oral care, oral care assessment sheet, oral care manual

Poster Abstracts

P214

Topic: Quality and Philosophies of Care

“MY HOME IS MY CASTLE”: THE ROLE OF HOME IN SUPPORTING THE PERSONHOOD OF PEOPLE LIVING WITH DEMENTIA.

Christine While¹, Margaret Winbolt¹, Rhonda Nay¹

¹Australian Centre for Evidence Based Aged Care, La Trobe University, Bundoora, Australia

Objectives: This presentation will explore the links between home and Personhood and put forward the notion that, when delivering in-home services for people living with dementia there is an impact on the person's home and consequently their Personhood.

Dementia causes changes to cognitive functioning that makes day to day life harder to negotiate and maintain. But it is the actions and reactions of others that can have the greatest impact on the person's lived experience. Supporting people with dementia to live well with this devastating condition requires people who are willing to enter into a respectful relationship that supports the person's sense of self and identity; both key aspects of Personhood.

When working in the person's home, there is an additional factor that tends to get overlooked; the role of the home in supporting Personhood. With over 70% of Australians with dementia living at home, three quarters of whom access some form of community service provision[1]; this does require some consideration.

Having a place to call home is important. We develop a psychological relationship with our home that supports and maintains a sense of self and identity. In other words: Personhood. For people experiencing the early to moderate stages of dementia, living at home can help them cope with the challenges of cognitive decline. The familiarity of the home environment as well as the routines and rituals of home life can support the completion of everyday tasks. Home can support the feeling of safety, security and belonging to a community. The home is filled with possessions and memories that keep the person connected to their personal history and self-identity.

The delivery of in-home health care and support for older people experiencing illness and disability is a key component of the Australian Government Ageing-in-Place policy. In line with the older person's desire to remain at home for as long as possible, in-home health care and support has the potential to delay or avoid entry into residential aged care. Yet these services, however necessary and welcomed, bring workplace regulations, cultures and practices into the private and personal sanctuary of a person's home. Their presence leaves an institutional footprint that could impact on the person's meaning of home and in turn affect personhood.

[1] AIHW (2012). Dementia in Australia.

Disclosure of Interest: None Declared

Keywords: Home, In-home services, Personhood

P215

Topic: Quality and Philosophies of Care

THE MOVING INTO CARE PROJECT: LEADING CHANGE THROUGH SUCCESSFUL COLLABORATIVE PARTNERSHIPS

Sally Lambourne^{1,*}

¹Policy, Research and Information, Alzheimer's Australia, Sydney, Australia

Objectives: Moving into residential aged care is a tough decision, and causes significant stress and anxiety for the new resident and their carer(s). While most people would prefer to live out their lives in their own home, as their care needs increase, they may require greater support. The best care for people with dementia can exist at home, in the community as well as in residential aged care

Alzheimer's Australia NSW (AlzNSW) is working together with residential aged care providers on a knowledge translation project called Moving into Care. It is well recognised that what assists organisations to bridge the gap between what is known and what is actually being done is not only understanding the latest research, but applying this knowledge in their own practice settings and circumstances.

The goal of the Moving into Care project is to improve the experience for residents and their carers during the transition into residential aged care. This is achieved through sharing what we have learned from research and good practice using a process of capacity assessment, reflection and action planning. The project provides a valuable opportunity for aged care providers to benchmark their practice against others across the sector, drives continuous improvement initiatives and furthers the aspirations of person-centred approaches to care. The Moving into Care Project encourages the sharing of useful information across the sector, where examples of best practice are celebrated and communicated.

Critical to the project's success are the collaborative partnerships and mutual respect between AlzNSW and residential aged care providers. This presentation will report on the keys to translating knowledge and effecting organisational change through successful collaborative partnerships. In particular the presentation will focus on the strategies adopted, challenges faced and the impact this has had on embedding quality and person centred philosophies of care.

Disclosure of Interest: None Declared

Keywords: collaboration, knowledge translation, Leadership, organisational change, person-centred approaches to care

Poster Abstracts

P216

Topic: Quality and Philosophies of Care

DEMENTIA CARE IN EIGHT EUROPEAN COUNTRIES FROM THE PERSPECTIVE OF RECIPIENTS AND THEIR CAREGIVERS

Staffan Karlsson^{1,*} Michel Bleijlevens² Brenda Roe^{3,4} Kai Saks⁵ Maria Soto Martin⁶ Astrid Stephan⁷ Riita Suhonen⁸ Adelaida Zabalegui⁹ Ingall Rahm Hallberg¹⁰

¹Health Sciences, Lund University, Lund, Sweden, ²Department of Health Services Research, Maastricht University, Maastricht, Netherlands, ³Evidence-based Practice Research Centre, Edge Hill University, Lancashire, ⁴Personal Social Services Research Unit, University of Manchester, Manchester, United Kingdom, ⁵Department of Internal Medicine, University of Tartu, Tartu, Estonia, ⁶Alzheimer's disease Research and Clinical Center, Toulouse University Hospital, Toulouse, France, ⁷Department of Nursing Science, Witten/Herdecke University, Witten/Herdecke, Germany, ⁸Department of Nursing Science, University of Turku, Turku, Finland, ⁹Nursing, Hospital Clinic of Barcelona, Barcelona, Spain, ¹⁰Pufendorf Institute, Lund University, Lund, Sweden

Objectives: To investigate persons with dementia and their informal caregivers' views of inter-sectoral information, communication and collaboration throughout the trajectory of dementia care, in eight European countries

Methods: 137 persons with dementia and their informal caregivers participated in focus group interviews. Content analysis generated a tentative model of information, communication and collaboration for people with dementia and their caregivers.

Results: The core finding was that information, communication and collaboration were to be focused on the persons with dementia and the informal caregivers. Entering into the trajectory of the disease and its consequences was addressed as an important point of departure. The relation to professional care required establishing a trusting relationship, tailor-made intervention and a single person or organisation to contact. Professional knowledge and commitment, variation in service, and care adapted to needs were important.

Conclusion: As focus of care is on the person with dementia and their informal caregivers, a dyadic approach seems most suitable for dementia care. A trusting relationship and a specific person or organisation to contact seem to be indicators of best practice, as does adaptation to the needs of the person with dementia and their informal caregiver.

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Zabalegui A., Hamers J., Karlsson S., Leino-Kilpi H., Renom-Guiteras A., Saks K., Soto M., Sutcliffe C. Cabrera E. (2014) Best practices interventions to improve quality of care of people with dementia living at home. *Patient Education and Counselling* 95(2), 175-184.

Disclosure of Interest: None Declared

Keywords: dementia, focus groups, older people, informal caregiver, nursing, best practice



P217

Topic: Quality and Philosophies of Care

PHYSICAL AGGRESSIVE BEHAVIOR IN DEMENTIA CARE HEALTHCARE PROVIDERS PERSPECTIVE

Su-Fei Huang ^{1,*}Bow Yin Wang ²

¹Geriatric Care, Mackay Junior College of Medicine, Nursing, and Management, ²St. Joseph Home For Alzheimer's Disease and Related Dementia, The Catholic Foundation of Alzheimer's Disease and Related Dementia, Taipei City, Taiwan

Objectives: Physical aggressive behavior of patients with dementia is the main causes of stress of caregivers. If caregivers can effectively and efficiently manage violent situations, it will tremendously improve the care quality among facilities in the near future. The first goal of the study is to understand the common situation and to further to determine types of physical aggressive behavior of patients with dementia. Furthermore, it is of an important aim of this study to determine caregivers' response in engaging of physical aggressive behavior of the elderly with dementia.

Methods: Research Design: Cross-sectional survey.

Research Method: In this study, a purposeful sampling was used to enrol a total of 174 participants among 10 dementia care facilities in Taiwan. A structured questionnaire was used for the data collection. The questionnaire was designed based on published literatures and other in-depth interviews.

Results: Among 17 commonly occurred events in triggering physical aggressive behavior, we found that events including shower bath, dressing/undressing, and the actions in preventing patients from grabbing other people's belongings are the common causes. These commonly physical aggressiveness encompassed grabbing, hitting, punching and kicking. The most commonly injured on caregivers were mainly located at upper limb, followed by head/face and chest/abdomen. Caregivers found it distressful to handle the events such as shower/bath, dressing/undressing, and the visit of lavatory. There is a negative correlation in the frequency and the degree of distress of caregivers, to the level of educational training they received. Moreover, caregivers' attitude toward the physical aggressive behavior of patients with dementia was more person-centered than the standard paradigm perspective. The caregivers with higher level of education more agreed with causes of aggressive behavior of person-centered perspective. The degree of distress of dealing with aggressive behavior of caregivers who more agreed with responding to aggressive behavior of person-centered perspective was lower.

Conclusion: The frequency of physical aggressiveness and level of knowledge is a predictor to determine the degree of distress in handling of physical aggressiveness. This research provides an important basis in developing a violence prevention program, by which improves caregivers' ability in handling of clinical aggressive situations.

References: Pulsford, D., Duxbury, J. A., & Hadi, M. (2011). A survey of staff attitudes and responses to people with dementia who are aggressive in residential care settings. *Journal of Psychiatric and Mental Health Nursing*, 18(2), 97-104.

Disclosure of Interest: None Declared

Keywords: attitude, dementia care, physical aggressive behavior

Poster Abstracts

P218

Topic: Quality and Philosophies of Care

BRINGING THE GLOBAL DEMENTIA CHARTER TO LIFE BY PUTTING THE PERSON FIRST -OUR JOURNEY BUPA CARE SERVICES AUSTRALIA

Margaret Ryan ^{1,*}

¹Dementia Services, Bupa Care Services Australia, Sydney, Australia

Objectives: The Global Dementia Charter when launched in 2013 clearly outlined the 10 components of how a person can live well with dementia. For those of us offering care and support for people living with dementia who reside in our care homes the Global Charter challenged us to rethink and reframe current approaches. Seeking to understand the experience of life from the perspective of the person with dementia- as the charter does- is the first step in questioning and learning about how we need to change as an organisation; what we do and how we do it. Meaningful engagement, knowing the person, listening with our eyes as much as with our ears and providing physical and social environments that enable and empower the person with dementia. Lastly, identifying, anticipating and meeting needs, means redefining and understanding how someone acts, reacts or behaves is meaningful communication. We call this approach Person First and shapes the journey toward wellbeing for each resident with dementia; their families and the staff who interact, support and care is the story we seek to share.

Disclosure of Interest: M. Ryan Conflict with: Work for Bupa Care Services Australia

Keywords: people with dementia, person-centred approaches to care, Personhood, residential aged care, wellbeing

P219

Topic: Quality and Philosophies of Care

LIGHT UP THEIR LIVES: EXPERIENCES AND ATTITUDES OF STAFF WHO LEAD A MULTISENSORY ACTIVITY PROGRAM FOR PEOPLE WITH ADVANCED DEMENTIA

Yu-Sheng Cheng ¹; Bow-Yin Wang ¹; Oi-I Chio ¹

¹The Catholic Foundation of Alzheimer's Disease and Related Dementia, Taipei, Taiwan

Objectives: All humans have needs for interaction. People with advanced dementia are no exception. But care home staff tend to spend little time interacting with these people because of too much loading of primary care, or underestimation of these people's communication abilities and needs. Thus, a multisensory activity program has been carried out to satisfy these residents' needs and to let staff focus on them. The aims of this study are to explore staff's positive and negative experiences in this program, and to investigate how this program might affect staff's attitudes towards residents with advanced dementia.

Methods: The 30-minute activity program comprises sunshine, music, aroma, and one-to-one interactions. Eight residents living in one care home in Taiwan have participated in this program, and have been divided into two groups led by fifteen nursing assistants by turns every afternoon. Besides, the first month is designed to observe the activities and the second month is scheduled to conduct semi-structured interviews with the group leaders. And the focus groups will be held at last.

Results: Group observations and interviews with seven staff had been completed so far. Preliminary results showed that all group leaders (all females) had unique interactive styles and preferred approaches to interact with the participants (e.g. greeting, storytelling, singing, massage, or just relaxing). It was observed (and felt by some leaders) that the participants were more relaxed and had more reactions (e.g. oral expression, gaze or grasp) in activities. Staff's positive experiences in the program resulted from multisensory stimulations, various ways of interaction, and the surprising reactions from some participants. Nevertheless, for some staff, it can be stressful to have to interact with residents with advanced dementia while they are worrying about other unfinished jobs, but these stressors decreased as they found the coping ways. [Positive changes of attitudes towards the participants were expressed by] less experienced staff had changed their former attitudes into positive ones towards the participants.

Conclusion: Multisensory activities may be relaxing and meaningful for both residents with advanced dementia and staff. For staff, the ways to cope with challenges and the change of attitude will be further explored.

References: Chang, E., Daly, J., Johnson, A., Harrison, K., Easterbrook, S., Bidewell, J., ... & Hancock, K. (2009). Challenges for professional care of advanced dementia. *International journal of nursing practice*, 15(1), 41-47.

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Disclosure of Interest: None Declared

Keywords: multisensory stimulations, people with advanced dementia, staff attitudes

Poster Abstracts

P220

Topic: Quality and Philosophies of Care

DEMENTIA STOPS? OR DOES IT REALLY?

Sanjeeta Mackrani ¹Theresa Buys ^{2,*}

¹Resource Centre, Alzheimer's Queensland, Upper Mount Gravatt, ²Toowoomba Multiservice Centre, Alzheimer's Queensland, Toowoomba, Australia

Objectives: It is well known that every aged care provider has a philosophy of care. Under the philosophy there are principles outlining how the quality of care should be provided. But do we really practice what we preach? Do our principles stay in print but not in practice?

Alzheimer's Queensland is a leading dementia service provider. Our services are a living and breathing example of a philosophy that has come to life. Our philosophy is not simply framed and hung on the wall but rather, underpins the day-to-day planning and execution of services. Our service is innovative but the innovation is not in what we offer but in *how* we offer it.

The seed of Alzheimer's Queensland is our community respite services. We aim to provide a break for carers but also to ensure that the person with dementia maintains an active and fulfilling life. To do so, people with dementia need to be actively engaged within their community. Many community services have an events calendar for the centre but what we have is a recreational plan for the individual. Each person with dementia has a different past, present, and future. Their needs, interests and wants need to be acknowledged and sustained. Life is happening outside the respite centre and people with dementia need not miss these opportunities.

Respite Centres are not a baby-sitting service for the person with dementia or the frail aged. Older Australians deserve more than simply sitting in a centre all day. Alzheimer's Queensland works with each client to design a program where we link past interests and hobbies and support re-engagement in their own community. On average 90% of clients spend the majority of their respite day out and about and some don't even come to the centre. Our model has seen people with dementia regain their lost lives, often as a positive surprise to their own families.

Respite should not be viewed as simply a break for the carer but also an opportunity for the person with dementia to find a new lease on life.

