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Together towards a new era

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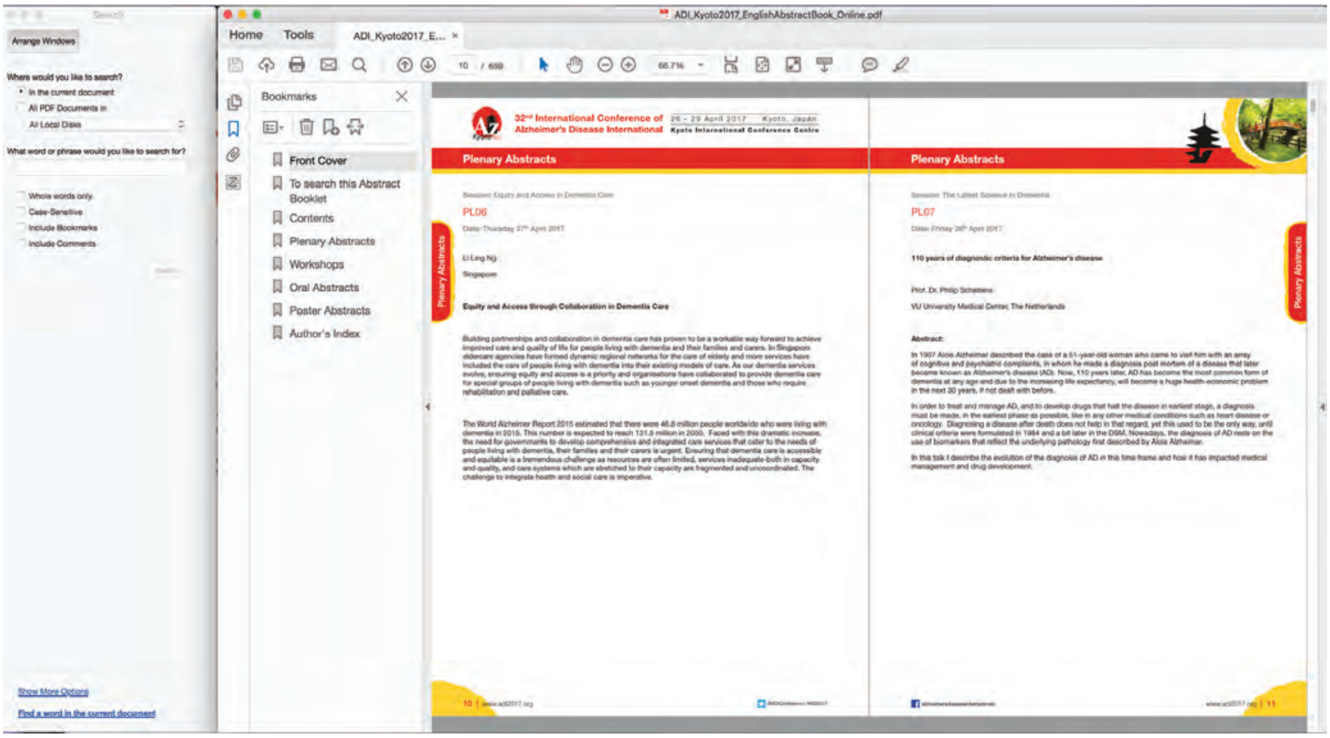

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Session: Global Aspect of Dementia

PL01

Date: Thursday 27th April 2017

Overview of Dementia Movement from Early 1980's–2017

Marc Wortmann

Alzheimer's disease International, London

Abstract:

What are the lessons that we can learn from over 30 years Alzheimer's and dementia movement? It is important to look at those when we want to move forward towards a new era, because a lot has been achieved but not yet enough.

In 1984 representatives of four associations: Australia, Canada, UK and USA came together in Washington DC with individuals from Belgium, France and Germany as well and created ADI. There was little knowledge about Alzheimer's and dementia by that time. The associations all chose to have Alzheimer's in their name to make clear that this is a disease and not normal ageing. Still many people around the world believe dementia is normal part of ageing, including many doctors. But a lot has changed since those early days.

I want to lead you through these changes and present the lessons learnt in advocacy: the five main conditions to create a strong dementia movement: you need the facts, a face and a champion and you have to consider the language that you use and finally, the importance of strong Alzheimer associations. Being conscious of these conditions, implicit or explicitly has brought us where we are now: close to the situation that dementia is becoming one of the most serious priorities of health and social care of the 21st century.

The other major development has been the involvement of people with dementia, which has changed our language from talking about a devastating disease only to a more nuanced view on enabling people to live with dementia and continue to be part of society.

How we can go from here towards a new era will be the key question of this conference? Some thoughts will be shared in this presentation.

Session: Global Aspect of Dementia

PL02

Date: Thursday 27th April 2017

Dementia Movement in Japan from 1980–2017

Kunio Takami

Alzheimer's Association Japan

Abstract:

1980年初頭から今日まで

 わが国における道のり

公益社団法人　認知症の人と家族の会

代表理事　高　見　国　生

アルツハイマー博士が初めてアルツハイマー病を報告してから70数年が経過した1980年‥。まだ認知症への誤解と偏見があふれていた時代に、介護に苦闘する家族たちは立ち上がった。「家族の会」の結成である。

　医療からも介護からも見放されていたが、家族は認知症になった身内を見放すことは出来なかった。繋がり、励ましあい助けあって介護への勇気を湧かせ、少しでも良い介護をしたいと望んだ。

　体験を語り社会の関心を高め、介護の社会化を求めた。良心的な医師や専門職や市民が支援の手を差し伸べてくれた。家族の輪は広がり、支援者の輪も広がった。

　高齢化社会の到来とともに、行政も認知症問題を避けて通れなくなった。次第に社会の関心も高まり、徐々に施策も始まってゆき、結成から20年目にして、介護の社会化の表れである介護保険制度が誕生した。

　日本の認知症の歴史は、介護する家族が声をあげたところから始まり、その苦労を理解する専門職たちの実践が牽引してきたと言うことができる。そして、何も出来ない、何もわからないと思われていた認知症の本人が語り始めたことによって、認知症への理解は飛躍的に進んだ。

　介護に苦労している者、現場で認知症の人に接している者、そして認知症の本人が声をあげることこそが、社会の理解と取り組みを進める力であった。そのような日本の認知症への取り組みの歴史を語りたい。

Session: Global Aspect of Dementia

PL03

Date: Thursday 27th April 2017

What kinds of knowledge and wisdom can we propose for next generations?

Prof. Kiyoshi Kurokawa

National Graduate Institute for Policy Studies, Japan

Abstract:

Remarkable progress of science and technology has made our life expectancy almost double in the last century, from 40 to 80 years. We were looking forward to our extra years toward the end of our life. But the reality is complicated by several new challenges.

In many OECD countries, an increased fraction of aged population has been understandably resist to any change in national policy matters, e.g., prolonged work years, postponing to start pension payment, etc. On the other hands, growing economies need to prepare for soon-to-come aging society while prioritizing investments in economy, education, healthcare and social infrastructure.

In our extra years toward the end of life, the reality is not only in economy, family and community, but also the fact that one of three of us will get Dementia, Alzheimer's disease being the major underlying cause. The social cost for aged population is soaring in OECD countries, care of dementia has become substantial, a few % of GDP. Further, 40-60% of this coat is categorically invisible cost, primarily provided by younger women caregivers in family and in community; this shows depriving opportunities for women to study, to work earning income and to build their own careers. This invisible cost for dementia is much higher in Low and Middle Income Countries, and accounting almost over 80%. Further, the fact that women are more likely to live longer and twice likely to get Dementia than men at comparable ages, poses yet another serious challenge in aging society. Japan, most aged country of the world, embraces 60K centenarians, ~85% of which being women.

Community-based social cohesion in the era of aging is another political and social challenge. Progress of science, technology and engineering in life science and computing/digital technology are not only critical to understand and modify aging process, but also effective to support persons with dementia and their caregivers.

Everyone now ages and lives longer life. Then, what kinds of knowledge and wisdom can we propose for our current and next generations? In this session, I will discuss those issues on our major common agenda, Dementia.

Session: Equity and Access in Dementia Care

PL04

Date: Thursday 27th April 2017

Dignity in Care in the Heart, Mind and Actions : DIGNITY AND DEMENTIA - Zero tolerance to all form of abuse : Improving the journey of consumers and their care givers in the acute and community care setting

Dr. Faizal Ibrahim

SA Health - The Queen Elizabeth Hospital, Central Adelaide Local Health Network (CALHN) and Port Lincoln Geriatric Services (CHSA)

Abstract:

The presentation will explain the evolution, successes and lessons learnt by Dignity in Care Australia Action Group in championing Dignity in Care in Australia, with the aims of improving the journey of consumers including their care givers in the acute and community care setting in context of dignified dementia care. The purpose of Dignity in Care Australia is to work collaboratively with consumers, carer givers, service providers, policy makers and advocacy bodies to promote the use of the 10 principles of Dignity in Care as the basic standard of care that services need to provide and consumers and care givers should know to expect. And also to establish baseline evidence with regards to the Dignity in Care principles.

The Dignity in Care campaign was first launched in Australia in 2011 at The Queen Elizabeth Hospital, Adelaide with Ms Maggie Beer as the Patron, with aims to change the culture of Australian healthcare services by reinforcing the importance of treating patients with Dignity and Respect. Dignity in Care encourages the use of clinical governance strategies, and continued staff and consumers education to promote 10 Dignity Principles. In striving for excellence of care, the Dignity in Care works in synergy with varied programs in the all care settings. By enlisting Dignity Champions from all walks of life, a Dignity in Care message is spread throughout the hospitals, community and aged care settings.

Dignity is concerned with how people feel, think and behave in relation to the value of themselves and others. To treat someone with dignity is to treat them in a way that is respectful of them and as valued individuals. In a care situation, dignity may be promoted or lessened by physical environment, organisation cultures, attitudes and behaviour of the staff or others. When dignity is present, people feel in control, valued, confident, comfortable and able to make decisions for themselves.

The 10 Dignity in Care Principles are as follows :

1. Zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possibly level of independence, choice, and control
5. Listen and support people to express their needs and wants
6. Respect people’s privacy
7. Ensure people feel able to complain without fear of retribution

8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self esteem
10. Act to alleviate people's loneliness and isolation.

This pilot South Australian initiative became national in early 2015 under the name Dignity in Care Australia, now with more than a few thousand enthusiastic champions. Dignity in Care Australia is partnered with The National Dignity Council UK, which is a group made up of care professionals, consumers and care givers, and modelled on the UK program. Dignity in Care focuses on building partnerships and encourages the use of clinical governance strategies and continued staff education to promote 10 Dignity Principles. Dignity in Care Australia endeavours to spread best practice and equip people to take action, raise awareness of the "10 Principles" Reward and recognise those that make a difference.

In striving for excellence of care, Dignity in Care works in synergy with the various initiatives in the acute, sub–acute, aged care, government and non-government organisations. The campaign focuses on awareness, education and provision of dignified excellence of care in dealing with themes. For example, Caring for Cognitive Impairment, End of Life Care and Cultural Diversity. The campaigns successes in various care settings are due to the Champions enthusiasm, and as a result of staff valuing the strengths of working in close partnership with consumers and their carer givers.

To action the Dignity in Care principles, Dignity in Care Australia with its partners have hosted many successful events since 2011 which include the annual National Dignity in Care Conference, South Australia Mindful of Dementia Day and since 2015, the Dignity in Care National Achievement Awards.

To learn more about the what it means to become a Dignity champion and how to join the campaign please visit the URL: http://www.dignityincare.com.au/

and/or via facebook: https://www.facebook.com/groups/346284815495854/

Session: Equity and Access in Dementia Care

PL05

Date: Thursday 27th April 2017

Human rights for people with dementia

Kate Swaffer

Dementia Alliance International, Australia

Abstract:

According to The Organisation for Economic Cooperation and Development's published report of the world's 38 richest countries, "Dementia receives the worst care in the developed world." With this in mind, Kate Swaffer will outline many steps people with dementia have taken to ensure human rights based approaches to dementia. In March 2015, DAI made three demands at the WHO First Ministerial Conference on Dementia. We claimed we have a human right to a more ethical pathway of care, including rehabilitation, we asked to be treated with the same human rights as everyone else, under the Disability Discrimination Acts and UN Convention on the Rights of Persons with Disabilities, and that research does not only focus on a cure, but on care for the more than 47.5 million people currently diagnosed with dementia. Since that time, we have collaborated with ADI and this presentation will outline the progress DAI and others are making on taking the rhetoric of a human rights based approach to dementia, and turning it into a reality.

Session: Equity and Access in Dementia Care

PL06

Date: Thursday 27th April 2017

Li Ling Ng

Singapore

Equity and Access through Collaboration in Dementia Care

Building partnerships and collaboration in dementia care has proven to be a workable way forward to achieve improved care and quality of life for people living with dementia and their families and carers. In Singapore eldercare agencies have formed dynamic regional networks for the care of elderly and more services have included the care of people living with dementia into their existing models of care. As our dementia services evolve, ensuring equity and access is a priority and organisations have collaborated to provide dementia care for special groups of people living with dementia such as younger onset dementia and those who require rehabilitation and palliative care.

The World Alzheimer Report 2015 estimated that there were 46.8 million people worldwide who were living with dementia in 2015. This number is expected to reach 131.5 million in 2050. Faced with this dramatic increase, the need for governments to develop comprehensive and integrated care services that cater to the needs of people living with dementia, their families and their carers is urgent. Ensuring that dementia care is accessible and equitable is a tremendous challenge as resources are often limited, services inadequate-both in capacity and quality, and care systems which are stretched to their capacity are fragmented and uncoordinated. The challenge to integrate health and social care is imperative.

Session: The Latest Science in Dementia

PL07

Date: Friday 28th April 2017

110 years of diagnostic criteria for Alzheimer's disease

Prof. Dr. Philip Scheltens

VU University Medical Center, The Netherlands

Abstract:

In 1907 Alois Alzheimer described the case of a 51-year-old woman who came to visit him with an array of cognitive and psychiatric complaints, in whom he made a diagnosis post mortem of a disease that later became known as Alzheimer's disease (AD). Now, 110 years later, AD has become the most common form of dementia at any age and due to the increasing life expectancy, will become a huge health-economic problem in the next 30 years, if not dealt with before.

In order to treat and manage AD, and to develop drugs that halt the disease in earliest stage, a diagnosis must be made, in the earliest phase as possible, like in any other medical conditions such as heart disease or oncology. Diagnosing a disease after death does not help in that regard, yet this used to be the only way, until clinical criteria were formulated in 1984 and a bit later in the DSM. Nowadays, the diagnosis of AD rests on the use of biomarkers that reflect the underlying pathology first described by Alois Alzheimer.

In this talk I describe the evolution of the diagnosis of AD in this time frame and how it has impacted medical management and drug development.

Session: The Latest Science in Dementia

PL08

Date: Friday 28th April 2017

Where Are We with Care Science?

Prof. Henry Brodaty

Dementia Collaborative Research Centre & Centre for Healthy Brain Ageing, UNSW, Sydney, Australia

Abstract:

The theory and science of care for people with dementia has advanced significantly but gaps remain. In primary care delays in diagnosis continue despite development of new screening tools and awareness campaigns, and post-diagnostic care can be significantly improved. Re-ablement as a concept is growing in acceptance and supportive empirical evidence is now required.

Poor physical health or comorbidity creates disability in excess of that resulting from the dementia, but is often overlooked. For example, oral health lacks attention despite the ease with which effective simple techniques can be instituted.

Community care is key to maintaining quality of life for people with dementia and their carers. Strategies to assist those with dementia and their family carers have been shown to maintain people living in the community longer, reduce carer stress and be cost effective. Different models of funding and organising services, e.g. consumer directed care, operate internationally.

Acute care for people with dementia is fraught with complications, longer length of stay and increased mortality which may be avoidable with better identification of cognitive impairment, staff education and improved communication and follow-up at discharge. Identification of delirium, a frequent complication of dementia on admission to hospital, can be enhanced by an education program.

Long-term/ residential care has embraced person centred care (PCC) as a concept but implementation varies. PCC has been shown to reduce agitation and be cost effective. Social network analysis demonstrates that nursing home residents are lonely and are starved of social interactions. Creative models of care can overcome this isolation. Environmental design is an important consideration for enhancing residents' quality of life.

For behavioural symptoms, non-pharmacological care is more effective than drug treatment without the side effects. Deprescribing antipsychotics is feasible without behavioural symptoms re-emerging. Educating family and professional carers, tailoring activities, understanding the reasons behind the behaviours, be they biological or means of communication can prevent or reduce behavioural symptoms. The role of palliative care in late dementia is gradually being more clearly defined.

Session: The Latest Science in Dementia

PL09

Date: Friday 28th April 2017

The Joint Program for Neurodegenerative Diseases (JPND), building alliances and collaboration

Prof. Philippe Amouyel

Foundation Plan Alzheimer, Paris, France

Abstract:

The Joint Programming Initiative was originally created as a Member States-led initiative in Europe. It aims to address “grand challenges” to EU and global society by coordinating national research programmes to increase the impact and effectiveness of research efforts. Neuro-degenerative diseases and dementia in particular represent one of the world’s most pressing medical and societal challenges and the solutions are likely beyond the scope and resources of any single country; we can only confront this common challenge by maximising our collective potential at European and global levels. The EU Joint Programme – Neurodegenerative Disease Research (JPND) was created in 2009 to tackle precisely this challenge.

As the initial pilot of these Joint Programming Initiatives, JPND enables participating countries to collaborate on the challenge of age-related neurodegenerative diseases on a voluntary basis and to defragment research funding within countries for more efficiency. This means that they can participate according to their national priorities and areas of excellence. Although JPND was originally a European initiative, it has since gone global, with 30 countries now participating. JPND aims to use this Joint Programming approach of efficient and goal-oriented research collaboration to optimise national research strategies and funding schemes in order to reach its ultimate goal: finding causes, developing cures and identifying better ways of caring for people with neurodegenerative diseases.

The first step in accelerating discoveries in basic science is to increase the number of scientists and physicians working together in a given field and to offer them large amounts of funding for their research. This is what JPND does by supporting highly competitive transnational collaborative projects that link research teams from several countries and by juxtaposing large national research grants, creating a virtual common pot that simply and efficiently supports each team for a common goal. Most JPND calls incentivise translational approaches associated with high-level basic research. But neurodegenerative disease research is not limited to finding curative treatments; these chronic diseases also require other forms of support, both for the patients and the caregivers. For this reason, JPND also strongly supports social and healthcare research as well as public and patient involvement.

Session: Dementia and Disaster

PL10

Date: Friday 28th April 2017

The Recent Earthquake in Japan and Personal Experiences

Shuichi Awata, M.D., Ph.D.

Tokyo Metropolitan Institute of Gerontology

Abstract:

According to the Japan Meteorological Agency, Japanese people have experienced at least 140 earthquakes that resulted in human suffering over the past 20 years. The Great East Japan Earthquake, with a magnitude of 9.0, was the largest such earthquake and occurred at 2:46 p.m. on Friday, March 11, 2011. The epicenter was located 130 km east-southeast of Oshika Peninsula in Miyagi Prefecture. Following the quake, almost all Pacific coastal areas in the Tohoku region were struck by a tsunami, which caused enormous human suffering. A total of 19,418 people were killed, 6,220 were injured, and 2,952 remain missing. In addition, the tsunami damaged a nuclear power plant in Fukushima Prefecture, resulting in the release of radioactive material.

At the time of the earthquake, I was working for a research institute in Tokyo and the Medical Center for Dementia (MCD) in Sendai City, Miyagi Prefecture. Following the earthquake, we gathered information about the situation of persons with dementia and their family caregivers in collaboration with MCD staff and other professionals in disaster-affected areas. The collected information revealed the following: (1) many older persons with dementia or frailty were unable to escape the tsunami and were injured or killed; (2) damage to lifelines resulted in the loss of heating, shortages of food, and poor hygiene, which increased the risk for worsening of health conditions and mortality among older persons; (3) behavioral and psychological symptoms of dementia (BPSD) became evident and exacerbated due to changes in the environment, (4) which increased the burden on caregivers, (5) sometimes resulting in abuse by caregivers; (6) the number of patients admitted to hospitals with psychiatric symptoms and worsened medical conditions increased, however, (7) it became difficult to discharge those patients from hospital; (8) emergency shelters for frail persons, which were established during the acute phase of the disaster, were effective for caring for older persons with dementia, however, (9) excess demand and a shortage of staff increased the burden on caregivers and decreased the quality of care; (10) staff at community-based integrated support centers, care management centers, and home nursing stations confirmed the safety of residences, assessed living conditions, and provided various forms of support through home-visits for older persons; (11) face-to-face cooperation established before the disaster was effective for gathering and sharing information and providing team care at the time of the disaster; (12) raising public awareness of dementia before the disaster was effective for establishing community-based informal support for persons with dementia and family caregivers at the time of the disaster. From these experiences, we learned that the following are crucial components of disaster preparedness: (1) the planning of emergency assistance for persons with dementia or frailty should be included in local disaster prevention strategies, (2) the medical and institutional environment should be improved to allow the provision of care for older persons with both psychiatric and medical conditions, and (3) in addition to raising public awareness of dementia, face-to-face cooperation and community social networks should be established.

The loss of one's home means the loss of a familiar environment where one can live. That is a serious problem for older persons living with dementia. To fully recover from a disaster, it is necessary to rebuild the community into a place where older persons can live with dementia. On a small island in a disaster-affected area, where greater than 70% of the population is 65 years of age or older, a collaborative team began to coordinate access to diagnosis and post-diagnostic support for older persons with dementia during the recovery phase of the disaster. In a mid-sized city in a disaster-affected area, local MCD staff conducted workshops and case study meetings in collaboration with community-based staff during the recovery phase of the disaster. These activities promoted face-to-face networking and prompted residents to become active in supporting older persons with dementia in the community. From these experiences following a disaster, we have learned not only the importance of collaboration and networking as a form of disaster preparedness, but also the feasibility of building dementia-friendly communities.

Session: Dementia and Disaster

PL11

Date: Friday 28th April 2017

Impact of Chinese Earthquake on People with Dementia

Prof. Ma Hong

Abstract:

TBC

Session: Dementia and Disaster

PL12

Date: Friday 28th April 2017

Disaster Preparedness Initiative for Dementia

Hussain Jafri

Alzheimer's Pakistan

Abstract:

The world has faced many emergency and disaster situations in the past few years. The elderly in general are often affected disproportionately by disasters as there is a greater likelihood that they will have physical limitations, a decline in cognitive function, or limited financial resources, thus making them more vulnerable. This highlights the need for risk assessment for the elderly during disaster situations. This is true whether they are living on their own, living at home with home care, or living in a residential setting such as a nursing home.

For people with dementia (PWD), the situation get even worse as in most cases they are unable to care for themselves during disasters. A lot depends on the stage of their condition and on the level of need they have for support or assistance during such situations. No matter the stage of their condition, it is important to keep in mind that reactions from people with dementia can be unpredictable and hard to anticipate. Changes in surroundings and routines can be unsettling, as can the heightened activity and excitement in the environment overall. The experience in Pakistan during such disaster situations has shown that PWD suffer worst as they are not on the radar for the relief work although they are one of the most vulnerable groups in such situations. The same was experienced during Hurricanes Katrina in the USA.

Considering this, ADI has started a Disaster Preparedness Initiative for dementia. The purpose of this initiative is to develop guidelines (package) that could be used internationally by the Alzheimer's associations, governments and other stakeholders in case of any emergency. A taskforce comprising of ADI members from Pakistan, Japan, Indonesia, Taiwan and China has been established to develop these guidelines. The objective of developing these guidelines is to provide guidance to national Alzheimer's associations, NGOs, government and other stakeholders to provide much needed care to PWD during emergencies and disasters. The taskforce scope of work is to provide a framework of action for stakeholders to work collaboratively towards providing treatment and care during emergencies at all levels of care e.g primary care, community care and home care; to highlight the training, resources and other requirements to better prepare the organizations to deal with emergency situation; to find ways on how to identify/find PWD during emergencies; to identify areas (such as medical, psychosocial, financial, etc) that effect PWD and carers during emergencies; to assess the kind of medical and psychosocial help required by PWD during emergencies and to review the kind of help required by the carers to better care for PWD during emergencies. The guidelines are expected to be released in the near future.

Session: Dementia Friendly Communities Session

Date: Saturday 29th April 2017

Faraneh Farin, Iran

Iran Alzheimer Association's Education Project for 4500 Elementary school children.

Meera Pattabiraman, India

State wide campaign by staging plays in all districts of Kerala to raise awareness and create dementia friends.

Noemi Medina, Argentina

The "Café con A.L.M.A" of Argentina, succeeds in providing resources, services, and assistance to people with dementia and their family carers so as to fight against stigma and to raise awareness of the disease.

Maria Howard, Canada

This presentation will provide an overview of the Alzheimer Society of British Columbia's (Canada) Dementia Friendly Community initiative by discussing progress and development in 3 areas: people, policy and practice. The Society's CEO, Maria Howard, will speak to the vision and goals for this initiative, how the Society meaningfully engages people with dementia and care partners, the central role of local governments, and the tools which have been developed for the initiative.

Kiki Edwards, Nigeria

See how Nigeria is chipping away at the stigma traditionally attached to dementia by using the UK's Dementia Friends programme outline and materials. Adaptations were made to roll the programme out to help change the way the nation thinks, acts and talks about the condition. In the space of a few months there were over 21 Dementia Friends Champions in 19 of the 36 states of Nigeria.

Eny Arafin, Singapore

Dementia Friendly Community was launched as a national project in Singapore in 2016. Why does Singapore need this project, the progress achieved so far and the challenges faced by the project team.

Gina Shaw and Chris Roberts, United Kingdom

Alzheimer's Society asked people living with dementia 'How can the world become more dementia friendly?' "By listening to people with dementia and learning from them," was Gina Shaw's pertinent answer. As the movement for more dementia-friendly communities grows at pace, Alzheimer's Society ambassadors Gina Shaw and Chris Roberts take stock and reflect on what makes a community dementia-friendly – how can we evaluate this activity, and how can we support more communities to help people to live well with dementia.

Takeya Hashimoto and Mineko Matsunaga, Japan

Dementia Friendly Communities around Japan: national goals – local approaches and styles

- Insights from Kyoto
- Insights from Kumamoto

Session: Early Onset Dementia

PL13

Date: Saturday 29th April 2017

Early Onset Dementia: The Japanese Approach

Prof. Heii Arai, Juntendo University, Japan

Reiko Ashino, Japan

Abstract:

Dementia in the super-aged society has being received attention not only medically but also socially while early-onset dementia which has a big influence on the generation in the prime of life is also a serious problem recently. Dementia after retirement from social activity is little by the meaning as the influence to oneself and the family, but in the case of early onset dementia psychological influence is to the extent it's immeasurable, and isn't the problem of just finishing by drug prescription. Therefore, its features are outlined from medical and social viewpoints and more are also introduced about the national and other projects for early onset dementia in our country.

1. Diseases that cause early-onset dementias

A recent survey by the Japanese Government disclosed that the most popular disease is vascular dementia, followed by neurodegenerative diseases and head injury.

2. Clinically important issue concerning dementia

Dementia in not a single disease but a syndrome by which many symptoms gathered focusing on a memory disturbance, and the disease which causes dementia as mentioned above is many. Of them, there is treatable dementia such as normal pressure hydrocephalus, chronic subdural hematoma or hypothyroidism which could be recovered from dementia by appropriate therapy. Depression is also important because it is likely to have "pseudo-dementia" that shows very similar cognitive complaints. Epilepsy is also one of the diseases to be excluded.

3. Features of early onset dementia

(1) Relatively rapid progression in cognitive decline compared to late onset dementia

(2) Different MRI findings from late onset dementia

(3) More serious psychological and economical influence on the family

(4) Difficulty to use social capital and care system for late onset dementia

(5) Importance of disclosure of diagnosis to patient and family

(6) Importance of comprehensive treatment and support

(7) Importance to keep QOL of family

4. National and other projects for earl onset dementia

(1) New Orange Plan

(2) Alzheimer Association Japan

(3) Our approach

Session: Early Onset Dementia

PL14

Date: Saturday 29th April 2017

Young onset dementia: diverse disorders, diverse care

Dr. Adrienne Withall

Abstract:

Younger onset dementia (YOD) refers to dementias that have an onset of symptoms prior to age 65. In Australia YOD accounts for approximately 8% of all dementia cases and occurs in one in every 750 people aged 45-64 (Withall et al, 2014). Younger onset dementia has become more common in recent years largely due to the population increase from the Baby Boomer generation. Challenges in the assessment and diagnosis of YOD are partly due to the diverse range of dementias seen in younger patients; degenerative dementias are less common and secondary dementias more common than in late onset dementia. Early symptoms are broad and include depression, behavioural change, neurological disorders, systemic disorders and mild cognitive impairment. Perceived diagnostic delay may result in frustration and distress for people with YOD and their supporters. Chronic depression and mild cognitive impairment are associated with longer time to diagnosis, and in these situations clinicians need to establish appropriate review processes and communicate clearly. A diagnosis of YOD may have marked consequences for a younger person, including financial impacts, premature retirement, changes to family dynamics and responsibilities, and the psychological challenge of confronting their cognitive changes. Partners, children and other supporters often have unmet needs, are impacted by care duties, and are at high risk of physical and emotional consequences. Concerns about the heritability of dementia may add to family distress. Opportunities exist for quality supportive activities, ideally tailored to the individual needs, interests, support network, and capabilities of the person with dementia.

Session: Early Onset Dementia

PL15

Date: Saturday 29th April 2017

Global Overview of Early Onset Research in the Dominantly Inherited Alzheimer's Network

Dr. Randall Bateman

Washington University School of Medicine

Abstract:

Alzheimer's disease was originally described as an early-onset form of dementia. Since the time of Dr. Alzheimer's first descriptions, understanding of the causes and relationship to late onset dementia has firmly established that the pathology of Alzheimer's disease exists as a continuum across early and late onset ages. Early onset AD provides unique insights into the genetic and environmental risk factors of AD which have led to breakthroughs in the understanding of AD pathophysiology, leading to in vitro and animal models of AD, the development of therapeutics which target AD pathology, and the promise to slow, halt or prevent the onset of AD.

Autosomal Dominant Alzheimer's Disease is a rare form of AD caused by mutations in APP, PSEN1, or PSEN2. The discovery of these mutations led to a molecular biology revolution for AD, enabling models to be developed and drugs targeting the earliest changes in AD. The Dominantly Inherited Alzheimer Network (DIAN) was established across leading AD centers to collaborate to better understand the clinical, cognitive and biomarker changes which occur in AD and to enable interventional trials. DIAN findings indicate that the AD process begins at least 15 to 20 years before symptom onset, providing a window of opportunity for secondary prevention efforts.

The DIAN Trials Unit (DIAN-TU) launched the first prevention trial targeting amyloid-beta AD pathology with two drugs in parallel in a platform prevention trial design. Extensive clinical, cognitive, and biomarker data are being analysed to accelerate the development of future AD therapeutics. Future drug arms are planned to continue to test the most promising drugs in order to slow, stop and prevent AD.

WO01

Workshop title: Diagnosed with dementia: What next?

DAI

Thursday 27th April 2017

Speaker:

Kate Swaffer

John Sandblom

In this workshop, members of Dementia Alliance International will provide an outline of the experience of being diagnosed with dementia, and what it is like living with dementia. It will outline the current models of care, and contrast it with a pathways of support that includes disability support and rehabilitation, in line with a human rights based approach to dementia. During the workshop, there will be opportunities for people with dementia, families, researchers and health care professionals to ask questions to a panel of people with dementia. The workshop will also provide an opportunity to work in small groups on specific topics to enhance their understanding of the lived experience of dementia. This workshop will be facilitated by Kate Swaffer and Mick Carmody.

WO02

Workshop title: Living well with dementia: Roles of stakeholder groups

Five Stakeholder Groups in Japan

Thursday 27th April 2017

Chair:

Dr. Akira Honma: Director, Otafuku Memory Clinic

Speaker:

Miwa Ito, Yumiko Tanaka

Pro. Masatoshi Tsudome

Representative, Japan Dementia Working Group

Kaoru Nagasawa

Yasuo Tabei

Fumiatsu Sugino

DY Suharya

Dementia includes a wide range of issues and each person with dementia and their carers have their own needs. There are many stakeholder groups which act to meet their own specific goals all over Japan. However, a common purpose of all the groups is to build a dementia-friendly society where everyone thinks about dementia as one's own issue and people with dementia and their carers can live well. This workshop will be run by five stakeholder groups in Japan and will feature an international keynote speaker and aims to clarify the role of each stakeholder group and the challenges they face and then to discuss the future tasks.