Disclosure of Interest: None Declared

Keywords: alzheimer's disease, Carers, Dementia, Philosophy, Respite

P221

Topic: Quality and Philosophies of Care

FACILITATING THE ESSENCE OF PERSON-CENTRED CARE - 'THE PROOF IS IN THE PUDDING'

Sandy Crowe ^{1,*} and Southern Cross Care (WA) Inc.

¹Southern Cross Care (WA) Inc, Perth, Australia

Objectives: Southern Cross Care (WA) Inc. delivers quality innovative and evidence based care to seniors, including those with dementia. Up to 59% of SCC's residential care residents have been diagnosed with dementia with up to another 40% showing early symptoms. Dementia can be an incredibly isolating experience as the person withdraws socially, ceases to communicate verbally and their senses shut down. Carer's can also experience social isolation, stress and fatigue.

SCC chose the *Spark of Life* program, which was developed by Dementia Care Australia, due to its pioneering philosophy and approach to dementia care. It is changing the way that SCC cares for people with dementia through a shift in focus from the physiological to the whole person. The program has been rigorously researched over seven years as part of a Master's Degree in Science. *Spark of Life* is truly person-centred, in that it considers the whole person when planning and implementing care. It encompasses their social, cultural and individual identity in the delivery of their emotional and physical care. *Spark of Life* recognises that each person has unique interests and life stories and their care incorporates their abilities, preferences, interests, values and spirituality. *Spark of Life* is about redefining dementia by awakening dormant abilities and enriching everyone's quality of life.

By implementing this program SCC will enable residents to live in a secure and inclusive environment where they feel free to express their needs more readily, without the need for adverse behaviours. The *Spark of Life* education and training, which can only be facilitated by a Master Practitioner, has an emphasis on the positive and the building of their self-esteem. Staff are empowered to connect with unconditional love, to engage in compassion and to give positive feedback to their colleagues, residents and families. These strategies underpin the philosophy and culture of care for staff and families working in partnership.

Disclosure of Interest: None Declared

Keywords: Empowerment, Enhancement, Inclusion, Optimistic, Rehabilitation

Poster Abstracts

P222

Topic: Quality and Philosophies of Care

PERSON CENTRED CARE: WHY ON EARTH IS IT TAKING US SO LONG TO ACHIEVE THIS?

Tony Schumacher Jones ^{1,*}

¹Alzheimers Australia ACT, Canberra, Australia

Objectives: Aged care in Australia, and predominantly residential aged care, so often appears to be beset with problems based around the provision of what is called *person centred care*, particularly as far as the person with a dementia is concerned. The challenge appears to be how we can provide a level of care to the person with a dementia which reflects their unique status as a moral being whilst at the same time balancing the demands and expectations of family, community and fiscal responsibility. Other countries, notably the Netherlands, have a reputation for excellence in person centred care. In what way is the Dutch approach different to the Australian? What can we learn from the Dutch experience and how can we adapt that experience to what may be called the Australian environment? This presentation will report on the results of recent qualitative research carried out by the author as part of a Churchill Fellowship award into person centred care in the Netherlands and Scotland.

Disclosure of Interest: None Declared

Keywords: dementia care, person centred care



P223

Topic: Quality and Philosophies of Care

DEMENTIA AND NUTRITION: IMPROVING THE EATING AND DRINKING EXPERIENCE IN THE ACUTE HOSPITAL

Bethany Cotton ^{1,*} Jules Knight ¹

¹Dementia Care Team, Imperial College Healthcare NHS Trust, London, United Kingdom

Objectives:

- Increase nutritional intake
- Improve independent eating and drinking
- Change culture around social eating in the acute hospital

People with dementia can have changes in their nutritional intake and if they are admitted into hospital, there can be many other factors impacting on this such as pain, nausea, environment, poor sleep, and change of routine among many others. Reduced eating and drinking and malnutrition whilst in hospital can lead to the patient becoming more confused, having increased risk of infection, slower recovery and so longer length of stay which may then lead on to a lower baseline of abilities upon leaving hospital.

This project aims to improve the eating and drinking experience for people with dementia in the acute hospital through several interventions:

- Increased knowledge of eating and drinking difficulties amongst staff
- Introduction of coloured crockery
- Social eating (including meal times and afternoon tea parties)
- Increase cognitive and social stimulation before a meal (including the use of technology)
- Introduction of finger foods (and increasing the range of foods)
- The possibility of staff and patients eating together will be explored as a social and meaningful activity.

Disclosure of Interest: None Declared

Keywords: Drinking, Eating, Nutrition, Social inclusion

Poster Abstracts

P225

Topic: Cognition and Meaningful Engagement

AN INNOVATIVE PILOT CARE PROJECT TO IMPROVE CARE OF PATIENTS WITH DEMENTIA IN A LOCAL COMMUNITY HOSPITAL IN SINGAPORE

Irene Chua ¹*Kelvin Koh ²Lee Lian Phua ¹Siew Li Cheung ¹Sarah Lo ³Isabella Liang ³Boon Yeow Tan ¹

¹Medical Division, St Luke's Hospital, ²Medical Division, St Luke's Hospital Singapore, ³Rehabilitation Department, St Luke's Hospital, Singapore, Singapore

Objectives: Caring for people with dementia (PWDs) is associated with increases in burden, distress, and decrements in mental health and wellbeing. The inpatient rehabilitation period in community hospital provides a perfect opportunity for a joint structured dementia care intervention to provide appropriate management strategies and caregiver support. While it is recognized that effective multidisciplinary team are associated with quality patient care, the literatures on effectiveness of such dementia care teams in community hospital setting is sparse. The overarching aim is to implement a sustainable integrated dementia care program in a community hospital in Singapore. This project evaluates the effects of this pilot dementia care project (DCP), delivered via a multidisciplinary dementia care team in a community hospital.

Methods: A qualitative interpretive descriptive study is undertaken in St Luke's Hospital, a local non-profit organization community hospital. Using a structured workflow, patients were enlisted and provided with interventions from all discipline of the multidisciplinary team. The primary outcomes measured were changes in Mini-Mental State Examination (MMSE), Neuropsychiatric Inventory Scale (NPI), Modified Barthel Index (MBI) and Zarit Score. Secondary measures of length of stay, 30-days all cause readmission and caregiver satisfaction were measured.

Results: Over the course of 12 months, there were a total of 329 patients involved in DCP. Preliminary data analysis showed that the major proportions of our inpatients PWDs were diagnosed with severe stage of dementia (1.5% mild, 36% moderate & 62.5% severe). 88% of our PWDs had BPSDs and 123% improved after both pharmacological and non-pharmacological interventions. During which, there were 18 cases of all cause 30-days readmission to tertiary acute hospital. Despite cognitive impairments, 73% showed improved in their functional Modified Barthel Score. 49.75% of PWDs caregivers face mild to severe caregiver burden and 57.71% revealed lesser caregiver stress after intervention.

Conclusion: The use of a specialized multidisciplinary dementia care team has positive impact on patients and caregiver. Preliminary data analysis showed that in general, there were improvement NPI, MBI and Zarit score suggesting positive in behavioural function and caregiver stress. This may be due to timely intervention through early education and social support. In addition, there were positive feedbacks from caregiver regarding DCP. Findings from this project generate the much-needed data with regards to the effect of such intervention as well as provide guide for timely intervention for patient with dementia and their caregiver in community hospital.

Disclosure of Interest: None Declared

Keywords: Dementia care program, multidisciplinary team, Singapore



P226

Topic: Cognition and Meaningful Engagement

DIGITAL LIFE STORY ALBUM FOR PERSON WITH DEMENTIA LIVING IN COMMUNITY

Ponnusamy Subramaniam ^{1,*}

¹Health Psychology Programme, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Objectives: The application of information and communication technology based reminiscence work with older adult with dementia appears promising but lacking in empirical evidence. Therefore, the present study aimed to explore the effect of personalised life story book in digital memory album with people with dementia living in community.

Methods: Using quasi experimental design, 22 participants divided into intervention and control group by matching their age and severity of dementia. Participants in intervention group received 8 weekly one to one reminiscence session developing personalised digital memory album. Each session lasted for one to one and half hours. Pre, post and follow-up assessment after having digital memory album for 6 weeks were conducted using ACE-III, GDS and QoL-AD with person with dementia. Meanwhile the relatives rated QoL-AD as proxy. In addition, a set of quantitative questions asked with participants and their relatives to explore the usefulness of personalised digital memory album.

Results: The result indicated overall improvement in cognition, quality of life and depression measures. Also, relatives as proxy rated improvement on quality of life after participants having personalized digital memory album. The feedbacks from both participants and relatives very positive on having personalized digital memory album at their home.

Conclusion: In summary, the application of 'digital memory album' shed some new lights in understanding the usefulness of digital photo frame as a therapeutic tool with older adult with dementia.

References: · Subramaniam, P & Woods, B. (2010) 'Towards the therapeutic use of information and communication technology in reminiscence work for people with dementia: a systematic review', *Int. J. Computers in Healthcare*, Vol. 1, No. 2, pp.106–125.

Disclosure of Interest: None Declared

Keywords: Community, dementia, ICT, quality of life, reminiscence

Poster Abstracts

P228

Topic: Cognition and Meaningful Engagement

DOES CULTURAL AND LINGUISTIC DIVERSITY IMPACT UPON THE OCCURRENCE OF “CALLING OUT” IN PEOPLE WITH DEMENTIA?

Jennifer Edgecombe^{1,*}

¹DBMAS, Alzheimer's Australia WA, Perth, Australia

Objectives: Calling-out (referred to as vocally disruptive behaviours or verbal behaviours) occurs in 11-30% of people with dementia in residential care. Theories of calling-out primarily centre on unmet physical, environmental and emotional needs and alternative theories include calling out as a consequence of a reduced stress threshold and operant conditioning. This presentation explores calling out and whether being from a culturally and linguistically diverse background is a risk factor.

Methods: A review of 15 months of referrals to the Dementia Behaviour Management Advisory Services (DBMAS) in Perth, WA, with calling out as the primary reason for the referral, was conducted for further analysis. Information relating to CALD background was obtained where available. This data was compared to all DBMAS referrals for the same period to ascertain whether the number of CALD clients was higher for calling out referrals.

Results: Preliminary findings indicate that having a CALD background may be a risk factor for calling out behaviours. Further data analysis will determine levels of significance between these data groups.

Conclusion: With current interventions (pharmacology, engagement, simulated presence therapies, etc.) having limited and sometimes negative outcomes, it is crucial to identify risk factors. Rather than treating the symptom, a shift in focus could be based on early communication interventions before behaviour becomes entrenched. Possible implications for the CALD community and research into other potential risk factors (aphasia, reversion to first language, ambulation & trauma) are considered.

References:

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Disclosure of Interest: None Declared

Keywords: Behavioral and Psychological Symptoms in Dementias (BPSDs), calling out, culturally and linguistically diverse, dementia, Psychosocial Intervention

P229

Topic: Cognition and Meaningful Engagement

THE BRIGHT SIDE OF LIFE: IMPLEMENTATION AND EVALUATION OF HUMOUR THERAPY FOR DEMENTIA RELATED BEHAVIOURS IN RESIDENTIAL AGED CARE

Katrina Anderson ¹Petrea Messent ^{2,*}Sarah MacPherson ¹Iris Carter ¹

¹Southern NSW LHD, Aged Care Evaluation Unit, Queanbeyan, ²Dementia Behaviour Management Advisory Service, Alzheimers Australia ACT, Canberra, Australia

Objectives: Humour therapy has been trialled as a psychosocial intervention aimed at reducing depression and improving quality of life for older people with dementia in RACFs. A cluster-randomised control trial conducted by Low et al (2013) demonstrated a reduction in agitation in RACF residents with dementia compared to treatment-as-usual controls after 9-12 sessions of humour therapy (the Play Up Program). When the amount of humour therapy was combined with engagement, highly engaged residents demonstrated reductions in depression, behavioural disturbance and quality of life. The current Play Up Program is being funded for 26 weeks by Alzheimer's Australia ACT in a RACF, targeting residents who are eligible for Dementia Behaviour Management Advisory Service.

Methods: The current evaluation aims to build on Low et al's (2013) focus on resident outcomes by exploring the effects of humour therapy on staff and resident interactions and the effects on residents' families. The evaluation will also focus on more objective measures of resident engagement gleaned by independent behavioural observations during humour therapy sessions and other activities. The current study also aims to explore staff and management perceptions about the enabling factors and barriers for implementation and sustainability.

Results: We will present qualitative and quantitative findings from the evaluation with particular focus on objective measures of resident engagement/enjoyment as well as the barriers and enabling factors to implementing and sustaining Humour Therapy within a RACF.

Conclusion: It is hoped that the current research will contribute to further understanding of the benefits of humour therapy and that will contribute new information on the benefits for family carers of residents and RACF staff and managers and highlight the usefulness as an intervention option—specifically for residents with a DBMAS profile. Exploration of the enabling factors and barriers for implementation will assist other RACFs to implement humour therapy in the most effective and sustainable ways.

References: Low L-F, Brodaty H, Goodenough B, et al. The Sydney Multisite Intervention of LaughterBosses and ElderClowns (SMILE) study: cluster randomised trial of humour therapy in nursing homes. *BMJ Open* 2013;3: e002072.

Disclosure of Interest: None Declared

Keywords: Behavioural and Psychological Symptoms of Dementia (BPSD), Evaluation, Humour Therapy, Psychosocial Intervention, residential aged care facilities

Poster Abstracts

P230

Topic: Cognition and Meaningful Engagement

TRIAL OF AN IN-HOUSE PSYCHOLOGIST IN RESIDENTIAL AGED CARE: A TEACHING RESEARCH AGED CARE SERVICES PROJECT

Sarah Macpherson ¹*Annaliese Blair ¹Katrina Anderson ¹Iris Carter ¹

¹Aged Care Evaluation Unit, Southern NSW Local Health District, Queanbeyan, Australia

Objectives: Research suggests that residents in Residential Aged Care Facilities (RACFs) have particularly high rates of psychopathology and Behavioural and Psychological Symptoms of Dementia (BPSD). Currently in Australian RACFs, the many psychosocial, behavioural and mood difficulties of residents that could be alleviated by the provision of psychological services go largely unmet¹. We will report on outcomes of a 2 year trial of an in-house clinical psychologist at Goodwin Aged Care. The psychologist provided psychological therapy for residents, support for families and support and education for staff, as well as supervising post-graduate clinical psychology students on placement.

Methods: Clinical Psychologists were employed 1 day per week in 2 facilities to provide psychological services to residents and supervision for students. The psychologists and students collected pre- and post-therapy measures on resident outcomes, health service utilisation, medication use, staff stress, and student attitudes and competency pre- and post-placement.

Results: The psychologists integrated well into the organisation and uptake of psychological services was high. The team saw a range of clinical cases with good clinical outcomes. Results show a reduction in behaviours related to the referring problem post-intervention. 96% of residents treated by psychologists were in-eligible for public mental health/dementia services. Resident and family feedback suggest that the program has been a success, with 100% reporting that treatment was "helpful". Students developed competency and interest in working with older adults.

Conclusion: This project has confirmed the valuable contributions psychologists can play in residential care and that clinical demand for mental health treatment in RACFs are high. Additionally, we have developed a model for training train the future psychology workforce to work with older people. We will discuss options for working with the aged care sector to advocate for funding and opportunities to address this service gap into the future.

References: Davison, T. E., McCabe, M. P., Mellor, D., Ski, C., George, K., & Moore, K. 2007. The prevalence and recognition of depression among aged care residents with and without cognitive impairment. *Aging & Mental Health*, 11, 82-88

Disclosure of Interest: None Declared

Keywords: Evaluation, Psychological Services, Residential Aged Care Facility, Service delivery model, Training

P234

Topic: Cognition and Meaningful Engagement

STRENGTHENING RELATIONSHIPS FOR PEOPLE WITH DEMENTIA AND THEIR SOCIAL NETWORK

Wendi Kruger* 1

1School of Public Health and Human Biosciences, La Trobe University, Melbourne, Australia

Objectives: When the symptoms of dementia advance, family and friends of people with dementia can withdraw from or limit contact with the person with dementia. The research objective is to restore and enhance relationships for family members and friends with a person with dementia, by improving connection and communication between members of the social network and the person with dementia.

Methods: The phenomenon under study is the social networks of persons with dementia and whether the social network can be maintained or improved through a combination of network mapping, education, video recording interactions and follow-up debriefing. A qualitative study design is being used to provide insight into how people make sense of their experience. Data analysis will be predominantly qualitative (thematic and narrative analysis) with some quantitative data being collected within the network mapping component.

Results: Pilot results revealed potential for enhanced relationships. Early data from network mapping exercises reveals complicated familial networks contribute to disintegration of familial ties. However there are occasions where the person with dementia may want to reconnect.

Conclusion: Any break down in relationships ultimately impacts on the person with dementia, which can result in greater isolation. Disharmony between network members can also be felt emotionally by the person with dementia. Strengthened relationships will help improve outcomes for the person with dementia and their family and friends.

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Disclosure of Interest: None Declared

Keywords: Contact, dementia, family, Friends, Withdraw

Poster Abstracts

P235

Topic: Cognition and Meaningful Engagement

INFLUENCE ON COGNITIVE FUNCTION OF REMINISCENCE THERAPY USING PHOTOGRAPHS FOR ELDERLY PERSONS WITH DEMENTIA

Sachiko Hara* 1

1Shimane University, Izumo, Japan

Objectives: The objective of this study was to conduct (group or individual) reminiscence therapy using photographs for elderly persons with dementia in a geriatric health services facility, to examine the influence of the therapy on the cognitive function of the elderly persons who participated in the therapy.

Methods: 1) Outline of reminiscence therapy: Group reminiscence therapy ("GR") was performed once a week (approx. 30 min./time) a total of 5 times, and individual reminiscence therapy ("IR") was performed 2 times between each GR (a total of 8 times). In each reminiscence therapy, old pictures of the participating elderly persons and general photographs such as seasonal events were presented on the screen of a tablet device, and conversation was had about the pictures.

2) Survey subjects: Four elderly persons who participated in the reminiscence therapy (2 females and 2 males in their 70s and 80s), whose MMSE scores were 12 to 25 before participation in the therapy

3) Survey method: Cognitive function was assessed using the TDAS (Touch Panel-type Dementia Assessment Scale) program before and after the reminiscence therapy (before the 1st GR and after the 5th GR). Featuring a touch panel, TDAS is a program partially modified from ADAS (the Alzheimer's Disease Assessment Scale), which is globally recognized as useful for assessing cognitive function. In the TDAS program, total scores (0 to 101) are finally calculated, in which higher scores mean lower cognitive function.

4) Analysis method: Analysis was conducted using the Wilcoxon signed-rank test to examine the difference between TDAS scores before and after reminiscence therapy.

Results: The test results showed no difference between the TDAS scores before and after the reminiscence therapy ($p=0.144$). Regarding individual changes in scores, scores decreased (cognitive function was improved) in three persons (54 38; 83 31; 60 26), and remained almost the same in one person (25 26).

Conclusion: The study indicated that reminiscence therapy, in which old pictures of the participating elderly persons and general photographs such as seasonal events and toys (e.g., cherry blossoms, beanbags and other old toys) are presented, could maintain or improve cognitive function when combined with group reminiscence therapy and individual reminiscence therapy.

References: None

Disclosure of Interest: None Declared

Keywords: cognitive function, photograph, reminiscence

P236

Topic: Cognition and Meaningful Engagement

THE EFFECTS OF AN INTEGRATED COGNITIVE AND SENSORY PROGRAM ON PEOPLE WITH DEMENTIA IN A RESIDENTIAL AGED CARE SETTING: A PILOT STUDY.

Sofia Venuti* 1, Jacqueline Wesson², Nicole Melwani¹, Henry Brodaty³, Lee-Fay Low³

¹Occupational Therapy, Sir Moses Montefiore Jewish Home, Randwick, ²Ageing Work and Health Research Unit, Faculty of Health Sciences, University of Sydney, Lidcombe, ³Dementia Collaborative Research Centre, University of NSW, UNSW Sydney, Australia

Objectives: 1 - to explore the feasibility of an integrated cognitive and sensory program in a high-care dementia unit and its acceptability to residents and their families and staff.

2 - to explore the effects of cognitive and sensory interventions on levels of BPSD and psychotropic medication use in a high-care dementia unit.

Setting: a 30 bed high-care dementia unit in NSW, Australia. Consent will be obtained from participants and their person responsible.

Intervention: care planning will be guided by an occupational therapist's assessment of participants' functional cognition using the Large Allen's Cognitive Levels Screen and families' completion of a questionnaire of participants' sensory preferences and known trauma experiences. The 3 levels of the 6 month intervention phase are:

Level 1- training staff to increase their understanding of functional cognition according to Allen's Cognitive Disabilities Model, of sensory modulation and how to adjust caregiving according to participants' trauma experiences.

Level 2- using results of participants' functional cognition and sensory assessments for care planning. This includes strategies to engage participants in daily activities, offering sensory experiences at set times across the week, and changes to existing activities such as exercise and leisure groups.

Level 3- individual sessions with the occupational therapist upon referral.

Outcome assessments:

- 1 - Engagement with interventions will be measured using the Menorah Park Engagement Scale
- 2 - Acceptability and feasibility of the program will be evaluated by the number of residents and staff involved in the study and the number of staff adhering to training, intervention and documentation
- 3 - A survey for persons responsible and managers of the facility for feedback of the program
- 4- Participants' BPSD will be assessed using the Neuropsychiatric Inventory - Nursing Home Version at baseline and after the intervention phase
- 5 - Incidents of aggression, falls and psychotropic medication used throughout the intervention period will be evaluated by analysing the facility's records

Discussion: the pilot will evaluate the feasibility and acceptability of an integrated cognitive and sensory program to residents, their families and staff. It will explore the effects of the program on the level of BPSD experienced by residents living in a high-care dementia unit, and the use of psychotropic medication to manage these.

Disclosure of Interest: None Declared

Keywords: cognitive, dementia, pilot study, sensory, trauma

Poster Abstracts

P238

Topic: Cognition and Meaningful Engagement

MANAGING ANXIETY IN DEMENTIA: A SINGLE CASE STUDY

Leander Mitchell* 1, Elizabeth Beattie², Nancy Pachana¹, Gerard Byrne³

¹School of Psychology, UNIVERSITY OF QUEENSLAND, ²School of Nursing, Queensland University of Technology, ³School of Medicine, UNIVERSITY OF QUEENSLAND, Brisbane, Australia

Objectives: Anxiety is commonly diagnosed in people with dementia; however research exploring treatment approaches in this portion of the population is limited. This is despite the fact that anxiety symptoms can increase both behavioural disturbances and cognitive impairment (Ferretti et al., 2001). This study used a modified cognitive behaviour therapy (m-CBT) framework focusing on psychoeducation, relaxation strategies, and sleep hygiene. In addition, a dyad approach was utilised such that the caregiver became an additional support with strategy use between treatment sessions. Due to participant recruitment issues, this presentation will focus on a single case study to discuss the strengths and limitations of using a modified, manualised CBT approach to treating anxiety in a person with dementia.

Disclosure of Interest: None Declared

Keywords: anxiety, cbt, dementia



P239

Topic: Cognition and Meaningful Engagement

PSYCHOTHERAPY IN DEMENTIA CARE

Sanna Aavaluoma* 1

1Head of Education, The Finnish Institute of Psychology, Helsinki, Finland

Objectives: PSYCHOTHERAPY IN DEMENTIA CARE

This presentation gives a psychotherapeutic answer to the growing challenge of good dementia care. Psychotherapy gives a significant possibility to effect to all three phases: prevention, early treatment of diagnosed memory illness and psychotherapeutic attitude in institutions and nursing homes.

PREVENTION REDUCES THE RISK FACTORS OF DEVELOPING DEMENTIA

Early interactions and experiences alters the connections among neurons. These connections constitute the structure of our brain. Brain structure shapes brain function. Brain function creates the mind.

The early interactions transform into our capability to inner security, affect regulation, trust in others. take care of our self and others, tolerate vulnerability in our self and others

Good health policy and functioning health care system gives the secure base to young families and support them in parenting and parenthood, supports natural networks in communities, has an effective system in treating psychic crisis and enables psychotherapy to those who need it.

PSYCHOTHERAPY AFTER DIAGNOSIS HELPS THE WHOLE FAMILY TO: understand the illness as a mutual challenge, find ways to cope alone and together with different feelings, process and link earlier life experiences, integrate the life history, continue the life with dementia as part of it, think about the future and prepare and face the different stages of the illness

In psychotherapeutic relationship giving space and time to the basic psychic growth in order to strengthen the capability to tolerate the vulnerability in self and others. This enables receiving and accepting help and care.

PSYCHOTHERAPEUTIC DEMENTIA CARE IN INSTITUTIONS

Only nurses who really professionally love the people they take care of, have the right to work in dementia care. Nurses who are devoted and trained to dementia care create an atmosphere where you as a patient can feel safe and trust to be taken care of, feel to be accepted just as you are, are respected with your special life history, are allowed to have all your feelings, and express yourself without sedative medication, get comfort when you feel bad, have meaningful activities together with others, can maintain the connection to your loved ones, can feel contained and loved 'till the end of your life.

Disclosure of Interest: S. Aavaluoma Conflict with: Psychotherapist in Helsinki Alzheimer Association

Keywords: Prevention, Psychotherapeutic care, Psychotherapy

Poster Abstracts

P242

Topic: Residential Care Models of the Future

SEXUALITY AND OLDER ADULTS IN RESIDENTIAL CARE: TWO EDUCATIONAL RESOURCES SUPPORTING AWARENESS

Michael Bauer ^{1,*}Cindy Jones ²Elizabeth Beattie ³Deirdre Fetherstonhaugh ¹

¹La Trobe University, Melbourne, ²Griffith University, ³Queensland University of Technology, Brisbane, Australia

Objectives: The sexuality and sexual health needs of older people living in Australian residential aged care facilities remains at the periphery of aged care practice, despite research evidence showing the expression of sexuality as a significant issue for many older people. For residents with dementia, sexual expression is commonly viewed by health professionals, carers and families as abnormal; inappropriate behaviour to be discouraged and controlled. Challenging these stereotypical views requires greater understanding, information and staff education.

This poster showcases two new tools- a *Sexuality Assessment Tool* for residential aged care facilities developed by a Delphi process (the SexAT) and a *Sexualities & Dementia: Education Resource for Health Professionals* designed for use in residential aged care facilities to develop the capacity of residential aged care services to better support the rights of all residents, including those with dementia, to express their sexuality.

Disclosure of Interest: None Declared

Keywords: Attitudes, residential aged care facilities, Sexuality

P243

Topic: Residential Care Models of the Future

SOCIAL-PROFESSIONAL NETWORKS AND DEMENTIA CARE

Janet Mitchell* ¹, Henry Brodaty¹

¹Psychiatry, University of NSW, Sydney, Australia

Objectives: To share the insights of a literature review exploring the application of social network analysis in residential aged care facilities (RACFs), involving people with dementia. Key research objectives across the literature are: 1. Investigate the communication networks among nursing staff and networks of nursing staff with relatives / acquaintances of those with dementia, to see how networks relate to nursing staff treatment of residents and nursing staff motivation 2. Investigate the information communication and advice networks of nursing staff in RACFs, to see if there is any relationship between care provided and staff job satisfaction 3. Describe the level of social integration among residents 4. Develop and evaluate the feasibility of collecting network data in a Dementia Special Care Unit

Methods: Social Network Analysis. Data collection included interviewing people with dementia.

Results:

1. In dementia units where there is more connection between nursing staff and relatives / acquaintances of residents, residents are given better treatment. Residents are also given better treatment when nursing staff are more motivated
2. Among nursing staff, stronger identification with the RACF results in higher work motivation. Communication between nursing staff is important for job satisfaction
3. Residents identified with high 'centrality' have the potential to influence others and help acclimatise new residents
4. A confirmed basis to explore the association between social networks and health, for people at increased risk of social isolation and illness
5. Evidence of residents giving and receiving emotional and health-monitoring support.

Conclusion: Analysis of social networks among dementia residents is revealing ways in which social-professional networks are supporting residents with dementia. Research into social networks is another step towards improving consistency in the quality of care in residential aged care settings. Results to date could be used by executives to consider the benefits of less staff turnover, more motivated staff and healthier residents through focusing on mutually supportive social-professional networks. Further research involving all groups either directly involved in the care of people with dementia and/or influencing their care, is recommended.

References: Abbott et al, 2013; Abbott et al, 2012; Cott, 1997; Sales et al, 2010; Van Beek et al, 2013; Van Beek et al, 2011

Disclosure of Interest: None Declared

Keywords: Care, Dementia, Long-term, Social Network Analysis

Poster Abstracts

P244

Topic: Residential Care Models of the Future

CAN THIS NEW OBSERVATION FRAMEWORK, SUPPORT RESIDENTIAL CARE STAFF TO “REFLECT-IN-ACTION”?

Alison Campbell^{1,*} Sam Davis¹

¹Palliative and Supportive Services, Flinders University, Victoria, Australia

Objectives: Can this new observation framework, support residential care staff to “reflect-in-action”? People with advanced dementia encounter particular challenges in not being able to tell anyone directly about their experiences, particularly if care they are being provided with is not meeting their needs. This paper will discuss results from a trial done using an observational framework that was developed in the UK, which focuses on the experience of people with significant cognitive impairment living in residential aged care. PIECE-dem, provides a framework for structuring observations to capture residents interaction and engagement (or lack thereof) within their care environment. The coding framework has person centred care practice as its theoretical foundation. This information provides insights into how the resident with advanced dementia is experiencing their environment and the impact the environment has on the individual. Observations are summarised at the end of each observation session and include recordings on, actions, interaction the environment and a narrative of what occurred. A critical component of this summary is reflecting by observers (care staff trained in person centred care and use of PIECE-dem) on how they saw the person with dementia experiencing the care environment and identify possible trends or patterns in responses. This paper discusses the potential for this framework to be used by aged care practitioners to translate knowledge into practice as staff learn to reflect-in-action.