Definitions:

--Stakeholders: People living with dementia, their families and their supporters/partners

--Stakeholder groups: Groups or organizations formed and run by stakeholders

WO03

Workshop title: People with Dementia Relay for Hope - Passing hope from people with dementia to people with dementia

Japan Dementia Working Group

Friday 28th April 2017

Chair:

Tomofumi Tanno

Speaker:

Kazuko Fujita

Masahiko Sato

Koichi Oku

Miki Taira

Tomofumi Tanno

Yutaka Takeuchi

Tetsuro Ishihara

To “Live well, with dementia” is a big hope for those who have dementia as well as those who have not. People with dementia find hope by meeting other people with dementia. We share our experiences, feelings, and thoughts. Our friends in the community find hope when they start to walk along with us. In this workshop, people with dementia and their supporters will talk about the real hope that spreads by locating people with dementia at the centre. Each presentation will be based on our different perspectives and positions, report on aspirational practices in our local communities, and share learnings from our exchanges with the UK.

The members of the Japan Dementia Working Group (JDWG) are people diagnosed with dementia and engaged in advocacy work to help create a community/society where all of us can live well with dementia. This workshop has been planned by people with dementia, with the cooperation of supporters and friends, and will be facilitated together.

WO04

Workshop title: Involving more people with dementia in research

Alzheimer's Disease International (ADI)

Friday 28th April 2017

Chair:

Marc Wortmann

Speaker:

Marc Wortmann

Piers Kotting

Henry Brodaty

ADI has said in its Strategic Plan 2016-2019 that it wants to encourage participation in clinical trials by collecting and disseminating information about these studies and collaborate with other partners to facilitate and increase recruitment for research trials. This is looking at research into drug development, but also care practice, prevention and risk reduction and public health studies such as studies into the prevalence and incidence of dementia.

The workshop will highlight some initiatives that have been taken in various countries, including a report on registries from the University of New South Wales (Australia), JoinDementiaResearch in the UK as well as an ADI initiative that will start in June 2017.

WO05

Workshop title: Assessment of dementia-friendly communities: How to assess and promote dementia-friendliness in each community

Dementia Friendly Japan Initiative (DFJI), Alzheimer's Association Japan (AAJ) and World Young Leaders in Dementia (WYLD)

Saturday 29th April 2017

Chair:

Yoshiyuki Kawano

Speaker:

Yoshiyuki Kawano

Yumiko Kaneko

Ryoma Kayano

Toshiyuki Ojima

Kazuyuki Hirao

Kristine Newman

Miharu Nakanishi

Creating a dementia-friendly community can be realized and promoted when multisectoral collaboration and effort exist among all community members with diverse backgrounds. This workshop is aimed to understand how to assess and promote dementia-friendliness in a community in order to create and accerelate such ideal collaboration.

(1) Reporters from various groups which have been working on the

development of assessment indicators share their experience and thoughts.

(2) The reporters will exchange views based on the topics provided in the 1st part and help the participants understand the key points of the challenge in the creation and promotion of dementia-friendliness in a community and enrich their understanding of approach to the dementia-friendliness.

The participants will learn a comprehensive perspective on the methodology of the assessment of dementia-friendly communities and understand the necessity of potential and sustainable next steps to steadily move forward on the creation and promotion of dementia-friendliness.

Science

Diagnosis and imaging

O1-01

Date: Thursday 27th April 2017

ALZHEIMER'S DISEASE PATIENTS WITH WORSE COGNITIVE SCORES WAIT LONGER TO SEEK TREATMENT

Christopher M. Black[1], Robert Wood[2], Craig Ritchie[3], Eddie Jones[2], Rezaul Khandker* [1], Baishali Ambegaonkar[1]

[1]Merck & Co., Inc., Kenilworth, United States, [2]Adelphi Real World, Bollington, [3]University of Edinburgh, Edinburgh, United Kingdom

Introduction: Quality care for Alzheimer's disease (AD) starts with an early, documented diagnosis, including disclosure of the diagnosis.

Objectives: To examine the diagnostic pathway experienced by patients in different cognitive impairment (CI) stages in Japan.

Methods: Data were drawn from the 2013 Adelphi Dementia DSP, a cross-sectional survey of physicians and their CI patients in Japan. Physicians were asked to complete a record form which included demographics and their journey from onset of symptoms to formal diagnosis. Physicians recorded healthcare professionals involved throughout the journey, MMSE scores, tests and scales conducted and durations between key events. Patients were grouped based on their current diagnosis and physician-perceived CI severity. Mild, moderate and severe patients required a diagnosis of AD, early onset AD or mixed dementia, whilst prodromal patients had a diagnosis of MCI, amnestic MCI, pre-dementia AD or prodromal AD. Statistical significance was assessed using Kruskal-Wallis tests and Chi-squared tests for numeric and nominal outcomes, respectively.

Results: In total, 112 patients(15.4%) were classified as currently prodromal, 232(31.9%) mild, 293(40.3%) moderate and 90(12.4%) severe. Mean MMSE scores at first presentation to a healthcare provider ranged from 13.0(SD:7.2) for severe patients to 23.6(SD:4.1) for prodromal patients ($p<0.001$). Mean MMSE scores at initial diagnosis of CI ranged from 12.4(SD:7.1) for severe patients to 23.7(SD:3.6) for prodromal patients($p<0.001$).

The duration from initial CI symptoms to first consultation for CI increased with worsening current CI stage; mean duration ranged from 29.2 weeks (SD:46.1) for prodromal patients to 50.0 weeks(SD:76.7) for severe patients $p=0.004$). However, no significant differences were observed between CI subgroups once they had seen a physician. Mean duration from first consultation to formal diagnosis was 6.3(SD:20.3) overall and ranged from 6.9 weeks(severe) to 6.3(prodromal).

No differences were observed regarding the types of physicians seen at initial consultation or formal diagnosis, where most patients initially consulted a primary care physician(36.6%) or neurologist(37.4%) and were diagnosed by a neurologist(42.8%). There were no differences in the types of test/scales and scans/imaging used to aid in the diagnosis.

Conclusion: Patients with more severe CI now had a significantly longer duration between initial symptoms and first consultation, but no significant difference in the time between first consultations to formal diagnosis. This suggests that although a patient may delay seeking care for their CI symptoms, once they enter the healthcare system they move through with the same speed as other CI patients.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

O1-02

Date: Thursday 27th April 2017

DOWN ALZHEIMER BARCELONA NEUROIMAGING INITIATIVE (DABNI) PROJECT: A TRIAL READY COHORT TO STUDY ALZHEIMER BIOMARKERS IN DOWN SYNDROME

Laura Videla[1], Maria Carmona-Iragui[1, 2], Susana Fernández[1], Bessy Benejam[1], Daniel Alcolea[2], Sandra Gimenez[3], Alberto Lleó[2], Rafael Blesa[2], Sebastián Videla[1], Juan Fortea[* 1, 2]

[1]Barcelona Down Medical Center, Fundació Catalana Sindrome de Down, [2]Memory Unit, Neurology Department, [3]Sleep unit. CIM Sant Pau., Hospital de la Santa Creu i Sant Pau, Biomedical Research Institute Sant Pau., Barcelona, Spain

Introduction: Down syndrome (DS) is a genetically determined form of Alzheimer disease (AD). However, AD diagnosis represents a diagnostic challenge in this population due to the intellectual disability associated with DS.

Objectives: We present the preliminary clinical outcomes of an intensive research initiative for adults with DS.

Methods: Down Alzheimer Barcelona Neuroimaging Initiative (DABNI) is a single-center longitudinal cohort study. It includes longitudinal neurological and neuropsychological assessments for every subject with DS in Catalonia. A comprehensive biomarker program, that incorporates electroencephalogram, blood tests, cerebrospinal fluid study (CSF) (Aβ42, Tau, p-Tau), MRI, florbetapir (FBP) PET, fluorodeoxiglucose (FDG) PET, and a polysomnogram is offered to all of them.

Results: Between June 2014 and September 2016, 391 subjects were evaluated. Mean age was 41.9 (range 18-71), 55.4% were male. In the baseline visit 15.9% had AD dementia (dAD), 11.5% presented cognitive decline that suggested prodromal AD (pAD), 9.2% had cognitive decline and behavioral disorders probably due to a psychiatric etiology (Ps), and 63.4% did not present cognitive decline (non-CI). The prevalence of cognitive impairment exponentially increased with age, exceeding 85% in those older than 60.

After a median of 12.8 months a follow-up was available in 217 subjects: 8.4% of those cognitively preserved at baseline developed cognitive decline during the follow-up and 59.9% of those initially classified as prodromal AD progressed to AD dementia.

CSF was available in 83 subjects. At least one CSF biomarker was abnormal in 100% of dAD and pAD patients, 20% of Ps subjects, and in 41.9% of non-CI subjects, mainly Aβ42. The 83.3% of pAD that progressed to dAD had abnormal levels of all three CSF biomarkers.

A polysomnogram, performed in 50 subjects, showed abnormal apnea-hipopnea index in 75% of them.

Conclusion: The DABNI project is a trial ready cohort to study the natural history of AD in DS. Our preliminary results support that an intensive health plan is needed and biomarkers can be useful for an early detection and a more accurate diagnosis of AD in DS.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

Date: Thursday 27th April 2017

O1-03

OBSTRUCTIVE SLEEP APNEA IN DEMENTIA

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Introduction: Emerging evidence suggested a link between Obstructive Sleep Apnea (OSA) and cognitive decline, including dementia. The severity of cognitive impairment has been reported to be directly correlated with the degree of OSA. Neurodegenerative changes including cerebral volume loss have also been reported due to OSA. Various vascular diseases, including hypertension, diabetes mellitus, hyperlipidemia, and heart diseases are also significant comorbidities on patients with OSA and dementia.

Objectives: 1. To report the occurrence of OSA in patients with various types of dementia in the Island of Guam and to correlate the severity of OSA with the results of the neuropsychological testing and neuroimaging studies.

2. To report the prevalence of comorbid vascular diseases in patients with OSA and dementia.

Methods: A retrospective analysis of medical records of patients evaluated in The Neurology Clinic in Guam with the diagnosis of OSA and dementia from August 2006 to June 2016 was conducted. The severity of OSA was correlated with the findings of the Neuropsychological testing and Brain MRI or CT scan results. The diagnosis of vascular diseases at the initial consultation was identified and the prevalence was compared across the different severities of dementia.

Results: There were 359 patients with various types of dementia and 17% have been diagnosed with OSA. The gender distrubtion was 58% male and 42% female. Twenty percent have mild OSA, 53% have moderate OSA, and 27% have severe OSA. Fifty percent of those with moderate to severe OSA have moderate degree of cerebral atrophy on the neuroimaging studies and 67% of those with mild OSA have mild degree of cerebral atrophy. Twenty seven percent of patients with moderate to severe OSA have moderate impairment on global cognitive scores and 30% with mild OSA have mild impairment on global cognitive scores. Twenty five percent of all patients with OSA have stroke and 20% have Leukoaraiosis in the Brain MRI or CT scan. The prevalence of comorbid vascular diseases on patients with moderate to severe dementia showed that 75%, 58%, 66% and 33% of patients have hypertension, diabetes mellitus, hyperlipidemia and heart diseases, respectively. Wherein patients with mild dementia, hypertension, diabetes mellitus, hyperlipidemia and heart diseases were identified on 70%, 54%, 60% and 30% of patients, respectively,

Conclusion: Obstructive Sleep Apnea is a common sleep disturbance in patients with various types of dementia. The severity of OSA correlates closely with the degree of cerebral atrophy and global cognitive scores. Various comorbid vascular diseases are frequently encountered in patients with OSA and dementia and the prevalence is highly comparable between patients with moderate to severe dementia and patients with mild dementia.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

Date: Thursday 27th April 2017

O1-04

HOW ADDITIONAL DIAGNOSTIC TESTS INFLUENCE THE INITIAL CLINICAL DIAGNOSIS IN MEMORY CLINIC PATIENTS

Helen Wu[*1, 2], Maurice Finn[2], Peter Veitch[2]

[1]Centre for Healthy Brain and Ageing, University of New South Wales, [2]Aged Care, Royal North Shore Hospital, Sydney, Australia

Introduction: Early diagnosis of cognitive impairment and Alzheimer's disease (AD) is encouraged and additional tests and biomarkers are used to improve diagnostic accuracy. It is hoped that by identifying the disease in the presymptomatic stage, it may be possible to prevent symptoms and thereby dementia from occurring.

Objectives: The aim of this study was to analyse among patients referred to a tertiary hospital memory clinic with early memory problems or subjective cognitive complaints, how often additional diagnostic tests resulted in an adjustment of the initial diagnosis, and how these tests predicted diagnosis at follow-up in a subgroup of patients.

Methods: Over the period between Jan 2012 and Dec 2015, the initial diagnoses after standard clinical assessment and the final consensus diagnoses after additional testing with neuropsychological assessments (NPA), brain imaging including magnetic resonance imaging (MRI), positron emission tomography (PET), or single photon emission computed tomography (SPECT), and apolipoprotien E (APOE) genotyping of 181 patients were collected. Diagnoses at follow-up were also collected.

Results: 181 patients were assessed in the memory clinic, of which 31 (17.1%) had an initial diagnosis of no cognitive abnormality, 104 (57.5%) with MCI, 24 (13.3%) with AD, 19 (10.5%) with other diagnoses, and 3 (1.7%) with uncertain diagnoses. The mean age for the cohort was 69.0 ± 8.7. A combination of NPA and genetic testing and at least one form of brain imaging was performed in 134 (74.0%) patients. The highest frequency of change occurred in patients with initial mild cognitive impairment (MCI, n=18). Following additional tests, these patients were diagnosed with no cognitive impairment. A normal NPA was significantly associated with this change in diagnosis ($p<0.001$). For patients where the initial diagnosis was uncertain (n=3), following additional tests, these patients were diagnosed with no cognitive impairment. Patients with a normal NPA at baseline were less likely to have a change in their diagnosis at follow-up reassessment. A favourable APOE genotype was associated with no change in diagnosis for patients with an initial diagnosis of no cognitive impairment ($p<0.01$). Brain imaging results did not influence the initial or follow-up diagnoses.

Conclusion: Additional tests add value to routine clinical assessment and influences diagnosis in patients with initial MCI diagnosis or when the diagnosis is uncertain, while in patients with normal cognition or established dementia, they have more of a confirmatory role. As more patients are being assessed early in the disease process and new biomarker tests emerge, further studies in a clinical population with longitudinal follow-up are needed to assess the clinical utility of these tests.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

Date: Thursday 27th April 2017

O1-05

PATIENT RECRUITMENT AND RETENTION IN ALZHEIMER CLINICAL TRIALS: FORGOTTEN IMPACT OF INCREASED UTILIZATION OF MRI AND PET IMAGING

Kohkan shamsi on behalf of RadMD, Kohkan shamsi*

Objectives: Background: MRI and PET is now extensively utilized in AD trials for patient eligibility, efficacy assessment efficacy, and safety evaluations.

Methods: Standardization of MRI and PET methodology across the sites is essential to acquire consistent data. This requires prospective site qualification, evaluation of phantom data, training and continuous monitoring. Phantom imaging and standardization is especially important for estimation of brain volumes and PET data

Results:

Patient Eligibility: Many neurological diseases like vascular dementia, multiple sclerosis, vascular pathology, neoplasms have similar presentation as AD or could confound the assessment of drug therapy. Inclusion of wrong patients has ethical and legal issues and data could be excluded from the analysis. Eligibility evaluation and optimization of eligibility read process will be discussed.

Evaluation of Amyloid Related Imaging Abnormalities (ARIA): ARIA were observed in amyloid-β trials. MRI findings of ARIA include vasogenic edema (ARIA E), micro and macro hemorrhages (ARIA H) and superficial siderosis. FDA had mandated frequent MRIs in all AD trials putting burden on sites and patients. Our experience in ARIA evaluations in large phase III study at >350 sites will be presented. new guidance will also be discussed

Efficacy evaluation: MRI is utilized to evaluate various volumes of brain. FDG PET has been used to measure metabolic activity of brain. We will share our experience about site and central independent reads.

Conclusions: MRI and PET are used for patient eligibility, efficacy and safety assessments. Imaging must be prospectively planned including standardizing imaging methodologies, site selection process and selecting eligibility and efficacy criteria. Training should be transparently conducted and documented.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

Date: Thursday 27th April 2017

O1-06

THE EFFECT OF APOE PHENOTYPE ON THE ASSOCIATION OF PLASMA BETA-AMYLOID AND CORTICAL AMYLOID ACCUMULATION

Amane Tateno* [1], Takeshi Sakayori[1], Yoshiro Okubo[1]

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Introduction: At the present moment, both amyloid positron emission tomography (PET) imaging and cerebrospinal fluid (CSF) are known to be useful biomarkers of Alzheimer's disease (AD). The plasma concentration of beta-amyloid (Aβ) has been thought to be another possible biomarker of AD, and it is less costly and less invasive than PET and CSF. Recently, two large-scale multi-center studies, ADNI and AIBL, successively reported that cortical amyloid accumulation was correlated to the ratio of plasma $A\beta_{1-42}$ and $A\beta_{1-40}$.

Objectives: In the current study we examined the correlation between plasma Aβ and the results of amyloid PET imaging by $[^{18}F]$florbetapir in Japanese subjects, considering the effect of the phenotypes of apolipoprotein.

Methods: We analyzed 28 subjects with ApoE4 (E4 group) and 89 subjects without ApoE4 (non-E4 group) to determine the association between their cortical Aβ accumulations by standard uptake value ratio (SUVR) with PET and plasma $A\beta_{1-40}$, $A\beta_{1-42}$, and $A\beta_{1-42}/A\beta_{1-40}$. The results were examined by student t-test, chi-square test and regression analysis.

Results: There were no significant differences between the E4- and non-E4-groups in terms of background characteristics. $A\beta_{1-42}/A\beta_{1-40}$ showed significant negative correlation with SUVR in the non-E4 group ($R^2=0.06$, $p=0.02$), but not in the E4 group ($R^2=0.04$, $p=0.36$).

Conclusion: We verified that the correlations between $A\beta_{1-42}/A\beta_{1-40}$ and Aβ accumulations differed according to ApoE phenotype in the Japanese population. Our results indicated the possibility that a blood test for non-E4 subjects in clinical settings might be a useful screening examination before performing amyloid PET.

Disclosure of Interest: None Declared

Policy

Dementia policies

Date: Thursday 27th April 2017

O2-01

PROPOSAL OF A NATIONAL POLICY FOR NON-PHARMACEUTICAL TREATMENT OF ALZHEIMER'S DISEASE USING THE YUBA METHOD+-[HI]2-DEMENTIA WITH KARAOKE

Toru Yuba* and Toru Yuba

Objectives: I emphasize need of non-pharmaceutical treatments having good scientific proof in their effects in preventing or improving the disease. I propose a non-invasive and non-pharmaceutical treatment being free of side effects for the most parts, as a policy on an experimental basis, to collect scientific data using ICT domestically and globally and improve contents so as to develop a useful policy optimized in many aspects such as venue, instructor, data distribution, etc. The YUBA Method (separating, strengthening and coordinating falsetto and natural voices, and reducing articulation losses based on imitation learning) and karaoke were mainly used in a therapy given at Mie University Attached Hospital http://miuse.mie-u.ac.jp/bitstream/10076/15122/1/20C17694.pdf, http://www.karger.com/Article/PDF/436960. As for the results, I quote from the latter report: In the music therapy group, the time for completion of the Japanese Raven's Colored Progressive Matrices was significantly reduced ($p = 0.026$), and the results obtained from interviewing the patients' caregivers revealed a significant decrease in the Neuropsychiatric Inventory score ($p = 0.042$) and a prolongation of the patients' sleep time ($p = 0.039$). The fMRI study revealed increased activity in the right angular gyrus and the left lingual gyrus in the before-minus after subtraction analysis of the music therapy intervention.

Keywords: The YUBA Method, Karaoke, Alzheimer's Disease, Treatment, Dementia

Disclosure of Interest: None Declared

Policy

Dementia policies

Date: Thursday 27th April 2017

O2-02

HOW MIGRANTS NEEDS ARE NEGLECTED IN THE NEW AUSTRIAN DEMENTIA REPORT

Nevin Altintop* [1]

[1]Social and Cultural Anthropology, University of Vienna, Wien, Austria

Objectives: Vulnerable groups in society often have less chance for participation because their special needs are only poorly covered. Health care is, therefore, strongly challenged with the inclusion of minorities of any kind. A special topic focuses on health care of migrants with dementia where language and communication in the native-language is a looming problem. In addition, a correct diagnosis of dementia is often delayed because of misinterpretation, missing knowledge or missing language-based examination. This situation results in inappropriate medical treatment, in social isolation or in a burn-out of informal caregivers.

Recently a dementia report and a national dementia strategy 2015 were developed for Austria. In my research I analyze how migrants with dementia are included. The Austrian dementia report covers the topic of migrants with dementia in one subchapter quite insufficiently: Previous local scientific studies as well as the positive results of specific health care solutions for migrants in other European countries stay disregarded. Finally, the report itself creates the myth, that in the case of migrants family members will and want to take care alone for their elders who live with dementia. Based on this incorrect generalization no need for specific health care solutions is determined.

The report itself is not free of contradictions: Overload and stress of family caregivers is indeed known, however, the report advises against specific support for migrants with dementia because it inexplicably predicts that language-based information and possible programmes of support for migrants with dementia will not be accepted by the target group in future. The national dementia strategy finally contains generalized recommendations for stakeholders, a more detailed planning or the elaboration of concrete measures for individual stakeholders is missing.

In my talk I will critically review the Autrian dementia report and the national dementia strategy. Selected examples from my field research on elder Turkish migrants in the last five years identify existing problems for migrants with dementia. A lack of professional language-based solutions and system-related barriers impede also mutual aid and solidarity within migrant communities. The policy followed by the Austrian dementia report unfortunately demonstrates how vulnerable groups still stay vulnerable.

Disclosure of Interest: None Declared

Policy

Dementia policies

Date: Thursday 27th April 2017

O2-03

REVIEW OF CLINICAL GUIDELINES ON USE OF ANTIPSYCHOTIC DRUGS IN THE TREATMENT OF BEHAVIORAL SYMPTOMS IN ALZHEIMER'S DISEASE AND THEIR IMPACT ON PATIENT OUTCOMES

Myrlene Aigbogun* [1], Milena Anatchkova[2], Anne Brooks[2], Laura Swett[2], Ann Hartry[3], Ruth Duffy[4], Ross Baker[1]

[1]Otsuka Pharmaceutical Development & Commercialization, Inc., Princeton, [2]Evidera, Lexington, [3]Lundbeck LLC, Deerfield, [4]Otsuka America Pharmaceuticals, INC, Princeton, United States

Introduction: More than 90% of individuals with Alzheimer's Disease (AD) experience behavioral and neuropsychiatric symptoms (NPS) such as agitation, aggression, depression, and hallucinations over the course of illness**.** Historically, first- and second-generation antipsychotics (APs) have been frequently used for NPS. As there are risks associated with APs, box warnings were added to AP drug labels and efforts to limit AP use in adults with AD. Clinical guidelines for AD suggest non-pharmacologic methods as the first-line treatment for NPS, despite considerable variability between studies. The impact of safety warnings and drug prescription guidelines is most often evaluated through drug utilization studies, but often fail to quantify actual risk minimization.

Objectives: Review the literature evaluating professional guidelines on AP drug usage in AD and to evaluate the impact of recommendations on patient outcomes

Methods: Two searches, conducted in Medline and Embase databases using separate search strategies, focused on: 1) professional guidelines of AP use in AD treatment, 2) publications reporting on the impact of these guidelines on patient clinical and humanistic outcomes. All abstracts were screened by three reviewers; studies meeting predetermined inclusion criteria were summarized

Results: Sixteen guidelines spanning 1995-2016 across the US, Canada, and the European Union meeting inclusion criteria were identified and summarized. Common recommendations across guidelines included the use of non-pharmacological interventions prior to use of APs, ruling out underlying causes, best administration practices including minimal dosing and monitoring, and use targeting specific symptoms. Agitation and other NPS were explicitly noted as an indication for AP administration in nine of the reviewed guidelines. No studies directly assessing the impact of AP guidelines on reduced use and patients' clinical and humanistic outcomes were identified. Eleven studies were identified providing indirect evidence for potential impact of AP guidelines. Six of these reported results of guideline-based interventions: two of these focused on pain management; two reported the results of education of staff in current guidelines. A qualitative study, a retrospective review of reasons for AP use, a cross-sectional study, and an expert opinion survey were also examined. Non-pharmacologic intervention studies reported reduction of AP use, agitation, NPS, and behavioral symptoms.

Conclusion: There is a gap in the literature of studies evaluating the impact of clinical guidelines and safety warnings associated with the use of APs on outcomes in patients with AD and agitation. Further studies are needed to better understand the impact of guidelines on the appropriate use of atypical antipsychotics in treatment of NPS in dementia.

Disclosure of Interest: M. Aigbogun Conflict with: Otsuka Pharmaceutical Development & Commercialization, Inc., M. Anatchkova Conflict with: Ostsuka Pharmaceutical , A. Brooks Conflict with: Ostsuka Pharmaceutical, L. Swett Conflict with: Ostsuka Pharmaceutical , A. Hartry Conflict with: Lundbeck, R. Duffy Conflict with: Otsuka America Pharmaceuticals, INC, R. Baker Conflict with: Otsuka Pharmaceutical Development & Commercialization, Inc.

Policy

Public Policy initiatives

Date: Thursday 27th April 2017

O2-04

COSTA RICA ALZHEIMER PLAN. DEVELOPMENT WITHIN THREE YEARS OF THE FIRST ALZHEIMER PLAN OF A COUNTRY MEDIUM OR LOW INCOME.

Norbel Roman[*][1] and Costa Rica Alzheimer Assotiation

[1]NEUROLOGIA, CENTRO DE MEMORIA CCSS, san jose, Costa Rica

Objectives:

Costa Rica is a Central American country that possesses one of the highest old age rates in the Americas, and the projection for the prevail of dementia is considered one of the fastest growing in this region.

Costa Rica has an Alzheimer Association, duly affiliated to ADI, with a trajectory of over 25 years, and internationally recognized for the social advances attained, and for these reasons its labor has been acknowledged in two occasions with the highest awards for an institution, for improving the quality of life of the elderly citizens. This Association has also been commended by the National Ombudsman Office of Costa Rica.

Starting in 2010, the Association began a series of efforts towards sensitizing the public on these issues, and such efforts culminate with a proposal for the Government of Costa Rica for plan that was adopted and recommended by the National Council on the Elderly.

In 2014, that Alzheimer Plan was accepted and launched by the Second Vice President of Costa Rica, Mrs. Ana Elena Chacón, and later, it was incorporated into the national strategies of the National Health Plan and in other projects of the Ministry of Health of Costa Rica.

Two years after its initial presentation, most of the main subjects and areas have been reached, and many different actions have been implemented concerning the proposed objectives.

This integration and the later participation of the Alzheimer Association of Costa Rica may serve as a model of citizens´ participation, and it is a social model to be taken into account when looking forwards to solutions to various serious health problems in the area.

We hereby present to you, and for international knowledge and discussion, a brief history of those facts, and also the main characteristics and goals of the First Alzheimer Plan, from a medium-low income developing country, but the first to develop in this particular field in Latin America.

Disclosure of Interest: None Declared

Policy

Public Policy initiatives

Date: Thursday 27th April 2017

O2-05

FROM RAISING AWARENESS TO NATIONAL DEMENTIA STRATEGY

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Objectives: Dementia was not discussed up to 2009 in Slovenia. Hence, there was no National Strategy in place. In 2009, National Plan for dementia was launched. Two specialists in the field of dementia and a representative of Spomin ica - Alzheimer Slovenia took initiative for this Strategy, which received support from Parliamentary Health Board and Minister of Health issued a decree to establish a Working Group of 10 experts in January 2010. Alzheimer Europe lunch debates in Brussels emphasized need for wide public campaign to prepare any National Plan. Spomin ica successfully promoted through nationwide Alzheimer Cafés, support groups, education programs for carers, Spomin ica magazine etc. ever since. Working Group for the National Plan comprises of 10 professionals from different areas (psychiatrists, neurologists, GPs and representatives of Spomin ica and the Government). All our eight MEPs endorsed by signing the AE Dementia Pledge that dementia becomes the priority of public health. Today, they support our endeavors for the National Plan. To give a boost and support, Mr. Marc Wortmann, Director, ADI, UK came to Ljubljana in 2014 for a meeting that we organised with the President of the Republic of Slovenia, Hon. Mr. Borut Pahor, who was also Patron of 25th AE Conference in Ljubljana. He in turn, has given his full support for our National Dementia Strategy. Today, we are the most successful country in signing the Glasgow Declaration including MEP's and two ministers.

Disclosure of Interest: None Declared

Policy

Public Policy initiatives

Date: Thursday 27th April 2017

O2-06

LABEL OR NO LABEL “DEMENTIA FRIENDLY”

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Objectives: Due to many joint efforts the topic dementia has become more visible during the last few years. Especially in Switzerland where there is a National Dementia Strategy many new services for people with dementia and their relatives emerged on the market. However, as flip side of the medal the range of offers available became less transparent (concerning quality, service provider, etc.) confronting those looking for counseling and help with an additional obstacle. Therefore the Swiss Ministry of Health mandated Alzheimer Switzerland to develop a “quality label – dementia friendly”. Based on a multi-stakeholder workshops with experts and people with dementia and their relatives definition criteria as well as a process for labeling quality have been developed. Agreement on content issues was found easily, but discussions with both groups focused - other than expected - more on the who, what and how of such a label approach. The results of these discussions about the sense or non-sense of a label “dementia friendly” and the Swiss approach to quality transparency will be presented.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

Date: Thursday 27th April 2017

O3-01

DEVELOPMENT OF A CONSUMER COMPANION GUIDE TO THE NEW AUSTRALIAN DEMENTIA GUIDELINES

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Objectives: Australia's first Clinical Practice Guidelines and Principles of Care for People with Dementia were released early in 2016 and while guidelines are primarily intended for use by health professionals, they are also valuable for consumers as they provide details regarding the expected level of care. Steps are needed to ensure that information in clinical practice guidelines (CPGs) is made more accessible for members of the public. The objective of this project was to develop a companion guide for members of the public to complement the Clinical Practice Guidelines and Principles of Care for People with Dementia. Working with consumers to develop this companion guide ensured the information provided was readable, relevant and therefore more likely used.

Methods: A collaborative working group including a project manager, researcher and clinician, and five consumer representatives (four care partners and one person with dementia) was formed to determine the aims and desired format of the consumer guide. A search for similar guides was conducted although there were few comparable options upon which to model the guide. Multiple drafts were circulated amongst the group until consensus could be reached. Importantly, a professional editor was engaged to ensure the language was appropriate for people with varied levels of health literacy.

Results: A 20 page consumer companion guide entitled "Diagnosis, treatment and care for people with dementia" was launched at Australia's parliament house on November 9, 2016. This resource uses accessible language to provide practical guidance about important aspects of the CPGs for consumers living will with dementia. The guide includes information about the 10 Principles of Dignity of Care, ensuring timely diagnosis, advance care planning, accessing services in the community, rehabilitation services, supporting carers, strategies to manage symptoms, and end-of-life care. It includes links to further information and suggested question prompts to facilitate discussions with health professionals.

Conclusion: This consumer version of the guidelines is a valuable resource that allows consumers to be fully informed when being investigated or treated for possible or diagnosed dementia. The Consumer Guide is currently available on the CDPC website at http://sydney.edu.au/medicine/cdpc/resources/consumer-guide.php, and through Alzheimer's Australia national and regional offices. The *Clinical Practice Guidelines and Principles of Care for People with Dementia* and the Consumer Companion Guide are funded through the NHMRC Partnership Centre: Dealing with Cognitive and Related Functional Decline in Older People.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

Date: Thursday 27th April 2017

O3-02

DEMENTIA AWARENESS AMONG HEALTH PROFESSIONAL STUDENTS IN GHANA. RESULTS FROM A CROSS-SECTIONAL SURVEY.

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Introduction: Lack of awareness as well as knowledge of mental illnesses results in stigmatisation of people living with such diseases; e.g. witchcraft-accusations. This matter also affects people living with dementia, however, efforts addressing dementia awareness in sub-Sahara continue to be largely unaddressed in studies.

Objectives: This research aims to measure the degree of awareness (AoD) and knowledge of dementia (KoD) among different groups of students, aiming to get a degree as health professionals.

Methods: The research consisted of a descriptive and explorative design in a cross-sectional survey. A pretested, to current KoD adopted questionnaire, was administered to students aiming to graduate as health professionals from two different colleges in Tema, Greater Accra, in 2015 and 2016 respectively.

Results: A convenience sample of 554 students (mean age 21.8 ± 3; 75.9% female), from 6 different classes, enrolled in degrees for nursing (n=168), nursing assistance (n=164), physician assistance (n=137) and pharmacy (n=85), completed questionnaires. 51.6% (n=286) of those students started recently their course of studies; 48.6% (n=268) already completed more than half of their studies. AoD and KoD among beginner and advanced students was significant different (Fisher´s Exact Test (FET): $p<0.001$). Almost all advanced students, who already completed half of their study time, were aware (93.6%, n=247) and knowledgeable (91.8%, n=234) of dementia; compared to those students' AoD (27%, n=76) and KoD (22.9%, n=64), who just started with their studies. Respondents, who had family members suffering from memory loss, showed significant greater AoD (75.6%, n=93) and KoD (72.6%, n=90) of dementia as compared to their counterparts (FET: $p<0.001$). These respondents also showed a better understanding that dementia is a disease of older age (85.1, n=74), compared to the rest of the survey group (79.4%, n=231). Only one-third of all respondents knew that dementia can also effect younger people (33.7%, n=98). Female and male respondents were nearly equally aware of dementia.