Disclosure of Interest: None Declared

Keywords: care staff practice, observation tool, residential aged care, translating knowledge into practice

P245

Topic: Residential Care Models of the Future

IMPROVING QUALITY OF RESIDENTIAL DEMENTIA CARE AND PROMOTING CHANGE BY SUPPORTING AND CARING FOR STAFF: WHAT CAN WE LEARN FROM THE LITERATURE?

Katrina Anderson ^{1,*}Michael Bird ²Sarah MacPherson ¹Annaliese Blair ¹

¹Southern NSW Local Health District, Aged Care Evaluation Unit, Queanbeyan, Australia, ²Dementia Services Development Centre, Bangor University, Bangor, United Kingdom

Objectives: Both current research and common sense indicates that there are relationships between staff and/or facility variables in residential dementia care, the quality of care provided, and quality of life for residents. Despite many reviews, it is difficult to develop a coherent overview of the nature of these relationships, which variables are important, and where to intervene in order to minimise suffering for people with dementia. This work, through the Cognitive Decline Partnership Centre, aims to provide a relevant synthesis of the evidence in this area, with the ultimate aim of finding out how to maximise quality of life for people with dementia who spend their last years in residential care facilities.

Methods: To identify potentially relevant articles, a comprehensive literature search was conducted using Medline, PsycINFO, Embase, PubMed, CINAHL and the Cochrane, Campbell Collaboration. An exhaustive list of search terms led to the identification of 45,000 articles, which was subsequently reduced to 175 on topic articles.

Results: We will be presenting on the nature and strength of relationships between quality of care, resident well-being and staff and facility variables – including which of these variables appear to be important. We will also present evidence on the practicalities of delivering successful and sustained interventions in the sometimes chaotic and poorly resourced world of residential aged care, and the characteristics of those facilities where success is more likely.

Conclusion: This information should provide the aged care industry and policy makers with an evidence-based framework about the nuts and bolts of how to work through staff or at facility level to maximise the chances of improving quality of life for people with dementia, despite the vast variability and often instability of the residential facilities where they live.

Disclosure of Interest: None Declared

Keywords: dementia, quality of care, Residential Care, systematic review

Poster Abstracts

P246

Topic: Residential Care Models of the Future

NOT JUST A “CHALLENGING BEHAVIOUR”

Kate Swaffer^{1,*}

¹University of Wollongong, Wollongong, Australia

Objectives: People with dementia continue to be labelled as “challenging behaviours” in ways that continue to marginalise and stigmatise them. We agree that in the workforce, the most fundamental skills required in any organisation are language, literacy and numeracy (LLN). They enable us to process information, communicate effectively, contribute to productivity and performance, as well as socialisation, team building, confidence, enjoyment, and the ability to adapt to changing environments. Therefore, in the dementia care workforce, it is critical that workers have the knowledge to recognise when a person with dementia needs assistance with LLN and can adjust their care accordingly. This applies to how health care staff deliver care to people with dementia, as the impairments caused by dementia should require that staff have knowledge in how to assist them. Most often impairments are written up as “difficult behaviours” and BPSD, and then treated with a form of restraint, rather than provided with more appropriate support, e.g. speech pathologists are rarely included in the care plans of people with dementia, even though language and speech impairments are common. In the context of people with dementia, LLN is important. If they cannot enjoy nor have the ability to continue with good language and literary, then their experience of well being is impaired. “Challenging behaviours” will be present if no-one bothers to understand their needs, and it is up to others to learn how to communicate with them, not the other way around. If challenging behaviours become part of the experience, then it is more likely due to not being able to express things like pain, poor tasting food, being bored, than it is the fault of the dementia. Using physical or chemical restraint is not the answer, but rather a blatant abuse of the human right to be understood and cared for the best way possible. This presentation gives an overview of the issues and strategies for the dementia sector to change their practice surrounding unmet needs. If they cannot understand what the person with dementia is trying to communicate, I wonder who it is that is confused?

Disclosure of Interest: None Declared

Keywords: BPSD, Challenging Behaviour, Dementia, Communication, Speech pathologists,

P247

Topic: Community Support Models

KEY WORKER ROLES FOR PEOPLE WITH DEMENTIA: A SYSTEMATIC REVIEW

Susan Koch^{1,2}, Dianne Goeman^{2,3}, Emma Renehan²

¹Dept of Nursing, Health Sciences, La Trobe University, Bundoora, ²RDNS Institute, RDNS, St Kilda, ³Central Clinical School, Monash University, Prahran, Australia

Objectives: Introduction: Delay in diagnosis and difficulties in accessing health care services impact on people in the community living with memory loss and their carers and families. This increases the risk for mis-diagnosis, inappropriate management, poor psychological adjustment and reduced coping capacity and ability to make plans for the future. The key worker is a health worker who is skilled in assessment and support and able to provide ongoing assistance to older people with cognitive decline and their carers. Key worker type services, in operation in Europe and the United States for a number of years, have recently been implemented in a few locations throughout Australia. Our systematic review aims to identify: How can the key worker role for people with dementia best be utilised to assist people with dementia and their carers?

Methods: We searched the MEDLINE, PSYCH-INFO and CINAHL scientific databases, Google scholar and a variety of websites for academic literature, relevant government reports and unpublished work for English language articles between 2003 and 2015. Eligible studies will be categorised into types according to Cochrane Collaboration levels of evidence: experimental, observational analytic, observational descriptive, mixed methods and qualitative studies. Critical appraisal of each of the studies will then be undertaken in accordance with appropriate appraisal tools.

Results: Forty-eight academic papers and forty-six pieces of grey literature were retrieved including experimental (randomised controlled trials, non-randomised or quasi-experimental), observational analytic (cohort, case-control), observational descriptive (cross-sectional, case report, case-series), mixed methods, qualitative studies and government reports.

Conclusion: Currently there is little evidence to substantiate the effectiveness of the keyworker role and as a consequence system-based end users and consumers have highlighted the need for an evidence-informed approach to evaluate the role. Once finalised the findings from our evaluation will be used to develop recommendations to inform policy change and provide a basis for further implementation of key worker roles.

Disclosure of Interest: None Declared

Keywords: Community care, dementia care, keyworker, systematic review

Poster Abstracts

P248

Topic: Community Support Models

CAN A 'RESPITE' CARE WORKER BE MORE THAN A 'MINDER' OF A PERSON WITH DEMENTIA?

Wendi Kruger^{1,*} Lisa Rollinson¹

¹Retirement and Ageing, Brotherhood of St. Laurence, Frankston, Australia

Objectives: We found that personalised support for people with dementia living in their own home was lacking. Dissatisfied care partners reported that agency staff would attend to their own interests and disregard the person with dementia. Some would treat the person living with dementia as an infant in their own home. This type of 'in-home respite' needed to be challenged. We needed to move beyond the 'minder' mentality of 'respite' and risk reduction to a model that acknowledged the person with dementia as a person with interests and desires. It was from this position that the Companionship Model was born. The Companionship Model is person-centred in practice and allows the person with dementia the opportunity to be involved in pastimes that are both meaningful and enjoyable while still allowing the care partner to have time to him or herself. Companionship however extends the person-centred model in two ways. Firstly, the care partner can choose (or not) to spend time together with their loved one and the Companion; providing the opportunity for 3-way engagement free of the caring role. Secondly, the Companionship Model seeks regular written feedback from the Companion about each visit in the form of a Journal, with opportunity to reflect on his or her professional practice. The Journal also includes space for the care partner and their loved to comment on the interaction. Currently a 4-week trial of the Companionship programme is offered to interested consumers and carers/relatives. Following the trial period, if the service is to continue, it is funded through the package or other means. The most striking outcome from Companionship are the positive relationships that develop: a consumer who lives on her own and hasn't wanted to go outside for over 20 years is now saying she is excited to go outside with her Companion; another consumer referred to his Companion as 'my little friend'; and a relative commented, 'the difference between Companionship and 'in-home respite' is like 'chalk and cheese', finally feeling comfortable going out knowing her husband was respected in his own home and not treated like an infant. Having input into staff selection, combined with feedback and care partner consultation, has been integral to the success of Companionship as a Model, proving it is possible to be more than a 'minder' to a person living with dementia.

Disclosure of Interest: None Declared

Keywords: Companion, Companionship, dementia, Minder, Respite

P249

Topic: Community Support Models

ALL YOU HAVE TO DO IS WISH OUT LOUD! HOW JOY ANDERSON HOUSE CREATED A DEMENTIA FRIENDLY COMMUNITY.

Susan Williams ¹Gillian McQuinn ^{1,*}

¹Client Services, Alzheimer's Australia Northern Territory, Nightcliff, Australia

Objectives: The Joy Anderson House project is not just another 'feel good' respite house story. Rather it is a reminder to dream out loud and look afresh at resources currently around you. This is exactly what Gillian McQuinn, Community Respite Facilitator of Alzheimer's Australia NT did. The result is a respite house (and more!) with minimal financial impact and a growing community following, achieved in one year.

Joy Anderson house was bequeathed over 25 years ago to Palmerston City Council, for community group use. By 2011, 'Joy' (as the house has affectionately been named by Alzheimer's Australia NT) had become tired. Alzheimer's Australia's respite groups occasionally booked the home but with permanently locked windows (for security) and no air conditioning, it was only tolerable for several months of the year. Another group of local artists used the house, weekly.

Following a visit to The Vicarage respite house during the previous Alzheimer's Australia conference in Hobart, staff dreamed of a similar home in Darwin. Our Board and management supported the dream but fruition would be years away due to financial limitations.

Gillian dreamed out loud (in the earshot of our Chief Executive) as to whether Palmerston City Council would allow us to 'borrow' Joy Anderson House as our respite home.

Unbelievably, here we are, a year on, settled in at 'Joy'. Palmerston City Council has made the home liveable (including air conditioning!) and our team, including people with dementia, carers, staff and friends have combined to create a 'home'. We will reinvigorate the garden when the first rains of our Wet season make the soil easier to turn. The house is filled with activity: piano players in the living room, sewing and art in a dedicated space, younger onset dementia BBQs in the backyard, brain gyms events – and the local art group still uses 'Joy' in conjunction with us.

Joy Anderson House isn't perfect – but it is RIGHT NOW – and has provided a dementia friendly space, with the unexpected bonus of a dementia friendly community in the making!

Disclosure of Interest: None Declared

Keywords: day respite centre, dementia friendly community, person centred care, respite programs

Poster Abstracts

P250

Topic: Community Support Models

THE NEVER ENDING STORY - FOR PEOPLE LIVING WITH DEMENTIA

Eirwen Jones ^{1,*} Donna Redgrave ²

¹Services Directorate, ²Alzheimer's Society, London, United Kingdom

Objectives: This service delivers a ten week Never Ending Story activity programme, a creative story telling project using elements of reminiscence, music, movement, visual arts and poetry, within care settings across North Wales. The project aims to engage, communicate and create a sense of identity in an imaginative and socially inclusive environment. There is a wide multi-method approach exploring the realms of reminiscence and imagination in dementia care "Connecting with the person in their world" with the aim of keeping memories alive whilst transforming the activity environment. The project would also explore non-verbal approaches to care to provide carers with confidence and person centred skills to connect with the people they care for.

Disclosure of Interest: None Declared

Keywords: reminiscence

P251

Topic: Community Support Models

NORTHERN RANGERS DAY RESPITE PROGRAM

Eric Cruz ¹, Valerie Aldahn ², Debra Belperio ³

¹Community Services - Connexus, Alzheimer's Australia South Australia, ²Respite Services, ECH, ³Community Programs - Connexus, Alzheimer's Australia South Australia, Adelaide, Australia

Objectives: NORTHERN RANGERS DAY RESPITE PROGRAM

Quote from Carer: "Rachel advised that her father has never looked happier and seems to have a confident spring to his step". - Rachel O'Brien (July 2014)

In early 2013 a service gap was identified for those living with younger onset dementia in the Northern area of Adelaide. There were no age appropriate social programs for individuals in this cohort and this led to a representative from Alzheimer's Australia (AASA) to approach the coordinator at Smithy's Place (ECH) to see whether the day centre could be utilized for a day program. Conveniently a day was available for such a program and as a result a partnership between the two organisations was developed and the 'Northern Rangers Program' concept was born.

The Northern Rangers program model is client-driven, and focuses on activities undertaken within the community. Clients are empowered to make their own choices around activities and the program facilitators guide and assist the clients to make these activities happen. Extensive forward planning is undertaken so that one week is spent in house whilst the other week is spent on an outing exploring various parts of Adelaide that they normally would not have experienced. In house activities that clients are encouraged to participate in include various art and craft projects, billiards and indoor bowls, quiz sessions, movie days, theme days and cooking days to name a few. Through collaborative activities, the program promotes client independence and reduces the carer impact of supporting their family members on a daily basis. The feedback that the program has received to date has been extremely positive.

The benefits this program provides include promoting socialization with age appropriate activities, reducing the risks of social isolation as a result of having Younger Onset Dementia, promoting independence and getting the most out of life and also encouraging strong working relationships between two organisations that share the same aim. The program also has the added benefit of supporting integration for the client as they become used to the environment and are able to transition to mainstream services as required, contributing to the sustainability of the program. The Northern Rangers program has been successful to date because activities are person centered & tailor made to suit the needs of all attendees involved.

Both ECH and AASA are committed to continuing this program whilst positive outcomes are achieved and funding makes it viable. This commitment shows confidence in the success that this program has achieved to date & also shows a commitment to building a successful partnership between the two organisations.

Disclosure of Interest: None Declared

Keywords: Younger Onset Dementia, Day Respite Program

Poster Abstracts

P253

Topic: Community Support Models

FUTURE PROOF FOR DEMENTIA CARE STRUCTURES IN RURAL AREAS - FINDINGS FROM A DELPHI EXPERT SURVEY

Henrik Wiegelmann ^{1,*}

¹Centre for Participation Research, Catholic University of Applied Sciences, Cologne, Germany

Objectives: Even today there are rural areas in Germany, facing a lack of home and community healthcare and social support structures. This creates significant complications for the elderly population with complex health challenges in terms of access to medical, nursing and psych-social help and support structures. Because of an ongoing strong rural-urban migration flow, especially by the „young-educated-female“-group and the working population-group, a downward spiral for rural regions is presumed. It is stated, that infrastructural problems can potentiate each other reciprocally causing a double deficit of formal and informal care potential. Moreover, a general infrastructural disadvantage compared to urban areas leads to larger distances, challenging people to overcome long distances in order to get to the services they need. In the German speaking area there research there is a lack of research regarding specific challenges for dementia care structures in rural and peripheral areas and, hand in hand with this, an inadequate knowledge about what people living with dementia and their family caregivers need. Using data from the project “DementiaNet CityRegion Aachen” the presentation deals with the future needs for good dementia care structures in rural and peripheral areas in Germany.