Conclusion: In conclusion, beginner students, whether aiming to become nurses or physician assistants, hardly know anything about AoD and KoD in Ghana. However, those students, who will become future health professionals, get aware and knowledgeable of dementia since mental health is part in their course of studies. Nevertheless, detailed knowledge of dementia lacks, e.g. that also youngers can be affect be the disease. Ways to raise greater KoD and AoD among the general community, e.g. through campaigns, need to be addressed in policy plans.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

Date: Thursday 27th April 2017

O3-03

THE PREVENTING DEMENTIA MOOC: EDUCATION AS A PUBLIC HEALTH INTERVENTION

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Introduction: Evidence suggests millions of cases of dementia may be prevented by reducing the impact of modifiable risk factors. Despite this, community awareness of dementia risk factors is low.

Objectives: The Preventing Dementia Massive Open Online Course (PD MOOC) was developed by the Wicking Centre as a public health initiative to assist a broad spectrum of the community to understand the capacity for dementia risk reduction. The PD MOOC aims to educate and support people with an interest in reducing their own risk of dementia as well as those involved in providing services to those at risk. The free five-week course was designed to build knowledge in the science of dementia epidemiology and risk factors, and the role of evidence, to build participants' understanding of the scientific basis of dementia risk.

Methods: The PD MOOC explores key modifiable risk factors, suggested to account for almost 1/3 of Alzheimer's disease cases: diabetes, hypertension, obesity, physical inactivity, depression, smoking and low education. It addresses additional factors including cognitive activity, social engagement and diet. It also focuses on recognising dementia as a global public health issue, explaining the non-modifiable risk factors of age and genetics, dispelling myths about dementia risk and causes, discussing barriers and enablers of health-behaviour change, and outlining ongoing initiatives in prevention research. Information is presented in five modules, using interviews with international experts, animated video material, infographics, and interactive discussion boards. Completion of the PD MOOC was defined as a passing grade of 70% on 3 quizzes. Participants provided demographic information at enrolment and completed a feedback survey on completion.

Results: The first offering of the PD MOOC concluded in August 2016 and attracted 11,286 international participants with a completion rate of 49%. Participants were predominantly female (89%) and middle-aged (mean age 49 years). 75% had some post-school education, 74% were employed in aged or dementia care and 68% were Australian residents. Feedback indicated high rates of satisfaction with the MOOC, improved understanding of dementia prevention, and increased motivation to reduce risk (>90%).

Conclusion: The completion rate of 49% for the first PD MOOC is substantially more than the reported 5-15% completion rates for other health-related MOOCs, and along with the large enrolment highlights the scale of unmet need for quality, evidence-based and in-depth dementia risk reduction education. The high completion rate and positive feedback support the appropriateness of this MOOC-based education for participants with a variety of different interests in dementia prevention.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

Date: Thursday 27th April 2017

O3-04

DEVELOPMENT OF AN ACUTE GENERAL HOSPITAL WORKFORCE TO PROVIDE INFORMED AND SKILLED CARE FOR PEOPLE WITH DEMENTIA.

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Introduction: Royal Berkshire Hospital are responsible for the care of an estimated 120 people with dementia at any one time (Johnson 2012). Initiatives to develop the workforce were driven by the lack of staff with specialist skills to care for acutely unwell adults with dementia, and to improve the overall experience of acute care for this population including a reduction in: falls, length of stay, spend on one-to-one agency nursing and negative experiences of patients, friends and families.

Objectives: To evaluate the impact of dementia-focused workforce initiatives at Royal Berkshire Hospital to support improved care for inpatients with dementia.

Methods: Evaluation of initiatives at Royal Berkshire Hospital included: dementia awareness training for the entire workforce, dementia simulation training for staff providing care, the development and implementation of an activities care crew, the implementation of a practice educator responsible for dementia training across the Trust, an associate professor in dementia and a medical clinical lead to support staff and initiatives.

Results: Data were collected from April 2014 to March 2016: unplanned admissions 23,976 (mean 999, SD 83.8 per month), falls 891 (mean 37, SD 5.9 per month), number of patients seen by the care crew 3389 (mean 141, SD 49.9 per month). Linear regression demonstrated a non-significant increase in unplanned admission and at the same time a non-significant decrease in falls and one-to-one agency spend. Paired t-test on pre and post dementia knowledge questionnaires following dementia simulation training ($n=379$) demonstrated a highly significant increase in dementia knowledge ($p<.000$, mean 6.57, SD 4.49). Staff who completed dementia simulation training strongly agreed they expected to implement their new knowledge and skills in their work (78%), and the training had improved their confidence in caring for people with dementia (71%).

Conclusion: The implementation of training, education and support for staff at the Royal Berkshire Hospital, along with the development of a specific team of activity care coordinators impacted although non-significantly on the number of falls and one-to-one agency spend. More importantly staff had improved knowledge and skills to support and care for people with dementia. The activities care crew were appreciated by staff, patients and family members. The current initiatives need to become imbedded in Trust practice to ensure continued improvement for care of acutely unwell adults with dementia.

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Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

O03-05

THE DEMENTIA CARE KNOWLEDGE IN THE EMERGENCY ROOM NURSES IN TAIWAN

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Introduction: People with dementia are more predisposed to annual hospitalizations and emergency department visits than people without dementia.

Objectives: The purpose of this study was to assess emergency room (ER) nurses' dementia care knowledge in Taiwan.

Methods: This cross-sectional study enrolled 34 emergency room nurses and 29 psychiatric/neurology ward (PNW) nurses from 2 hospitals in Taiwan. The nurses participated in a survey on demographic data, experience, learning behavior, and attitudes towards dementia care, by completing a 16-item dementia care knowledge questionnaire (score range: 0–16). The data were collected in 2013. The study protocol was approved by the Institutional Review Board. Independent t-tests and chi-squared tests were conducted for evaluating the differences in dementia care knowledge amongst nurses from different wards.

Results: The mean score for dementia care knowledge in ER nurses (9.7) was significantly lower than that in PNW nurses (11.2); $t = -2.6$, $p = .01$. The lowest accuracy rate (11.8%) among ER nurses was for items which assessed false descriptions in the Mini-Mental State Examination (which can serve as a basis for diagnosing dementia), and for the primary symptoms of dementia, such as sudden onset of confusion, disorientation, and inability to sustain attention. The ER nurses had significantly more years nursing experience (10.4) than PNW nurses (7.0); $t = 2.4$, $p = .02$. However, the percentages of ER nurses with dementia care experience ($x2 = 16.7$, $p = < .01$), who had received dementia care training ($x2 = 4.3$, $p = .04$), and have actively searched for information on dementia care ($x2 = 4.5$, $p = .03$) were significantly lower than PNW nurses.

Conclusion: This study demonstrated that ER nurses have insufficient dementia care knowledge, experience of dementia care, and had were less actively engaged in learning behavior. Therefore, providing dementia care education and training to ER nurses is crucial for improving the quality of care for persons with dementia.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

Date: Thursday 27th April 2017

O3-06

OPEN ONLINE EDUCATION: TRANSLATING DEMENTIA KNOWLEDGE TO NON-TRADITIONAL SETTINGS AND STUDENTS

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Objectives: A diagnosis of dementia brings concern about the likely course of symptoms and what to expect, alongside behaviour changes which are hard to understand or accept. In the age care industry, a shortage of skilled staff means that care is often provided by people whose knowledge of dementia may be limited. People with dementia and their carers may have never considered the relationship between brain and behaviour, and when this knowledge suddenly becomes relevant, many have little idea where to look beyond internet searches and media reports.

To address this need, the Wicking Centre created a free online course covering basic science about the brain, the diseases that cause dementia and how they affect people. The Understanding Dementia Massive Open Online Course (UD MOOC), run for nine weeks once or twice a year, blends prepared audiovisual materials, readings and support from Centre staff, to build a community of knowledge around dementia and its issues.

Delivering the MOOC also requires an interdisciplinary team of content experts to engage with participants by addressing their questions in public discussion forums. As the course progresses, the “Ask an Expert” discussion areas accumulate with questions on any and every aspect of dementia, care and neuroscience. Most fall into one or more of the following categories:

1. Aspects covered by later MOOC modules – people may enrol with “burning questions”, and post them in the Introduction section without realising they will be addressed by later content. The response needs to ensure persistence with the MOOC to see the content in its designed context.

2. Arising from observation – carers and people with dementia will highlight a behaviour or symptom which puzzles or interests them. The response usually ties this to the neuroscience of the brain and/or an aspect of the pathology of the relevant dementia(s).

3. Clinical questions relating to diagnosis and care – usually from family members and carers. Responses make clear disclaimers about not offering clinical advice, and are restricted to factual information which may be of use in making decisions or understanding diagnoses, and always recommend seeking medically qualified advice.

4. Prevention / cause / therapeutic / cure questions, usually driven by social media or mainstream media. Responses touch on the relevant evidence base, and where relevant recommend the Preventing Dementia MOOC, run in alternation with the UD MOOC.

5. Neuroscience questions – non-dementia aspects of brain function or neuroscience. These are the easiest to answer for academics used to working in a teaching context.

We present an analysis of participant “Ask an Expert” questions and the design of an online resource of dementia questions and answers, intended as a companion to the UD MOOC.

Disclosure of Interest: None Declared

Well-being

Environment and design

Date: Thursday 27th April 2017

O4-01

CARE MODEL OF DAY CARE CENTER FOR DEMENTIA IN THE RENOVATION OF EXISTING SCHOOL BUILDINGS WITH THE VIEW OF LIFE-LONG LEARNING - A CASE STUDY OF DATONG DAY CARE CENTER IN SOUTHERN TAIWAN

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Introduction: In recent years, how to provide appropriate learning and care for person living with dementia in the community and slow down the progress of dementia with the view of education is a focal issue in the provision of long-term care services. With the view of life-long learning, this study explores how to use local school and community scenarios to help people with dementia acquire local learning and living practices in order to create the original appearance and the reference patterns of local life care.

Objectives: Research focus on 10 people with dementia in Datong Fule day care center which is newly established in 2016 in Kaohsiung.

Methods: In order to understand the characteristics of people with a diagnosis of dementia in the day care center which had been transformed from the original school buildings, it will be discussed that both scenes of school activities and design of day care programs .Participation in observation of the program designs and the records of actual activities are used in this research.

Results: Studies have shown that when school buildings are used as a day care area for people with dementia, the following traits are more likely to result: 1)Enabling them to gain a positive attitude toward learning; 2) establishing confidence in promoting self-reliance by a learning process;3) to assist them to regain the pace of individualized life; 4) to enable them to acquire new learning and interaction partners; 5) to reduce the psychological pressure of community residents to participate; 6) to promote inter-generational interaction and make it a place for life education; 7) to provide a platform to facilitate the intervention of health promotion and prevention.

Conclusion: In general, by the transformation of idle school buildings in a community, there is a way to reduce the resistance of people with dementia to community care facilities and to actively transform into places for sustained growth learning in result of providing day care services for people with dementia ; the combination of the school space and the design of life-care programs involved activities would enable people with dementia to gain sustained support and assistance from community residents, to enhance the image of people with dementia, to further promote community integration, and to extend their past community life.

Disclosure of Interest: None Declared

Well-being

Environment and design

Date: Thursday 27th April 2017

O4-02

THE USE OF HOME ADAPTATION ADVICE BY PEOPLE LIVING WITH DEMENTIA AND THEIR CARERS IN THE UK

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Introduction: Two thirds of people with dementia in the UK continue to live in their own home and eighty-three percent state that they would like to remain in their homes throughout the remainder of their lives. Home adaptation describes the modification of the home environment to meet the changing needs of an individual. Evidence based design has shown that features such as lighting, colour, temperature as well as the provision of equipment can reduce impairments associated with dementia.

Advice on improving the home environment for people with dementia is available from a range of sources and formats including, one to one advice, printed material and increasingly, internet sources. However statistics from the Alzheimer's Society show that only 40% of people with dementia in the UK have adapted their homes.

Objectives: To explore the lived experiences of people with dementia and their carers in making home adaptations

Methods: Ten in-depth semi-structured interviews were conducted with dyads of participants consisting of a person with dementia and a second person with whom they live. Interview topics included how and why the home had been adapted and where adaptation information was obtained. The data were analysed via Interpretive Phenomenological Analysis.

Results: Participants (n=18) reflected a broad of ages, types and severity of dementia. Three core themes emerged from the data: Maintaining familiarity and coping with change, having knowledge and finding knowledge and meeting challenges through home adaptation. The most significant barriers to making home adaptations were a lack of knowledge on and a desire to maintain familiarity. A secondary finding was frustration in a wider lack of timely and appropriate information about dementia after diagnosis.

Conclusion: Current pathways of home adaptation advice are failing to convert evidence into practice in the homes of those living with dementia and therefore home adaptation currently has a limited application. There is a need for further investigation into the information pathways used by people with dementia and their carers in order to determine whether improved methods of dissemination of home adaptation advice could lead to improved uptake and quality of life for people with dementia and their carers.

Disclosure of Interest: None Declared

Well-being

Environment and design

Date: Thursday 27th April 2017

O4-03

PHYSICAL ENVIRONMENT AND INSTITUTIONAL SETTINGS FOR DEMENTIA FRIENDLY COMMUNITIES ----COMPARISON BETWEEN SCOTTISH AND JAPANESE TOWNS----

Yutaka Inoue*

Objectives: We stayed from April to July 2016 in Scotland at Stirling University Campus as visiting researchers with a view of seeking lessons applicable to Japan in making its environment more dementia friendly. Our initial scope of study was on the physical environment; but in due course, we found some institutional aspects which enabled Scotland's social environment more dementia friendly compared with Japan.

Due to language barriers in communicating with people with dementia in Scotland, we used Elizabeth Burton and Lynne Mitchell›s findings in "Inclusive Urban Design(2006)" as audit tools, and checked the Scottish towns' physical environment, by recording their land uses and features on maps and by taking photos. We also visited various places where dementia friendly community projects were taking place. We interviewed various people involved in these projects, researchers and professionals.

We found most of Scottish small towns to have such essential characteristics postulated by Burton and Mitchell as 'Familiarity', 'Legibility', 'Distinctiveness', 'Accessibility', 'Comfort' and 'Safety'. We mapped these towns' shops and facilities including supermarkets, public toilets as well as street furniture and found that they were mostly located along their main streets or their vicinities. Since central areas of these towns were normally designated as conservation areas, many listed buildings enhanced 'Familiarity' 'Legibility' and Distinctiveness' of the towns. The compactness of these towns with their perimeters mostly of walking distances, the provision of adequate benches, sheltered bus stops, easily accessible public open spaces and safety measures for through-traffics, seemed to have brought about Scottish small towns already dementia friendly.

Compared with Scottish towns, we found many drawbacks in Japanese small towns experiencing declines in central shopping streets, due mainly to urban sprawls caused by haphazard and basically unplanned development, which were not only unfriendly to the people with dementia, but to everyone.

As to the institutional settings, we found many NGOs in Scotland involved in trying out dementia friendly communities with a large part of their resources funded from public resources, which seemed to have enhanced awareness vis-à-vis human right advocacy as well as professional knowledge and skills. In Japan, on the contrary, NGOs seemed restrained by inadequate funding, leading to their week sustainability with consequent lack of professional human resources.

Japan is considered as a vertical society with its top-down decision makings. We think it to do with dementia friendliness in terms of its physical environment as well as institutional settings not very much in favor of NGOs, which need addressing by using lessons from Scotland.

Disclosure of Interest: None Declared

Well-being

Environment and design

Date: Thursday 27th April 2017

O4-04

DISCUSSION ON COMMUNITY-BASED ADULT DAY SERVICE SETTING WITH REACTIVATION AND REUSE OF EXISTING BUILDINGS PERSPECT TAKING KAOHSIUNG DATUNG FULE ADULT DAY SERVICE CENTER FOR EXAMPLE

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Introduction: As the number of people living with dementia is steadily increasing, how to convert idle buildings into community-based care facilities has been a common issue worldwide.

Objectives: The prupose of the study is to comprehence the way idle school buildings convert to adult day service center especially in the trend towards low fertility.

Methods: Field observation and in-depth interview were used in this research,We visited DaTung Fule ADS center in Kaohsiung, southern Taiwan, studying the hardware facilities setting, and eight staff of the relevant government officials and contractors were interviewed as well to understand the process and difficulties during setting up the ADS center.

Results: The following factors are required when reactivate and reuse existing buildings to establish a community-based care facility for people living with dementia: 1)The Guidance of the Government 's Social Welfare Policy; 2) Strong promotion from local government and the cooperation with administrative work; 3) Adequate communication with community resident; 4)Understanding and support from original school students and their parents; 5) good-neighborliness work and associated services providing; 6)The recruitment and assistance of community volunteers; 7)The overall operation needs to be fully integrated into local community life.

Conclusion: It needs collaboration from different units within and out the community to convert an original school building into a care facilities for people living with dementia successfully.Above all,we need to acquaint community resident with dementia and what services are indispensable in community,their willing of support could facilitate the implementation of alterations, so that community-based care facilities can be specifically established,and provide community-dwelling elder with dementia and their family adequate assistance or services.

Disclosure of Interest: None Declared

Well-being

Environment and design

Date: Thursday 27th April 2017

O4-05

A SMALL IDEA IN ENVIRONMENTAL IMPROVEMENT FOR PERSON WITH MILD COGNITIVE IMPAIRMENT

Junko Miyano*[1], Hiroshi Kitagawa[1], Kiyohiro Omori[1], Syunsuke Ohnishi[1], Shogo Nakazono[1], Nobuyuki Mitani[1]

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Introduction: 認知症者の増加は日本で大きな関心を集めている。医学の発達が期待されるが、一方で特に軽度認知症者においては、住み慣れた地域で住み続けられる環境を構築することが、われわれ建築の専門職において課された命題である。しかし、建築の分野において、認知症者のために適切な環境に関する蓄積は多くない。一方で、具体的な利用者を抱える介護事業所では、必要に応じて、小さな環境整備のための工夫が行われている。

Objectives: この各介護事業所で実施されている、具体的な環境整備の工夫を集積し、分析することによって、アイディアの傾向を把握し、その意味を確認し、また他の事業所や介護者家族へと還元することを目的とする。

Methods: 兵庫県下で実施される認知症介護者実践研修の受講生に対し、自らの職場環境で行っている環境改善のための工夫について、自由記述式のアンケートを実施した。2016年6月~9月に3回実施した。各回80名合計240名の回答を得た。
この記述について、内容に沿ってカテゴリを作成し、分析を行った。

Table: 数回答により、1,281のデータを得た。有効データは1,251である。生成されたカテゴリは、物的環境（建築、家具・什器、もの、住宅設備、光環境・空気環境・音環境、維持管理運用の工夫）、人的環境（職員によるケア、利用者同士の環境）である。

Results: カテゴリごとに重複、近似する内容、あるいは　相反する内容を確認した。
具体的には、和室の居室の是非、自動水栓、自動点灯スイッチの是非、誤食の回避/親しみやすい環境のための小物の整備などである。

Conclusion: 事業所は、利用者や利用者群の特性、嗜好に合わせて、細やかな環境整備を必要としており、また可能な範囲で実施している。当初の整備だけでは、利用者の変化に追随しきれないため、必要に応じた細やかな小さな改修が必要である。事業所スタッフなど非専門家が容易に改変できるプログラムや、定期的な専門家の介入が必要である。

References: 石井敏：認知症高齢者の暮らしを支える建築空間とデザイン, 人工知能学会第2種研究会資料, 人工知能学会第2種研究会,
首藤亮一, 沼尻恵子, 林隆史：認知症高齢者の特性に配慮した空間整備の研究, 一般財団法人国土技術研究センター

Disclosure of Interest: None Declared

Well-being

Environment and design

Date: Thursday 27th April 2017

O4-06

DEVELOPING BEST PRACTICE GUIDELINES FOR DESIGNING LIVING ENVIRONMENTS FOR PEOPLE WITH DEMENTIA AND SIGHT LOSS

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Objectives: The paper considers a process of developing evidence based design guidelines to be used in environments where people with dementia and sight loss are living. The research involved a systematically conducted literature review and a series of consultations with people affected by dementia and/or sight loss who lived or worked in care homes or in domestic settings. The literature review identified 33 relevant items, only five of which met recognised quality criteria for high quality. Nevertheless, the literature contains several plausible recommendations. The consultations involved interview and focus group discussions with 29 people affected by dementia and sight loss in different ways. Findings from the literature review and the consultations were used in an iterative process to develop the guidelines. The paper focuses on describing and reflecting on the process of developing the guidelines, using the examples of lighting and colour and contrast. The paper demonstrates how the researchers moved from general suggestions from the literature which were refined using consultation findings, then tested through a survey (360 responses) to generate the final content of the guidelines. In discussing the research findings and the development process, the authors consider implications of the work including the weakness of the evidence base, the challenges of improving this and the need for innovative approaches to understanding the complexities of design for people with dementia and sight loss. They highlight the emphasis in the literature on independence for people with sight loss and the focus on control of people with dementia, arguing that this falls short of a genuinely person centred approach, which recognises the active participation of people with dementia and sight loss. The guidelines are available at http://dementia.stir.ac.uk/design/good-practice-design-dementia-and-sight-loss.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

Date: Thursday 27th April 2017

O5-01

IS ROMANIA A DEMENTIA FRIENDLY SOCIETY?

- A CRITICAL SURVEY AMONG ROMANIAN PSYCHOLOGISTS, ARCHITECTS AND NON-PROFESSIONALS

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Introduction: As the population ages and there is a constant rise in the number of people with dementia, policy makers and professionals are making efforts to support social inclusion of older persons diagnosed with dementia, and to offer them the opportunities to live independently in the community (Mitchell L 2004, WHO & ADI 2012).

Objectives: Our survey aims at investigating Romanian professionals' and non-professionals' opinions about the implementation of the concept of 'dementia-friendly communities' in Romania.

Methods: An opinion questionnaire was elaborated, containing 19 items, 10 with Yes/No answer, and 9 with open answer. The questions ask about the understanding of dementia by the respondent and by the community, about existing facilities in society for people with dementia, and changes that should be made to adapt the communities to their needs. Between September-October 2016, participants were recruited from an event on gerontology theme (professionals in mental health) and from different work environments (non-professionals and architects).

Results: There were 39 participants, 20 professionals (17 psychologists, 3 architects) and 19 non-professionals, mean age = 43,3(22-65) years, 33% males, 95% live in urban area, education - 36 university and 3 undergraduate studies.

Although 85% of respondents consider that their community is familiar with the topic of dementia, fewer respondents consider that community understands the problems of people with memory disorders (45%), caregivers (47%) or family members (42%).

Only 16% of responders consider that they live in a dementia-friendly society and between 36% to 73% think that reconstruction need to be done for various sectors of society. The most frequently stated sectors that need to be restructured are local business -73% and public transportation -72%, followed by civil society 69%, food shops 63%, social services - 56% and nursing homes - 56%.

For open answer questions, respondents underline the importane of changes in social and built environment.

Conclusion: Our study supports the need of changes in social services and built environment for implementation of the concept of Dementia-Friendly Communities in Romania. The involvement of older people with dementia in community life must change the paradigm of contemporary society. Design of Dementia-Friendly Communities should become part of Romanian national policies.

References: Mitchell L., Burton E., Raman S., 2004-Dementia friendly cities: designing intelligible neighbourhoods for life, Journal of Urban Design, Volume 9, 2004 - Issue 1

World Health Organization and Alzheimer's Disease International., Dementia: A public health priority, 2012

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

Date: Thursday 27th April 2017

O5-03

BELGIAN DEMENTIA-FRIENDLY PLAN: FOCUS ON ACTIONS OF PROXIMITY AND THE CONCEPT OF "LIVING TOGETHER"

Sabine Henry[*]

Objectives: Ligue Alzheimer ASBL encourages people with dementia to live at home as long as possible with a good quality of live. In this context, the association seeks to implement local projects to facilitate the inclusion of people with dementia, ensure the security and the maintenance of social ties, and gives tools to feel more comfortable with a confused person.

First, in partnership with Bastogne, a famous historical city, we build the action "Together, Alzheimer is lighter". This initiative seeks to raise awareness of dementia among citizens, associations and local shopkeepers to encourage and practice hospitality, communication and quality support for people with Alzheimer's disease or other form of dementia.

Second, the project "Polidem" aims to establish an identity record at home in order to facilitate the research for missing persons. Why? Because 70% of people with dementia live at home. Considering that Alzheimer's disease leads to spatial disorientation and therefore ambulation, people with this disorder are prone to disappearances which are generally more worrying. To be accurate, the record contains the useful information needed to start the research of the missing person: contacts person, carers, habits, former interests and profession, medications, physical description and recent photo, and so on.

To achieve this, Ligue Alzheimer works with the Federal Police and the unit of missing persons, the local police, the public prosecutor's department and assistance and care services providers. Concretely, all these actors sign the protocol for a given area (covered by the local police). After that, the identity record is available in this area. The final goal is to extend this protocol to all communities in Wallonia and Brussels.

To summarize, both are practical actions to create a dementia friendly environment. These actions are based on the citizens' mutual aid, professionalism but also the experience of each person.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

Date: Thursday 27th April 2017

O5-04

THE EMERGING ELDERLY IN AFRICA: CHALLENGES AND OPPORTUNITIES

David Ndetei*

Objectives: THE EMERGING ELDERLY IN AFRICA: CHALLENGES AND OPPORTUNITIES

BY

PROF. DAVID M. NDETEI

Little is known about the situation of Neuro-Psychological Disorders among the elderly in the Kenya and African countries at larger; although progressive mental deterioration in old age has been recognized and described throughout history. Worldwide, the populations of people above 60+ years are on the increase. Over the past 100 years, Africa has been experiencing a rapid growth of about 2.4% compared to 1.3% global average. This means that there has been an increase in dementia in tandem with the increase in the aging population. Studies in South Africa, Nigeria and Uganda suggest the rates of dementia to be 8.6%, 2.8% and 5.5% respectively.

The few studies that have been conducted on dementia in Africa have mainly focused on the prevalence of dementia disorder and how to diagnose. Not much has been done on other related issues such as the support that should be given for the people living with dementia.

There is need to shift and educate community members and leaders among other things to support care of the ageing population. This would include formulation and enactment of policies to address the basic needs and rights of elderly persons, the lack of which has contributed to limited prioritization of health for elderly population in health planning, resource allocation, and workforce development. This has further increased unmet health needs among the aging population.

There is need to train and equip medical health workers in geriatric medicine so as to meet the needs of the ageing population in the communities they serve as well as develop care partner education and support programme. The focus should not only be on physicians but community based workers, leveraged and integrated into the existing health services.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

Date: Thursday 27th April 2017

O5-05

DEMENTIA FRIENDLY COMMUNITIES - A FUNDER'S PERSPECTIVE

Anna Buchanan*

Objectives: The Life Changes Trust was established in 2013 with a £50 million endowment from the Big Lottery Fund Scotland. £25 million will be spent strategically over ten years in order to drive real and meaningful improvement in the lives of people with dementia and their carers/supporters living in Scotland. (The other £25 million is being used to benefit young people with experience of being in care.)

The Trust has invested in a broad range of projects and other initiatives. One key investment has been in dementia friendly communities across Scotland. The Trust takes a broad approach to the term 'community', funding both geographical communities and communities of interest. The Trust funded a first phase of 14 communities in 2015 and will fund a second phase in 2017. The communities' progress is being carefully followed and reported on every six months so that everyone can learn from them.

Anna Buchanan will talk about that learning and the principles starting to emerge that underpin an effective dementia friendly community, large or small. She will also explain the strategic importance of the dementia friendly communities and how they are interacting with numerous other dementia initiatives in order to develop a deeper narrative around dementia in Scotland.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

Date: Thursday 27th April 2017

O5-06

PEOPLE WITH DEMENTIA`S LIVED EXPERIENCE OF THEIR NEIGHBOURHOOD THROUGH THE WALKING INTERVIEWS

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Introduction: An encouraging environment and interaction with nature have a positive effect on people`s mental and emotional health that helps to mitigate cognitive impairment. The outdoor environment, such as public spaces and buildings, has rarely been studied as a place for people with dementia, despite the fact that the number of people living with dementia will increase worldwide. In Sweden it is estimated that 158,000 people live with dementia and this figure is expected to double during the next twenty years. This future transformation of society highlights that the focus on the outdoor environment such as the neighbourhood may be of central importance for people with dementia and be independent of specialist service provision.

Objectives: The objective is to explore the lived experience of the neighbourhood among people

living with dementia

Methods: Walking interviews were performed with 14 people with dementia in their neighbourhood. Data were analyzed with interpretative phenomenological (Moustakas,1994). The phenomena's as the neighbourhood in this study were studied, based on Merleau – Ponty phenomenological methodology, the participants were asked about how the phenomena were perceived at different times and embodied experiences related to the phenomena

Results: The lived experience of the neighbourhood became to live through walking in the neighbourhood, the presence of the time and place is essential. People with dementia experience the neighbourhood through lived memories and walking. Through the walking interviews, people with dementia integrate with the nature and different space in the neighbourhood. The nature as flowers, birds and trees is an important space for recover and enables to see the different colors at seasons. The spaces in the neighbourhood as supermarket, library and meeting places is essential to be able to continue to use the neighbourhood. A understanding from the neighbours and other people in the neighbourhood about dementia is a stage in the develpoment for dementia friendly neighbourhoods

Conclusion: The walking in the neighbourhood is a essential part of people with dementia living in ordinary housing. This knowledge is key message for all health care professionals in planning the home care services and developing a new era for dementia friendly neighbourhoods.

References: Duggan , S., Blackman, T.,Martyr, A., Schaik van, P. (2008). The impact of early dementia on outdoor life. A

`shrinking world`?. Dementia ,7(2),191-204.

Evans, J., & Jones, P. (2011). The Walking Interview: Methodology, mobility and place. Applied Geography ,

31:849-858.

Disclosure of Interest: None Declared

Well-being

Healthy ageing

Date: Thursday 27th April 2017

O6-01

MEMORY TRAINING WITH GAMES: THE “GIOVANI NEL TEMPO “ PROJECT

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Introduction: Cognitive training interventions are possible and effective in healthy elderly, ameliorating or delaying the rates of age-related decline. Cognitive training in small group settings offer to the participants *an enjoyable experience and the benefit of social interaction promoting emotional well-being and combatting loneliness*, in addition to cognitive improvements.“*Giovani nel Tempo*” consists of three board games stimulating working, semantic and episodic memories

Objectives: The aim of this semi-experimental study is to verifiy objectively the preliminary positive impressions collected from seniors who partecipated into the “*Giovani nel Tempo*” project, on *cognition, emotion and mental and physical wellbeing* in a sample of seniors who regularly attend the Elders Center of Municipality of Concordia , Mirandola (Modena) and Bologna.

Methods: The board games sessions, each lasting 90 minutes, will be done twice weekly for two months with the supervision of a Psychologist, expert in memory games and cognitive ageing. The following domains have been explored: cognition (*Addenbrooke’s Cognitive Examination Revised*- ACE R (*Geriatric Depression Scale-15*); physical and mental wellbeing (*SF-12 Health Survey*) and metamemory (*Memory Assessment Clinic Questionaire*-MAC-Q). Thirty-six normal community (M:F = 7:29; mean age: 74,65 ± 11,35 years ; mean education: 8,46 ± 7,54 years; dwelling elderly partecipated in the study; all subjects scored (MAC-Q) above the 25-point cut-off, indicative of subjective memory complaints; we analized pre- and post-data with Wilcoxon non parametric test.

Results: We observed a statistical significative improvement in cognitive status (MMSE p = 0,032; ACE-R = p 0,000 ; particularly in ACE-R memory, p = 0,0006; ACE-R verbal fluency p = 0,0007; ACE-R denomination p = 0,028; ACE-R visual-spatial p = 0,003) and metacognition (MAC-Q test p = 0.001). Data didn’t show any significant results in SF-12 , GHQ and GDS.

Conclusion: Results should be interpreted with caution due to the small study sample, the absence of a control group and absence of blindness of the evaluators. *Attending NGT game sessions for a short period of time has a positive effect on language as assessed by the ACE-R subtests and significantly reduces memory complaints in those participants who initially self-report memory problems in daily living*. On the other hand, NGT games apparently has no impact neither on self-perceived mental health status nor on depressive symptomatology. Further research is necessary to verify the beneficial effects of these GNT games on cognition, memory and affective state in healthy community-dwelling elderly.