Methods: Therefore a three-step Delphi expert survey (mixed method design) has been conducted to work on a) status quo, b) potential problems, c) possible interventions. The group of experts had an interdisciplinary structure (doctors, social workers, pedagogues etc.) to generate differing views.

Results: The results show that there is a strong need for professional community based psycho-social support structures and social innovations for people living with dementia and their family caregivers. Furthermore the experts agree that voluntary commitments play a key role in future dementia care structures in rural and peripheral areas. Perhaps more importantly the experts discourse shows a strong vote for economic efficiency and financial feasibility (economic rationality).

Conclusion: The results reflect a major conflict of objectives: While on the one hand there is a vote to pursuit the bio-psycho-social model of dementia, there is at the same time a strong discourse emphasizing the priority of economic principles.

References: N/A

Disclosure of Interest: None Declared

Keywords: dementia care, regionalisation, rural areas

P254

Topic: Community Support Models

DEMENTIA CARE IN THE COMMUNITY – ACCESS FOR CALD COMMUNITIES

Dianne Goeman^{1,2,*} Jordan King² Susan Koch^{2,3}

¹Central Clinical School, Monash University, Prahran, ²RDNS Institute, RDNS, St Kilda, ³Dept of Nursing, Health Sciences, La Trobe University, Bundoora, Australia

Objectives: INTRODUCTION: Delays in diagnosis and difficulties in accessing appropriate health care services currently occur potentiating the risk for misdiagnosis and inappropriate management impacting on individuals and carers. In order to develop strategies to reduce the burden associated with dementia, in 2012, the Australian Federal Government declared dementia a National Health Priority. This presentation reports on a project that is currently underway. The project, funded by the Lord Mayor's Charitable Foundation, addresses a service gap by implementing a Specialist Dementia Nurse (SDN) to be an advocate, navigator and strategist for the culturally and linguistically diverse (CALD) client, their carer and family living in the community and most at risk of adverse dementia outcomes. A Specialist Dementia Nurse has a high level of expertise and specialist knowledge in the field and is able to provide clinical expertise, clinical planning and management, education and leadership.

AIM: The aim of our project is to develop and refine an inclusive model of community based dementia care that supports CALD people with dementia, their carer's and families.

METHODS: A Participatory Action Research approach based on reflection, data collection and action that aims to improve health and reduce health inequities through involving the people who, in turn take actions to improve their own health is being utilised. Interviews with CALD individuals, carers and family will be used to ascertain client's perceptions of the role and perceived benefits. Focus groups will be conducted with RDNS site staff, and stakeholders to evaluate health service providers perspectives on the role. The SDN will use reflective practice methods to document experiences and observations following each client visit. Field notes and interviews will be analysed to form narratives of the CALD client journey.

OUTCOMES: This presentation will report on our inclusive model of community based dementia care that enables access for individuals and their carers from culturally and linguistically diverse and non-English speaking backgrounds

Disclosure of Interest: None Declared

Keywords: community care, culturally and linguistically diverse , dementia care, keyworker

Poster Abstracts

P256

Topic: Community Support Models

THE NYUCI IN AUSTRALIA: TRANSLATING TRAINING IN AN EVIDENCE-BASED INTERVENTION FOR CAREGIVERS OF PEOPLE WITH DEMENTIA

Christine Neville¹Theresa L. Scott¹*Mary Mittelman²Elizabeth Beattie³Deborah Parker⁴

¹School of Nursing, Midwifery and Social Work, The University of Queensland, Brisbane, Australia, ²NYU Langone Medical Centre, New York University, New York, United States, ³School of Nursing, Queensland University of Technology, ⁴UQ/Blue Care Research Practice Development Centre, The University of Queensland, Brisbane, Australia

Objectives: We report the development of an internet-based multimedia education program in NYUCI practice that was developed simultaneously for trainee practitioners in the US and Australia.

The health and wellbeing of a growing proportion of Australians living with dementia will be determined by the extent to which quality care can be administered to persons living with dementia in their own home (Home Healthcare Forum Report, 2014). This research project realizes the potential health and cost-savings benefits of using an existing evidence-based intervention, the New York University Caregiver Intervention (NYUCI) – a non-pharmacological, multi-component intervention for spousal caregivers of people with dementia – to make it more culturally sensitive to Australian needs. Training in the NYUCI in the United States has, until recently, been conducted face-to-face with trainee practitioners. In Australia, due to population geography, community healthcare workers who provide support to older adult caregivers of people with dementia, live and work in many regional and rural areas, as well as metropolitan. Therefore it was especially important to have training available online to meet the needs of Australian consumers – in regional, rural and metropolitan areas.

The challenges faced in maintaining fidelity of the NYUCI protocols and meeting the needs of Australian consumers and caregivers, in this translational research project, are considered. In addition, quantitative evaluation of the training program together with qualitative feedback from a sample of Australian trainee practitioners, who were the first to trial the training program, is presented.

Disclosure of Interest: C. Neville Conflict with: Wicking Trust, Australia, T. L. Scott Conflict with: Wicking Trust, Australia, M. Mittelman: None Declared, E. Beattie Conflict with: Wicking Trust, Australia, D. Parker Conflict with: Wicking Trust, Australia

Keywords: Australia, Caregiver Support for Dementia, Family carers, in-home support, Psychosocial Intervention

P258

Topic: Community Support Models

“RIDING THE DEMENTIA TSUNAMI ALONE” A REGIONAL MODEL OF DEMENTIA DAY RESPITE CARE

Margaret Allen ^{1,*}

¹Dementia Day Respite Care, Hastings District Respite Care, Port Macquarie, Australia

Objectives: Respite is vital in supporting people with dementia and ensures that carers focus on their own health and well-being but is under-utilised particularly in the early stages.

Respite day centres are perceived as passive, with little community interaction and are under acknowledged, isolated in the community care services and rarely become the basis of dementia research.

With the importance of supporting people to live in the community for as long as possible, respite centres need to push the boundaries to meet the needs of the individuals using the services. There is a vacuum in terms of a professional organisation lobbying for change and development.

Government departments have difficulty understanding what happens in respite centres. Education focuses on residential aged care or in home support services but where is education relevant to dementia community respite centres?

Hastings District Respite Care identified the need to move away from the “bingo, bowls, bus trip” model to a community focused person-centred model of service delivery. This was supported by a management team with a “can do” attitude.

This started with a person-centred culture change.. Community involvement became the norm; the clients were enabled to retain skills, to take on daily roles.

Then with successes in outside funding programs “Wet & Wild”, “Surf & Turf”, Drama, Digital Life Stories and evening cafes evolved. This was all shaped in consultation with clients and carers.

HDRC has been gained funding to introduce a Montessori approach to dementia care in the community. The extension of and research around the “Relate, Motivate, Appreciate” program will challenge the credence that this is best suited to residential aged care.

HDRC is well placed to further develop programs and is actively involved in the Port Macquarie Dementia Friendly Community Project.

Our model of respite puts the client first and has the strength to benchmark the type of collaborative respite services that allows HDRC to pursue state (and national) leadership as our clients recommend our products, services and people.

But like many we have to ride the dementia tsunami alone.

Disclosure of Interest: None Declared

Keywords: Culture, Innovation, Person-centred, Respite

Poster Abstracts

P259

Topic: Community Support Models

DEVELOPMENT NEW MULTIDISCIPLINARY CASE CONFERENCE METHOD, THE MIEKEN(R), TO MAKE A SUPPORT TEAM IN A COMMUNITY AND TO RESOLVE DIFFICULT PROBLEMS FOR CONTINUING LIVING IN THE COMMUNITY AND THE EFFECTIVENESS AND SPREADING OF THE CONFERENCE METHOD IN JAPAN.

Atsushi Hachimori* 1, Michiko OTOMO2 and The Mieken

1Ito Hospital, JADECOR, Ito, 2H2O institute of research INC., Tokyo, Japan

Objectives: First objective is to develop a collaborative method to share information, goal and knowledge and respect among professional medical and care providers and citizens concerned with dementia care in a community especially for persons with dementia that has difficulty in support. Second objective is to put into practice and spread new method widely in Japan. And the third objective is to evaluate the effectiveness the method that we develop.

Methods: We develop a new case conference method that professional medical and care providers and citizens concerned can (1) discuss matters on equal terms, (2) share information, goal and knowledge and (3) respect each other. We visualize information and contents with original mapping arranged based on MindMap® to image the situation and solutions. Basic template to write on information is made up of 8 main categories.

Two facilitators precede the conference with original manner we developed. We named the conference method the Visible Intelligent Case Conference in English, the Mieken® in Japanese. The conference is preceded with following steps. At first we make ice breaking with introduction, then introduce title of the condition of the case and being troubled for a professional provider, then hear an outline of the case by a facilitator, then hear interest and details by participants, then list problems up, and then analyze problems and make solution and practical action plans.

Results: Most of the problems will solve on this new style case conference. That is this case conference is absolutely practical. Participants can image the case conditions by visualize mapping effect, and they can find relationships among problems in many categories. So they can get new perspective and new solution beyond expectations. And participants respect each other by hearing their ideas and opinions to make better conditions for the person with dementia. Earnest discussion on the case in process, imaging with mapping and original facilitation method move emotions and ideas of participants. So they make a practical team with their each respect. Such teams based on the new multi-disciplinary conference style, the Visible Case Conference have been spreading in many places in Japan.

Conclusion: New method of a multidisciplinary case conference, the Visible Intelligent Case Conference, the Mieken® in Japanese, is effective to (1) discuss matters on equal terms, (2) share information, goal and knowledge and (3) respect each other. And this conference method makes solutions of difficult cases with dementia for care providers and now spread in many places in Japan. The teams made by this conference will solve many problems for persons with dementia and persons with dementia will live in the community continuously.

Disclosure of Interest: None Declared

Keywords: case conference, community support team, Mieken(R), MindMap, multidisciplinary approach

P260

Topic: Community Support Models

BURDEN OF CARE AMONG CAREGIVERS OF PEOPLE SUFFERING FROM DEMENTIA WHO ATTEND DAY CARE CENTER– A CROSS-SECTIONAL STUDY

Liv Bjerknes Taranrød ^{1,*}

¹Ageing and Health, Norwegian Centre for Research Education and Service Development, Vestfold Hospital Trust, Norway, Tønsberg, Norway

Objectives: As of 2014, there are over 70,000 people suffering dementia in Norway; about half of these live in their own homes. Dementia affects both the person with dementia as well as their relatives. Being a caregiver for a person with dementia is associated with considerable strain and stress. The present study aims to acquire knowledge about the relatives' burden of care for people with dementia who are offered daily activities at Norwegian day care centers. The study focuses on what can predict this specific care burden.

Methods: A quantitative cross-sectional study was applied with material from a national survey *Utviklingsprogrammet om dagtilbud og avlastningsordninger for personer med demens* (2007- 2010). The data were collected from relatives of people with dementia who attend a day care center on a regular basis. The participants were, 182 family caregivers and 182 persons with dementia, recruited from 34 day care centers in 28 municipalities.

Results: This study indicated that living with a person with dementia, as well as the caregiver being a female, were factors that predict care burden or stress. When it comes to the various factors related to dementia, the data indicated that neuropsychiatric symptoms were the most significant predictor of the level of burden placed on the patients' caregivers.

Conclusion: The present study indicates that caregivers of people with dementia experience burdens of care, even though the patients' families get relief when the patient with dementia attends day care center regularly. These findings therefore provide a basis for recommending health professionals to enter closer dialogue with caregivers about their situation, as well as establishing routines for follow-up support over time.

References: Taranrød, L. B. (2011). *Mellom hjem og institusjon : dagtilbud tilrettelagt for personer med demens*. Tønsberg: Forlaget Aldring og helse.

Disclosure of Interest: None Declared

Keywords: Burden, Day programs, dementia, Family carers

Poster Abstracts

P261

Topic: Community Support Models

SUPPORT SERVICES FOR CARERS OF DEMENTIA

Sushma Chawla ^{1,*}

¹LIFE CARE, Hope Ek A.S.H.A, NEW DELHI, India

Objectives: Dementia affects cognitive as well as physical functioning. This makes them increasingly dependent on others for assistance. Providing care becomes even more difficult because of presence of symptoms such as aggression, depression and wandering. Thus, the emotional, mental and physical wellbeing of the carers needs to be recognized and appropriate support provided. The support services could include psycho- education including awareness about the services and support available. Having them as partners in caring along with the medical team as well as making them skilled and confident at managing the various problems associated with dementia. A 24X7 helpline number for any queries and managing emergencies should be set up. Depending on the needs of the carers they should have access to counselling and therapy and arrangements to care for someone with dementia while they are taking counselling sessions. Managing the stress, guilt and anger associated with caring for someone with dementia is essential. Training aimed at caring for people with dementia including challenging behaviours such as incontinence, behavioural problems, personal hygiene, sleep, also ensuring that they indulge in their hobbies. Assistance when caring for people with dementia in the morning and occasional entitlement to a replacement carer at night on a regular basis should be ensured. Training on managing finances for carers should be provided. Children and adolescents living in families caring for someone with dementia should be given special counselling. Lastly breaks for the family while caring for someone with dementia should be ensured socializing both together and separately.

Disclosure of Interest: None Declared

Keywords: training of service providers

P262

Topic: Dementia and Acute Care

THE EFFECT OF STATIN ON COGNITIVE FUNCTION: EVIDENCE FROM THE PATH THROUGH LIFE STUDY

Pshpani Herath ^{1,*}Kaarin Anstey ¹

¹Centre for Research on Ageing Health and Wellbeing, Australian National University, Canberra, Australia

Objectives: This study aims to evaluate the association between use of statin and incidence of mild cognitive impairment and change of cognitive function, over 4 years.

Methods: The sample was drawn from a population-based cohort study in Australia (The PATH Through Life Study), and comprised 1945 individuals aged 65-69 years at first measurement, 251 (17.6%) of whom reported use of a statin. Cognitive function was measured using 9 different neuropsychological tests. The PATH dataset is also linked to the Australian Government Pharmaceutical Benefit Scheme (PBS) database which records all prescription medications dispensed in Australia. Thus, the variables for statin use and type of statin and duration of statin use were obtained from the PBS database. The association between statin use and Mild Cognitive Impairment (MCI) was assessed using multinomial logistic regression. The association between use of statin and measures of specific cognitive domains were assessed using Generalized Linear Models adjusted for age, sex, education, smoking, level of physical activity, BMI, diabetes, APOE genotype, duration of statin use and hypertension.

Results: No association was identified between statin use and Mild Cognitive Impairment or change of cognitive function over 4 years time. These results were unaffected by adjustment for multiple confounding factors. Further analysis revealed that change of cognitive function or incidence of mild cognitive impairment was not associated with the type of statin (this sample comprised 133 participants on Atorvastatin, 74 participants on Simvastatin and 39 participants on Pravastatin). Further analysis was carried out to understand the relation of duration of statin use for MCI or change of cognitive function over 4 years. Participants taking statins for 3 to 12 months, 12 months to 24 months and more than 24 months were compared to participants not on statins and no difference was observed between groups.