References: Pigliautile M . et al Normative data for the ACE-R in an Italian population sample. Neurological Sciences, 2015

Disclosure of Interest: None Declared

Well-being

Healthy ageing

Date: Thursday 27th April 2017

O6-02

TRAJECTORIES OF DIFFERENT COGNITIVE DOMAINS IN COMMUNITY-DWELLING OLDER ADULTS

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Introduction: The Montreal Cognitive Assessment (MoCA) has been used widely to address questions concerning the differentiation of individuals with different levels of cognitive functioning. A summary score that approximates the general cognition disregards the heterogeneity of trajectory across different cognitive domains in late-life.

Objectives: The current study aimed to investigate the 1-year change in cognitive performance in a group of older adults participating in an ageing-in-place programme.

Methods: This longitudinal study analyzed data from 1,300 individuals who completed the cognitive assessment at baseline and 1 year. All participants aged 65 or above and were residing in public rental estates which implemented an ageing-in-place programme targeting to improve the physical health, psychosocial wellbeing, and preference for ageing-in-place. Participants' basic demographic covariates including age, gender, and education was collected using a questionnaire and their cognition was measured using the Cantonese version of MoCA.

Results: Based on generalized estimated equations, the results suggested that participants scored slightly higher after one year in MoCA (coefficient=0.26, P=0.035). Out of seven cognitive domains as measured in MoCA, performances in memory, abstraction, language, and attention were largely maintained. Scores in visuospatial/executive function (coefficient=0.14, $p<0.001$) and naming (coefficient=0.05, $p<0.001$) showed significant increase and that in orientation showed significant decrease (coefficient=-0.15, $p<0.001$). Age, gender, and education were not able to fully explain the significant changes.

Conclusion: General cognitive functioning was maintained over 1 year but the results suggested heterogeneous trajectory of individual cognitive domains. In particular, orientation to time and space might be more sensitive to ageing. Mild improvement in other cognitive domains might be due to practice effect. Previous literature suggests that orientation may more sensitive to more severe cognitive symptoms. Further investigation is needed to determine whether decline in orientation among all other domains constitutes a normal or abnormal ageing process.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

Date: Thursday 27th April 2017

O6-03

LEAD INDUCED INFLAMMATION, LEARNING DEFICIT AND MEMORY LOSS IN MICE: NEUROPROTECTIVE EFFICACY OF CURCUMA LONGA

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Introduction: Alzheimers' disease pathology has reported adverse effects on exposure to Lead (Pb). Pb is a xenobiotic metal dysfunction in cellular growth, proliferation, signalling and neurodegeneration. Curcumin from the rhizomes of *Curcuma longa* has many pharmacological activities including antioxidant, anti-inflammatory and cancer preventive properties.

Objectives: This study was designed to assess the protective effect of Curcumin against lead induced dementia and memory loss.

Methods: ICR mice were exposed to lead acetate (Pb) in drinking water (1%) with or without orally administrated Curcumin (100 and 200 mg/kgBW) and Vitamine E (100 mg/kgBW), the antioxidant positive control, once daily for 38 days. The lipid peroxide (malondialdehyde, MDA) levels in blood and brain tissues were measured. The Water maze swimming and Forced depression test were used to evaluate the learning deficit, memory loss and depression. The Tumor necrosis factor- (TNF-) in the circulation and the alteration inflammatory markers, TNF- , COX-2 and iNOS were determined using ELISA assay and Western blot analysis.

Results: Curcumin significantly protected against Pb induced learning deficit and memory loss in a concentration dependent manner, indicated by Water maze swimming test and Forced depression test. Pb induced a profound alteration of circulating Tumor necrosis factor- (TNF-), and brain tissue inflammatory markers, TNF- , COX-2 and iNOS. The elevation of oxidative damage, as evidenced by increasing lipid peroxide (malondialdehyde, MDA) levels in blood and brain tissues of mice was reduced in Curcumin and vitamin E treated groups. The toxic effects of Pb may be mitigated by Curcumin and Vitamine E due to ameliorated inflammatory markers and increased expression of ChAT and AChE proteins lead to increase AChE activity in the brain compared to Pb alone, as shown by Western blot analysis.

Conclusion: These results suggested that Curcumin significantly alleviates Pb induced neurotoxicity, at least in part, by suppression inflammation, oxidative damage, alteration in neurotransmitter and enzyme expression (AChE and ChAT) with a reduction learning deficit and memory loss.

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Garcia-Alloza, M., Borrelli, L.A., Rozkalne, A., Hyman, B.T., Bacskai, B.J., 2007. Curcumin labels amyloid pathology in vivo, disrupts existing plaques, and partially restores distorted neurites in an Alzheimer mouse model. J Neurochem 102, 1095-1104.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

Date: Thursday 27th April 2017

O6-04

AGEING IS NO BARRIER FOR ENGAGEMENT IN UNIVERSITY EDUCATION: A POTENTIAL INTERVENTION IN MIDDLE TO LATER LIFE TO REDUCE RISK OF DEMENTIA.

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Introduction: Early life educational attainment is a major risk factor for dementia globally. The Tasmanian Healthy Brain Project (THBP), which commenced in 2010, examines the possibility that education in older life may provide resilience to ageing-related cognitive decline and dementia. This study has already shown that engaging in university level study may enhance cognitive reserve, specifically improving cognitive domains such as language processing.

Objectives: The current study examined predictors of academic performance in a cohort of older adults in their fifth to eight decade of life who engaged in university study.

Methods: Through continuous participant recruitment from 2010 to 2014, the THBP involves participants aged 49-78 years studying a variety of different programs at the undergraduate and postgraduate level at the University of Tasmania. Annual cognitive, neuropsychological and psychosocial assessment of participants in the THBP was undertaken using a comprehensive test battery. Age, sex and years of prior education were collected during participants' baseline assessments. Grade Point Average (GPA), a measure of academic performance, was derived from the mean score obtained from weighted courses that contribute to an individual's final degree. The Lifetime of Experiences Questionnaire (LEQ) was used as an estimate of mental activity across participant lifespan. Common genetic polymorphisms were determined for *APOE, KIBRA, COMT* and *BDNF* using DNA extracted from saliva samples.

Results: The mean age of the 334 participants engaged in university study was 59.63 (*SD* = 6.55) years and there were more females (71%) than males (29%). The equivalent full time study load of THBP participants was 50.95% (*SD* = 33.75), indicating that most participants were studying on a part-time basis. Our data showed that the cognitive domains of episodic memory and language processing, in conjunction with midlife engagement in cognitively stimulating activities, have a role in predicting academic performance as measured by GPA in the first year of study. In contrast, it was determined that age, IQ, gender, working memory, psychosocial factors, and common brain gene polymorphisms linked to brain function, plasticity and degeneration (*APOE*, *BDNF*, *COMT*, *KIBRA*) did not influence academic performance.

Conclusion: These findings demonstrate that ageing does not impede academic achievement at university, and that discrete cognitive skills as well as lifetime engagement in cognitively stimulating activities can promote academic success in older adults. Encouraging engagement in education in later life may represent a risk reduction strategy for dementia.

Disclosure of Interest: J. Vickers: None Declared, A.-R. Imlach: None Declared, D. Ward: None Declared, M. Summers Conflict with: Novotech Pty Ltd, Conflict with: Eli Lily (Australia) Pty Ltd

Science

Risk reduction and risk factors

Date: Thursday 27th April 2017

O6-05

HYPERTENSION AND COGNITIVE IMPAIRMENT IN AN ELDERLY CAMEROONIAN POPULATION: A COMMUNITY-BASED STUDY

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Introduction: The occurrence of cognitive impairment is a complication of arterial hypertension that has long been underestimated. Cognitive impairment and dementia are increasing globally and are predicted to increase proportionately more in developing regions. The prevention of cognitive disorders and dementia could be a major challenge in the coming years. The identification and management of the modifiable risk factors for these incapacitating conditions must therefore be a priority in order to define the best tools for early prevention.

Objectives: This study was carried out to determine the prevalence, demographic and clinical factors associated with cognitive impairment (CI) in adults aged ≥50 in the Batibo Health District (BHD); to look for an association between hypertension (HTN) and CI; and to assess the impact of CI on the personal independence of this population.

Methods: We recruited 500 participants aged ≥50 years in a house-to-house survey of the BHD. Informed consent was obtained from all participants. Demographic and clinical data were collected using questionnaires. Blood pressure (BP) was measured using standard procedures, cognitive function was assessed using the mini mental status examination (MMSE) and functional status using Lawton's instrumental activities of daily living (IADL). EPI info 7.0 was used for analysis.

Results: Of the 500 participants, 167 scored below the cut-off value on the MMSE, giving a CI prevalence of 33.4% (95% Confidence interval= 29.3-37.8). Participants with HTN were more likely to have CI (OR=4.1 95%Confidence interval=2.5-6.6 P<0.01). Increasing age, female gender, and lack of formal education were independent risk factors for CI. Participants with CI were more likely to lose their personal independence.

Conclusion: CI is very common amongst the elderly in the BHD, hypertensive participants were 4 times as likely to develop CI compared to normotensives and CI leads to loss of personal independence. Therefore, sensitization on CI, strict BP control in hypertensive patients, and national programs to decrease hypertension could help decrease the burden of these non-communicable and degenerative diseases.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

Date: Thursday 27th April 2017

O6-06

ANTIDEPRESSANT MEDICATION AND RISK OF DEMENTIA: A NATIONWIDE COHORT STUDY IN TAIWAN

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Introduction: Depression and dementia are commonly encountered in neuropsychiatric practice and are associated in several ways. Depression has been suggested as a risk factor for dementia and also a preclinical symptom or consequence of dementia.

Objectives: Despite the plausible relationship between these two clinical entities, the study of potential association between antidepressant medication and dementia is rare.

Methods: We conducted a 9-year retrospective analysis of Taiwan's National Health Insurance Research Database (NHIRD), enrolling 5819 cases who had received prescriptions of antidepressants between 2003 and 2006, and 23,276 (with ratio of 1:4) age-, sex-, and index date-matched controls. We further analyzed demographic characteristics and risk factors, and defined the diagnosis of dementia during follow-up as outcome of this study.

Results: The odds ratio (OR) of dementia among antidepressant users were 3.00 (95% confidence interval (CI): 2.49-3.62), adjusted OR of 2.66 (95% CI: 2.20-3.22), compared to antidepressant non-users. Among the 13 common antidepressants used in Taiwan, there are 10 antidepressants significantly associated with increased dementia risk after adjusting for other potential risk factors, including diagnosis of depression. The ORs were 0.97 (95% CI: 0.49-1.90) for Fluoxetine, 2.85 (95% CI: 1.48-5.50) for Citalopram, 2.27 (95% CI: 0.71-7.29) for Escitalopram, 2.81 (95% CI: 1.21-6.55) for Fluvoxamine, 2.53 (95% CI: 1.50-4.28) for Sertraline, 3.33 (95% CI: 2.02-5.50) for Paroxetine, 2.85 (95% CI: 1.60-5.09) for Venlafaxine, 3.14 (95% CI: 1.80-5.49) for Amitriptyline, 2.14 (95% CI: 1.49-3.07) for Imipramine, 2.12 (95% CI: 0.85-5.25) for Doxepin, 3.66 (95% CI: 1.88-7.10) for Mirtazapine, 2.95 (95% CI: 1.27-6.86) for Moclobemide, and 3.10 (95% CI: 2.25-4.28) for Trazodone compared to the control group. Furthermore, the multivariate analysis result showed that the adjusted ORs of cumulativedefined daily doses (cDDDs) were 2.44 (95% CI: 1.96-3.04), 2.43 (95% CI: 1.64-3.62) and 3.29 (95% CI: 2.17-4.98) for those who had cDDDs of <90, 90-180 and >180 compared to those who had taken no antidepressant medication.

Conclusion: We found higher incidences of developing dementia in the people taking antidepressants in a dose-dependent manner, regardless of whether or not they had depression.

Disclosure of Interest: None Declared

Science

Epidemiology

Date: Thursday 27th April 2017

O7-01

DEVELOPMENT OF DEMENTIA IN BOSNIAN SOCIETY INTO A LARGE EPIDEMIC, AND NEW WAY OF CALCULATION OF SICK PERSONS

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Introduction: Bosnia and Herzegovina, in the last 25 years, suffered major changes in the social and state status. These changes are reflected in: living conditions, health status of the population, and on the health sector. We follow three stages of Bosnian history and relations between the main factors which show us the number of demented people. It is statistic evidence of epidemic in Bosnian society.

Objectives: We follow three stages of Bosnian history and relations between the main factors which show us the number of demented people. It is statistic evidence of epidemic in Bosnian society.

Methods: The quantitative research method, data collection and interpretation of statistical data, the interpretation of risk factors.

Results: Results show that the usual perception and image of the person with dementia in Bosnian society has not changed much in 25 years. It is stigmatized disease. However, they neglecting the differentiation in the concept of mental illness, so that persons with dementia equate with peoples with mental disorders. In this way, their rights are endangered. Instead, they should focus on initial disorders memory, dysfunctional disorders and social dependence because of type disability.

Conclusion: BiH society and institutions should be focus on: a strategy for the fight against dementia, to make develop a plan of prevention, to adopt legal solutions for social and health care, to increase the percentage of diagnosing and registration of patients in a single database, training and specialization of medical personnel at all levels, allow the opening specialized reception centers, build a friendly environment for patients, allow private sector participation in hospitalization, and more do on develop of scientific research projects in the field of gerontology, adult education, cognitive science, etc. As a starting point of change the relationship we need to take the concept of a healthy and happy aging.Key words: Bosnia and Hercegovina, Dementia, Alzheimer in Bosnia, Diagnostics, Symptoms of Dementia, Treatment, Center for Dementia Sarajevo, AIR- Association of Citiz. Sarajevo statistics of persons with dementia in B&H,

Disclosure of Interest: None Declared

Policy

Building alliances and collaboration

Date: Thursday 27th April 2017

O7-02

CREATION OF A DEMENTIA COOPERATION NOTEBOOK THAT INCORPORATES THE PRINCIPLE OF PERSON-CENTRED CARE TO PROMOTE MUTUAL UNDERSTANDING BETWEEN WELFARE AND MEDICAL PROFESSIONALS

Tetsuro Ishihara*, Kenji Yamanaka, Kanako Sugiura, Toshiaki Ieda, Tsutomu Yanagi, Etsuro Mori

Introduction: When we, specialists in dementia, investigate the cause of “ill-being” of the people with dementia, we check not only the cognitive impairment, but their physical health and social and emotional well-being. Although, it is usually difficult to share their own information about people with dementia.

Objectives: To build a circulating mechanism with the cooperation notebooks between social welfare and medical professionals from the diagnosis to the end of life.

Methods: My three co-authors and I developed a regional dementia cooperation notebook based on the principle of person-centred care through multidisciplinary collaboration between a municipal hospital, a medical association and the administrative departments of welfare-related medical institutions in the city. 1 year after the publication, we surveyed to the caregiver about the usefulness of the notebook. There were a total of 2706 people with dementia certification of Needed Long-Term Care above the second level of independence in activities of daily living in the city on January 2015. 800 of the 2706 people with dementia are selected randomly. Long-term care support specialists who have agreed for the questionnaire distribution had handed the questionnaires to the caregivers of people with dementia.

Results: We received responses from 231 caregivers (30%). 89 of the respondents (38%) had received the cooperation notebook. 60% of the users were satisfied to use it. 52 out of the 89 respondents want to stay with their patients. Half of them found the notebook useful. On the other hand, 37 out of the 89 expressed that they want to institutionalize their patient in the future and 29 out of 37 (78%) found the notebook useful.

Conclusion: Based on the findings, we therefore infer that the dementia cooperation notebook might be meaningful for those who want further assistance. The notebook development process by professionals across disciplines has engendered a better understanding among those concerned, and consequently promoted a sense of ownership among the professionals from each sphere.

Disclosure of Interest: None Declared

Policy

Building alliances and collaboration

Date: Thursday 27th April 2017

O7-03

WHY GET INVOLVED IN DEMENTIA RESEARCH AS A CONSUMER? PERSONAL IMPERATIVES AND POLITICAL REALITIES

Jane Thompson[*]

Objectives: In 2004, I was thrust into the world of dementia when my husband was diagnosed with Alzheimer's disease. He died in 2007. In 2010, I was invited to join a group aimed at supporting and encouraging consumers (people with dementia, their carers and families) to be involved in dementia research: Alzheimer's Australia's Consumer Dementia Research Network (CDRN). The CDRN was modelled on the UK Alzheimer's Society Research Network, a pioneer in public involvement in dementia research. With financial support and commitment from Alzheimer's Australia and the Dementia Collaborative Research Centres, the CDRN was very successful. Key to its success were its collegiality, mutually supportive networked structure and singular purpose.

The Australian dementia research landscape has changed considerably since the CDRN began. The NHMRC National Institute for Dementia Research is now coordinating the research effort across Australia. Thereby, we have a unique opportunity to embed consumer involvement in dementia research according to internationally recognised best practice. This requires funding and commitment. In the meantime though, Alzheimer's Australia have developed a new Consumer Engagement Policy and ceased support for the CDRN in favour of a National Dementia Consumer Network not specifically focused on involvement in research. The implications of this policy decision for effective consumer involvement in dementia research are not yet clear.

I argue that building a strong network of research savvy consumers and developing trust between consumers and researchers takes time, commitment and support. Involvement in research requires a long-term commitment, particularly if consumers join research project teams. We must ensure that consumers who want to be involved in research are well supported to do this over whatever term is required, and receive training to build necessary skills to be effective in their roles. They also need to be strongly networked with each other.

The CDRN translated the *Nothing about us, without us* concept into *Research for us, with us*. Consumers are the ultimate beneficiaries of research and truly collaborative relationships between consumers and the research community will ensure that research projects address consumers' real needs and concerns.

As for the personal reasons for becoming involved, I dedicate my work to my late husband as I remember his poignant and oft repeated words during his illness: "Please help me, I'm afraid". My hope is for a less frightening world for people with dementia than the one he experienced and in which those who support them are enabled to build the skills they need to support those they love.

Disclosure of Interest: None Declared

Policy

Building alliances and collaboration

Date: Thursday 27th April 2017

O7-04

CONSTRUCTION OF THE HOSPITAL-BASED COMMUNITY CARE CENTER OF DEMENTIA IN HSINCHU, TAIWAN

Yu-Ying Chu*, PO-SHOU YEH[1] on behalf of community dementia care center team

[1] Neurology, National Taiwan University Hospital Hsin-Chu Branch, Hsinchu City, Taiwan, Republic of China

Objectives:

Introduction

Constructing a friendly community environment needs the suppert of community resources, professional manpower and government policy. Taiwan government expects to establish community centers for dementia consultation to make those people with dementia be able to receive or approach appropriate nursing care just nearby their community. The nursing care includes health promotion for mild dementia group, home visit, phone visit and health education.In Hsinchu, the community center are established by National Taiwan University Hospital Hsinchu Branch, which makes use of acute medical resources into the community.

Purpose

To improve the community service, our development strategies are as follows:

First, visit community leaders for support. Second, build partnership with the community. Third,organize a multi-disciplinary team, including physicians, nurse practitioners, physical therapists, occupational therapists, nutritionists, social workers and pharmacists. Fourth, collect crucial cases and home visits. Fifth, hold health promotion programs for those with mild dementia. Sixth, promote local care service center for elderly, and raise awareness of dementia.

Results

In 2014, by the support of Hsinchu city council chairman, we found a suitable location for “Hsinchu Jinhua Le Chi long-term care service center”. At the same time, we got human resources from local community. In 2014 to 2015, services we provided were as follows: 48 community lectures, 1699 citizens participated in (mean age, 75 years). 6 health promotion programs for those with mild dementia, 493 citizens participated in. 109 Home visits, 603 phone counseling (provide immediate consultation and emotion support).

Conclusions

Indeed, establishing the community-based services is not easy. First, integrating resources is challenging. Furthermore, the medical team needs more consensus. Third, people need to raise awareness of dementia disease. Until june 2016, the number of cases we served had reached the total number of two years ago, and more than 50% caregivers actively registered these lectures.Now we are still making efforts.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

O7-05

“ WANT TO MEET, WANT TO TALK” -GETTING TOGETHER FROM ALL OVER JAPAN-

Takako Horii*

Objectives: 「全国の仲間に会いたい！」からはじまった全国本人交流会

満10年、20回の交流会からの報告

2004年、京都で開催された第20回ＡＤＩ国際会議は日本の認知症施策にとって大きな転換点でした。その原動力となったのは「本人登場」でした。それまでの日本のほとんどの認知症に関わる専門職も含めて多くの人たちは認知症の人を「何もできない人」「手のかかる人」として捉えていました。全体集会で福岡県の越智俊二さん〈故人〉は「早く治って働きたい、働いて奥さんを楽にしてあげたい！」との発言に一瞬会場は静まり、その後感動の拍手が続いたことを鮮明に覚えています。それほどに本人の思いの発信は大きかったのです。

その後、「痴呆」から「認知症」への呼び方の変更がありました。これも国際会議や世論の高まりの中で行われた大きな変化でした。家族の会では「呆け老人をかかえる家族の会」から「認知症の人と家族の会」の名称変更をみんなの討論を経て改称したのです。従来は認知症の人は家族に「抱える人」でした。認知症の人も家族も主体であり、対等なのだという新鮮な思いと同時に、それまでの活動の中身そのものも大きく変化しました。

2006年、京都で「本人交流会」が開催され7名の本人が参加されました。画期的なことでした。富山からもＭさんが参加しました。しかし、自分の名前を公表できたのはわずか3名でした。認知症への差別と偏見は大きく、本人や家族を苦しめていました。しかし、この交流会に集まった人達が地域で動き始めました。

国際会議以降、富山では支部活動の中に「若年認知症」についての学習会や研修会を集中的に取り組みました。国内で若年認知症に取り組んでみえる新井平伊医師に来て頂いたのもこの時期でした。多くの本人と家族が集まり、翌月から若年のつどい（現在のてるてるぼうずの会）が始まりました。

そんな中で「また、仲間に会いたいなぁ」というＭさんの一言に、「なんとか全国の仲間が集まる機会を作れないだろうか」と話し合いを重ね、経済的にも負担が少なく世話人の築150年の古民家で「まずやってみよう」と2007年5月に最初の交流会を開催しました。第1回は1泊2日でした。参加者たちは初めての交流会にも関わらず、積極的に発言、自分たちの思いをまとめました。終了後の振り返りで、自分たちの症状の進行もあるので6か月に1回、1泊2日では時間に余裕がないので2泊3日にしてほしいという要望があり企画しました。

交流会初日は参加者の自己紹介、恒例の嬉しかったこと、楽しかったこと、好きな食べ物など楽しい雰囲気作りです。参加者は県外から2～3組、県内から5組位です。サポーターは基本的に地元の世話人が中心になっています。全体で30～40名程度です。一番大切にしているのは「みんなで創り上げる交流会」です。交流会は普通の暮らしを基本にしています。ノルディックウォークで古民家のある笹川地内の散策です。晴天の中、ゆっくりおしゃべりしながら約1時間歩きます。その後、近くのスーパー銭湯にでかけます。日頃なかなか入れない大きな露天風呂で汗を流しました。夕食懇親会はお煮しめやてんぷら、お刺身と世話人の手料理です。アルコールは控えめですがお国自慢の民謡やみんなの好きな歌声がはじまります。食事はそれぞれが食べられる分量をとる方式に変更。可愛いお皿を準備しました。宿泊所の「テント村」です。みんなでポールや竹を組み合わせカーテンで仕切りをつくり、自前のお布団を入れて完成です。朝はいろりを囲んで一服、朝食後は笑いヨガで腹ごなし・・・2日目の日程は本人、家族の話し合いです。　本人グループは「今、一番やってみたいこと」「家族に知ってほしいこと」「社会の人にわかってほしいこと」を本人の進行で進めます。合間に歌声を入れて飽きがこない工夫もしています。家族グループは「今、一番困っていること」「社会に訴えたいこと」などじっくり話し合います。午後は陶芸教室にスポーツ、卓球、バトミントンと汗を流し、その後近くの城山に登り、その後は日本海・ひすい海岸でひすい探しです。日本海に沈む大きな夕日をながめ、また銭湯にでかけて夕食懇親会は「家族対抗歌合戦」などもおこないますが、夜9時には解散、世話人の振り返りを毎回行いま

す。3日目は忙しく、使った布団は軽トラで運び、階段に並んで2階にあげました。2日目の話し合いを確認しながら、みんなの言葉をまとめ、その言葉を大きな絵手紙に仕上げます。20回目の交流会（2016年10月）のまとめは以下で仲間や社会に発信します。

本人の話し合い

1　今、一番やってみたいこと

・仲間といっしょに海外旅行に行きたい

・意欲をもって毎日をすごしたい

2　家族や周りの人に知ってほしいこと

・「私は認知症です」とまわりの人に公表する勇気を持ちましょう

・国際会議はみんなで参加しましょう

3　社会に訴えたいこと

・介護、医療、福祉をこれ以上悪くしないでほしい

・平和でなければ介護はできない。戦争は絶対イヤだ！

・私たちの思いを汲みとってくれる人を選挙で選ぼう

家族の話し合い

1　社会に訴えたいこと

介護者が余裕を持つ為、介護、福祉制度を充実させよう

病状の進行を受け入れながら、介護者自身の生活を楽しもう

介護保険の後退を絶対許さない。さらに充実を求める！

・高額サービス費の上限を引き上げる

・介護保険の利用者負担を原則2割負担とする

・要介護2までの人の訪問介護

・生活援助を原則自己負担とする

・要介護2までの人の通所介護を総合事業に移行する

・要介護2までの人の福祉用具住宅改修を原則自己負担とする

満10年、20回開催する中で大きく変化したのはまずは介護家族、認知症であることを公表し、介護や福祉サービスを利用しながら、日々の日常生活を明るく前向きに暮らすようになったこと、そんな家族の変化で、今度は本人が落ち着き、症状の進行が緩やかになったことです。サポーターたち自身も「認知症になっても安心」といえる社会づくりの先頭に立ち始めたことです。

Disclosure of Interest: None Declared

Care research and practice

Social care systems today and of the future

Date: Thursday 27th April 2017

O7-06

UNDERSTANDING SYMPTOM PRESENTATION, RECOGNITION AND DIAGNOSIS FOR PEOPLE WITH ALZHEIMER'S DISEASE IN JAPAN

William Montgomery[* 1], Amir Goren[2], Masayo Sato, Tomomi Nakamura[3], Kristin Wrobleski[4]

[1]Eli Lilly, Sydney, Australia, [2]Kantar Health, New York, United States, [3]Eli Lilly, Kobe, Japan, [4]Eli Lilly, Indianapolis, United States

Introduction: Given the progressive nature of Alzheimer's disease and the corresponding increased costs to patients, caregivers, and society associated with disease severity and aging populations in countries such as Japan, a better understanding of the course of illness over time can help inform potential benefits of early intervention.

Objectives: This study assessed the characteristics, experience, diagnosis, and treatment of people with a clinical diagnosis of Alzheimer's disease dementia (hereafter referred to as AD) in Japan, as reported by caregivers.

Methods: This study used self-reported data from caregivers of people with AD identified in the 2012 and 2013 Japan National Health and Wellness Survey (NHWS; total n = 60,000). Information collected included: sex, age, marital status, employment, income, education, children in household, smoking, drinking alcohol, exercise, body mass index, health insurance, and change in employment status due to caring for the AD patient. Additional information on the illness pathway experienced by patients included: years since AD symptoms were first noticed or first assessed by a clinician, years since AD was diagnosed, what symptoms were noticed and who noticed them, type of diagnosing physician and the evaluations used, and historical and current medications taken for AD.

Results: Across 300 patients with AD, caregivers couldn't recall when AD symptoms first appeared in 35.3% of those in their care, and they couldn't recall when a diagnosis was made in 25.0%. Among the remaining 194 patients, AD symptoms were first noticed at least 2 years prior to the survey for the vast majority (92.8%), and among 225 patients, 88.9% were diagnosed at least 2 years prior. AD symptoms were most frequently first detected by a caregiver (58.7%) or the patient's family (45.7%). However, in 13.7% of cases, symptoms were first detected by a healthcare provider during a routine visit. Memory problems were the most frequent first symptoms (77.3%), followed by repetition (55.7%). Patients were most commonly diagnosed by a neurologist (41.0%), primary care physician or internist (28.3%), or psychiatrist (21.3%). The evaluation to confirm diagnosis most commonly involved brain imaging (65.3%) or a mental status test (62.3%). The majority of patients were currently taking symptomatic treatments such as donepezil (48.0%) or memantine (26.7%).

Conclusion: These findings suggest that caregivers and family are an important place to start in terms of helping to get patients identified early, diagnosed, and treated. Memory problems were the most frequent first symptoms noticed by caregivers that subsequently led to a diagnosis of AD.

Disclosure of Interest: W. Montgomery Conflict with: Eli Lilly, A. Goren Conflict with: Kantar Health, M. Sato Conflict with: Eli Lilly, T. Nakamura Conflict with: Eli Lilly, K. Wrobleski Conflict with: Eli Lilly

Care research and practice

Non-pharmacological interventions

Date: Thursday 27th April 2017

O8-01

DISTINCTIVE EFFECTS BETWEEN COGNITIVE STIMULATION AND REMINISCENCE THERAPY ON COGNITIVE FUNCTION AND QUALITY OF LIFE FOR DIFFERENT TYPES OF BEHAVIORAL PROBLEMS IN DEMENTIA

Hsiu-Ching Lin*, Ya-Ping Yang, Wen-Yun Cheng, Jing-Jy Wang

Introduction: Among the various complementary therapies for patients with dementia (PwD), cognitive stimulation therapy (CST) and reminiscence therapy (RT) are frequently used to improve cognitive function and quality of life. However, no studies have examined the use of complementary therapies applied to different types of behavioral and psychological symptoms of dementia (BPSD) in PwD.

Objectives: The purpose of this study was to investigate the distinctive effects of CST and RT on cognitive function and quality of life for PwD with three types of behavioral problems—the dispute, return, and dissociate types.

Methods: A quasi-experimental design was employed. A total of PwD residing in ten long-term care institutions participated in the study and were divided into three groups. The CST and RT groups received 50-minute sessions of intervention therapy once a week for 10 continuous weeks, and the control group participated in regular activities. The pre-test (week 1), post-test (week 12), and follow-up (week 24) data were collected using the Mini–Mental State Examination and Quality of Life–Alzheimer's Disease. Two-way analysis of variance was used for data analysis.

Results: The results of our study revealed CST and RT interventions had positive effects on the participants' cognition and quality of life. For short-term effects on cognitive function, CST was the most positive intervention for the dispute type. With regard to short-term effects on quality of life, CST was greater than RT for PwD. For follow-up effects, CST and RT may have potentially sustained effects.

Conclusion: This study suggests that CST and RT could be applied to improve the cognitive function and quality of life for PwD, as well as contribute to the effectiveness of nonpharmacological approaches to PwD with certain types of behavioral problems.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

O8-02

NEUROPSYCHOLOGICAL UNDERSTANDING OF COGNITIVE STIMULATION THERAPY (CST)

Tianyin Liu[*,1], Antony Lau[1], Gloria Wong[2]

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Introduction: The efficacy of Cognitive Stimulation Therapy (CST) in enhancing cognition in persons living with dementia is well established, nevertheless, its underlying mechanism is largely unknown.

Objectives: Knowledge of how non-pharmacological intervention causes changes will facilitate further improvement in design, for instance in participant selection. This pilot study aimed at exploring how CST may interact with brain and cognitive reserve to produce the generalized cognitive benefits.

Methods: We recruited 30 people living with dementia from five elderly community care and residential care facilities in Hong Kong. ADAS-Cog, Cornell Scale of Depression in Dementia (CSDD), and Holden Communication Scale (HCS) were used to assess their performance in cognition, mood and communication respectively at baseline before CST, 20 eligible participants were then recruited to the MRI part of the study. After baseline assessment, a 14-sesson CST, administered twice every week, was provided to the participants. Upon completion of CST, participants were invited back to undergo the same assessments they took at baseline.

Results: Using clinical criteria defined per changes in ADAS-Cog total score, 14 (53.8%) participants with had maintained/improved cognition, including 6 (23.1%) participants showing improvement in cognitive performance. Baseline grey and white matter volume and years of work together explained 65% of cognitive gains after CST. The cognitive improvement was dissociated with neuropathological progression.

Conclusion: This is a first study to explore the neuropsychological mechanisms of CST using MRI. Initial evidence support the active cognitive reserve framework by suggesting that it improves general cognition against the background of progressive neuropathology, in people who have a larger brain reserve and cognitive reserve at the time of intervention. This exploratory research provided a proof of concept of the reserve framework for understanding CST, with implication of early intervention and further research.

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Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

Date: Thursday 27th April 2017

O8-03

A SUCCESSFUL APPROACH TO REDUCING ANTIPSYCHOTIC MEDICATIONS IN LONG-TERM CARE: THE HALT PROJECT

Tiffany Jessop[1], Fleur Harrison[1], Monica Cations[1], Allan Shell[1], Henry Brodaty* [1]

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Introduction: Warnings concerning the use of antipsychotics in older people with dementia are well known. There is accumulating evidence around safety, as well as the limited efficacy of these medicines in treating the majority of behavioral symptoms in dementia (BPSD).

Objectives: Our aim was to examine the conditions under which antipsychotics are prescribed, deprescribe these medicines in suitable residents using individualised protocols and train care staff in non-pharmacological strategies to meet resident needs.

Methods: The HALT project is a single-arm longitudinal deprescribing study including 24 long-term care (LTC) facilities across Sydney, Australia. Participants were aged over 60 years, on regular antipsychotic medication, and without a primary psychotic illness or severe neuropsychiatric symptoms, as rated on the Neuropsychiatric Inventory (NPI). Baseline data included resident demographics and medical history, and antipsychotic use including drug type, dosage history, setting, consent and indication. Data on cognition, BPSD and adverse events were obtained twice prior to deprescribing and at 3, 6 and 12 months follow up.

Results: Of 139 participants, 86.4% were prescribed an atypical antipsychotic, 10.1% a typical, and 3.6% both. Aggression (37.8%), agitation (33.1%), psychotic symptoms (23.6%), nocturnal disruption (17.3%), vocally disruptive behaviours (13.4%) and wandering (10.2%), sometimes in combination, were the most common reasons for prescription.

The current course of antipsychotic had been prescribed on average 2.1 years prior, with dose unchanged for 1.3 years. Verbal consent for the use of antipsychotic medication was recorded in 15.1% of participant files and written consent in one file. Recommendations by health professionals to cease antipsychotic medications were documented in 61.7% of cases. A history of stroke was noted for 26.6% of participants and a diagnosis of either Parkinson's disease or Lewy Body Dementia in 7.9%.

Following the deprescribing intervention, three in four participants remained off antipsychotic medications to 12 months follow up, and NPI total scores remained stable.

Conclusion: Prescribers are not adhering to best practice guidelines for the use of antipsychotic medicines in older people with dementia. Informed consent for antipsychotic prescriptions was rare; duration and indication were often outside regulatory guidelines and prescribing to residents with high risk comorbidities such as cerebrovascular disease, too common. The HALT deprescribing intervention provides a multi-faceted model to improve current prescribing practices in a sustainable way. This includes quality information for physicians, people with dementia and their families, partnered with training of LTC staff to implement non-pharmacological approaches to meet residents needs.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

Date: Thursday 27th April 2017

O8-04

CULTURAL ADAPTATION OF GROUP AND INDIVIDUAL COGNITIVE STIMULATION THERAPY (CST) FOR CHINESE PEOPLE WITH DEMENTIA: FORMATIVE RESEARCH

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[1]Department of Social Work and Social Administration, [2]Sau Po Centre on Ageing, HKU, Hong Kong, Hong Kong, [3]Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom

Introduction: Ageing of the Chinese population will drive the continued surge in dementia prevalence. Empirically tested non-pharmacological interventions developed in western countries may be implemented in Chinese. Cognitive stimulation therapy (CST) originated in the UK has proven benefits on cognition and quality of life in people with dementia.

Objectives: To investigate the feasibility and appropriateness of CST in Hong Kong Chinese.

Methods: Mixed methods research was conducted following the Formative Method for Adapting Psychotherapy. A culturally adapted CST-HK, developed involving multidisciplinary stakeholders, was tested in a pilot multicentre study in people with mild dementia (n=30) receiving community or residential care. Opinions from family caregivers and group facilitators (n=25) on group and individual CST were collected through focus groups and in-depth interviews.

Results: Cognition and quality of life remained stable with group CST, with 54% of participants showing no cognitive deterioration, and 23% showing clinically meaningful improvement in cognitive function. Family caregivers and group facilitators expressed good acceptance of CST. Key issues in cultural adaptation are (1) less active opinion sharing in group discussions due to the cultural values of conservatism/cautiousness; (2) willingness of adult children to deliver individual CST, but resistance of the person with dementia due to family hierarchy; and (3) selective motivation for participation in certain CST sessions and engagement format because of Chinese pragmatism. Culturally adaptive solutions are proposed.

Conclusion: CST is feasible and appropriate in Hong Kong Chinese, with similar cognitive benefits observed in western populations. A culturally adapted version of CST-HK was developed for larger-scale implementation.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

Date: Thursday 27th April 2017

O8-05

THE EFFECTS OF POCO-POCO DANCE ON THE EXECUTIVE FUNCTIONS OF TYPE 2 DIABETES MELLITUS PATIENTS WITH MILD COGNITIVE IMPAIRMENT

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Introduction: Increased production of ROS in T2DM patients causes neuronal cell destruction which reduces cognitive function, especially the executive function which are necessary for completing normal daily activities. Poco-poco dance as a popular folk dance is easy to do, inexpensive, and adheres to Indonesian cultural norms can directly or indirectly achieve this by improving neuroplasticity.

Objectives: Knowing the executive function improvement in T2DM with mild cognitive impairment after poco-poco dance intervention in 12 weeks.

Methods: This research randomized 32 T2DM patients with mild cognitive impairment, aged 45-59 years old, with more than 9 years of education into two groups, each consisting of 16 patients. This research was performed in Depok Indonesia. The intervention group received a 30 minutes biweekly dance therapy for 12 weeks. Mild cognitive impairment was assessed by MMSE. The patient's executive function was assessed by the TMT-B. Neuroplasticity was measured by the NAA/Cr ratio through MRS at the beginning and the end of the research.

Table:

Results: The intervention group experienced significant differences in their executive function (p = 0.016), The ABI was 37.5% and the NNT was 3. The neuroplasticity of the right prefrontal (p = 0.001), left prefrontal (p = 0.001), left parietal (p=0.007), and right hippocampus (p = 0.003). There were no significant decreases in the NAA/Cr ratio of all lobes in control group.

Conclusion: 37.5% of patients experienced improvements in their executive functions, either by directly or indirectly improving the brains neuroplasticity.

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Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

Date: Thursday 27th April 2017

O8-06

THE EFFECTS OF CARER INVOLVEMENT IN COGNITION-BASED INTERVENTIONS FOR PEOPLE WITH DEMENTIA ON CARER WELL-BEING: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction: Cognition-based interventions (CBIs) have been developed and evaluated to improve cognition and enhance the quality of life for people with dementia. However, there has been limited research in examining the effects of carer involvement in CBIs for people with dementia on carer well-being.

Objectives: This systematic review and meta-analysis aim to investigate the effects on carer well-being in relation to carers participations in CBIs for people with dementia.

Methods: We searched electronic databases for randomised controlled trials. Two reviewers extracted data independently using a standardised data extraction form. A systematic review, quality assessment and meta-analyses were conducted.

Results: A total of 4737 studies were identified. Eight randomised controlled trials met the inclusion criteria. Only seven studies with 803 dyads of people with dementia and carers were included in the meta-analysis. Evidence indicated that carer involvement in CBIs for people with dementia had a beneficial effect on carers' quality of life with effect size Hedges' $g=0.22$; 95% CI of 0.02 to 0.42, $z=2.19$ and $p=0.03$. Carers' depression levels were reduced in the intervention group with effect size Hedges' $g=0.17$; 95% CI of 0.02 to 0.32, $z=2.19$ and $p=0.03$. No significant differences were observed in levels of anxiety symptoms, caregiving relationship and carer burden in the intervention group compared to the control group.

Conclusion: Since CBIs are designed to deliver benefit for people with dementia, the collateral benefits for carers have potential implications for the importance of CBIs in service delivery and may contribute to cost effectiveness. However, there remains a lack of quality of research in this area. Particularly, in some outcomes, there was a lack of consistency of results, so the findings should be interpreted with caution. Future studies of the impact of CBIs on carers with larger samples and high-quality RCTs are warranted.

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

Date: Thursday 27th April 2017

O9-01

THERE'S CARE AND THEN THERE'S CARE – THAT'S WHAT WE DO

Peter Bewert*, Sharon Callister

Objectives: This submission outlines a relationship-based, person-centred model of care offered at a specialist care home for men (Montrose Aged Care Plus Centre), the majority of whom have a mental illness and history of dementia, history of incarceration/institutionalisation or homelessness (50% of the current resident population at Montrose are managed through the Office of the Adult Guardian (Public Trustee) due to a history of incarceration or homelessness), substance abuse, and previous failed residential placements. There is a general reluctance to admit this cohort to mainstream aged care for various reasons (substance use/abuse, personal hygiene and compatibility). Further, some residents in the centre have come from the justice system, where a disproportionate percentage are sex offenders; not always preferred candidates for residential aged care homes.

With a basis in equality and empowerment, the model comprises a three staged, resident centric governance process achieving balance between dependence, interdependence and independence by-

- focusing on capabilities, not deficits

- fostering a shared understanding of importance in the residents' day-to-day life, their current situation and the future they desire

Experience has shown the best relationships are reciprocal – thus, the Centre philosophy is based on a collaborative, reciprocal and respectful relationship between the residents and care staff. This is vital working with people who have limited family and social networks. The care home is well respected as a unique and dynamic home with a focus on relationships and connection to others.

Delegates will gain the following as a result of this presentation:

1. Explanation of the model in place to meet complex social and health needs related to cognitive impairment

2. Gain an understanding of the research methodology, program development and evaluation processes

3. Gain an understanding of the challenges and successes of implementation

4. Have an awareness of the improved clinical outcomes as a result of program implementation

Results have shown

- Increased resident satisfaction

- A reduction of discharges due to resident's decreased life expectancy or decisions to return to a homeless environment of 29% identified in the first year of the models

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

Date: Thursday 27th April 2017

O9-02

THE EXPERIENCE OF COMMUNITY SCREENING FOR PEOPLE WITH MILD DEMENTIA IN HSINCHU, TAIWAN

Yuying Chu*

Objectives: introduction

For dealing with the dementia tsunami, prevention is the best way. We provide the community Advocacy with symptoms of dementia and screening for every community; therefore, it can raise awareness of dementia, diagnose and intervention can be used to at an early onset, postpone the degeneration of the people living with dementia, and improve the quality of life.

Purpose

We use government budget to organize the multi-disciplinary team for dementia consultation, and we send a casemanager to execute community Advocacy and screening service. We also cooperate with local elderly community centers to arrange 2-hour-event for community Advocacy, which includes watching short films and combining the AD-8 questionnaire screening to the teaching programs. Therefore, the elderly who are low-educated can not only understand the symptoms of dementia, but also pay attention to awareness the change of themselves.

Results

In 2014 to 2015, we held 48 community Advocacy, 1695 citizens participated in. 31 communities completed the dementia screening, 267 suspected cases were found. Every community had different symptoms, such as suburban type and urban type. The suspected rates were differed from 11% to 67%. We had invited every suspected case to have further treatment, and had referred 42 patients to outpatient service since 2015.

Conclusions

Community screening is an easy way for dementia detecting, but inviting the suspected case to hospital for further examination is difficult. Generally speaking, people with mild cognitive impairment don't bring too many troubles to their lives, and there is no need to receive medical treatment immediately. As a result, the elderly may think it's nothing to realize their degenerations, and needn't to be cured. Making these patients understand the importance of early treatment is our goal in the future. We should provide more health promotions of dementia disease. The more people understand what the dementia is, the more achievements on early detection and treatment.

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

Date: Thursday 27th April 2017

O9-03

YOUTH DEMENTIA AWARENESS KNOWLEDGE MOBILIZATION

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[1]Daphne Cockwell School of Nursing, Ryerson University, Toronto, Canada

Introduction: A two-day international youth dementia awareness symposium brought together stakeholders: high school students and other youth dementia leaders, individuals with dementia and/or their carers, researchers, practitioners, and NGO representatives. In addition to key and endnote speakers, day 1 consisted of three panels and day 2, attendees participated in two arts-based workshops.

Objectives: (1) exchange and generate knowledge related to youth, popular, and cultural representations of dementia, and academic knowledge mobilization;

(2) identify gaps in existing knowledge and reach a consensus about actions moving forward;

(3) establish collaborative cross-sectorial and intergenerational networks and partnerships to put knowledge into action; and

(4) disseminate key messages to increase youth awareness of dementia

Methods: While the event is a Knowledge Mobilization tool itself, we worked with attendees to devise effective Knowledge Mobilization strategies by engaging the arts as a method of knowledge exchange. During the event, we made art materials accessible to share ideas and discuss strategies to reach a wide audience.

Results: Attendees creatively depicted ideas, pictures, and concepts on paper murals (i.e., graffiti/doodle posters and paper). Photography, live stream video recordings, three arts-based workshop collaborative pieces, overall attendee workshop collaborative arts piece, Storify, twitter, facebook etc., were used for knowledge mobilization of symposium

Conclusion: The symposium pushed the traditional/academic knowledge mobilization boundaries of creating awareness and disseminating findings using the arts to create and share new knowledge with varied audiences.

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Disclosure of Interest: K. Newman Conflict with: SSHRC, Ryerson University, AGE-WELL NCE, ADI, Conflict with: Ryerson University, Conflict with: Ryerson University, A. H. Wang Conflict with: SSHRC, Ryerson University, Conflict with: Ryerson University

Well-being

Awareness and stigma

Date: Thursday 27th April 2017

O9-04

ALMOST 10 YEARS POST DIAGNOSIS, ONE PERSON'S EXPERIENCE

John Sandblom[*]

Objectives: This will be a presentation to talk about one person's experience with living with a dementia diagnosis having first been diagnosed at the age of 48 and the stigmas associated with the diagnosis. While we have made progress in the western world with the perception of dementia, there is still a long ways to go to get to where we all hope ir will be one day. Everyone can learn more about how they can help in this process because people without dementia will have to shoulder much of the burden to educate new generations about the disease so we can work towards elimating the stigmas and myths. It will also cover the atypical nature of my type of Alzheimer's (frontal variant) and why doctors believe that is my diagnosis.

TOPIC

Almost 10 years after diagnosis, one person's journey.

This will cover anecdotes and general facts from going through the diagnosis process twice from scratch, once with one of the world's leading experts and what that process was like. It will also touch on being the primary caregiver to my father who we lost to Alzheimer's in 2010 and my work as an advocate at the local, state and federal levels in the US for 8 years now.

It will also touch on the part I played in being a founding member of Dementia Alliance International and some highlights of what I have learned from other advocates also living with a dementia diagnosis. It will touch on how I completely boggled the keynote from ADI2016 and how my diagnosis played straight in to my disaster with that assignment which I felt like was THE most nerve wracking assignment of my life despite the fact that I have spoke to MUCH larger audiences, it was the nervousness of trying to do justice to honoring Richard Taylor who was always such a great public speaker and a very good friend. The fact that I had what I considered a LOT Of time to fill instead of a short period, it never dawned on me that I had way too much or that that what I had written wouldn't print out in a workable format as well, many mistakes where I learned valuable lessons. I also have learned that I can't just "wing it" as I could during my entire career in business to business sales, I NEVER read a script for anything because that isn't good speaking or very convincing when selling but adaptations must be made with dementia, there has to be at least orderly notes as to substance and it rehearsed and timed several times. Rehearsal is something I completely failed to do since I never had to in the past but with dementia, NOTHING stays the same and you MUST continually evaluate what is going to work for you, something I failed miserably on the speech most important to me in my entire history so that is still painful to me. A lesson to pass on to others in itself.

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

Date: Thursday 27th April 2017

O9-05

PROJECT WE FORGOT - REACHING THE YOUNGER COMMUNITY ONLINE: DEMENTIA AWARENESS, OUTREACH AND SUPPORTING YOUNG CAREGIVERS

Melissa Chan*

Objectives: Many people still mistake dementia as a normal part of the ageing process and therefore do not see the necessity of helping to educate the young on dementia and understanding its impact on caregivers. This general lack of awareness results in young caregivers feeling alone and isolated as their peers at work or in school do not understand what they are going through. Young caregivers are individuals between ages 15 - 39, who have a family member with dementia as a result of the rise in young-onset cases or those with a grandparent diagnosed with dementia.

Project We Forgot (PWF) was started with the idea of building a community of support for caregivers by offering an online space of identification through personal stories. The outreach for stories was targetted at the younger community (ages 15 - 39) and involved engagement through social media and cross digital partnerships. We have discovered through e-mail interviews, that while many young caregivers are following content on our platform, they fear stepping out to share theirs because of the stigma the illness carries. This sentiment is especially pronounced in Singapore, as many caregivers who initially decide to share their story eventually pull out (a drop-off rate of 60%) when they find out the need to include photographs. Upon further interviews, we have learnt that this is largely attributed to the fear of judgement from friends, colleagues or employers, hence proving a strong sign of stigma in the community.

Through the initiative, we have learnt that the education and awareness of dementia among the young and the ability for young caregivers to feel comfortable enough to step out are non-exclusive. This, along with the type of channels and content young audiences connect and identify with will be discussed.

While outreach is still ongoing, response has been positive. Organisations have expressed interest in partnering for their corporate social responsibility (CSR) initiatives and we have begun school awareness talks on understanding dementia and a young caregiver's journey in Singapore. Coverage in a documentary discussing dementia and the impact on a young caregiver is also set to air on Channel News Asia (CNA) in November 2016. Other young caregivers through our global network have also expressed interest in bringing Project We Forgot's site concept to their local communities.

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

Date: Thursday 27th April 2017

O9-06

PAINTING THE RAINBOW SILVER - LGBTI INCLUSIVE PRACTICE IN DEMENTIA CARE

Samantha Edmonds*

Objectives: Around 11% of the Australian population is estimated to be lesbian, gay, bisexual, trans or intersex (LGBTI) and yet it is only over the last 4 years that the ageing and aged care sector (AAC) has focused on the specific needs of LGBTI elders. LGBTI elders face specific fears around developing dementia and entering AAC including re-living past traumatic experiences, loss of control over their bodies and vulnerability to manipulation by families that do not support their choices.

The presentation will discuss who LGBTI populations are, and will explore the lives of LGBTI elders with dementia and the issues that affect these distinct populations, including marginalisation and discrimination against their genders, bodies, relationships, and/or sexuality. It will demonstrate why we need to move from ‘but we treat everyone the same’ to ‘how can we meet each person’s individual needs’.

Australia’s National LGBTI Ageing and Aged Care Strategy, coupled with legislative reforms, has resulted in significant change to the ageing and aged care sector and dementia care. This presentation will highlight learnings and focus on the positive outcomes that have been achieved for LGBTI elders in Australia through training, information and advocacy. We will critically explore Australian attitudes toward LGBTI elders, inclusive professional practice and ageing issues specific to older LGBTI people as well as encouraging people to reflect critically on their own attitudes to LGBTI elders. In addition, we will explore resources that are available to support the care of LGBTI elders with dementia including 4 videos that we recently developed on the needs of LGBTI elders with dementia and inclusive practice.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

Date: Thursday 27th April 2017

O10-01

THE MEDIA THERAPY FOR RESIDENTS WITH DEMENTIA

Teruko Doi* [1], Noriaki Kuwahara[2]

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Objectives: Firstly, we reports case studies of the service quality improvement in the care home by conducting media therapy for care staffs' understanding the history of life of residents. In this therapy, we utilized interactive digital photo album that was the collection of old photos of each resident. This digital photo album was implemented on the tablet device and it was easy to use for family members of the resident and care staffs. The media therapy consisted of six sessions, and each session was conducted once in a week for about thirty minutes in the evening. The resident, his/her family members, and care staffs got together in the multipurpose room of the care home, and freely enjoyed conversations on the history of life of the resident by looking at the pictures in the digital photo album projected on the large screen. So far, two residents who had different psychiatric problem got therapy. In the course of the therapy, we observed residents' positive behavioral changes and also care staffs' growing in skill and confidence due to understanding the history of life of residents. Consequently, the quality of the care service to residents was improved subjectively and objectively. Sharing the history of life of residents with care staffs by using media technology caused the chemistry between residents and care staffs, and elevated the value of the service. It is considered as the value co-creation process of the care service. Finally, based on these case studies, we propose the design principle of the care service by emphasizing the development of the relationship between service providers (care staffs) and receivers (residents). This research was approved by the Kyoto Institute of Technology Ethics Committee for Scientific Research Involving Human Subjects.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

Date: Thursday 27th April 2017

O10-02

TOWARD THE REALIZATION OF LIVING WELL IN THE COMMUNITY UNTIL THE LAST MOMENT FROM THE EARLY DAYS OF DEMENTIA: THE FACTS HAS BEEN CREATED THROUGH 10 YEARS OF PRACTICES UTILIZING “ THE CENTER METHOD” WHICH WAS DEVELOPED IN JAPAN

Kumiko Nagata*

Introduction: 認知症とともに長い旅路をたどる本人が、認知症の初期から最期まで、いつでも、どこでも日々を安心して自分らしく生きていくことは可能なのか？日本では、その実現を目指して、厚生労働省の研究補助事業でセンター方式が開発された（2004年）。センター方式は、本人に接する多様な立場の人たち（家族、ケア職員、医療職等）が、本人と向き合い、本人のありのままの声をよく聴き、声なき声も含めて本人が発するサインや生活情報、周囲の気づきを共通シートに記録し、本人が求めていることを共に探りながら、日々の中で本人のよりよい暮らしを共に創りだすための実践ツールである。

Objectives: 認知症のどの段階でも、またどこで暮らしていても、人が認知症とともによく生き、自分らしい生涯を全うしていくことの可能性を、センター方式の活用を通じて明らかにする。

Methods: 対象は、センター方式を導入している10事業所（在宅系４、グループホーム４、特養２）。記載されたセンター方式シートの書面調査および活用したケア職員のヒアリング調査を行い、導入後の成果を質的に抽出・分析した。

Table:

Results: 各事業所で共通して確認された主な点は以下の10点である。１．認知症のレベルによらず、本人は不安や苦悩、要望や希望等、豊かな思いを声や表情、所作等の多様なサインを通じて表している。２．ケアスタッフがそれらのサインにいち早く気づき、一人ひとりがその時々に求めている意味をとらえながら、本人の求めがかなうための取組を、本人の力を活かして一緒に行った場合、本人の心身状態が安定し、活き活きとした姿で過ごす場面や時間が増える。３．本人が混乱したり、体調を崩した場合、生活に密着して本人の声等を手掛かりにその要因を細やかに探り、要因を一つ一つ取り除くと、本人は安定や健やかさを取り戻す。４．新しいことも含めて本人がしたいことをかなえる支援をすると、本人は予想以上の力を発揮し、活き活きと活動する場面や時間が増える。５．本人が長年築いてきた地域のなじみ人や場とのつながりをとらえ、それらを含め地域とつながり続けられる支援を行うと、本人が活き活き過ごす場面や時間が増える。発症前よりも生活範囲が広がったケースも少なくない。６．生活の中での個々の詳細情報を、ケアスタッフや地域の医療スタッフ（医師、歯科医、薬剤師、栄養士等）、家族、友人、地域の人たちと共有すると、ケアスタッフのみでは実現困難な本人の良い暮らしが実現できる場面が増える。７．在宅から施設・病院へ、あるいは施設・病院間に移る際、本人の生活や求めることに関する詳細な情報がバトンタッチされると、リロケーションダメージを防ぐことができ、本人が自分なりの生活を継続できる。８．会話や意思決定が困難な段階や終末期に、それまで蓄積した本人の詳細情報があると、本人を支えるチームで本人がよりよく生ききるために何を望むかを共に考え支援することができる。９．本人がよく生きる姿に触れたケアスタッフは、認知症に関する偏見が減り、一人ひとりがよく生きることへの支援に喜びと誇りを持ち、離職者が減る。10．本人がよく生きる姿に触れた家族や地域の人は、認知症に関する偏見が減り、本人が日々を地域の中で過ごすための支援をする場面や時間が増える。

Conclusion: 本人のありのままの声等に基き本人が求めていることを詳細に把握・共有・対話・伝達しながら支えていくことで、認知症のどの段階でも、どこで暮らしていても、本人がよく生きる（生ききる）ことの可能性は大きい。本人のありのままの声が原点となり、個別ケアと地域ケアの融合をはかっていける。人手不足や職員の教育不足等の課題が残るが、センター方式を日々の中で可能な範囲で使い続けていくことが効果的と考えられる。

References: Tokyo Dementia Care Research and Training center: The Center Method to Support person with Dementia,chuohoki(Tokyo), 2007

Disclosure of Interest: None Declared

Keywords: fusion of individual care and community care, living well, potentiality, the Center Method, voice of the truth

Care research and practice

Person-centred care

Date: Thursday 27th April 2017

O10-03

EXPLORING NIGHT TIME CARE ISSUES OF OLDER PEOPLE LIVING WITH DEMENTIA IN RESIDENTIAL CARE HOMES

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Introduction: Whilst much effort has been focused on improving care and services for residents during the day, little is known about the care issues during the hours of night. Literature suggests that the night-time care environment and practices affect residents' sleep quality and, more importantly, increase the risk of unsafe situations and serious consequences among older people with dementia. This calls into question the quality of night care and the preparedness of night staff for the care challenges at night time.

Objectives: The purpose of this study is to explore the major care issues for old age home residents living with dementia at night time.

Methods: We adopted a qualitative approach consisting of non-participant observation and semi-structured interview. The study was conducted in four residential care homes for the elderly of different nature in terms of financing mode and resources. Qualitative content analysis was conducted. Ethics approval was sought from the research ethics committee of the university.

Results: In addition to observations conducted over 11 nights at the care homes, 42 interviews were conducted with key stakeholders involved in the care. Nineteen care home staff members, including five at managerial level, three nurses, two health workers and nine personal care workers, 13 residents and ten relatives were interviewed. The major care needs identified among residents with dementia at night time were physiological needs and physical discomforts. The barriers to quality care were environment disturbances, miscommunication, not knowing the clients, ineffective care management and limited manpower.

Conclusion: The findings revealed that apart from increasing resources and manpower to improve care at night time, it is important to emphasize the importance of using a person-centered care approach, with an intention to understand the resident as a person. This approach includes five aspects: environment, staff attitude, staff knowledge, organizational support and nursing care. Capacity building in this regard is necessary to enhance the quality of care.

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

Date: Thursday 27th April 2017

O10-04

HOW PERSON-CENTRED ARE WE? AN APPROACH TO ENHANCING PERSON-CENTRED CARE PRACTICE IN AN ASSISTED LIVING UNIT FOR PEOPLE WITH DEMENTIA

Hwan Jing Koh[*, 1], Carol Fusek[1], Mee Choo Soh[2], Stephen Chan[1], Theresa Lee[1]

[1]Alzheimer's Disease Association, [2]Apex Harmony Lodge, Singapore, Singapore

Objectives: Person-centred care (PCC) focuses on the provision of holistic care which is centred on the perspective of the person with dementia, in relation to the social environment, with a purpose to enhance both physical and psychological wellbeing. This presentation describes an approach used to evaluate PCC practice in an assisted living unit within a nursing home for residents with dementia, with the purpose of enhancing the care provided to the residents. The approach involved the use of the Person-Directed Dementia Care Assessment Tool (PDDCAT), Dementia Care Mapping (DCM), surveys with family members and residents, and staff interviews.

The PDDCAT was administered with the nursing home staff, to identify key strengths and potential areas for improvement in the assisted living unit. 9 domains were examined, which included environment, language and communication, care plans, activities, problem solving processes for working with behavioural communication, communication and leadership, team structure and roles, staff knowledge and training, policies and procedures. DCM was done for the assisted living unit residents (n=28), and surveys were administered with 22 residents and 15 family members. 10 nursing home staff representing a range of work roles were interviewed to assess their understanding of person-centred care, and current person-centred care practice with residents, staff, and with the management. Evaluation of the data collected from all sources of evidence led to the identification of areas for improvement, such as the need to (1) modify the environment to improve the ambience and promote social engagement among residents, (2) keep the residents informed regarding the activities in the home, (3) increase the variety of activities to meet individual interests and strengths, and (4) train the staff to use person-centred language and positive ways to communicate with the residents.

DCM was repeated 1 year later with the same cohort of residents (n=21). The findings revealed an increase in occupational diversity in the time spent by these residents, who were engaged in activities within the home, and in the community. There was also an increase in the use of personal enhancers by the staff in the unit. A review of the activities, care planning, and environment domains of the PDDCAT found improvements in the variety of activities for residents, activity engagement processes, and the inclusion of spontaneous activity stations within the unit. Clear leadership and communication, enhanced individualised care planning, staff empowerment and training appeared to be significant contributors in driving the improvements observed.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

Date: Thursday 27th April 2017

O10-05

THE FEASIBILITY OF THE EUROPEAN QUALITY INDICATORS FOR PSYCHOSOCIAL DEMENTIA CARE IN LONG-TERM CARE FACILITIES IN ASIA-PACIFIC COUNTRIES

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Introduction: There are about 47 million people with dementia worldwide and over half of them are living in the Asia-Pacific region (ADI 2014, 2016). Dementia is a chronic neurodegenerative syndrome, leading to progressive cognitive and functional impairments, often accompanied by comorbidities of dementia and other physical health problems, which are amenable to person-centred psychosocial interventions. However, limited evidence is available as to how well these psychosocial interventions are provided in residential aged care settings, especially in the Asia-Pacific region.

Objectives: Members of the PROMOTE (Psychosocial Research Consortium to Advance Mental Health of Older People in the Asia Pacific region) conducted the first regional collaborative study to evaluate the feasibility of the European Quality Indicators (QIs) for psychosocial care in dementia (Vasse *et al.*, 2012) in residential aged care across seven Asia-Pacific sites (Australia, Hong Kong, Mainland China, Malaysia, Singapore, South Korea, Thailand).

Methods: Following the European QI protocol, auditing and data extraction of medical records of residents with dementia was conducted by trained auditors with relevant health and aged care backgrounds. Detailed field notes by the auditors were also obtained to describe the characteristics of the participating care facilities, as well as key issues and challenges encountered, for each of the 12 indicators.

Results: A total of 16 residential care facilities from the seven Asia-Pacific sites participated in this study. Data from 275 residents' records revealed each of the 12 QIs endorsement varied widely within and between the participating countries (0-100%). Quality of the medical records, family and cultural issues, definitions of certain indicators, and time consuming nature of the QI implementation were found to be problematic.

Conclusion: The European QIs in their current format were deemed not applicable to the residential aged care setting in the Asia-Pacific context. Given a lack of quality measurement for psychosocial care in this region, we propose to develop a refined set of QIs that are appropriate and valid to assess and therefore improve the quality of psychosocial care in residential care settings.

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

Date: Thursday 27th April 2017

O10-06

‘OUT OF THE SHADOWS’ FINDING A HIDDEN POPULATION: ENGAGING WITH PEOPLE LIVING WITH ADVANCED DEMENTIA IN CARE HOMES

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Introduction: There is now a growing recognition of the rights of people living with dementia to be included in our communities. Indeed this has led to the international movement of dementia friendly communities. Yet the extent to which people living with advanced dementia are included in their communities continues to be of concern. People living with advanced dementia often spend the majority of their time confined to their rooms ‘living in the shadows’ with little contact with anyone. They often have impaired mobility and compromised abilities to communicate which requires adaptation and accomodation by care staff. This social exclusion is not consistent with the person centred approach, universally recognised as best practice. We need to better understand approaches that care staff take to engage with this hidden population from the perspective of care staff themselves.

Objectives: The aim of this paper is to describe the range of ways care home staff engage with people living with advanced dementia, and what facilitates and hinders such engagement

Methods: Semi structured interviews were conducted with 20 care home staff caring for residents living with advanced dementia

Results: Results confirm that care staff find it difficult to engage with people living with advanced dementia. Most opportunities for social engagement occurred during personal care. Staff provided rich descriptions of how social and emotional connections were made during these moments of intimate personal care. These mutually rewarding interactions occurred spontaneously and were unstructured. Facilitators included attributes of the staff member and the organisational culture in which they worked. Staff member’s empathy, perservance and determination seemed to be key ingredients to achieve this connection. That said, they recognised that on many occasions they were unsucessful in evoking any response.

Conclusion: Individual and organisational factors need to be aligned in order for care home staff to ‘find a way’ to bring residents with advanced dementia out of the shadows

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Disclosure of Interest: None Declared

Science

New and future treatments

Date: Friday 28th April 2017

O11-01

EFFECT OF CONCOMITANT USE OF MEMANTINE ON MORTALITY AND EFFICACY OUTCOMES OF GALANTAMINE TREATMENT IN ALZHEIMER'S DEMENTIA: POST HOC ANALYSIS OF A RANDOMIZED PLACEBO-CONTROLLED STUDY

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Introduction: A large, prospective, two-year, randomized study in individuals with mild-to-moderate Alzheimer's dementia, including those with cerebrovascular findings, demonstrated reductions in mortality and cognitive/functional decline in galantamine (Reminyl)-treated participants.

Objectives: A post hoc analysis was conducted to evaluate outcomes of participants using, or not using memantine prior to and during the study.

Methods: All randomized participants (n=2,045) were classified based on memantine use or non-use at study entry. Analyses included demographic and clinical characteristics including age, permanent nursing home placement, Mini–Mental State Examination (MMSE) and Disability Assessment for Dementia (DAD) scores], and mortality endpoints.