Conclusion: This study found no association between statin use and cognitive function. Further, we did not observe any effect of type of statin or duration of statin use, on cognitive function or risk of incident cognitive impairment...

References: Zandi, P.P., et al., *Do statins reduce risk of incident dementia and Alzheimer disease? The Cache County Study*. Arch Gen Psychiatry, 2005. **62**(2): p. 217-24.

Disclosure of Interest: None Declared

Keywords: Statin use, cognitive function, Mild cognitive impairment, cognitive decline

Poster Abstracts

P263

Topic: Dementia and Acute Care

PREVALENCE OF NEUROPSYCHIATRIC SYMPTOMS AND CORRELATIONS WITH COGNITIVE FUNCTION IN THE PATH THROUGH LIFE PROJECT

Moyra Mortby¹, Nicolas Cherbuin¹, Kaarin Anstey¹

¹Centre for Research on Ageing, Health and Wellbeing, The Australian National University, Canberra, ACT, Australia

Objectives: While neuropsychiatric symptoms (NPS) in dementia are well documented, less is understood about the associations of specific NPS and cognitive function in community populations. Using data from the PATH Through Life Project¹ we examine 1) the prevalence of NPS in community-dwelling older Australians, 2) differences in cognitive function between those with and without NPS, and 3) whether cognitive function is correlated with NPS four years later.

Methods: Cognitive function and NPS were studied in 427 older Australians (54.6% male; mean age: 70.5 years; mean MMSE score: 28.9) using the Mini Mental State Exam (MMSE), Digit Span Backwards (DSB), Symbol Digit Modalities Test (SDMT), the immediate and delayed recall test of the California Verbal Learning Test (CVLT), Controlled Oral Word Association Test (COWAT), Spot the Word test (STW), Trail Making Test B (TMT-B), Purdue Pegboard (PP), Boston Naming Test (BNT) and the Neuropsychiatric Inventory (NPI).

Results: NPS were reported in 235 participants (55%). The most commonly reported NPS included depression (27%), irritability and agitation (15%) and apathy (10%). 58% reported the co-occurrence of two or more NPS. Individuals reporting NPS compared to those without performed worse on the MMSE ($F(1,425)=5.2, p=.023$), SDMT ($F(1,425)=8.9, p=.003$), PP (dominant hand: $F(1,425)=6.4, p=.012$; non-dominant hand: $F(1,425)=4.1, p=.043$; both hands: $F(1,425)=8.6, p=.004$) and TMT-B ($F(1,425)=3.9, p=.049$). Total NPI scores correlated with cognitive performance on the MMSE ($r=-.15$), SDMT ($r=-.23$), PP (dominant hand: $r=-.19$; non-dominant hand: $r=-.22$; both hands: $r=-.21$) and TMT-B ($r=-.2$). Significant correlations were also reported between these cognitive function measures and the domains of hallucinations, agitation, depression, euphoria, apathy and irritability.

Conclusion: This study reports the high prevalence of NPS in a community population of older Australians. It highlights the importance of specific cognitive functions as an early marker of NPS. Interestingly, NPS were specifically associated with executive function and psychomotor speed rather than memory. Improved understanding of cognitive profiles associated with NPS may help clarify the pathophysiological bases of NPS, improve early identification of those at risk and contribute to better support mechanisms for those affected.

References: ¹Anstey, KJ et al. (2012). Cohort profile: the PATH through life project. *Int J Epidemiol* 41:951

Disclosure of Interest: None Declared

Keywords: cognitive function, epidemiology, neuropsychiatric symptoms, prevalence

P264

Topic: Dementia and Acute Care

EARLY-ONSET ALZHEIMER'S DISEASE: A GLOBAL CROSS-SECTIONAL ANALYSIS

Peter Panegyres^{1,*}Huei-Yang Chen¹

¹Neurodegenerative Disorders Research Pty Ltd, Perth, Australia

Objectives: Little is known about factors associated with early-onset Alzheimer's disease (EOAD), which occurs before 65 years. The identification of factors of EOAD might provide insights into Alzheimer's disease (AD) pathogenesis.

Methods: Data from over 3000 subjects with AD from C-Path Online Data Repository were used to compare demographics, comorbidities and prescribed medications between EOAD and late-onset Alzheimer's disease (LOAD). The generalized estimating equations binomial model was used to identify factors associated with EOAD, allowing for within-trials correlation (multiple patients from one single trial).

Results: Despite the similar proportions in White, Asian and Black between EOAD and LOAD, a significantly higher proportion of EOAD population was from other races: Native American Indian, Alaskan and Hawaiian and other minorities (including Hispanics) ($P < 0.0001$); and were more likely to have anxiety or depression ($P < 0.0001$). A high proportion of the LOAD population reported a history of AD from any relative (70% vs. 58%); atrial fibrillation, hypertension, heart disease, stroke, hypercholesterolaemia and hypothyroidism were over-represented in LOAD ($P < 0.01$). LOAD patients used more risperidone and donepezil ($P < 0.01$). The multivariable model results showed that, compared with LOAD, EOAD patients were more frequently from other races and were more likely to have anxiety or depression, with less hypertension, stroke and atrial fibrillation.

Conclusion: Early-onset Alzheimer's disease is found more frequently in Native American Indians, Alaskans, Hawaiians and other minorities, including Hispanics; patients with EOAD have more anxiety or depression. EOAD occurs independently of hypertension, stroke and atrial fibrillation.

References: 1. PK Panegyres, HY Chen. Differences between early and late onset Alzheimer's disease. American Journal Neurodegenerative Disorders 2013;2(4):300-306.

2. P. K. Panegyres, H. Y. Chen and the Coalition against Major Diseases (CAMD). Early-onset Alzheimer's disease: a global cross-sectional analysis. European Journal of Neurology 2014 (doi:10.1111/ene.12453).

Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, Early onset dementia, Late onset dementia, Pathogenesis

Poster Abstracts

P265

Topic: Dementia and Acute Care

CO-PREVALENCE OF ALZHEIMER'S DISEASE AND AGE-RELATED MACULAR DEGENERATION ESTABLISHED BY HISTOPATHOLOGY ANALYSIS

Arthika Chandramohan¹Heather Whitson¹Gordon Smilnak²Alan Proia³Eleonora Lad^{1,*}

¹Ophthalmology, Duke University Medical Center, ²Duke University, ³Pathology and Ophthalmology, Duke University Medical Center, Durham, United States

Objectives: Multiple pathological and mechanistic similarities have been identified between Alzheimer's disease (AD) and age-related macular degeneration (AMD), but characterizing their association in living cohorts has been challenging due to limited participation and difficulty diagnosing AD and early AMD. Our investigation aimed to evaluate the presence of AD and AMD in a primary database of autopsy cases by examining autopsy eyes and brains.

Methods: Autopsy brains and eyes from subjects over age 80 were evaluated for the presence of AD and AMD. Macular and brain sections were analyzed by an ocular pathologist and a neuropathologist according to the Sarks classification system for AMD or Braak staging for AD. The non-AMD control group consisted of age-matched eyes with normal retinal anatomy. Study groups were then analyzed by calculating prevalence and two-way correlations. In analysis, a diagnosis of AD was assigned to all cases with Braak & Braak stage III or higher, unless clinical evaluation had determined a CERAD score of 1a/1b.

Results: 128 AMD and 106 control patients were identified and histopathologically evaluated. While average age and sex distributions were similar between groups ($p > 0.05$: control 84.9 years, 51% female; AMD 84.4 years, 63.3% female), race distributions were statistically different (control 56.9% white; AMD 75.0% white, $p = 0.004$). Brain samples were analyzed for presence of AD and other types of dementia. Prevalence of AD in the control population was 38.8% and 41.4% in the AMD population ($p = 0.69$). Pathological evidence of non-AD dementias was more common, albeit not statistically significant, in AMD cases (27.3%) than in controls (16.5%, $p = 0.06$). Notably, prevalence of AD appeared to increase with severity of AMD.

Conclusion: We found that AD and other dementias frequently co-occur with AMD. This, along with higher AD prevalence with increasing AMD severity, supports the notion that these conditions are linked, causally or through shared risk factors.

References: Sark's SH. Ageing and degeneration in the macular region: a clinico-pathological study. BrJO 1976;60:324-41.

Disclosure of Interest: None Declared

Keywords: eye, macular degeneration, pathology, prevalence

P266

Topic: Dementia and Acute Care

A TEN-YEAR LONGITUDINAL ANALYSIS ON MORTALITY RISK ASSOCIATED WITH MILD COGNITIVE IMPAIRMENT WITH AND WITHOUT LATER DEMENTIA

Hao Luo^{1,2,*} Jennifer Y. M. Tang¹ Gloria H. Y. Wong¹ Terry Y. S. Lum¹

¹Sau Po Centre on Ageing, The University of Hong Kong, Hong Kong, Hong Kong, ²Department of Sociology, Tsinghua University, Beijing, China

Objectives: Mild cognitive impairment (MCI) has always been studied as a transitional stage between normal ageing and dementia [1,2]. In this study, we aim to investigate the mortality risk associated with MCI with and without later dementia in a study period of ten years.

Methods: A sample of 8,629 older Americans aged 65 years or above in 2000 from the Health and Retirement Study (HRS) was used in this study. Participants were followed every two years until 2010. MCI in 2000 was measured by the total cognitive score calculated using cognitive measures in HRS. The relationship between MCI (with and without later dementia) and mortality was examined using the Cox proportional hazards models after adjusting for subjective memory complaints (SMC), self-rated health, objective health conditions and demographics.

Results: MCI at baseline *without* progression to dementia was significantly associated with a higher risk of mortality (hazard ratio, 1.45; CI 1.26-1.66); MCI that progressed to dementia predicted mortality with a bigger hazard ratio of 1.66 (CI 1.36-2.04), after controlling for demographic characteristics and baseline health condition. The hazard ratios for lung disease, diabetes, and stroke were 1.63 (CI 1.48-1.79), 1.50 (CI 1.38-1.62), and 1.43 (CI 1.31-1.56), respectively. Self-rated health also attributed to 29% higher risk of mortality (hazard ratio, 1.29; CI 1.25-1.33). SMC did not predict mortality.

Conclusion: MCI should not be only interpreted as an intermediate stage between normal ageing and dementia but a strong independent predictor of mortality which calls upon therapeutic intervention.

References:

- [1] Mitchell, A.J. and M. Shiri-Feshki, *Rate of progression of mild cognitive impairment to dementia--meta-analysis of 41 robust inception cohort studies*. Acta Psychiatr Scand, 2009. **119**(4): p. 252-65.
- [2] Albert, M.S., et al., *The diagnosis of mild cognitive impairment due to Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease*. Alzheimer's & Dementia, 2011. **7**(3): p. 270-279.

Disclosure of Interest: None Declared

Keywords: Mild cognitive impairment, dementia, mortality, HRS

Poster Abstracts

P268

Topic: Dementia and Acute Care

DIET HABIT AND DEMENTIA: A NATIONWIDE SURVEY IN TAIWAN

Yu Sun ¹, Huey-Jane Lee ², Shu-Chien Yang ², Ta-Fu Chen ³, Ker-Neng Lin ⁴, Chung-Chi Lin ⁵, Pei-Ning Wang ⁴, Li-Yu Tang ², Ming-Jang Chiu ³

¹Neurology, En Chu Kong Hospital, New Taipei City, ²Taiwan Alzheimer Disease Association, ³Neurology, National Taiwan University Hospital, ⁴Neurology, Taipei Veterans General Hospital, Taipei, ⁵Computer Science and Information Engineering, Chung Gung University, Tao-Yuan, Taiwan

Objectives: Evidence of an association of diet habit and body mass index with dementia is inconsistent and limited in East Asian country.

Methods: In this nationwide population-based cross-sectional survey, participants were selected by computerized random sampling from all 19 counties in Taiwan. A total of 10432 residents were assessed, among whom 7035 were normal and 929 were diagnosed as dementia using the criteria recommended by National Institute on Aging-Alzheimer's Association by door-to-door in person survey. Lifestyle, diet habit and demographic data were compared between normal subjects and participants with dementia.

Results: After adjustment for age, sex, education, body mass index (BMI), diet habit, exercise and co-morbidities including hypertension, diabetes and cerebrovascular diseases, an inverse association in dementia was found in people with habit of eating fish (OR 0.62, 95% CI 0.41-0.94), vegetables (OR 0.35, 95% CI 0.13-0.95), drinking coffee (OR 0.59, 95% CI 0.35-0.97), drinking green tea (OR 0.51, 95% CI 0.34-0.75) or other kinds of tea (OR 0.41, 95% CI 0.28-0.60). There is lack of association between dementia and the habit of eating fruits. As compared to people with normal BMI ($18 < \text{BMI} \leq 24$), old people with slightly increased BMI ($24 < \text{BMI} \leq 30$) have reduced risk for dementia with adjusted ORs (0.77, 95% CI 0.61-0.96).

Conclusion: Our results provide preliminary evidence suggesting that having the habit of taking fish, vegetables, tea, and coffee, as well as keeping appropriate body weight have inverse association for dementia.

References: Sun Y, Lee HJ, Yang SC, Chen TF, Lin KN, Lin CC, et al. A nationwide survey of mild cognitive impairment and dementia, including very mild dementia, in Taiwan. PLoS One. 2014;9:e100303

Disclosure of Interest: None Declared

Keywords: coffee, fish, risk factor, tea, vegetable

P269

Topic: Dementia and Acute Care

RELATIONSHIP BETWEEN ANTI-DIABETIC TREATMENT AND COGNITIVE DECLINE: 12-YEAR LONGITUDINAL DATA FROM THE HEALTH AND RETIREMENT STUDY

Jennifer Yee-Man Tang¹, Hao Luo¹, Gloria Hoi-Yan Wong¹, Terry Yat-Sang Lum^{1,2}

¹Sau Po Centre on Ageing, ²Department of Social Work and Social Administration, The University of Hong Kong, Pok Fu Lam, Hong Kong

Objectives: Diabetes is a known risk factor of cognitive decline and dementia but very few prospective studies have explored the effect of oral anti-hyperglycemic drugs and insulin treatment.

Methods: The study took data from the Health and Retirement Study (HRS) (Juster & Suzman, 1995). The sample included 10,343 non-demented respondents aged 65+ years in 1998. Cognitive function in terms of the total cognition score was assessed once in every two years until 2010, totaling to 7 time-points over 12 years. Respondents were classified into 4 groups based on their self-reported diagnosis and anti-diabetic treatment at baseline: no diabetes, diabetic but not treated, treated with oral anti-hyperglycemic drug, and treated with insulin. Linear growth curve models were applied for comparing the cognitive trajectory between respondents with and without diabetes as well as among respondents with different anti-diabetic treatments. A Cox regression model was used to examine the association between diabetes and time to dementia diagnosis. Correlation between duration of anti-diabetic treatment and cognitive performance was explored using the cross-sectional data in 2010.