Results: Overall, 496 (24.3%) of the participants were memantine users and were older (mean ± SD, 74.0(8.76) vs 72.8(8.76), p=.008), with lower MMSE, 18.2(4.16) vs 19.2(4.02), p<.0001, and DAD scores 58.0 (23.49) vs 62.5 (20.52), p<.0001, than nonusers. At baseline, 8.6% of memantine users given placebo resided in nursing homes, as compared to 3.0% of those given galantamine. Mortality rates (per 100 pt-yr) in memantine nonusers (n=1549) were lower for those given galantamine (1.39) versus placebo (4.15). In memantine users, mortality rates were similar for those given placebo (4.49) and galantamine (5.57). In memantine nonusers, at 24 months, the decline in MMSE from baseline was 48% lower, and in DAD scores, 29% lower in the galantamine than placebo groups. The absence of these benefits in memantine users could not be explained by baseline age, MMSE or DAD scores. In participants using memantine, new nursing home placement was 5% in the placebo and 18.8% in the galantamine group. Conversely, in memantine nonusers, nursing home placement was 5% in placebo participants, and 1.8% in those taking galantamine.

Conclusion: This post hoc analysis shows that participants taking memantine at the start of the study did not benefit from the addition of galantamine and had an increased risk of nursing home placement. Thus, caution is advised in the use of galantamine in memantine patients. In contrast, memantine nonusers had large reductions in mortality with a similar trend in nursing home placement, and reduced loss of cognition and activities of daily living. In these individuals, the benefits of galantamine persisted throughout the two years of the trial.

Disclosure of Interest: K. Hager: None Declared, A. Baseman Conflict with: Janssen Research and Development, LLC, J. Nye Conflict with: Janssen Research and Development, LLC, H. R. Brashear Conflict with: Janssen Research and Development, LLC, J. Han Conflict with: Janssen Research and Development, LLC, M. Sano: None Declared, B. Davis Conflict with: Synaptec Inc., H. Richards Conflict with: Janssen Research and Development, LLC

Science

New and future treatments

Date: Friday 28th April 2017

O11-02

DISCOVERY OF NOVEL CASEIN KINASE-1DELTA INHIBITORS BY STRUCTURE BASED VIRTUAL SCREENING, ADMET ANALYSIS AND MOLECULAR DYNAMICS SIMULATION TO TARGET ALZHEIMER’S DISEASE

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Introduction: Intraneuronal neurofibrillary tangles, degradation of tau by hyper-phosphorylation and extracellular β-amyloidosis are responsible for the pathology of Alzheimer’s disease. Expression of CK1 is increased in Alzheimer’s disease, this kinase phosphorylated presenilin and it is priming kinase for GSK3β and upstream regulator of CDK5. CK1 directly phosphorylated tubulin binding site of tau protein, which indicate its importance in tau aggregation and therefore in Alzheimer’s disease pathology.

Objectives: Main objective of this study is identification of novel CK1 inhibitors using a structure-based approach.

Methods: Methodology includes structure-based virtual screening, ADMET analysis and molecular dynamics study.

Results: These studies reveal that ZINC09036109, ZINC19698731 and ZINC01373165 will be approaching optimal ADMET properties along with good MM-GBSA dG binding. The screening results showed that compounds interacted well with the active site amino acid residues of CK1 . Molecular dynamics study of best scoring compound (E)-2-((3,4-dimethylphenyl)imino)-5-(3-methoxy-4-(naphthalen-2-ylmethoxy) benzyl) thiazolidin-4-one (ZINC09036109) revealed that it interacted with Leu85, Asp91, Ile23, Met 80, Met 82, Leu135 and Ile148 amino acids of binding site.

Conclusion: This study demonstrates that the adopted virtual screening strategy is capable of scaffold hopping of already known chemotypes to identified new CK1 inhibitors.

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Disclosure of Interest: None Declared

Science

New and future treatments

Date: Friday 28th April 2017

O11-03

EFFECTS OF VIRTUAL REALITY TRAINING ON BALANCE FUNCTION IN OLDER ADULTS WITH COGNITIVE IMPAIRMENT

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Introduction: Balance dysfunction has been showed in very early stage of cognitive impairment and the incidence of falls in the elderly people with cognitive impairment is more than twice as high as the people without cognitive impairment. Exercise programs have been shown to be beneficial for improvement of balance function and the prevention of falls in older adults with intact cognition; however, there was no consistent effect among older adults with cognitive impairment.

Objectives: The aim of this study was to investigate the training effects of virtual reality (VR) program on balance and cognitive functions in the older adults with cognitive impairment.

Methods: Sixteen participants with cognitive impairment were recruited from two day care centers in this study. Balance training using Wii-Fit VR exercise programs was conducted for 30 minutes twice a week for 6 weeks. Warm-up and cool-down were also performed in the beginning and the end of training programs. All participants practiced 4 balance training programs (Lotus Focus, Penguin Slide, Bubble Balance River, Table Tilt) under the supervision of physical therapist, and the levels of programs were adjusted based on the performance of participants. Mini- Mental State Examination (MMSE), Color Trail Test 1 and 2 (CTT-1, CTT-2), Berg Balance Scale (BBS) were measured at baseline (week 0), at 6-week post-training and at 6-week follow up (week 12).

Results: Thirteen participants (mean age: 74.7 ± 6; 12 female and 1 male) completed 6-wk VR training. There was a significant improvement on BBS at post-training ($P= 0.024$), but the effect was not maintained at 6-wk follow up. Comparison with baseline, MMSE, CTT-1 and CTT-2 were shown a trend toward improvement after training and follow up.

Conclusion: The results of the study suggests that balance training with Wii-Fit VR exercise programs is safe and effective to improve balance function; however, the exercise should be sustained for maintenance of training effect in older adults with cognitive impairment. In addition, the training effects on general cognitive and executive functions should be further confirmed in a larger sample size and higher intensity

Disclosure of Interest: None Declared

Science

New and future treatments

Date: Friday 28th April 2017

O11-04

WHOLE-BODY CRYOTHERAPY IN MEMORY IMPAIRMENTS SUPPLEMENTARY TREATMENT

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Introduction: Whole-body cryotherapy (WBCT) is an assisted stimulus treatment via very short (1-3 min) cyclic exposition of very low temperatures (from -100 C to -160 C) on a human organism. In such short time homeothermy of blood and organs of body cavities remains untouched. The difference between cryotherapy and hypothermia consists in maintaining of the regular internal temperature and basal metabolic rate during the application of cryogenic temperatures. Prof. Toshiro Yamauchi constructed the first cryogenic chamber in Japan successfully using for patients with rheumatoiditis. The first cryochambers in Europe was developed in Germany (1982) and in Wroclaw, Poland (1989). Short exposure of cryo temperatures on organism initiates defensive mechanisms aiming at keeping thermal homeostasis: activating thermoregulation center (contraction of peripheral circulation without significant macrocirculation reactions), hormonal reaction (significant increase of adrenaline, NA, ACTH, cortisone, POMC, beta-endorphin, testosterone) inducing increase of tissue metabolism and probably modulation of the release of cytokines and nitric oxide.

Objectives: Cognitive impairment is considered to be a result of oxidative stress, disturbances in inflammatory status, reduction of CNS circulation and neuronal activity. The hypothesis is that WBCT may be useful in the therapy of mild cognitive impairments (MCI).

Methods: People with MCI participated in 10 sessions divided for experimental (-110°C till -160°C) or control group (-10°C till -20°C). The MoCa test (≤ 26) was inclusion criterion. Cognitive tests (TYM, DemTect, SLUMS) were used at baseline, after WBCT and after 2 weeks. Biological factors (cytokines, BDNF, NO) were assessed.

Results: Memory domains in experimental group improved significantly after WBC sessions ($p<0,001$). Significant reduction of depressive symptoms directly after WBCT was observed ($p=0.0053$). Significant ($p\leq 0.014$) increase of nitric oxide level in plasma after cryotherapy was observed WBCT and reduced level of IL-6 and IL-10 in response to amyloid β (attenuation of immunological response to Aβ) with simultaneous increase the BDNF level (protective effect).

Conclusion: Whole-body cryotherapy is generally well tolerated by the participants and shows promising memory improvement. Several possible mechanisms may be considered: modulatory effect on immunological response, CNS metabolism, influence on mood, activity and vitality of participants.

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Disclosure of Interest: None Declared

Science

New research methodologies

Date: Friday 28th April 2017

O11-05

EVALUATING THE PSYCHOMETRIC PROPERTIES OF THE MONTREAL COGNITIVE ASSESSMENT (MOCA) IN A CHINESE SAMPLE WITH LOWER EDUCATIONAL LEVEL USING ITEM RESPONSE THEORY

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Introduction: The Montreal Cognitive Assessment (MoCA) is an instrument being used throughout the world for measuring global cognitive function to detect mild cognitive impairment.

Objectives: This study aims to evaluate the psychometric properties of the Cantonese MoCA in a large Chinese sample with lower educational level, and to provide normative and descriptive data for the assessment. Specifically, we examine the dimensionality of responses to MoCA, investigate the difficulty and discriminant power of each item, and explore whether the items function differently for people with different educational backgrounds.

Methods: We collected data between July and November 2014 from n=2081 residents aged 65 years or older in 11 public rental estates of the Hong Kong Housing Society. Trained interviewers conducted face-to-face interviews with the Cantonese MoCA administered to eligible tenants. Fitness, health, and wellbeing information were also collected through both survey questionnaires and tests. Exploratory factor analysis (EFA), bifactor analysis, and item response theory (IRT) methods were used to explore dimensionality, item functioning, and the precision of measurement. Differential item functioning (DIF) analysis was conducted to study the effect of education on item functioning.

Results: With nearly half of the sample (47.8%) having no formal education, the average observed MoCA total score was only 18.6 (SD=6.1). EFA and bifactor analysis demonstrated that the unidimensionality assumption was reasonable. We fit the graded response IRT model to the 14 items. Most items showed acceptable item discrimination and appropriate difficulty. The measurement precision was peaked in the low to medium range of the cognitive ability. However, the precision was limited even at its peak. The correlation between the observed total scores and the IRT ability estimates was 0.91. In addition, considerable DIF were detected for several items respect to education.

Conclusion: These findings highlight the need for the adoption of strong psychometric methods in evaluating the properties of critical clinical instruments. Given the insufficient measurement precision and the sensitivity against educational level on certain items, caution is called upon when applying established cutoff scores to people with different educational levels.

Disclosure of Interest: None Declared

Science

New research methodologies

Date: Friday 28th April 2017

O11-06

MEMORY TRAINING WITH TRANSCRANIAL DIRECT CURRENT STIMULATION (TDCS) ALZHEIMER DISEASE. A LONGITUDINAL CLINICAL AND MRI STUDY

Sahhid Bashir*

Introduction: Increasing evidences point to the usefulness of cultural enrichment during lifetime in modulating and possibly delaying cognitive deterioration in elderly and in Alzheimer disease (Adis) progression from isolated memory impairmen to Dementia (AD).

Objectives: The firstaim of the study is to test a specific intensive training of working memory combined with neuromodulation with transcanial direct current stimulation (tDCS), and to investigate the MRI correlate of this improvement in both structural and functional changes

Finally we investigated if an enhanced MRI activity/MRI structural change after training may reflect an increased potential for the CR to mitigate neuropsychological impairment in ADis.

Methods: 12AD patients were randomly assigned to three groups: anodal, cathodal, and sham tDCS. Stimulation was applied over the left dorsolateral prefrontal cortex for 20 min at 2 mA, daily for 5 days primimg with memory training. Each patient was submitted to the following psychometric assessments: mini-mental state examination (MMSE) and paper and pencil memory exercise with N-back items end of the sessions.

Results: Significant treatment group × time interactions were observed for the MMSE and performance IQ of the N-back item task. *Post hoc* comparisons showed that both anodal and cathodal tDCS (ctDCS) improved MMSE in contrast to sham tDCS. Whereas, this was only true for ctDCS in the performance IQ.

Conclusion: Our findings reveal that repeated sessions of tDCS could improve cognitive function.

Disclosure of Interest: None Declared

Policy

Law and ethics

Date: Friday 28th April 2017

O12-01

SOCIAL AND HEALTH CARE PROFESSIONALS SUPPORTING LATER LIFE LEGAL PLANNING OF PEOPLE WITH MEMORY ILLNESS

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Introduction: When population is aging, increasing number of persons ponder how they would wish their matters to be arranged in a situation when they no longer are able to take care of themselves. However it seems that later life legal planning and its different means are unfamiliar to most persons with memory illness.

Objectives: The aim of the study is to scrutinize how people with memory illness use different tools of legal planning and how their legal capacity is supported by social and health care professionals.

Methods: The data was gathered in a project of Society for Memory Disorders Expertise in Finland where 94 professionals were interviewed in 24 group interviews. The participants were from different social and health care units, legal aid offices, banks, local register offices and the third sector. The material was analyzed using deductive content analysis.

Results: People with memory illness have very rarely made advanced directives, powers of attorney or continuing powers of attorney. The participants reported that most of their patients and customers don't think later life planning is current to them. This usually leads to a situation where their legal capacity has already weakened to the point where planning cannot be made. Even though according to the Finnish legislation, social and health care professionals are under an extensive obligation to direct and guide clients and patients, they lack the needed knowledge of different legal tools. Some social and health care professionals reported also how they don't think it is their responsibility to give counselling or even if they would like to, they don't have enough time. The participants also reported how it is not clear that only when a need for proxy decision making emerges, and no milder option or measure is enough to secure the person's rights, applying for guardian becomes current.

Conclusion: Social and health care professionals have an important role in giving the basic guidance and encouragement to use different tools of legal planning. Especially when only few of the elderly people or recently diagnosed people with memory illness go to see a legal counsel, the role of social and health care professionals becomes crucial. Successful legal planning requires that the person is informed about different options and gets enough support. People with memory illness are not well-informed of the measures of legal planning that they could take when they still have enough capacity to plan for their future. Legal means are experienced complicated, the terminology complex and incorrect beliefs towards applying for a guardian are common.

Disclosure of Interest: None Declared

Policy

Law and ethics

Date: Friday 28th April 2017

O12-02

ENGAGING PEOPLE WHO HAVE DEMENTIA IN RESEARCH: THE EXPERIENCE OF THE WHARE AROHA CARE TRANSITION STUDY

Kay Shannon*[1], Thérèse Jeffs[2], Deanna Smit[2], Kim Brooks[2], Valerie Wright-St Clair[1], Stephen Neville[1]

[1]Faculty of Health and Environmental Sciences, Auckland University of Technology, Auckland, [2]Whare Aroha Care, Rotorua, New Zealand

Introduction: The presentation will describe the ethical considerations and fieldwork experience of engaging Whare Aroha Care residents who have dementia as research participants.

Objectives: The aim of the study is to explain the transition of Whare Aroha Care residents to a new dementia-friendly village, based on the Hogeweyk model, and the effect of the transition on the lives of those residents. The transition has been accomplished so that residents can live more normal lives than prior to the transition, maximise remaining abilities and experience greater enjoyment of life.

Methods: In New Zealand, people who have diminished capacity for decision making are considered to be vulnerable potential research participants. Ethical approval for their research participation must comply with legislation. Some people who are living with dementia are able to make an informed decision about whether or not to participate in research and some are not. For those people who cannot provide informed consent, the views of care partners are sought about whether or not they believe that the person would agree to participate. For this group of people, the researcher must demonstrate that the person will benefit by participating in the research for ethical approval to be granted for the research.

Results: In accordance with respecting the human rights of people living with dementia, the researchers have sought the views of facility residents about a change in their lifestyle. In the study, residents may participate in interviews and observations of daily life. Residents may choose between a traditional face-to-face interview, or a go-along interview, where the researcher accompanies them as they take part in their daily activities. With the latter option, the interview questions are woven into the conversation about what the person is doing. Alternatively, or additionally, residents may choose to have their daily activities observed, again before and after the transition.

Conclusion: : In accordance with New Zealand legislation, the researchers have sought a balance between protecting vulnerable individuals and enabling people who are living with dementia to express their views about a change in the way they live their lives. Participants may benefit by being able to influence their environment when their de-identified data is included in reports about the transition. Other researchers seeking to work with people who are living with dementia will find it useful to draw on our experiences.

Disclosure of Interest: K. Shannon: None Declared, T. Jeffs Conflict with: A member of the management team of the organisation that is the subject of the study, D. Smit Conflict with: A member of the management team of the organisation the is the subject of the study, K. Brooks Conflict with: A member of the management team of the organisation that is the subject of the study, V. Wright-St Clair: None Declared, S. Neville: None Declared

Policy

Rights of people with dementia

Date: Friday 28th April 2017

O12-03

THE LIVED EXPERIENCE OF RISK FOR A PERSON WITH A RECENT DIAGNOSIS OF DEMENTIA

Sally Osborne* [1]

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Objectives: This longitudinal qualitative study explored the lived experience of risk for a person with a recent diagnosis of 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. In this study, risk is used as a exemplar of autonomy and rights- rights to independent action taken with free will and choice. These rights are entwined with key principles we live by: personal autonomy - the right to act independently-to take a risk.

The findings of this study indicate that risk was a normal part of life-indeed it was life. A diagnosis of dementia however, was a portent for change whereby the upheaval and uncertainty of everyday life precluded the desire to embrace risk. Paradoxically, risk was also withdrawn from the participants by significant others, resulting in feelings of impotency and distress. Following a process of transitional adjustment to a diagnosis of dementia, the participants rallied and were determined to live life to the full.

Disclosure of Interest: None Declared

Policy

Rights of people with dementia

Date: Friday 28th April 2017

O12-04

INTRODUCING THE GERMAN CIVIL SOCIETY INITIATIVE ‚ALL RIGHT! HUMAN RIGHTS AND AGED CARE'

Michael Hagedorn* [1] and Caroline Emmer de Albuquerque Green, Gabriele Obser, Jutta Rath

[1]all right!, Munich, Germany

Objectives: In Germany, there is an ongoing public debate on the state of aged care, specifically care homes. Various incidents of abuse and neglect have led to an increased human rights discourse, in which care homes are increasingly regarded as places with an inherent risk to the human rights of residents. Academic studies have shown that this public discourse is negatively affecting care workers as it creates an environment of insecurity. Human rights education is not normally part of care workers' professional training (Green et al., 2016, Aronson & Mahler, 2016). It also undermines the importance and positive contributions of care homes as places for professional aged care, which will stay signficant in the light of demographic ageing and increased health and support needs.

The civil society initiative ‚All right! Human rights and aged care' considers human rights a powerful tool not only to react to incidents of abuse and neglect, but to build human rights cultures within care homes, which respect and protect the human rights of their residents. Further, human rights are an instrument to demand changes towards an equal society for all people, including older persons in need of care. The aim of the initiative is thus to specify the meaning of human rights practice and human rights cultures inside care homes, provide human rights education to care workers, work together with older and younger people to consider the use and limitations of a human rights approach to care for older persons and provide practical tools to providers of care to build human rights friendly environments. This also includes the consideration of groups within the care homes, including care workers, persons living with dementia and family members.

Disclosure of Interest: None Declared

Policy

Rights of people with dementia

Date: Friday 28th April 2017

O12-05

PALLIATIVE CARE IS A HUMAN RIGHT FOR PEOPLE LIVING WITH DEMENTIA

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Objectives: Palliative care is now recognized as an essential component of universal health coverage under the new UN Sustainable Development Goals (prevention-promotion-treatment-rehabilitation-palliation). The World Health Assembly has also called upon all nations to ensure that palliative care is included in the continuum of care, especially community based palliative care at primary, secondary, and specialist levels. A strong case has been made that access to palliative care is a human right. Yet persons living with dementia are less likely to receive palliative care than those with other life limiting conditions. In this session we will explore the following questions:

1. What is the case for palliative care for people living with dementia (PLWD)?

2. How is palliative care the most developed form of people centered care?

3. What are the barriers to palliative care access?

4. What are the ethics of access to palliative care for PLWD?

5. How can we deliver primary palliative care to PLWD earlier in the trajectory of caring?

6. How can we do a better job of supporting family members and other care partners?

Disclosure of Interest: None Declared

Policy

Rights of people with dementia

Date: Friday 28th April 2017

O12-06

WHERE IS “RESPECT FOR INTENTION AND PERSONAL CONSIDERATION OF ADULT WARD”?

(REPORT ON THE ADULT GUARDIANSHIP SYSTEM IN JAPAN)

Nozomi Nagasaki*

Objectives: 認知症のひと本人を見ようとしない日本の成年後見制度の現場報告

２００４年の国際アルツハイマー協会京都会議で伯母の成年後見人として「家族（親族）後見からみた成年後見制度」という口頭発表をさせていただいた。その後、父もアルツハイマー病と診断され、２０１４年に今度は父親の成年後見人となった。
日本の成年後見制度は２０００年から始まり１６年を経ているが、当初から「財産管理」を主とし「身上配慮」（民法第８５８条）を軽んずる傾向があった。同じ認知症高齢者である伯母と父の成年後見人（法定後見）という２回の経験から制度の運用責任を負うべき家庭裁判所が「本人の権利擁護」という基本理念から後退していると感じる。
本発表では家族後見人の立場から認知症高齢者の法定後見の制度運用の問題に焦点を絞って報告したい。

１）家庭裁判所の問題：本人不在の審判と本人意思を無視した制度運用
申立から審判までの過程において、家庭裁判所の本制度の運用実態が本人の権利擁護を最優先とせず、家庭裁判所の人員不足・能力不足を起因とする責任回避、そして行政や金融機関、専門職後見人の実務処理の利便性・効率性に重きをおいている。
・申立人が提出する書類は財産が主で、本人に関する情報は医師の意見書（定型）のみで審尋はない。
・身上配慮にかかわる情報も申立事情説明書の定型で詳細記述を要求されていない。
・介護・看護専門職の意見書等が必要とされていない。
・申立人以外の家族・知人友人の意見聴取の機会が無い。
・申立人並びに後見候補者の面接は、現在では家庭裁判所の人員不足のために参与員を増員して当らせているが、私の担当者は「身上配慮を知らない」ひとであった。
・人員不足と審判の迅速化のため「医師の診断書」重視で、本来なすべき本人調査と鑑定が省略されている。すなわち本人に接触しないまま、申立人が提出した書類、医師の診断書、面接記録のみで審判を下している。
・家庭裁判所の現場スタッフによれば人員不足は明らかであるが、最高裁事務総局は裁判官と書記官の増員はするものの、なぜか調査官は増やさない。

その他
・家族後見人の不正防止対策として個々の事情ではなく管理財産の多寡により「後見支援信託」と「後見監督人選任」の選択を強制される。
・専門職後見人・後見監督人の選任は弁護士会、司法書士会など大きな組織の作成するリストから優先され、個々の案件に添った選定をしていない。
・家庭裁判所の人員不足に起因する監督体制の不備から家族後見人に専門職後見監督人を配するか、市民後見人の養成をもって外部委託せざるを得ない。

２）弁護士、司法書士、社会福祉士、行政書士、税理士という専門職の問題
・認知症、介護保険、介護の実情などの具体的な事柄に詳しくない者であっても専門職であることをもって、後見人、後見監督人に選任される。
・家庭裁判所が「身上配慮」を重視しないため、本人に面会する事を強制されていない。
・財産管理を本人の意思と生活に関係なく行う事ができる。
・実際の介護や日常的な金銭収支は家族や施設が担う一方、専門職後見人は本人の財産から家庭裁判所に報酬を請求できる。
・専門職後見人の仕事量と報酬の妥当性を本人も家族も監査できない。

３）現状、成年後見制度による「本人の権利侵害と権利擁護」の見定めをきちんとチェックする者はいない。
「本人の権利侵害と権利擁護」のぎりぎりのラインを見定めようという方向に向かわず、もっぱら制度利用者の増加に対応する事務処理と不正防止に力が注がれている。
・裁判所の親族後見の不正の統計では総数と総額だけが出され、どのような不正か細かく発表されていない。
・弁護士会報告（２０１１年１０月１８日）によれば親族後見人の不正の最大要因は下記が挙げられているが、３点とも家庭裁判所に責任が
　１後見人等の理解不足（家庭裁判所の説明不足）
　　2　問題ある親族の選任
　　3　家庭裁判所の監督不十分（立件遅滞等）
・後見人の不正のほとんどは親族後見人である一方、一件あたりでは数は少なくとも専門職後見人の不正による被害額は倍以上になっている上、家庭裁判所による発見が遅れている。

４）現在「 成年後見制度の利用の促進に関する法律（平成２８年４月１５日公布）」により内閣府に「成年後見制度利用促進委員会」が設置され「有識者」による調査と審議が行われているが、残念ながら制度の基本理念に立ち返って「本人意思の尊重」を極める議論はない。
家庭裁判所の現場の方々の執務状況を精査し、人員を補強・養成する事が先決であり、裁判所と専門職が根本的な問題に自ら取り組まなければ、財産上だけでなく身上の不正を増大させるだけだろう。

Disclosure of Interest: None Declared

Care research and practice

Models of care

Date: Friday 28th April 2017

O13-01

INTERACTIVE APPROACH, A NEW TYPE OF TOOLS AND A CARE PRACTICE USING THEM TO PROMOTE COMMUNICATION AMONG PEOPLE DIRECTLY INVOLVED IN DEMENTIA, PROFESSIONAL CAREGIVERS AND PHYSICIANS.

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Introduction: Many efforts have been made to improve the situation surrounding dementia. There are, however, still many issues to be settled. Among them, two issues seem to be critical: 1) although many medical, social and care professionals belong to various facilities are involved in the efforts, their activities are often split into narrow segments, 2) a systematic approach is insufficient to promote communication among people directly involved in dementia, professional caregivers and physicians. In January 2015, a national plan to overcome the issues of dementia was published in Japan and it included a proposal to develop tools to settle the key issues.

Objectives: In line with the national proposal, we aimed to create a new tool and test the feasibility of it.

Methods: A committee composed by 17 specialists was organized. Through the discussion in the committee, creation of a new type of tool was decided. It was a set of tools composed by a sheet and a booklet mutually complement themselves. These two tools both include medical, social and personal information. Although the tools include same information, they have different aspects as interface; one, a sheet, for the communication between medical and care professionals and the other, a booklet, for the communication between professionals and people directly involved in the disease. From the mutually interactive nature of these tools, we designated the tools and the practice with them as "interactive approach (IA)". For a trial of IA, 42 care managers and 25 physicians are recruited. After the trial, participants answered a questionnaire to estimate the tools. Main outcome of this study was set to count the positive opinion of the usability of the tools measured by a Likert scale. Description about strong and weak points to use these tools was also analyzed by qualitative methods.

Results: Eighty one percent of participants (98% of care managers and 52% of physicians) completed the trial practice and answered the questionnaire. Ninety three percent of them (90% of care managers and 100% of physicians) estimated IA positively. Qualitative analysis revealed that both medical and care professionals found usefulness of IA to know hope and intention of the people directly involved in dementia more clearly.

Conclusion: A newly developed IA was shown to be promising to promote communication among all stakeholders related to dementia. It could also contribute to overcome stigma against dementia.

Disclosure of Interest: None Declared

Care research and practice

Models of care

Date: Friday 28th April 2017

O13-03

A NARRATIVE INQUIRY ON CULTURALLY COMPETENT DEMENTIA CARE

Kumi Oya*

Objectives: This narrative research offers an inquiry that will help inspire the creation of a culturally competent dementia care framework in the United States. The main research question is: How does a culture hold dementia care? A sub-question is: What can we in the U.S. learn from other cultures about dementia care to enhance this care for all? The inquiry was designed to conduct narrative research focusing on Japanese culture in the context of caregiving and particularly in caregiving to people with dementia. Four professional and four personal caregivers from this culture, who care for persons with dementia, were interviewed. Their narratives provide a way to enter into the lived experience of caregivers, their feelings and attitudes towards the care they give, and what they consider is most important about their caregiving. The narratives reflect the caregivers' beliefs and values and how they are culturally compelled to give and sustain care.

This inquiry assumes that a person-centered care model is challenging for U.S. caregivers to embody, despite attempts to do so, due to the unconscious and prevailing values and beliefs in the U.S. that center around a cure model as opposed to a care model. It also assumes that ideal person-centered dementia care in the U.S. needs to pay close attention to the cultural competency of caregivers, as their clients identify as persons through their cultural ways of being. These assumptions are grounded in the literature review. In addition, the literature review explores and examines issues of aging, and health care/dementia care among the U.S. and Japanese culture. It also introduces the idea of culturally competent dementia care as found in Australia, a culturally diverse country that offers a different cultural competency framework from that of the U.S.

The purpose of this research is to explore possibilities utilizing a framework of culturally competent dementia care in the U.S. by examining and contrasting the perception of aging and unique values /concepts related to health and dementia care in Japanese culture. I suggest that some of the perspectives uniquely seen in Japanese culture can be applied and integrated to care theory and practice in the U.S.

This is my PhD. dissertation at California Institute of Integral Studies in San Francisco, CA.

Disclosure of Interest: None Declared

Care research and practice

Models of care

Date: Friday 28th April 2017

O13-04

CHARACTERISTICS AND EFFECTIVENESS OF MEMORY ASSESSMENT SERVICES IN ENGLAND: A LONGITUDINAL STUDY

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Introduction: Memory assessment services (MAS) have a key role in diagnosing and treating dementia. The number of MASs in England has increased but little is known about the services they provide and how they manage patients, the characteristics of people who attend, or their effectiveness in improving outcomes.

Objectives: In the first large-scale study to investigate MASs in England, we aimed to determine: the variation in characteristics of MASs; the characteristics of those referred for suspected dementia; and the impact of referral on their health-related quality of life (HRQL).

Methods: We randomly sampled 73 MASs. Each site recruited up to 25 consecutive new patients and their lay carers (Sep 2014-Apr 2015). Participants completed questionnaires at their initial appointment (1420 patients, 1020 carers) and 6 months later (883 patients, 569 carers). Each MAS completed a questionnaire about their organisational characteristics.

Results: There was considerable variation in MAS characteristics including skill-mix, staff numbers (20-fold), workload (20-fold), and length and frequency of appointments. Characteristics could not be grouped to identify distinct types of MAS. At baseline, 42% of patients had cognitive function equivalent to MMSE<24. Cognitive function and HRQL varied by patient characteristics: average cognitive function was worse among older, female, more deprived and non-white patients; lower self-reported HRQL (DEMQOL) was associated with deprivation, non-white ethnicity, multiple comorbidities and younger age; lower carer-reported HRQL (DEMQOL-Proxy) was associated with being female, deprived and multiple comorbidities. At 6 months, 54% of patients had received a diagnosis of dementia and 25% mild cognitive impairment. Of patients diagnosed with dementia, 61% were taking anti-dementia drugs and 22% using psychosocial interventions. Between baseline and 6 months, mean HRQL improved (DEMQOL +3.4 points; DEMQOL-Proxy +1.3). Change in HRQL was not associated with patient characteristics. Greater improvement was associated with the presence of allied health professionals but no other MAS characteristic. Among patients with dementia, those taking anti-dementia drugs reported greater improvement in HRQL; those using psychosocial therapies reported less improvement than those not using them.

Conclusion: There is no clear typology of MASs but some service characteristics vary widely. A large proportion of referrals have moderate/high cognitive function suggesting they are being referred early. There is some socio-demographic variation in the use of services. HRQL improves in the first 6 months after referral to MASs but this is not associated with patient characteristics or most MAS characteristics.

Disclosure of Interest: None Declared

Care research and practice

Models of care

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O13-05

EXPANSION OF THE REDUCING USE OF SEDATIVES (REDUSE) PROJECT TO AUSTRALIAN NURSING HOMES

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Introduction: Overuse of antipsychotics and benzodiazepines in nursing homes has been a concern for several decades. The routine use of these agents in residents with dementia, anxiety disorder and sleep disturbance is contentious due to modest effectiveness alongside a substantial risk of adverse effects. To address this issue, a multi-strategic, interdisciplinary intervention project: Reducing Use of Sedatives, 'RedUSe', was developed and trialled in 2008. The project was extended and enhanced for national staged delivery to over 150 Australian nursing homes throughout 2014-2016.

Objectives: To evaluate overall home antipsychotic and benzodiazepine prevalence rates over the 6-month intervention project. Secondary aims were to gauge the proportion of agents ceased and doses reduced, and assess if reductions were sustained.

Methods: The project involved three core quality improvement strategies: audit/feedback cycles, nurse education sessions and a structured interdisciplinary psychotropic review process. Attending doctors were offered academic detailing. Antipsychotic and benzodiazepine data at each nursing home were mined from community pharmacy packing systems, validated by nursing staff and collated utilising a customised software programme at baseline, 3 and 6 months.

Results: An average of 12,165 residents were audited for each measure. At baseline, 4,523 (37%) of residents were taking an antipsychotic and/or a benzodiazepine daily. Over the 6-month project there was a 21% reduction in the proportion of residents taking benzodiazepines every day (22% to 17%, $p < 0.005$) and a 13% reduction in the proportion of residents taking antipsychotics (22% to 18%, $p < 0.005$). Substitution to sedating antidepressants or 'prn' sedative use did not occur. Forty per cent of all residents taking antipsychotics and/or benzodiazepines at baseline had their psychotropic doses reduced or ceased completely by 6 months, with a slightly higher proportion of benzodiazepine doses ceased than antipsychotic doses. In terms of sustainability, of all benzodiazepines reduced or ceased by the 3-month audit, 90% of the reductions/cessations were sustained at 6-months; whereas 83% of antipsychotic reductions/cessations were sustained.

Conclusion: Findings suggest that our multi-faceted, interdisciplinary quality improvement program emphasing education offers an effective approach in reducing antipsychotic and benzodiazepine use in nursing homes. The results of the national expansion of the RedUSe project reflect an improvement on those reported from the original trial in 2008.

Disclosure of Interest: J. Westbury Conflict with: Australian Department of Health grant, P. Gee Conflict with: Australian Department of Health grant, T. Ling Conflict with: Australian Department of Health grant, G. Peterson Conflict with: Australian Department of Health grant

Care research and practice

Models of care

Date: Friday 28th April 2017

O13-06

EARLY DEMENTIA DETECTION: A NEW MODEL OF CARE FOR GENERAL PRACTICE LED DEMENTIA SCREENING IN THE RURAL SETTING.

Adel Asaid[*][1], Rebecca Disler[2], Ewa Piejko[1], Michelle Bonanno[1], Holly Anderson[1], Nicole Brereton[1], Sandy Soliman[1], Lynne Horsfall[1], Peter Disler[1, 3, 4]

[1]St Anthony's Memory Service (SAMS), Victoria, [2]Sydney Nursing School, The University of Sydney, Sydney, [3]Department of Rural Health, University of Melbourne, Bendigo, [4]School of Rural Health, Monash University, Victoria, Australia

Objectives: Dementia is a major health issue internationally, with one in 10 Australians aged over 65 diagnosed and this expected to double by 2050. Despite the positive impact of early detection and intervention on quality of care and patient outcomes, routine screening is limited, particularly in regional and rural communities where specialist memory services are scarce. The *World Alzheimer Report 2016, Improving healthcare for people living with dementia*, furthermore argued that current dementia healthcare services are over-specialised and that primary and community care services should play a more prominent role. Lack of access to screening, specialist referral pathways and training in cognitive screening are key barriers to care. Improved access and management can be achieved through a new model that incorporates standardised tools within current systems and utilises routine interactions with practice nurses and general practitioners as the primary screening point.

The St Anthony Memory Service (SAMS): GP Led Dementia Program is an integrated, multidisciplinary, community-based memory service across six general practices in a regional area. The model of care specifically sought to: 1) develop a primary care driven cognitive assessment service for any patient aged 65 and over as a means to reduce access barriers and increase early specialist care in rural and regional communities; 2) integrate routine screening, using validated tools, within existing practice systems and software; and 3) train practice nurses (PN's) and general practitioners (GP's) to provide consistent dementia screening and guidance within post diagnostic management pathways, including routine referral to specialist cognitive assessment services as necessary.

Since the implementation of the program in 2014, 712 (18.2%) patients aged over 65 years have been screened, and 153 (21.7%) referred to specialist memory services. Staff training has furthermore increased staff confidence in approaching people aged over 65 in regards to cognition screening, further increasing the likelihood of early detection and supported management during an undoubtedly confronting time.

Standardised models of care, integrated within community services, are necessary to improve access to early detection, referral and quality management of dementia. The SAMS program will be invaluable in informing future service development, and in particular the development of services for people living with dementia in rural and regional communities.

Funding: Murray Primary Health Network, Monash University and Dementia Training and Study Centre, La Trobe University provided funding for training of GPs and nurses in dementia detection.

Disclosure of Interest: A. Asaid Conflict with: Dr Asaid has a financial interest in St. Anthony Family Medical Practices Pty Ltd, in which SAMS is run., R. Disler: None Declared, E. Piejko: None Declared, M. Bonanno: None Declared, H. Anderson: None Declared, N. Brereton: None Declared, S. Soliman: None Declared, L. Horsfall: None Declared, P. Disler: None Declared

Care research and practice

Technology and dementia

Date: Friday 28th April 2017

O14-01

USABILITY STUDY OF A WEB-BASED INTERVENTION TO SUPPORT PEOPLE LIVING WITH DEMENTIA (PLWD) AND THEIR CAREGIVERS

Paraskevi Zafeiridi* [1] on behalf of CAREGIVERSPRO-MMD, Rosie Dunn[1], Kevin Paulson[2], Emma Wolverson[3], Caroline White[4] and CAREGIVERSPRO-MMD

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Introduction: The increasing number of people living with dementia (PLWD) requiring adequate care may be addressed through technology-based interventions (Meiland et al., 2012). This study investigates the usability of a web-based platform (CAREGIVERSPRO-MMD) aiming to support PLWD and their caregivers through social network and medical services, including medical information and reminders.

Objectives: To evaluate the usefulness and usability of a web-based platform.

Methods: A mixed-method design was employed, including a usability questionnaire and semi-structured interviews. PLWD and caregivers were provided with a tablet, access to the web and the platform. Participants were asked to use the platform, and completed a questionnaire about satisfaction, design, ease and frequency of use, at three different time points (baseline, one week, three weeks). Then, participants were interviewed to gain their insight on the platform.

Results: Results reveal whether PLWD and caregivers find the platform well designed and providing services that address their needs.

Conclusion: With participants' feedback, the platform will be further developed and will be piloted in a European trial with 600 dyads in Italy, Spain, France and the United Kingdom.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 690211.

References: Meiland, F. J. M., Bouman, A. I. E., Sävenstedt, S., Bentvelzen, S., Davies, R. J., Mulvenna, M. D., Nugent, C.D., Moelaert, F., Hettinga, M.E., Bengtsson, J.E. & Dröes, R.M. (2012). Usability of a new electronic assistive device for community-dwelling persons with mild dementia. *Aging & Mental Health*, *16*(5), 584–91.

Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

Date: Friday 28th April 2017

O14-02

E-HEALTH ENABLED NURSE AND NURSE PRACTITIONER LED “POP UP MEMORY CLINIC” AND PROGRAMME FOR REGIONAL, RURAL AND REMOTE OLDER AUSTRALIANS

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Objectives: In Australia the gap between discussing symptoms with the GP and diagnosis of Dementia is 3 years and longer in rural, reginal and remote regions leaving approximately 280 000 Australians without a diagnosis and access to vital treatement and support.

This innovative E- Health enabled programme devloped by inetgratedliving Australia, supports older persons take control of their Brain Health through a Nurse Practitioner supported, Registered Nurse led Memory Wellness Clinic and Programme enabling;

1. timely and early diagnosis of dementia
2. memory wellness and dementia prevention information, education, care planning, monitoring and review

This programme has been built on the latest research findings in this field. It is a comprehensive programme that enables older persons to have an e-health enabled clinical assessment via videoconferencing, Telehealth equipment and Cognitive testing Apps installed to iPads, supported by an NP when required in a nurse led “Pop up Memory Clinic”. The clinic comes to their community, they are not required to travel hundreds of Kilometres to an expert.

The focus of the 8 week Memory Wellness programme that follows the clinic appointment is on lifestyle modification to reduce risk and preventative health knowledge and actions. Where dementia is diagnosed, the focus is on addressing risk factors to delay symptom progression, prevent complications and support and improve co-morbidities and overall health for increased quality of life. The cognitive testing used via App in virtual or Pop Up RN led Memory Clinics identifies areas of brain function requiring attention and brain training Apps are tailored to support those areas of need. Consumers are loaned Fitbits and iPAds for 6 months with health promotion Apps installed including brain Training apps to enable them to follow their Brain Health Plans. The follow up clinic retests consumers and they can gauge their improvement and achievements against their goals set.

For consumers living in rural and remote Australia, the chance to participate in a high quality programme equal to and more comprehensive than the services received by their urban counterparts is significant.

In partnership with a University National Ethics approval has been received to research the effect of the programme on 200 participants. Results demonstrate improvements for most customers from base line in their cognitive testing after completing the program, regardless of being diagnosed with dementia or not. These results are statistically significant. In partnership with a University National Ethics approval has been received to research the effect of the programme on 200 participants.

Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

Date: Friday 28th April 2017

O14-03

ASSISTIVE TECHNOLOGY IN DEMENTIA CARE – WORKSHOP

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Introduction: World Health Organisation estimates that more than 1 billion people need one or more assistive products and this number will rise beyond 2 billion by 2050 with a phenomenal increase in the number of the elderly. They also recognise that in many low-income and middle-income countries, only 5-15% of people who require assistive devices and technologies have access to them whose primary purpose is to maintain or improve an individual's functioning and independence to facilitate participation and to enhance overall well-being. Even globally only 1in 10 persons have access to assistive products. WHO Priority Assistive Products List (APL), is the first step of WHO's GATE initiative towards improving global access to assistive products. This list hopefully will follow the footsteps of the WHO Model List of Essential Medicines and wishes each Member State to develop a national priority assistive products list.

Objectives: This workshop intends to discuss the needs, awareness and relevance of the APL in dementia care and create an interest among the participants in assistive technology intended to improve the quality of life of those with cognitive impairment. It also aims to contribute to the WHO initiative on developing a policy framework, training and developing service delivery models

Methods: The participants will have an opportunity to discuss the initiative with respect to the setting they live and work (developed/developing country, rural/urban etc).

1. The WHO initiative on Assistive Technology- what does it entail? - Dr Jacob Roy, Founder ARDSI India, Hon. Vice President ADI

2. A developed country perspective - Ms. Seoran Shin, Korea National Institute of Dementia

3. India A developing country perspective – Dr. CT Sudhir Kumar, Consultant Psychiatrist, ARDSI, India

4. Open forum for the participants

5. Conclusion and the way forward - Dr Jacob Roy

Table: NIL

Results: Available resources and felt needs would have a major impact on the contents of the list. The outcome of this workshop intends to be contributing to developing a national APL in the respective countries of the participants.

Conclusion: The outcomes proposed will include, identifying relevant stakeholders and national pathways through which the list could be implemented.. This not only has health and social care benefits but would also have an impact on the socioeconomic status and quality of life in general of people with dementia and their families.

References: WHO Priority assistive products list, WHO/EMP/PHI/2016.01.

Improving access to assistive technology Report by the WHO Secretariat, EB139/4, 13 May 2016.

Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

Date: Friday 28th April 2017

O14-04

AN INTEGRATED INTERNET OF THINGS (IOT) BASED SOLUTION IN A DEMENTIA CARE CONTEXT

Catherine Treena Parsons[*, 1], Roma Maguire[1], Theti Chrysanthaki[1], Kieren Egan[1], Payam Barnaghi[1], Ramin Nilforooshan, Helen Rostill and The TIHM for dementia project

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Objectives: An Integrated Internet of Things (IoT) Based Solution in a Dementia Care Context

Dementia is increasingly prevalent in all societies affecting over 46.8 million people worldwide with estimated costs of $818 billion per annum. The number of people with dementia is expected to double with associated care costs tripling in the next 20 years.

Dementia is associated with decline in intellectual, social and physical functioning together with behavioural and psychological symptoms which can be stressful for both the person with dementia and their caregiver. The avoidance of health crises, supporting carers and enabling people with dementia to live well at home could avoid inappropriate or early hospital or care placement which it has been argued could save the National Health Service and social services billions of pounds per year.

The use of technology is receiving increasing attention as a potentially sustainable approach to improving quality of care and outcomes for people living with dementia and their carers. Technologies such as reminders, prompts, safety and monitoring devices can promote the autonomy of the person with dementia and their carer, minimise risks at home, deter early hospital or care placement and improve quality of life. Using the IoT which enables collection and exchange of data, together with these technologies means health and environmental information can be collected 24 hours a day to be analysed and presented to care providers to enhance decision making.

The main aim of the present paper is to present The Technology Integrated Health Management study which is the biggest parallel group stratified randomised controlled trial designed to evaluate the effectiveness of a domiciliary IoT intervention for people with dementia and their carers. The primary objective is to determine whether the addition of the IoT intervention to standard care affects hospital admission rates, with secondary objectives including incidence of hospital admission and duration of stay, time to admission to care placement, quality of life and wellbeing for the person with dementia and their carer and attitudes towards technology.

1400 people have been recruited to take part in this trial. 350 people with dementia and their carers (700 people in total) are in the active arm of this trial and have received devices which will be monitored using the IoT together with standard care. The same number are in the control group and receive standard care only.

Baseline information has been collected using a mixed method approach with further data collection at 3 and 6 months. The trial is due to finish end of March 2018.

Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

Date: Friday 28th April 2017

O14-05

ACTODEMENTIA: ACCESSIBLE APPS FOR PEOPLE LIVING WITH DEMENTIA

Arlene Astell[*], Phil Joddrell[1], Alexandra Hernandez[2]

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Introduction: Touchscreen tablets are accessible for people with dementia (Astell, et al., 2009) but guidance is needed for people to identify suitable apps and learn how to make the most of them. Evidence of the features that make apps accessible for people living with dementia is also lacking.

Objectives: To create an app evaluation framework and test the efficacy of this with existing apps.

Methods: Two apps were selected, one familiar card game - Solitaire - and one unfamiliar game - Bubble Explode - a tile-matching game. Testing took place in two phases. Phase 1 involved 30 older adults living with dementia divided into two groups. Group 1 tested Solitaire over 3 sessions and 15 tested Bubble Explode. All sessions were video recorded. Based on feedback and observation of play, modifications were suggested to the games makers. Thirty new people were recruited to test the modified versions of Solitaire and Bubble Explode.

Results: Phase 1 confirmed that people living with dementia can successfully interact with tablets and learn to play both familiar and unfamiliar games. Phase 2 highlgihted the accessibility features that make apps suitable for people living with dementia.

Conclusion: Tablets have great potential for providing meaningful and engaging activity for people living with dementia to enjoy independently. Both familiar and unfamiliar games have appeal and can be learnt if they have features that maximise accessibility. The AcTODementia website contains reviews of apps for people living wiht dementia and guidance on how to use them.

References: Astell, A. J., et al., (2009). Involving older people with dementia and their carers in designing computer-based support systems: Some methodological considerations. Universal Access in the Information Society, 8 (1), 49-59

Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

Date: Friday 28th April 2017

O14-06

IMMERSIVE TECHNOLOGY DRIVING CONSUMER CENTERED CARE

Priyanka Rai*

Objectives: Alzheimer's Australia is the peak body providing support and advocacy for people with dementia and their families and carers in Australia. Dementia poses a unique challenge for Australia due to increasing prevalence, economic costs and social implications. With around 70% of people with dementia living in the community, comprehensive community based support is critical to meet the needs of people living with dementia.

This is where technological advancements are making tremendous leaps in assisting people with dementia and their carers. Through various collaborations, AA has designed, developed and implemented several cutting edge technological projects that continue to influence best practice policy around Australia. These include virtual learning environments like the award winning Virtual Dementia Experience, that aims to help care professionals understand how a person with dementia experiences the world, and what environmental aspects are friendly or hostile to the person with dementia

Another innovation in technology is the just released app, EDIE, (Educational Dementia Immersive Experience, pronounced Eddie). EDIE provides the user with a 360-degree immersive experience that enables them to see first-hand the challenges faced by people with dementia. It aims to build empathy in the user for people living with dementia – as it is designed to let people into the world of the person living with dementia.

Similarly the Dementia-Friendly Home app is also aimed are enabling people living with dementia to maintain their independence and continue living at home. Using interactive 3D game technology Unreal Engine, the tablet app provides carers with ideas to make their home more accessible for people living with dementia. It also helps build on their self-esteem, which can have a profound impact on the quality of life for a person living with dementia, as well as families and carers.

The Virtual Forest project is another foray by AA into virtual support for people with dementia. The project uses a sensory therapy application designed to improve the quality of life of people living with dementia through the use of video game technology. It utilises cutting-edge technology, which aims to turn a living room or lounge in an aged care home into an enchanted space that both stimulates the senses and engages through interactivity.

Consumer engagement and partnership remain the cornerstone of all our work, and we consistently facilitate the alignment of consumer experience with design and delivery through consumers on advisory panels, as participants in our projects etc.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

Date: Friday 28th April 2017

O15-01

OVERCOMING THE EARTHQUAKE SUPPORTED THE AAJ.

Setsuko Hoshi*

Objectives: ２０１１年３月１１日に発生した東日本大震災とその後の東京電力福島第一原子力発電所事故により、福島県内の高齢者施設は大きな被害を受けました。特に、原子力発電所から２０キロ圏内の施設は避難を余儀なくされ、施設の職員も含め多くの方が、路頭に迷うことになりました。震災直後は避難地域以外の県内の介護・医療・公的施設も混乱し、原子力発電所の事故の影響でガソリン等の物資が届かず、交通、インフラ設備の復旧が遅れ、生活物資も不足、情報伝達も滞り、地震だけの災害であれば助かったと思われる命も多く失われました。特に認知症の方は、地震発生時から、津波や余震、国内で初めてとなる原子力発電所事故によるいいようのない不安、避難所での慌ただしい環境、放射線量検査スクリーニングという異様な光景、避難先ではその度に混乱し、環境になじめず、家族ともども、落ち着く先を何度も探さなければいけない状況になり、症状が徐々に悪化していきながら避難場所を何度も変えなければいけないという悪循環に陥りました。

わたしは当時、浪江町でグループホームを運営しており、その場所は東京電力福島第一原子力発電所の２０キロ圏内でした。すぐに避難をして、県内を転々としました。また、わたしの母もアルツハイマー型の認知症で避難圏内の施設に入所していました。介護の仕事に携わりながら、認知症の人を家族として持ちながら、先の見えない不安な日々が続きました。それでも、避難先での近隣の方々の励ましや、認知症の人と家族の会福島地区会の方からの励ましを受け続け、希望を持つことができ、それを支えに仕事も介護もなんとか落ち着いてできる環境を取り戻すことができました。

震災当時のこと、避難し仮設住宅でグループホームを再開できたこと、その経緯や、社会的弱者である高齢者、認知症の方の対応、６年を経ての改めて震災や事故に対する思いを今回、お伝えできればと思います。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

Date: Friday 28th April 2017

O15-02

THE POWER OF ONLINE PEER-TO-PEER SUPPORT GROUPS

John Sandblom* [1]

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Objectives: In this presentation I will share my experience of living positively with dementia and discuss improving the care of people with dementia, and an international advocacy and support group, of, by and for people with dementia. I am a married 60 years old father and grandfather, 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 many months, a neurologist, a geriatrician, 25 days detained in hospital, MRI’s, SPECT and PET scans, and many other tests, I was diagnosed was FTD. With no support from the health care sector other than being told to “go home and get my end of life affairs in order”, I ultimately became involved in Dementia Alliance International and as a result, I have turned my life away from depression and apathy to one of a new self-identity and a deep passion to live.

My life changed positively after joining a weekly online support group run by people with dementia exclusively for people with dementia, and am honored and proud to now be the appointed Global Support Group Manager. With growing membership, we have two support groups in Australia, three in America, one in the UK, which includes Europe and South Africa, and recently we have started an Aphasia support group. We have even held one in Nigeria. Every person who joins our group say that they find these meetings so empowering; we see the peer-to-peer support meetings as the missing link. I will continue this very valuable work for as long as I can, and my hope at ADI2017 is that this presentation will empower people with dementia in Japan and all over the world to join us and share in this empowering self-advocacy and support.

Disclosure of Interest: None Declared

Well-being

Dementia friends or supporters

Date: Friday 28th April 2017

O15-03

DEMENTIA ENLIGHTENMENT ACTIVITIES AND INTERGENERATIONAL IN ELEMENTARY AND JUNIOR HIGH SCHOOLS THAT USES A PICTURE BOOK

Tetsuya Oono, Makoto Ryuen[*], Rumiko Otani

Objectives: はじめに

旧産炭地、大牟田市は、高齢化率約３４％と高く、他都市よりいち早く認知症問題に直面してきた中で、15年間にわたって「地域認知症ケアコミュニティ推進事業」、言わば大牟田版オレンジプランに取り組んできた。中でも、小中学校の認知症絵本教室の実践と成果を紹介する。

地域認知症ケアコミュニティ推進事業

2001年、大牟田市認知症ライフサポート研究会（以下、研究会）が発足し、2002年より専門職と行政の協働による「地域認知症ケアコミュニティ推進事業」が始動した。その目的は「認知症の人の理解が深まり、地域全体で支える仕組みをつくり、認知症になっても、誰もが住み慣れた家や地域で安心して豊かに暮らし続ける」というもの。全世帯の実態調査結果を基に、多種多様な認知症施策を展開してきたが、事業内容は、全国のモデルになっている認知症コーディネーター養成研修、認知症ＳＯＳネットワーク模擬訓練、小中学校での認知症絵本教室等に加え、もの忘れ検診や予防教室、認知症介護家族の「つどい・語らう会」、若年認知症本人交流会「ぼやき・つぶやき・元気になる会」等がある。

13年間に渡る小中学校の絵本教室の取組

2002年の全世帯の実態調査の中で、「地域で認知症の人を支える意識やしくみが必要か」という設問に、817人の市民が「子供の時から触れたり、学んだりするとよい」と回答。そこで研究会が独自に認知症啓発の絵本を作成し、2004年から市内の小中学校で出前教室を始めた。教室は①事前の生徒のアンケートと感想文②90～150分の絵本教室（認知症学習とグループワーク）③事後アンケートと感想文の3つで構成され、実施校の教師との連携が欠かせない。絵本教室の担い手は主に市が独自に養成している認知症コーディネーター修了生や受講生である。グループワークは主に、認知症の人の気持ちを考えること、そして私たちにできることというテーマで、生徒たちは初めはネガティブな意見を持っていても、もし自分の家族だったらと考えるうちに、一番困っているのは本人であり、周囲の理解と接し方が大切だと気付いていく。

成果

アンケートによると、受講後に具体的に自分たちにできることがわかったと答える生徒が増加する。毎年15～20校、約1000人が受講し、これまでに受講した小中学生は10，000人を超える。教室を機に介護施設への体験学習や地域との交流活動を実施したり、本市の「認知症ＳＯＳネットワーク模擬訓練」に参加し、地域住民と世代間交流を深め、地域ネットワークづくりを促進している。また行方不明の認知症高齢者を保護したり、卒業後に介護や医療職を目指したり、実際に介護施設で働いている生徒もいる。

おわりに

子供たちを通して親世代にも認知症への理解が深まり、子どもから年長者まであらゆる世代の市民に広がっていくことを目指して、今後も継続していきたい。

Disclosure of Interest: None Declared

Well-being

Dementia friends or supporters

Date: Friday 28th April 2017

O15-04

ALZHEIMER’S SOCIETY’S DEMENTIA FRIENDS: CHANGING THE WAY THE NATION THINKS, ACTS AND TALKS ABOUT DEMENTIA

Philippa Tree*

Objectives: Alzheimer’s Society’s Dementia Friends programme is the UK’s biggest ever initiative to change people’s perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition.

There are two ways to become a Dementia Friend. The first is to attend an interactive Information Session delivered by our volunteer Dementia Friends Champions. Alternatively you can become a Dementia Friend online. This involves watching a short video featuring Gina, who is living with dementia, then signing up for a ‘Little Book of Friendship’ which contains more information and advice.

Dementia Friends is simply about learning more about dementia and the small ways you can help. This could be anything from changing the language you use when talking about dementia, to visiting someone you know living with dementia. Every action counts!

Since its launch the programme has shown to play a huge part in supporting a societal shift towards acceptance and inclusion of people affected by dementia. Our recent evaluation showed 77% of people have a better understanding of dementia since becoming a Dementia Friend and 79% felt motivated to do more to help others in their community.

At the moment there are over 1.7 million Dementia Friends in the UK, made up of people from all walks of life, from carers and families, to organisations (banks, libraries, hospitals etc) and children. However there are still many more people that we can reach.

We are continuously working to make the programme as accessible to as many people as possible. The face to face Dementia Friends Information Session has been adapted so it can be delivered to people with learning disabilities, BAME groups and children and young people. Work is currently underway to create resources and develop new models to ensure that Dementia Friends is LGBT friendly and accessible for those who are blind, hard of hearing or those from the Deaf community.

Recently the Dementia Friends programme was reviewed by a service panel of people living and affected by dementia. Regular feedback from those living with dementia is crucial to the development of our programme. Since this review several changes have been made including putting emphasis on encouraging patience and understanding – a suggested action which although small, can make a big difference.

Our commitment to support other countries with their Dementia Friends programmes and equally to learn from other countries experiences is incredibly important to us and will help the social action movement to continue to grow and build strength. Together we can change society’s beliefs and the actions of communities worldwide.

Disclosure of Interest: None Declared

Well-being

Dementia friends or supporters

Date: Friday 28th April 2017

O15-05

DEMENTIA PARTNER - IMPROVEMENT OF AWARENESS OF DEMENTIA IN KOREA

Areum Jeong[1], Hoyoung an[1, 2], Kiwong kim[* 1, 2, 3, 4] and Korea National Institute of Dementia

[1]korea national institute of dementia, [2]Seoul National University Bundang Hospital, gyeonggi-do, [3]Psychiatry, Seoul National University College of Medicine, [4]Brain & Cognitive Sciences, , College of Natural Sciences, Seoul National University, Seoul, Korea, Republic Of

Objectives: Korea is the fastest aging country in the world. As the incidence of dementia increases exponentially with age, a sudden rise in dementia prevalence in the near future will be inevitable.

To prepare for this, the Ministry of Health and Welfare of Korea presented the 3rd National Dementia Plan of Korea in 2015.

Included in this plan is the Dementia Partners program. Started in 2012, Dementia Partners play the role of an understanding, caring advocate of dementia patients of everyday daily life. They improve dementia awareness and also may participate in community volunteer services supporting patients with dementia and their families. The 3rd National Dementia Plan aims to recruit 500,000 Dementia Partners by 2020.

Anyone over 6 years of age can become a Dementia Partner by applying online (partner.nid.or.kr) and completing a short online education session (60min). We now have more than 300 thousand partners nationwide, who are creating dementia-friendly communities every day.

Disclosure of Interest: None Declared

Well-being

Dementia friends or supporters

Date: Friday 28th April 2017

O15-06

WORDS FOR A JOUNERY: COLLABORATION TOWARD DEMENTIA-FRIENDLY SOCIETY

Takashi Iba* 1, Okada Makoto[2], Tomoki Kaneko[3]

[1]Faculty of Policy Management, Keio University, Fujisawa, [2]R&D Strategy & Planning Office, Fujitsu Laboratories Ltd., Kawasaki, [3]Faculty of Environment and Information Studies, Keio University, Fujisawa, Japan

Objectives: In this presentation, we present our project to create a pattern language, called “Words for a Journey,” and its open collaboration toward a dementia-friendly society. It consists of 40 patterns describing positive and practical wisdom for living well with dementia, which was extracted from interviews. These patterns are designed for using in three ways: (1) reading them and putting them into practice; (2) using them as a vocabulary to speak with other people; and (3) talking about experiences with others.

This pattern language was created by a collaboration of various people from academic, business, and third sector: Iba Laboratory and the Dementia Friendly Japan Initiative (DFJI). Three years ago, Makoto Okada came about an idea to describe tips to live well with dementia, since he often listened to his friends who live well with dementia, including Masahiko Sato, and thought it is nice if the tips would be shared with others. He then asked Takashi Iba, who had created many pattern languages in other domains, to start collaboration.

After interviewing deeply to people with dementia and their families, writing the knowledge in the pattern form, and revising thoroughly them, brochure version was completed. Distributing the booklets in the community related to dementia, we got good reactions and feedbacks such as “I want to make a short brochure version of this book to give to everyone who receives a dementia diagnosis, along with their families. There are too many cases where people just have to go home in ‘despair’”; “Normally, the helpers and nurses who come from outside will provide only helpful information, but with the hints in this book, caregiving can become more positive”; “If, with the help of local organizations, we could get this book widely disseminated, I feel it would the change the minds of many and, ultimately, of society itself.”

Supporting by these feedbacks, “Words for a Journey” was published as a book from Maruzen Publishing in 2015. The editor of publisher had grandmother with dementia, so he worked for its publication with passion. This publication was taken as articles by many newspapers including Asahi, Sankei, Kanagawa, and Silver News, and magazines. It received the Good Design Award 2015 and Grand Prize of Dementia Friendly Award 2015. Outside Japan, the Sunday Express wrote an article about the English edition in UK, and it is now being translated into German.

After publication of the book, “Words for a Journey” has been started to use in many places, such as Dementia Supporter Training Lecture by Kawasaki city government, staff training at elderly housing with supportive services in Chiba, and idea generation workshop at library in Tokyo. In this presentation, we show such a open-collaborative process around “Words for a Journey.”

Disclosure of Interest: None Declared

Well-being

Dementia friends or supporters

Date: Friday 28th April 2017

O15-07

WHAT I LEARNED FROM MY EXPERIENCE AS A STAFF OF THE TELEPHONE COUNSELING ACTIVITIES PERFORMED BY ALZHEIMER'S ASSOCIATION JAPAN

Minoru Koshino*

Objectives: 私は、公益社団法人「認知症の人と家族の会」（以下家族の会）Alzheimer's Association Japan(AAJ)本部の電話相談員になり３年目になりました。そこで「家族の会本部の電話相談の紹介」と「電話相談員になり学んだこと」について発表致します。

１．「認知症の人と家族の会」本部の電話相談紹介

「家族の会」本部の電話相談は日本全国からフリーダイヤルで受け付けています。又、日本全国４７都道府県全ての支部でも電話相談を開設しています。しかし、支部の場合は、京都のように自治体から委託を受けて開設しているところ、NPO法人を立ち上げて開設していたり、世話人の個人の電話を開放しているところなど運営方法はさまざまです。

私がボランティアをしている「家族の会」本部電話相談は２０００年８月に開設していますが、それより前から世話人有志が個人の電話を開放し相談活動を行っていました。

当初の目的は、介護が忙しく「家族の会」の主たる活動の「つどい」に参加出来ない会員の心の支えになるために開設されました。「家族の会」発足当初は認知症の相談窓口はどこにもなく、「家族の会」の発足にかかわった医師が自宅の電話を開放し相談に乗り、続いて看取りを終えた方や、施設入所などで時間が出来た介護経験者の方が、自宅の電話で会員の方からの相談を受けていました。この相談の重要性が評価され２０００年８月に「ぼけの電話相談１１０番」として全国フリーダイヤルの相談窓口が開設されたのです。

しかし、認知症に悩む方が多くなり同じ仲間同士助け合いが出来るように会員以外の方からの相談も受けるようになりました。現在では年間約３，３００件の受電があり、その内９７％が会員以外の一般の方からの相談です。

電話相談員は基本的には介護経験者で、介護家族の悩みの傾聴や共感により、相談者に勇気を与え、自分で解決してゆく力の後押しをすることを大切に考えています。その為相談員は自己の知識や経験だけではなく、トータル１週間の教育を受け実施訓練の後、ひとり立ちします。毎月１回事例検討をする月例会では介護、看護の専門職のメンバーも多く現場での経験が生かされています。又、年２回の外部講師を招いての研修会を実施しスキルアップを計っています。日々の電話相談内容は、所定の記録用紙に記録します。この記録をまとめることも、相談員としてのスキルアップにつながっていると思います。今回の国際会議では、相談記録を「本部電話相談の２０１３年から２０１６年３年間のデータ分析」と「２０１６年４月から７月迄の本部と支部の電話相談の分析結果」としてまとめポスター発表しています。

２．電話相談員になり学んだこと：妻からのプレゼント

私は現在、アルツハイマー型認知症で要介護１の妻を自宅で介護しています。

２０１３年の１０月に電話相談に電話し、その紹介で「つどい」に参加、その場で「家族の会」に入会しました。その後２０１４年春の電話相談員研修会に参加,教育を受け６月から電話相談員になりました。妻の介護経験だけで何の資格も持っていない私が相談員になったのは、私がさまざまな方からアドバイスを受け助けていただいたので、少しでも、その恩返しに、私と同じように悩んでいる方のお役に立ちたいと考えたからです。

電話相談員になった当初、多くの本を読んだり、インターネットで学んだり私なりに努力をしてきましたが、相談内容は多岐にわたり分からないことが多く、相談者に満足な対応が出来ない事が多くありました。調べ直したり先輩に教えて頂き少しづつですが成長してきたと思っています。

本部の電話相談は全国各地から相談電話が入るため地域に依る格差を感じます。自治体が認知症対策にどれだけ力を入れているか、第一線のかかりつけ医が認知症を正しく理解しているか、ケアマネージャーや介護サービス事業所の数と質の差などです。

相談内容では、介護者の今の気持ちを聴いてほしいという方が３０％を超えていて、誰にも自分の気持ちを吐き出せない、理解して貰えないと一人で悩んでいる方がいかに多いかが分かります。又、介護に行き詰った時にその都度電話を掛けてこられるリピーターの相談者が年間約２５％います。これはこの電話相談が頼りにされているという事で私達もその期待に応えられる努力が必要だと思っています。

私が主に相談者にお伝えしたいことは、認知症の病気を正しく理解して下さい、一人で悩まず同じ介護者の仲間に助けを求めて欲しい、社会資源を目一杯利用して欲しい、介護者自身を大切にして自分の時間を持って下さい、病気の本人の気持ちを理解する努力をして下さいと言うことです。

又、最近男性の介護者が増えています。日本の男性介護者の特徴かも知れませんが

仕事と同じ様にパーフェクトな介護を目指す方がいます。その為介護者自身が疲弊し結果的に良い介護が出来ない悪循環に陥る事が多いと感じました。介護は６０％位で良い、介護者が精神的に安定して初めて良い介護が出来るなどを伝えています。

相談員になった当初は少しでも同じ悩みを持った方のお役に立てればと思っていましたが、相談者から「思い切って電話して良かった」「精神的に楽になりました」「アドバイスを早速実行してみます」などの感謝の言葉が、私にとって精神的な支えになっていて逆に相談者から力を貰っています。私より大変な介護をしている方が多いのを知って、私の介護などまだ大したことではないと、妻に対して穏やかな気持で接する事が出来たりと私自身の介護にも良い影響を与えています。

最後に皆様にお伝えしたいことは、妻が認知症になったことは残念なことですが、今は

決して不幸では無いということです。「家族の会」に関わる皆様、認知症カフェで出会った方々皆さん素晴らしい方ばかりです。日本の高度成長時代に仕事をしてきて子育ては妻に

任せっきり、これと言った趣味もなかった私にとって全く新しい世界に出会う事が出来

ました。これは妻からのプレゼントだと思っています。

妻の症状はゆっくりですが、確実に進行しています。これからも先輩方のお力をお借り

して、一緒に歩んでゆければ認知症を恐れることは無いと今では思っています。

Disclosure of Interest: None Declared

Science

Epidemiology

Date: Friday 28th April 2017

O16-01

A COMPARISON OF DIAGNOSIS OF DEMENTIA USING GMS AGECAT ALGORITHM AND DSM-III-R CRITERIA

Lu Gao*

Introduction: Diagnostic approaches influence dementia prevalence, selection of the diagnostic system would influence the outcome of a research project, thus produce different results when applying different diagnostic criteria. The GMS AGECAT is a computerised diagnostic system for the diagnosis of dementia in community studies of prevalence and incidence. It is suggested the uncertainty of the diagnosis of dementia at the individual level, particularly in borderline cases.