Results: The point prevalence of diabetes in 1998 was 17% and 14% in older male and female respondents, respectively. A diabetes status was associated with significantly poorer cognitive function (coefficient=-0.56, 95% CI -0.80 to -0.31) and a greater rate of decline (coefficient=-0.09, 95% CI -0.15 to -0.04). Compared with non-diabetic adults, poorer cognitive function was observed in diabetic adults treated with oral anti-hyperglycemic drug (coefficient=-0.57, 95% CI -0.88 to -0.26) and insulin (coefficient=-1.27, 95% CI -1.72, -0.71) but not in those without treatment. More rapid cognitive decline was only observed in adults treated with oral anti-hyperglycemic drug (coefficient=-0.11, 95% CI -0.18, -0.04). A longer duration of treatment was associated with poorer cognitive function (coefficient=-0.12, 95% CI -0.19, -0.05). Neither the type nor the duration of anti-diabetic treatment predicted incident dementia.

Conclusion: Diabetes predicted cognitive decline independent of vascular risk factors. Further investigation of the disease pathology that is relevant to the mechanistic action of oral anti-hyperglycaemic drug may improve our knowledge of factors leading to cognitive decline.

References: Juster, F. T., & Suzman, R. (1995). An overview of the Health and Retirement Study. *The Journal of Human Resources*, 30, S7-S56.

Disclosure of Interest: None Declared

Keywords: Cognitive decline, Dementia, Diabetes, Treatment

Poster Abstracts

P270

Topic: Dementia and Acute Care

INCREASED RISK FOR DEMENTIA AMONG ELDERLY WITH LOWER URINARY TRACT SYMPTOMS IN TAIWAN

Ping-Jen Chen ^{1,2,*} Chi-Hsiang Chiang ¹ Chung-Han Ho ³ Ming-Ping Wu ⁴

¹Department of Geriatrics and Gerontology, ²Department of Family Medicine, ³Department of Medical Research, ⁴Division of Urogynecology, Department of Obstetrics and Gynecology, Chi-Mei Medical Center, Tainan City, Taiwan

Objectives: Researches demonstrated the linkage between lower urinary tract symptoms (LUTS) and dementia. However, little was known that LUTS may be a risk factor of cognitive impairment.

Methods: A randomly sampled cohort of 1 million people in Taiwan's National Health Insurance Research Database was employed for study. International Classification of Diseases, Ninth Revision, Clinical Modification codes was used for defining LUTS, dementia, and other confounding factors. Participants 50 years old and older were enrolled from 2000 to 2004 and then followed-up until death or the end of 2011. The measurement was the onset of any type of dementia. Statistical analysis was assessed by using Poisson regression analysis, Cox hazards models, and Kaplan-Meier survival curves.

Results: A total of 6,801 patients with LUTS and 20,403 people without LUTS in control group matched in age and sex were identified. The incidence of dementia was significantly higher in the LUTS subjects than in the non-LUTS subjects (124.76 vs. 77.59/1000 person-years). The adjusted risk ratio of LUTS group to non-LUTS group showed a reverse J curve by age group. After adjusting for hypertension, diabetes, hyperlipidemia, coronary artery disease, atrial fibrillation, and cerebrovascular disease, LUTS remained a significant predictor of dementia (adjusted hazard ratio [AHR]: 1.61, 95% confidence interval [CI] 1.47-1.76, $p < 0.0001$).

Conclusion: The elderly free of documented dementia and having LUTS are at higher risk of subsequent dementia in Taiwan. Further studies in other population and settings are necessary to evaluate the mechanism and connection between different types of LUTS and dementia. The cognitive screening for patients with LUTS may be required.

References: 1. Wu, M.P., et al., Healthcare-seeking prevalence of lower urinary tract symptoms among national health insurance enrollees in Taiwan, 2000-2009. *Urology*, 2013. 81(1): p. 61-5.

2. Lin, H.J., et al., Risk of hospitalization for acute cardiovascular events among subjects with lower urinary tract symptoms: a nationwide population-based study. *PLoS One*, 2013. 8(6): p. e66661.

Disclosure of Interest: None Declared

Keywords: cerebrovascular disease, dementia, elderly, lower urinary tract symptoms

P271

Topic: Dementia and Acute Care

LIFESTYLE AND MARRIAGE AND DEMENTIA: A NATIONWIDE SURVEY IN TAIWAN

Lin-Yun Fan^{1,2}, Yu Sun¹, Huey-Jane Lee³, Ta-Fu Chen⁴, Ker-Neng Lin⁵, Chung-Chi Lin⁶, Pei-Ning Wang⁵, Li-Yu Tang³, Ming-Jang Chiu^{4,7}

¹Department of Neurology, En Chu Kong Hospital, New Taipei City, ²Neurology, National Taiwan University Hospital, ³Taiwan Alzheimer's Disease Association, ⁴Department of Neurology, National Taiwan University Hospital, ⁵Department of Neurology, Taipei Veterans General Hospital, Taipei City, ⁶Department of Science and Information Engineering, Chung Gung University, Tao-Yuan, ⁷Graduate Institute of Brain and Mind Sciences; Graduate Institute of Psychology; Graduate Institute of Biomedical Engineering and Bioinformatics, National Taiwan University, Taipei City, Taiwan

Objectives: There is an increasing population of dementia patients worldwide producing substantial societal and economical impacts. Meanwhile, evidence of an association between lifestyle and marriage status and risk of dementia is inconsistent and limited in Asian.

Methods: In a nationwide population-based cross-sectional survey, participants were selected by computerized random sampling from all 19 counties in Taiwan. A total of 10432 residents were assessed, among whom 7035 were normal and 929 were diagnosed as dementia using the criteria recommended by National Institute on Aging-Alzheimer's Association by door-to-door in person survey. Lifestyle habit and demographic data including marital status were compared between normal subjects and participants with dementia.

Results: After adjustment for age, sex, education, body mass index, smoking, drinking, marital status, sleep habit, exercise, social activity and co-morbidities like hypertension, diabetes and cerebrovascular diseases, a positive association in dementia was found in people of widow or widower and people who used to take nap in the afternoon. An inverse association or suspicious protective effects with dementia was found in the habit of regular exercise and good sleep.

Conclusion: Our results provide preliminary evidence of the significance of contributing factors in marital status, exercise, social activities and sleep including afternoon nap of dementia in Taiwan.

References: Sun Y, Lee H-J, Yang S-C, Chen T-F, Lin K-N, et al. (2014) A Nationwide Survey of Mild Cognitive Impairment and Dementia, Including Very Mild Dementia, in Taiwan. PLoS ONE 9(6): e100303. doi:10.1371/journal.pone.0100303

Disclosure of Interest: None Declared

Keywords: dementia, life style, marriage, risk factor

Poster Abstracts

P272

Topic: Dementia and Acute Care

THE PUERTO RICO ALZHEIMER'S DISEASE REGISTRY STUDY

Briseida Feliciano^{1,2}, William Torres³

¹Neurociencias, Universidad Central del Caribe, Bayamon, ²Neurology, HIMA San Pablo Caguas Hospital, Caguas, ³Registry of Alzheimer's disease, Health Department, San Juan, Puerto Rico

Objectives: This article reviews the epidemiological profile of the Alzheimer Registry of Puerto Rico.

Methods: Statistical analysis of the data from the 3671 cases in the AD registry.

Results: Since May 1, 2014 to October 31, 2014; 37 hospitals have reported 3,671 cases. From these 96% of the reported cases are patients over 65 years of age with a mean age of 82. There are 2,413 females (66%) and 1,194 males (32%).

Conclusion: This population-based study analyzed data of surveyed individuals diagnosed with AD and examines demographic factors (age distribution, gender and age at onset), other AD related variables such as the most common comorbid medical conditions and most common treatments.

References: Dementia and cognitive impairment: epidemiology, diagnosis, and treatment. Hugo J, Ganguli M. Clin Geriatr Med. 2014 Aug;30(3):421-42. doi: 10.1016/j.cger.2014.04.001. Epub 2014 Jun 12.

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Disclosure of Interest: None Declared

Keywords: Alzheimer's Disease, comorbidities

P273

Topic: Dementia and Acute Care

THE ASSOCIATION OF DIETARY HABITS WITH DEMENTIA STATUS IN THE ELDERLY IN A SUBURBAN TOWN OF JAPAN

Chisako Yamamoto ^{1,*}

¹Faculty of Modern Communication Studies, Hamamatsu Gakuin University, Hamamatsu City, Japan

Objectives:

To clarify the association of dietary habits with dementia status in the community-dwelling elderly aged 65 years and older.

Methods: In March 2004 questionnaires were sent to 2,069 individuals in Town A, which locates 70-80 minutes train ride from Shinjuku, a sub-center of Tokyo, and 1,538 were returned (response rate 74.3%). The number of analysis subjects was 1,436 (649 men and 787 women), who answered all of the three capacities of intellectual activities; making bank deposits and/or withdrawals, filling out forms/documents and reading books/newspapers. They were grouped into 1) persons with dementia (PWD), 2) persons of probable dementia (PPD) and 3) persons cognitively intact (PCI). The number of analysis subjects in PWD, PPD and PCI was 16 men [mean age (SD); 82.7(5.2)] and 36 women [82.8(7.3)] whose dementia status was perceived and reported by proxies, 52 men [77.6(7.5)] and 121 women [81.2(7.9)] who performed 0-1 intellectual activity, and 581 men [73.5(6.2)] and 630 women [74.1(6.3)] with performance of 2-3 intellectual activities, respectively. We asked weight and height (for Body Mass Index; BMI), the number of their own teeth, frequency of food intake such as meat/poultry, oily fish (or bluefish like sardine, mackerel and yellowtail), soy product (like tofu), eggs, dairy, fruits, vegetables, and fries/stir-frying, using a four point scale from 1(almost every day) to 4(never). As analytical methods we used Kruskal Wallis Test and cross-tabulation tables.

Results: Men's mean weight (SD) in kg was 53.3(6.4), 57.3(8.6) and 61.0(11.6) in PWD, PPD and PCI, respectively, and women's 44.1(6.0), 47.9(9.0) and 51.5(9.2) in the same order. Men's BMI was 21.9(2.0), 22.1(2.8) and 23.2(4.3) and women's 20.9(2.8), 22.4(3.8) and 23.1(4.1), respectively. PWD and PPD in women had less of their own teeth. PWD and PPD both in men and women took less meat, oily fish, soy product, dairy, fruits, vegetables and fries/stir-frying, but no association was observed in eggs.

Conclusion: Weight loss in PWD and PPD was clearly observed in this study. The results of this study have supported generally recommended food as healthy diet like meat, oily fish, dairy, fruits, vegetables and fats in association with dementia status. The results are significant to reduce the risk of the onset of dementia.

References: Morris MC, et al.: Fish consumption and cognitive decline with age in a large community study. Arch Neurol.2005, 62(12):1849-53.

Carers UK, Improving nutritional intake, as of Sept. 3, 2014.

Disclosure of Interest: None Declared

Keywords: survey by questionnaires, dietary habits, dementia status, community-dwelling elderly aged 65 years and older

Poster Abstracts

P274

Topic: International and Political Environment

FOCUS ON DEMENTIA IN SCOTLAND

Amanda Johnson ^{1,*}

¹Scottish Government, Glasgow, United Kingdom

Objectives: Focus on Dementia is a partnership programme working between Scottish Government, Joint Improvement Team and Alzheimer Scotland to: support the delivery of the Post-Diagnostic Health Efficiency Access and Treatment (HEAT) target across all Health and Social Care Partnerships across Scotland, test the Alzheimer Scotland '8 Pillars' model for community based support in 5 areas, support improvement in the care of people with dementia in acute hospitals & support partnerships to use data to drive improvement. An improvement collaborative approach is being taken to build capacity and capability for improvement, share data, progress, challenges and opportunities. Measurement frameworks and data reporting tools have been developed and tested. Quantitative data is being gathered on an ongoing basis. Qualitative data is being gathered through interviews, focus groups, emotional touch points and personalised outcome approaches to understand staff, carer and patient experience of dementia in relation to co-ordination of care and safety. In Scotland everyone diagnosed with dementia from April 1, 2013 is entitled to a minimum of one year's worth of post-diagnostic support, coordinated by a Link Worker. The Focus on Dementia programme is supporting partnerships to further improve diagnosis rates and quality of post-diagnostic support. The programme is supporting the Alzheimer Scotland Dementia Nurse/Allied Health Professional Consultants in each Board to test and evaluate a range of change ideas to deliver improvements around ten key areas in care for people with dementia in acute hospitals. This work focuses on 4 of the 10 care actions: leadership, workforce development, working as equal partners with families/carers, and minimising stress and distress. The 8 Pillars Model of Community Support provides an integrated and comprehensive approach to the support of people with dementia and their families and carers. This work takes a therapeutic approach to enhancing the resilience of people with dementia and their families and carers, equipping and supporting them to cope with symptoms of moderate to severe stages of the illness. Early results from all of this work show the benefits of working in partnership with key organisations and involving people with dementia, their families, carers and staff throughout the process. The close links between policy and practice through the Improvement collaborative approach has supported teams to share ideas, challenges and progress, improve knowledge and understanding of improvement approaches in practice. The results of this work will inform the National Dementia Strategy for Scotland in 2016 and will make recommendations about the adoption, spread and sustainability of models of care across Scotland.

Disclosure of Interest: None Declared

Keywords: Engagement, Improvement, Partnership

P275

Topic: International and Political Environment

“THE FIGHTERS”, A CHANCE FOR YOUNG PEOPLE WITH DEMENTIA TO KEEP AN ACTIVE ROLE IN SOCIETY

Sabine Henry ^{1,*}

¹Ligue Nationale Alzheimer Liga, Belgium

Objectives: We tend to forget that people under the age of 60 also suffer from Alzheimer's Disease and have to face particular issues while coping with it. Due to their disease, they eventually have to end their professional careers before reaching the retirement age, which makes their financial problems even worse. Losing their jobs could also make them feeling like if they don't have a place in society anymore. Another issue is having to deal with the lack of access to adapted care centres. Seeing their struggle in front of the few attention directed to those younger people, La Ligue Alzheimer has created a support group entirely dedicated to them: 'The Fighters'. 'The Fighters' stands for regular meetings accessible only to younger people suffering from Alzheimer's Disease and related types of dementia. By creating this speaking and working group, La Ligue Alzheimer focused on three objectives: - To give a voice to people with dementia - To encourage the expression of feelings related to the disease - To share feelings and fears By doing so, these meetings enable younger people with dementia to maintain skills such as: the ability to speak, the memory and the feeling of identity. The interests and skills of each participants are used and developed, and in the meantime, relationships are built between the participants. Sometimes, those meetings can also become Working Groups. In such cases, a main theme (e.g. the lack of adapted care centres, security aspects, the end of life choices) is discussed and ideas, projects and initiatives are being created by the participants. These themes are also discussed with the 'Fighters' carers, in order to put the different perspectives and points of view in common and to take efficient decisions. The diagnosis, the involvement in a group with other composed of other people facing up the same difficulties, allow them to be involved in a public debate about the quality of life of people living with dementia. It's an occasion to practice "empowerment". Overall, this fighting group encourage the person to become an active participant and not a victim of Alzheimer's disease but also an active citizen for his own and the common interests.

Disclosure of Interest: None Declared

Keywords: active role, citizen, fighters, meeting, skills

Poster Abstracts

P276

Topic: International and Political Environment

A PIONEERING STATE-PRIVATE PARTNERSHIP IN DEMENTIA CARE IN INDIA

Meera Pattabiraman ^{1,*}

¹Alzheimer's and Related Disorders Society of India, India

Objectives: The southern state of Kerala in India is greying faster than any other state in India with 4 million older persons (2011 census). It is estimated that over 1.9 Lakh people will be affected by dementia in Kerala by 2015. The Alzheimer's and Related Disorders Society of India (ARDSI), on its own initiative sent a proposal to Ministry of Social Justice, Government of Kerala. Based on this proposal and several discussions with the Government, a new Project titled "KERALA STATE INITIATIVE ON DEMENTIA" was announced on the occasion of World Alzheimer's Day 2014. This Project was officially inaugurated by the Honourable Minister of Panchayats and Social Justice, Dr. M.K. Muneer at Cochin on 25th Sept. 2014. At this function, the Kerala Associations of Neurologists (KAN) extended their full support for this project and this was whole heartedly accepted by the H'ble Minister. Hence, Kerala will be the first state in India to come out with a project for making dementia care a public health and social welfare priority by establishing a sustainable community-level care model with the joint efforts of Department of Social Justice, Kerala Social Security Mission and the Alzheimer's and Related Disorders Society of India (ARDSI). This is perhaps the first time that a State government is taking cognizance of dementia as an issue that needs a specific health strategy, separate from general geriatric care. This pilot project will entail:-v Comprehensive dementia awareness in the community v Equipping social and health care personnel in dementia care v Memory Clinics in Medical Colleges for early diagnosis an intervention v Model Dementia Day Care and Fulltime Care Centers v Telephonic Helpline Service for dementia information and support v Developing protocols for the diagnosis, treatment, and care of the dementia as well as standard operating procedures for the care homes The above pilot initiative will be reviewed, up scaled and replicated in other districts of the state in the ensuing years.

Disclosure of Interest: None Declared

Keywords: Awareness, Care, Dementia, Initiative, New

P277

Topic: International and Political Environment

DEMENTIA-FRIENDLY-CITIES AND POLICE: A NEW COLLABORATION

Sabine Henry^{1,*}

¹Ligue Nationale Alzheimer Liga, Belgium

Objectives: ViADem, the action plan for the dementia friendly cities organized by the Belgium Ligue Alzheimer becomes larger with the collaboration of the federal Police in order to act both preventively and reactively against disoriented seniors disappearances. Together they wrote the brochure about prevention for people with dementia in order to solve the disappearances problem. "The Seniors 'disappearances is an issue concerning all of us", as the motto in the brochure says. The main objective is to prevent. But the brochure also gives information about quick intervention and how to react when someone with dementia is missing. Nevertheless, prevention is the key. Because prevention means less work for the police. It also means less time lost before the enquiry starts. Finally, prevention means efficiency and speed. How to prevent? Collaboration is the key. In order to lose less time to find missing people, collaboration must be made between associations, cities, health institution care services and the police. The lesser time we lose finding the information, the lesser time we need to find missing people. A protocol of cooperation is being taught. Health centers police services and the Alzheimer Ligue wish to create a cooperative network between all users concerned by disappearance problems in care institution. That's why sharing information is basically. This will enable the police services to start researching missing people a fast and efficient way. Two documents contribute to increase the good work on the field: a paper called "Research of missing people" and another, a procedure over disappearance: a guideline. For those people with dementia living at home, it may be useful to preview same measures. Therefore was created a partnership between: • The Family Center of Liège (we are collaborating through the formation of the family workers) as a facilitator • The Ligue Alzheimer asbl as a moral guarantee • The Missing Persons Unit to lead the reflection. It's called Polidem. The goals are: • Offer an approach reassuring families, without interfering in their daily life • Ensure security to people living with dementia, while keeping their autonomy

Disclosure of Interest: None Declared

Keywords: disappearances, home, police, prevention, protocol

Poster Abstracts

P280

Topic: Social Isolation/Inclusion

KONFETTI-CAFÉS – A NEW WAY OF CREATING COMMUNITY-BASED MEETING SPACES FOR ALL PEOPLE WITH AND WITHOUT DEMENTIA

Michael Hagedorn^{1,*}

¹KONFETTI IM KOPF e.V., Hamburg, Germany

Objectives: Imagine a project about dementia that doesn't say so. We do just that. Because we believe that nothing beats true inclusion, and that it is the key to a real shift in paradigm. No labels, no preoccupations - no more stigma.

Therefore our two newly established KONFETTI-Cafés in Hamburg are no dementia cafés. They are dementia-friendly meeting places, though, where musicians and artists of all genres encourage people with and without dementia of all ages and background to experience the fun of creating - and a gain of self-esteem.

At the KONFETTI-Cafés children and all kinds of people from the neighbourhood meet once a week with people with and without dementia on a casual basis. Learning from and laughing with each other, experiencing and valuing each other. Through this continual contact grows a deeper understanding while the focus does not lie on "the problem" of dementia or other ailments. It is a contact fuelled by respect and fun.

The program varies with guest musicians and other artists being our featured guests or spontaneously dropping by. A large table to sit down at, to have yummy cakes and coffee or tea, in an inspirational setting with a variety of artistic material is the centre of each KONFETTI-Café. Guests can come back to last week's artwork or start something new while artists and art students offer help and a good chat. KONFETTI-Cafés are therapy-free zones!

Our core focus group are people with dementia and their care partners living at home. They represent the largest group of people living with dementia, yet most of them eventually retreat from being active parts of society into their homes. We put much emphasis on addressing them directly with our network partners and through word-of-mouth. On site we always have experienced staff.

KONFETTI IM KOPF, the mother organisation, develops and organizes city-spanning awareness campaigns in the open public and sustainable projects in order to bring together people with and without dementia in local communities. In using music, visual arts, theatre and humour we create meeting spaces, where people connect and gain new perspectives through social contact and information.

KONFETTI IM KOPF uses a very creative and network-based approach to help generate new images in heads and hearts of people - and prove, that a life with dementia is still worth living.

www.konfetti-im-kopf.de

Disclosure of Interest: None Declared

Keywords: Inclusion

P281

Topic: Social Isolation/Inclusion

TWO DEGREES FROM SOCIAL ISOLATION: THE ROLES OF STRONG, MODERATE-STRENGTH, AND WEAK TIES IN RESIDENT FRIENDSHIP AND RELATIONSHIP NETWORKS WITHIN A HIGH-CARE NURSING HOME

Anne-Nicole Casey^{1,*}Lee-Fay Low²Yun-Hee Jeon³Henry Brodaty¹

¹Dementia Collaborative Research Centre--Assessment and Better Care, UNSW Australia, ²Faculty of Health Sciences,

³Sydney Nursing School, University of Sydney, Sydney, Australia

Objectives: To investigate peer networks of residents with and without dementia living in a high-care nursing home. Specifically: the relationship between number of friends ('strong' ties), number of casual friends ('moderate-strength ties'), and number of peers held in positive regard ('weak' ties) with self-perceived social isolation.

Methods: The Friendship and Relationship Interactions in the Elderly Network Descriptions (FRIEND) study used a cross-sectional multi-method Social Network Analysis (SNA) case study design. Data was collected in three areas of a 94-bed high-care Sydney nursing home. Thirty-six consented residents, including 27 residents (75%) with dementia, answered questions about onsite personal friendships and completed a measure of social isolation.¹ The researcher observed 180 hours of residents' social interactions. Staff provided informant-report about resident social networks. Relationship of tie-strength with social isolation was analyzed using Spearman's Rank-Order correlations in SPSS. Network data was analyzed using UCINET.

Results: Residents who received more *incoming* friendship ties (strong ties) reported lower social isolation ($(25) = 0.45, p = .025$) as did residents receiving more *incoming* casual (moderate-strength) ties ($(25) = 0.48, p = .014$). Lower resident social isolation was related with both more researcher-reported *incoming* casual ties ($(25) = 0.46, p = .021$) and more researcher-reported weak *outgoing* ties of positive regard ($(25) = 0.46, p = .021$). Lower social isolation was related with staff-reported *outgoing* ties of positive regard ($(25) = 0.44, p = .027$).

Conclusion: Residents identified more often by peers as 'friends' or 'casual friends' reported lower social isolation. This result suggests that the perception of receiving strong or moderately strong positive ties from peers may have helped residents feel more connected or socially included. Staff-report data suggested that residents who held more peers in positive regard—those who initiated more weak ties—perceived less social isolation. Researcher-report data concurred with both resident self-report on the role of *incoming* casual friendship ties and staff-report on the role of *outgoing* positive regard for others in resident perceptions of social isolation. In this case, greater number of moderately-strong 'casual' social relationships may have played a unique role in perceptions of higher social connectedness.

References: 1. Hawthorne G. Measuring social isolation in older adults: Development and initial validation of the Friendship Scale. *Social Indicators Research*.2006;77(3):521-548.

Disclosure of Interest: None Declared

Keywords: dementia, Friends, nursing home, social isolation, Social Network Analysis

Poster Abstracts

P282

Topic: Social Isolation/Inclusion

SOCIAL ISOLATION: A SILENT OUTCOME OF DEMENTIA-RELATED WANDERING IN RESIDENTIAL AGED CARE

Margaret MacAndrew¹ Elizabeth Beattie¹ Elaine Fielding¹

¹School of Nursing, Queensland University of Technology, Brisbane, Australia

Objectives: Behavioural symptoms of dementia such as wandering can be disturbing for the person with dementia and those who live with and care for them¹. This study explored the effect of one troubling aspect of dementia-related wandering, boundary transgression (BT) and the impact this behaviour had on social relationships between residents with dementia who wander, other residents, and staff in residential aged care.

Methods: To explore characteristics of BT and the impact this behaviour has on the person who wanders and others, focus groups (n=4) and interviews (n=8) with staff and families were conducted. Additionally residents with severe dementia who were known to wander with BT (n=7) were observed using real time observation (92 observation periods, 12x30 mins/person over two non-consecutive days). Qualitative data was analysed using thematic analysis and field notes.

Results: Of the 58 BT events observed, most resulted in entry to co-resident's bedrooms. These events were usually unwitnessed by staff or other residents. When a BT was witnessed by a co-resident, adverse outcomes for the person who wanders (physical and verbal abuse) and the co-resident (anxiety, distress, loss of privacy) were observed. Further there was evidence of co-residents avoiding walking/sitting near a resident who was known to wander with BT. There were incidences where residents warned others to avoid that person. Staff were also observed excluding residents who wander from group activity, resulting in these residents being denied community socialisation. Family members reported feeling BT could be attributed to their relative being ostracised from the community, which they believed was distressing to their relative.

Conclusion: This study has provided evidence that people with dementia in RAC who wander with BT experience situations that result in them spending long periods alone, ostracised from others. The long term effects of this are unknown although, as sense of belonging is a strong human need, such experiences arguably impact quality of life over time. Further investigations to address this aspect of caring for people with dementia who wander is needed.

References: Purandare, N., & Burns, A. (2000). Behavioural and psychological symptoms of dementia. Reviews in Clinical Gerontology, 10(03), 245-260.

MacAndrew, M. (2014) A descriptive study of wandering-related boundary transgression in people with severe dementia in residential aged care. QUT e-prints

Disclosure of Interest: None Declared

Keywords: dementia, social isolation, wandering, boundary transgression, intrusion

P283

Topic: Social Isolation/Inclusion

THE HEART OF THE MATTER: THE POWER OF CREATIVE PASTORAL PRESENCE

Paul Edgar Pickering ^{1,*}

¹Pastoral Care, HammondCare, Sydney, Australia

Objectives: Dementia is a condition that presents us with a challenge to stay connected. Do you want to make a meaningful connection? Have you ever wondered how you are going to connect? The answer is not in the words you say but how you approach communication with the person.

When relationship is our goal, we need to develop a style of communication that is less reliant upon words and more dependent upon how we are with the person who is living with dementia.

Effective communication with people who have dementia demands creative approaches. These approaches include use of the creative arts, metaphor, religious symbols, sensory approaches, and silence as a means of communication in advanced dementia. All these enable connection with ultimate meaning in the context of trusting relationships.

Pastoral presence seeks to help a person get in touch with ultimate meaning in the context of trusting relationships, through the power of comfort and connectedness.

Dementia diminishes cognitive ability however effective communication does not rely completely upon cognition. Relationship and spiritual expression does not rely upon intact cognition, it's a matter of the heart!

This presentation will demonstrate from actual case study scenarios that pastoral presence facilitates the opportunity to have in depth meaningful relationships with people profoundly affected by dementia. It will be of benefit to those who are caring for people with dementia and want to make a meaningful connection.

Disclosure of Interest: None Declared

Keywords: comfort, communication/dementia, relationship-centred care

Poster Abstracts

P284

Topic: Social Isolation/Inclusion

ADAPTING DEMENTIA CARE SERVICES TO MEET THE NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS

Jeanette Van Luyn^{1,*}

¹Alzheimer's Australia (Qld) Limited, Brisbane, Queensland, Australia

Objectives: Individuals experiencing homelessness are at increased risk of a range of physical and mental health concerns compared to those in secure housing. This includes an increased risk of a number of lifestyle and health factors that place a person at greater likelihood of developing dementia, including poor heart health, excessive alcohol consumption, malnutrition, and social isolation. Estimates of cognitive impairments in older homeless adults provide further evidence that dementia is a significant concern for this population. Additionally, suffering from cognitive impairments places a person at greater risk of becoming homeless.

Older adults who are homeless often have a highly complex clinical presentation with multiple diagnoses and concerns across physical health, mental health, cognitive and functional domains. As evidence of the challenges associated with the care of older homeless adults, these are some of the most difficult individuals to place in residential aged care when they require it. To overcome these challenges, services need to be tailored to meet these complex needs and offer services in a manner that is both accessible and acceptable to this population.

This poster will present a literature review of the available evidence of dementia risk in older adults experiencing homelessness. It will also discuss how Alzheimer's Australia (Qld) services and dementia care services generally may be most effectively adapted to meet the unique needs of these members of our community, as based on insights gained from consultations with homelessness organisations in the Brisbane area.

Disclosure of Interest: None Declared

Keywords: community care, Homelessness, Risk factors



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ADI 2016 c/o TENSİ Ltd.
Komjádi Béla u.1.
1023 Budapest
Hungary

Tel: +36 1 3451 557
Email: adi2016@tensi.hu
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