Objectives: To validate the precision of GMS AGECAT algorithm as a diagnostic approach of dementia by comparing the dementia diagnosis made using AGECAT algorithm and 3rd revised edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-III-R) criteria, and to examine the factors that cause the differences of diagnosis, particularly in the borderline cases.

Methods: In an additional component of an epidemiological study Medical Research Council Cognitive Function and Ageing Studies (MRC CFAS) in the UK, 121 out of 2500 participants aged 65 years received a study diagnosis of dementia between 1991 and 1994 using AGECAT algorithm. Those participants along with additional 156 with no diagnosis of dementia participants were examined by a clinician for dementia using DSM-III-R criteria. The subtypes of dementia are identified by a physical and neurological examination.

Study diagnosis of dementia and clinical diagnosis of dementia were compared; estimates of sensitivity, specificity and Cohen’s to measure agreement were calculated. The effects of age, sex, dementia severity and comorbidity on diagnosis of dementia were investigated.

Results: The sensitivity of AGECAT algorithm for diagnosing dementia was 88.6% (95% CI 81.6% to 93.6%), while the specificity was 93.3 (95% CI 88.0 % to 96.7%). The Cohen’s for agreement between AGECAT algorithm and clinical diagnosis based on DSM-III-R was 0.8. Diagnostic disagreement was found predominantly for cases with mild severity of dementia and cases with comorbidity, in particular, those with depression.

Conclusion: AGECAT algorithm is a reliable tool for dementia diagnosis in community study, which has a good agreement with clinical diagnosis, and both high positive and negative predict values. However, there might be different thresholds between DSM-III-R and GMS AGECAT causing different classification for the borderline cases. In addition, it might need extra measurement in the some group with comorbidity when applying AGECAT algorithm for dementia diagnosis

Disclosure of Interest: None Declared

Science

Epidemiology

Date: Friday 28th April 2017

O16-02

WHAT IS THE CONTRIBUTION OF POTENTIALLY MODIFIABLE ENVIRONMENTAL AND LIFESTYLE RISK FACTORS TO YOUNG ONSET DEMENTIA? RESULTS FROM THE INSPIRED STUDY

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Introduction: There is some misconception that young onset dementia (YOD) is predominantly caused by autosomal-dominant factors, though these account for less than 20% of cases.

Objectives: The aim of this study is to gather detailed data regarding exposure to potentially modifiable environmental and lifestyle risk factors and assess associated risk for primary degenerative and vascular YOD.

Methods: Data here is combined from the INSPIRED study of YOD epidemiology and KGOWS study of Australian Indigenous ageing. INSPIRED participants with sporadic, degenerative YOD were recruited via relevant health care professionals or were self-referred. Control participants were recruited via GP clinics and matched by location, sex and five-year age group. KGOWS participants were selected via a census of all Indigenous people aged over 60 in five local government areas. Any KGOWS cases of sporadic, degenerative YOD were included in this study along with matched controls. Exposure data were collected using surveys and structured interviews. Family history of dementia was entered as a covariate.

Results: Participants are 96 cases and 179 controls. Case aetiology includes Alzheimer's disease (AD; n=56), frontotemporal dementia (n=11), vascular dementia (n=9) and other dementias (n=20). Risk for YOD was significantly associated with stroke (OR=7.17, 95%CI:2.4-21.6), lower education (OR=0.87, 95%CI:0.80-0.93), smoking pack-years (OR=1.01, 95%CI:1.0-1.1), and late-life (OR=2.27,95%CI:1.3-4.3) but not early or midlife depression (OR=0.97, 95%CI:0.5-2.2). Analyses were repeated for AD alone, and all effects were attenuated but retained significance. Risk for YOD was not associated with cardiovascular risk factors commonly reported in studies of older people, such as hypertension, hypercholesterolemia and type II diabetes (all ns).

Conclusion: Potentially modifiable environmental and lifestyle risk factors such as low education and smoking as well as clinical conditions such as depression and stroke are associated with increased risk for YOD.
The effect of cardiovascular risk factors in YOD warrants further investigation. It is possible that they are not relevant to YOD, or require more years of cumulative exposure to confer risk.

Disclosure of Interest: None Declared

Science

Epidemiology

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O16-03

DIFFERENCES IN THE PREVALENCE OF ITEM SPECIFIC NEUROPSYCHIATRIC INVENTORY NURSING HOME IN ASIAN COUNTRIES

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Introduction: Neuropsychiatric Inventory Nursing Home version (NPI-NH) is increasingly used for epidemiologic studies of dementia, and subscale screening item and its frequency and severity are mostly reported.

Objectives: The aims of the study was to investigate the difference in the item specific prevalence of BPSD measured by NPI-NH in cognitively impaired long-term care residents among 7 study sites: China, Japan (3 sites), South Korea, Taiwan and Thailand.

Methods: This study was approved by the ethics committee of each academic institution and participating facility. Informed consent was obtained from the resident's proxy. Eligibility criteria were 1) residents diagnosed with dementia or Mini Mental State Exam (MMSE) < 24 and 2) independently mobile. Approximately 100 residents were recruited from each site. Demographic and clinical information was obtained from medical record. The staff was trained to evaluate NPI-NH. Descriptive statistics was conducted.

Results: In total, 696 was available for analysis. Prevalence of NPI-NH subscale substantially differed among 7 sites, even after stratified by the clinical dementia rating scale. The highest median prevalence of BPSD was "agitation" (37%), followed by "irritability" (31%), and "delusion" (28%). Median number of items per resident for 12 subscale was mostly 2, and the maximum number of items per subscale per resident was 8 for "agitation". Among those with "agitation" positive, prevalence of item no. (hereafter, item) 1 (resist care) and item 5 (shout) showed much less variation than the other items among 7 sites. There were nearly 10-fold differences in the prevalence for item 4 (hard to handle) and item 7 (to hurt). Regarding irritability, prevalence of item 1 (bad temper) exceeded 50% for all sites among irritability positive residents. Prevalence of item 2 had 13-fold difference between the highest and the lowest. Regarding "delusion", item 6 (believe any other unusual things) showed the striking contrast between 3 Japanese sites and the other overseas sites; the prevalence for Japanese sites was 3 times higher than the overseas sites. In contrast, prevalence for item 2 (others are stealing") in 3 Japanese sites was lower than the other sites. Prevalence of item 3 (spouse is having an affair) was 0% for 4 sites and less than 10% for the other 3 sites. The low prevalence items were also found in "hallucination"; most of the sites reported 0 prevalence of item 4 (smell things) and item 6 (taste things that are not present).

Conclusion: We found substantial variation in the prevalence of NPI-NH items. Severity of dementia is unlikely explain the discrepancy of the prevalence. Very low prevalence items such as "having an affair" in Asia may reflect the cultural differences between Western culture and Eastern culture.

Disclosure of Interest: None Declared

Science

Epidemiology

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O16-04

DESCRIPTIVE STUDY ABOUT ALZHEIMER'S DISEASE PATIENTS WITH SLEEP DISTURBANCES.

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Introduction: Although sleep disturbances are common in Alzheimer's disease (AD) and can lead to nighttime wandering and increased risk of accidental falls, the phenomenon has not been systematically evaluated in AD patients because obtaining cooperation has proved difficult.

Objectives: To quantitatively characterize sleep disturbances in AD patients.

Methods: An interventional study project for patients with dementia and sleep disturbances was conducted at the dementia care unit in a Japanese Hospital between March 2013 and September 2016. The current study was part of this project. Participant eligibility criteria were 1) a diagnosis of AD, 2) presence of sleep disturbances, and 3) independent mobility. A non-wear actigraph unit that measured sleep efficacy, sleep duration, number of times leaving bed, and number of times waking up was placed under the mattress. Demographic and clinical data, including their Clinical Dementia Ratings (CDR) were obtained from medical records. Patients were grouped by severity of their CDR score (mild, moderate, and severe). Spearman rank correlation was used to examine the correlation between sleep parameters and demographic variables and one-way analysis of variance was used to test for differences in parametric variables. A Kruskal-Wallis test was similarly used for non-parametric variables. This study was approved by the ethics committee at Osaka University and a study hospital.

Table: Table 1. Characteristics of sleep parameter by dementia severity

Severity of dementia (n)	Duration of dementia (years)	Number of times leaving bed
	($p < 0.0005$)	($p = 0.022$)
Mild (16)	2.1 ± 2.2	7.9 ± 4.9
Moderate (18)	4.6 ± 3.0	7.5 ± 7.4
Severe (34)	6.0 ± 3.9	4.9 ± 6.7

Results: Sixty-eight patients were monitored (mean age: 77.4 ± 8 years, 28 males). The mean duration of dementia was 4.7 ± 3.7 years. The mean number of monitoring days was 41.0 ± 30.5. Among the 68 patients, 44 (64.8%) were prescribed antipsychotic drugs, 17 (25.0%) were prescribed anti-Alzheimer's drugs, 11 (16.2%) were prescribed non-benzodiazepine hypnotic drugs, and 4 (5.9%) were prescribed benzodiazepine hypnotic drugs. Sleep efficiency was 60.8 ± 18.0%, and sleep duration was 421 ± 169 minutes. Patients got out of bed 6.2 ± 6.0 times and woke up 7.9 ± 4.6 times per night. Duration of dementia and the number of times leaving bed differed significantly across the three CRD groups, while sleep efficiency, sleep duration, and number of times waking up at night did not (Table 1).

Conclusion: This study found that patients with severe dementia got out of bed at night less often than those with mild or moderate dementia. Thus, staff need to pay more attention to preventing falls in AD patients with mild/moderate dementia than in those with severe dementia.

Disclosure of Interest: None Declared

Science

Epidemiology

Date: Friday 28th April 2017

O16-05

TRENDS IN SUBJECTIVE MEMORY AND FUNCTIONAL LIMITATIONS IN THE UNITED STATES: A MATCHED CASE-CONTROL NHANES ANALYSIS

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Introduction: Many individuals report subjective memory and functional complaints years prior to the development of dementia and Alzheimer's disease or further disability. Despite the high disease burden, published data on epidemiologic trends of symptoms are scarce.

Objectives: Examine the epidemiologic and healthcare resource trends in subjective memory and functional limitations in the United States (US) from 1999-2012 using a large representative sample of the US population.

Methods: Records from the National Health and Nutrition Examination Survey years 1999-2012 were abstracted for participants aged 65 years or older. Data included medical examinations, self-reported cognitive and functional limitations, and healthcare resource over one year. Cases with cognitive/functional limitations were identified as participants responding positively to questions related to difficulty in remembering, experiencing periods of confusions, and functional disability. Propensity scores were used to match controls to cases to reduce selection bias. For each case with a limitation (cognitive/functional), 1 control participant age ±1 year, of identical gender, race, education, and individual comorbidity was selected from the same survey period. Descriptive analyses of patient characteristics were performed and complex survey regression models were used to test associations.

Results: An initial sample of 9,029 participants were available across the 1999-2012 surveys. A total of 4,192 participants (2,096 cases and 2,096 matched controls) were included. Results show over the 12-year time horizon the prevalence of memory and functional limitations was steady at 30% and 33%, respectively. Among cases with functional limitations, 24.8% had limitations in activities of daily living, 74.1% in instrumental activities of daily living, and 56.4% in social interactions. 25.2% of cases reported worsening health status over one year compared to 13.1% of controls ($p < 0.0001$). Higher utilization of co-medications was reported in cases vs controls, including antidepressants (22% vs 11%), hypnotics (13% vs 8%), opioids (12% vs 4%), and antipsychotics (3.5% vs. 0.6%). Use of anti-dementia treatment was higher in cases (6.6%) vs controls (0.7%). Significantly more (28.4% cases vs 18.2% controls) experienced overnight hospitalization in the last year ($p <0.0001$) and seeing a mental health specialist was also significantly higher, 8.2% vs 2.5% respectively.

Conclusion: Survey findings provide an overview of the rates of subjective memory and functional limitations in a representative sample of the US. Higher rates of co-medications observed for cases versus matched controls along with greater use of healthcare resources. While surveys are subject to recall bias, this study provides comparative data on the burden associated with memory and functional limitations.

Disclosure of Interest: M. Aigbogun Conflict with: Otsuka Pharmaceutical Development & Commercialization, Inc., R. Stellhorn Conflict with: Ostsuka Pharmaceutical , H. Krasa Conflict with: Otsuka Pharmaceutical Development & Commercialization, Inc., D. Kostic Conflict with: Otsuka Pharmaceutical Development & Commercialization, Inc.

Science

Epidemiology

Date: Friday 28th April 2017

O16-06

DEMENTIA AND NON-ELECTIVE HOSPITALIZATION IN COMMUNITY-DWELLING OLDER MEN: THE CONCORD HEALTH AND AGEING IN MEN PROJECT

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Introduction: The influence of dementia on non-elective hospital admission in a representative older population remains unclear. Previous studies have not accounted for a range of potential confounders.

Objectives: To examine the relationship between dementia and non-elective hospitalization in community-dwelling older men over 10-years follow-up.

Methods: In the Concord Health and Ageing in Men Project (CHAMP), 1541 community-dwelling men aged 70 to 97 were screened and assessed for dementia, mild cognitive impairment (MCI) or no cognitive impairment by a panel of geriatricians and neuropsychologist at baseline. Hospital admission data of 10 years were obtained through data linkage with the state health department admitted patient data collection. The hospital admission data included principal diagnosis for each admission in ICD codes. In addition, data collected also included potential confounders such as age, body mass index, smoking, comorbidity, self-rated health, education and ethnicity. Cox regression was used for analysis.

Results: Of the 1541 men at baseline, 93 (6%) were diagnosed with dementia and 120 (7%) with MCI. Over the 10-year follow-up, 1121 men (73%) had at least one non-elective overnight hospital admission. The top 5 reason for hospital admission based on principal diagnosis for all the study participants were circulatory (n=457), abnormal clinical symptoms (n=310), injury (n=303), respiratory (n-283) and/or digestive (n=223). Of the 93 men with dementia, the top 5 reason for hospital admission were injury (n=36), respiratory (n=31), circulatory (n=29), abnormal clinical symptoms (n=22) and/or digestive (n=19). Univariate analysis revealed when compared to men with normal cognition, men with dementia were more likely to be admitted to hospital due to any reason, circulatory, abnormal clinical symptoms, injury, respiratory, digestive, infectious, nervous, endocrine and mental. However in the age-adjusted model, dementia was only statistically significantly associated with any (HR:1.47, 95%CI:1.16-1.86), injury (HR:2.10, 95%CI:1.45-3.04), respiratory (HR:1.78, 95%CI:1.21-2.64), infectious (HR:2.51, 95%CI:1.20-5.28) and mental (HR:3.19, 95%CI:1.50-6.80) related hospitalization. In the multivariate-adjusted model, dementia remained associated with any (HR:1.36, 95%CI:1.05-1.75), injury (HR:1.78, 95%CI:1.18-2.66), infectious (HR:2.59, 95%CI:1.17-5.76) and mental (HR:3.10, 95%CI:1.33-7.24) related hospitalization.

Conclusion: Older men with dementia were more likely to be admitted to hospital, particularly due to injury or infectious-related reasons. Further studies are needed to provide effective strategies to prevent injuries of external causes such as falls, and infectious and parasitic diseases in older people with cognitive impairment and dementia.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

Date: Friday 28th April 2017

O17-01

KEY FACTORS INFLUENCING THE EFFECTIVENESS OF CARE MANAGEMENT FOR PERSONS LIVING WITH DEMENTIA: A NARRATIVE SYNTHESIS SYSTEMATIC REVIEW

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Objectives: Despite initial evidence supporting care management programmes for persons with dementia, previous systematic reviews has been confronted with profound difficulties when comparing incongruent studies with significant data heterogeneity among them. A narrative-synthesis approach was therefore adopted in our systematic review to textually synthesize and interpret findings from different studies to identify key factors that influence the effectiveness of care management for persons living with dementia.

Method: We adopted the methodological framework on systematic narrative-synthesis suggested by Popay et al.(2006), which comprised of four key elements: 1) Theory development; 2) Developing a preliminary synthesis; 3) Exploring the relationship and findings within and between studies; 4) Assessment of the robustness of the synthesis. The search was limited to Randomized Controlled Trials and Systematic Reviews on care management for dementia published after 1990 in either PsycINFO, PubMed, SpringerLink, JSTORE databases, Science Direct, Web of Science, Cochrane, or Embase.

Results: The factors that influence the effectiveness of implementation of dementia care management were identified at individual-level, programme-level, and system-level. At an individual level, the effectiveness of care management seems to relate to persons with an early stage of dementia and behavioural problems; while higher comorbid conditions and lower care partner's education level also contribute to effective care management. At a programme level, the composition of care management team, the regular training and communication, higher degree of collaboration with care partner, adherence to protocol, as well as a duration of care management program of 2 years or more. At the system level, cost stood out as a significant determinant of whether a care management program is effective, followed by the accountability of case manager and social culture.

Conclusion: Scrutiny and appraisal of the robustness among heterogeneous results seems to indicate that care management is generally more effective over a period of 2 years or more through delivery by a regularly trained team of professionals, closely collaborating with care partner to serve persons with a milder stage of dementia experiencing behavioural problems and comorbidities. The influencing factors identified in this study would hopefully contribute to good starting considerations during the future design of care management.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

Date: Friday 28th April 2017

O17-02

IMPROVING JOURNEYS FOR PEOPLE WITH DEMENTIA IN NORTHERN SYDNEY

Susan Kurrle* [1], Lyn Olivetti[2] on behalf of Northern Sydney Dementia Partnership and Northern Sydney Dementia Partnership

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Introduction: There is a range of services available for people with dementia and their carers in Northern Sydney. However information about these services including how to access them is not well understood by the people who need them or by general practitioners and others who recommend them.

Objectives: The objective of this project was to improve the patient and carer journey by providing comprehensive information on services and support available to people with dementia, carers, and health care professionals across the Northern Sydney area. It was felt that this would enable better planning for management of care, more timely access to support, and a reduction in unplanned admissions to hospital for people with dementia.

Methods: A partnership was formed between the Northern Sydney Local Health District (providers of hospital and ambulatory health care including memory assessment clinics), Sydney North Health Network (organization including general practitioners and other primary care practitioners), Alzheimer's Australia NSW (advocacy), Community Care Northern Beaches (providers of community services), and a consumer representative, to develop a dementia pathway to provide guidance around access to appropriate services. Diagnostics and gap analysis was conducted using Essomenic patient journey modelling. Health professionals and consumers were involved in workshops to map both typical journeys and ideal journeys. An implementation plan was developed using recommendations from the mapping exercise.

Results: The partnership has led to a number of local initiatives. These include the production and distribution of a brochure titled "Memory Problems?" which contains information on dementia and its progression and planning for the future, and describes what services are available locally including support groups. 45,000 brochures have been printed and distributed widely through partner organisations, health care providers and social support services. A dementia discharge follow-up service has been commissioned to provide support for the transition between hospital and home following discharge. A localized dementia pathway for health care professionals including general practitioners has been developed.

Conclusion: This partnership between the various health care providers, social support services, advocacy organisations, and consumers has resulted in a strongly collaborative approach to improving care for people with dementia and their carers, with tangible outcomes that aim to make a difference for this group of people.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

Date: Friday 28th April 2017

O17-03

ADJUSTING SELF-CARE ACCORDING TO COGNITIVE FUNCTION IN DIABETIC PATIENTS-EXPERIENCE OF COOPERATION BETWEEN A MEMORY CLINIC AND A DIABETIC SECTION AT CSK HOSPITAL, KRISTIANSTAD, SWEDEN

Ann-Marie Liljeroth*, Ann-Charlotte Palm

Objectives: Diabetes is associated with an increased risk of dementia.The Diabetic Control and Complication Trial(DCCT)/Epidemiology of Diabetes Intervention And Complications Study(EDIC) has demonstrated the effectiveness of intense therapy in reducing long-term complications of diabetes mellitus type1(T1DM). Most known complications are microvascular affecting the eyes, kidneys and periferal nerves.T1DM and diabetes type2(T2DM) are also associated with cognitive decline in the domains of psychomotor speed, memory and executive functioning, meaning ability of planning, reasoning, attention and task shifting. The treatment is aimed at preventing hyperglycaemia, the primary cause of complications. It is essential that the individuals are engaged in self-care. The Memory Clinic has met about 50 patients with cognitive decline and diabetes during a decade. About 75% of the patients are of T1DM and 25% are of T2DM, probably explained by the referrals from the Diabetic section of CSK. Most of the patients have one or more microvascular complications. We noticed initially some symptoms they had in common. The patients were often sensitive to stimuli, stress and easily distracted. They had more problems in executive functions and memory decline. This made the self-care much more difficult. They could forget their insulin if someone interrupted the activity,and also sometimes take twice the dose.The motivation to metabolic control and reducing risk factors was sometimes low. The patients had not always involved their partner. We started to interact with the patient and his/her partner together with the Diabetic section. The doctors and nurses were educated to discover cognitive symptoms, and to use cognitive tests. They react when: the patient is complaining of a memory problem,when a normally good metabolic control changes,when the HbA1c is constantly high or when the patient alters in personality. The partner gets involved and tests are made. We use MMSE, minimental state exam, and Trail Making Test as screening. If there are signs of cognitive decline, the patient is referred to the Memory Clinic for extended cognitive examination and brain imaging. We add support to the self-care, for example a pen for insulin with a memory for dose, date and time. A nurse from the community gives extra support with medication and food compliance if the partner works or is absent. If the patient is still working, our occupational therapist visit the workplace to discuss and reduce overload in stimuli, schedule according to metabolic control and add cognitive utilities. Together with the Diabetic section we follow up the patients on a regular basis.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

Date: Friday 28th April 2017

O17-04

A NEW CARE SYSTEM FOR PERSONS WITH DEMENTIA IN JAPAN: MULTIFUNCTIONAL CARE IN A SMALL GROUP HOME SETTING (MCHS)

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Objectives: Multifunctional care in a small group home setting (MCHS) was established in 2006 as one of the community based long-term care services in Japan. MCHS provides assistance in activities of daily living (ADL) such as care for bathing, toilet and eating at the individual's home as home-help service or at the certain service location as daycare or short-stay. Compared to the conventional service, MCHS has several characteristics; 1) as this service provides multifunctional care by one institution, users are always cared by familiar staff, 2) as MCHS has its own care manager, it is easy to coordinate more appropriate care for users as needed, 3) it depends on the institution how to provide service and the usage fee is constant (monthly fee) decided only by their nursing care level and 4) to use MCHS service, users have to register with MCHS. Based on these characteristics, MCHS is expected to be an appropriate service for persons with dementia (PWD) who want to be cared in community setting in Japan. On the other hand, as this service is provided for a monthly fee, users with severe BPSD who want to use much service tend to come to MCHS, which means it is very difficult to manage MCHS system due to some heavy users.

Our MCHS was established in 2012 in rural area in Tokyo (elderly population rate 17.4%). We have 20 patients at most cared by 10 staff including nurse and care manager. A total of 42 users has registered so far and we now have17 users (Age: 82.9+/-9.9yrs, Female: 15 users (88.2%)). Average numbers of users for daycare, short-stay and home-help service were 9.5, 3.1 and 7.5 per day (based on the data of Sept, 2016). Based on economical point of view and several case studies in MCHS, we will present how to care PWD in MCHS and how to manage MCHS system in Japan.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

Date: Friday 28th April 2017

O17-05

8 PILLARS MODEL: IMPROVING CO-ORDINATED CARE FOR PEOPLE WITH DEMENTIA AND CARERS IN THE COMMUNITY

Michelle Miller*

Objectives: Focus on Dementia is the National Improvement Programme for Dementia in Scotland, established by Scottish Government to support the implementation of the dementia strategy. The programme works in partnership with Alzheimer Scotland, Scottish Government, other national organisations and health and social care partnerships across Scotland.

For the last 2 years we have been testing a model of integrated care in the community for people with moderate to severe dementia (Alzheimer Scotland 8 pillar model). The testing period has now come to an end (August 2016) and we now have the results of external evaluation which we would like to share to inform wider learning.

The 8 pillar model has been produced by Alzheimer Scotland alongside people with dementia and their carers and health and social care staff. The model proposes a comprehensive integrated and coordinated approach to supporting people with dementia and their families and carers. This includes the introduction of a dementia practice co-ordinator function who will ensure access to all pillars of support on an ongoing basis as appropriate to each individual. Other pillars include support for carers, personalised support, community connections, environment, mental health care and treatment, general health care and treatment and therapeutic interventions.

People with dementia and their carers do not always receive the range of health and social care interventions required to build their resilience and support them to live in the community. Within this session we will discuss resilience and how the 8 pillar model is supporting people with dementia to live well for as long as possible in the community.

We will discuss the improvement collaborative approach we have developed to support 5 health and social care partnerships in Scotland (rural and urban areas). Test sites are multidisciplinary teams working alongside 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 carer. The results will inform the thrid National Dementia Strategy for Scotland at the end of 2016.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

Date: Friday 28th April 2017

O17-06

ROLE AND ISSUES REQUIRED FOR THE INITIAL-PHASE INTENSIVE SUPPORT TEAM OF DEMENTIA

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Objectives: 【はじめに】

日本では，世界に類を見ない速度で高齢化が進み，超高齢社会となった今，様々な問題を抱えている．その一つに認知症が挙げられる．日本政府は2013年に認知症施策推進5か年計画（オレンジプラン），2015年には認知症施策推進総合戦略（新オレンジプラン）が策定された．計画の基本的考えは，「認知症の人の意思が尊重され，出来る限り住み慣れた地域の良い環境で自分らしく暮らし続けることができる社会の実現を目指す」とされている．この基本的考えを軸に介護・医療の適切な提供や家族支援などが柱として示されている．その中に，認知症初期集中支援事業が位置付けられている．

筆者は，2013年にスタートした認知症初期集中支援モデル事業から参画しており，4年間の実績と，そこから見えてきた認知症初期集中支援事業の役割と課題について考察した．

【認知症初期集中支援チームの概要】

認知症初期集中支援チームは，「認知症の人や家族に関わり，アセスメント，家族支援等の初期の支援を包括的・集中的に行い，自立生活のサポートを行う複数の専門職から編成されるチーム」である．ここで用いられている「初期」とは，認知症発症後のステージとしての初期，認知症の人への関わりの初期（ファーストタッチ）の2つの意味がある．また，その対象者は，在宅で生活している40歳以上の 医療サービス・介護サービスを受けていない，または中断している人，医療サービス・介護サービスを受けているが認知症の行動・心理症状が顕著なため対応に苦慮している人が，その条件として挙げられている．

次に，認知症初期集中支援チームの構成は，認知症ケア実務経験3年以上または在宅ケア実務経験3年以上の保健師，看護師，作業療法士，介護福祉士，社会福祉士等の保健医療福祉の国家資格を有する者と，チーム員をバックアップし専門的見地からアドバイスする専門医および認知症サポート医である．

認知症初期集中支援の実施主体は市町村（特別区を含む）とするが，適切な事業運営が確保できると認められる団体等に事業の一部を委託することができる．実施機関は訪問支援対象者およびその家族と緊急時の連絡体制の確保ができる機関としている．

【世田谷区の累計（桜新町アーバンクリニックの場合）】

世田谷区は人口約90万人，高齢化率は約20%の自治体である．2013年から，認知症初期集中支援モデル事業をスタートし，当クリニックも同年から委託を受けて，事業に参画している．認知症初期集中支援チームは，2016年現在，世田谷区内を三つのチームで担当している．世田谷区の特徴としては，地域住民から直接チームに相談されるのではなく，地域包括支援センターを通して相談を受けている．今回の発表では，当クリニックが関わった108件について分析した．

男女比は，男性24%，女性76%．年齢は80～84歳が31%で最も多く，次いで85～89歳が30%であり，平均すると82.1歳であった．チームが介入する前の介護保険サービス利用状況は91%が未利用な状況であったが，支援期間が終了する段階では，全体の40%がサービス導入済み，34%がサービスの導入を予定しているケースとなった．介護保険サービスの導入に至らなかったケースは26%であるが，地域のインフォーマルサービスの利用に繋がったケースもいた．チームに依頼があったケースの相談元は，家族が最も多く49%，次にその他が18%であった．その他には，65歳以上を対象に行う基本チェックリスト未回収者への戸別訪問で，地域包括支援センターの職員が気になったケースや，生活保護などの社会保障制度を利用しているケースの担当相談員からの相談などが含まれた．

【チームに求められる内容および介護保険サービス導入のポイント】

2013年からの108件に対して，チームに依頼された内容としては，介護保険サービス導入23%，評価・認知症診断20%，家族への心理教育14%であった．チーム員介入前の介護保険サービス未利用率が大半であったことからも，介護保険サービスの必要性を確認し，適切なサービスの選択・導入はチームの大きな役割の一つであることが理解できる．

介護保険サービスの導入を検討する際は，対象者が家族以外の第三者が定期的に自宅を訪問することに慣れていないという状況を踏まえた上で，サービスの選定を行うよう心掛けている．その上で，訪問系サービス（訪問看護，訪問介護，訪問リハビリ等）か通所系サービス（デイケア，デイサービス等）の見極めを行う．また，サービスの種類の検討にあたっては，対象者の生活歴や趣味・興味関心活動が生かせるような，対象者の生きがいを再発見できるような活動の場の提供を念頭に置いてサービスの検討を行っている．

介護保険サービスの導入の有無に限らず，相談のある対象者すべてに対し，認知症に伴う生活障害の見極めや脳機能障害による生活の不具合も評価および生活指導を行っている．例えば，1か月のカレンダーにスケジュールを記載して理解を促しても，老化に伴う視力低下や見当識障害の為にカレンダーを理解できないこともある．その場合，1週間単位や日毎のカレンダーに変更し，情報量を調整することで混乱を防ぎ，対象者の能力を引き出すこともできる．

【認知症初期集中支援チームの成果と今後の課題】

認知症初期集中支援チーム創設の背景には，今までの対応が事後的で，行動・心理症状などが悪化した状態で医療機関に受診し，在宅生活の継続が困難になる事例が散見されたことや，ケアの場面で継続的なアセスメントが不十分であるために，適切な認知症ケアが提供できていなかった課題がある．また，サービスの導入に至っても，対象者の能力や性格，居場所となるべきサービス提供先が上手くマッチングしないために，サービスが途切れてしまうことも問題である．そこで，認知症初期集中支援チームが早期に関わり，適切な評価・診断を行うことで，対象者にとって必要な介護保険サービスを導入することができるようになった．加えて，介入後の介護保険サービスが継続していることもチーム介入の成果と言える．また，対象者の認知症進行や今後起こりうる生活障害を予測し，疾患としての変化に加え，対象者ならではの生活歴・特徴を踏まえて個別の家族支援を行うことが，地域での生活継続に繋がっている．

その一方で，世田谷区では年間約1,000人の方が認知症の診断を受けている状況の中，チームとしては4年間で約100件しか関われておらず，潜在的に支援を必要としている人がいる可能性は高い．そのような方に対して，幅広く相談を受け，地域のニーズに対応できるかが今後の課題である．

Disclosure of Interest: None Declared

Policy

Health economics

Date: Friday 28th April 2017

O18-01

HOW DOES ALZHEIMER'S DISEASE SEVERITY IMPACT HEALTHCARE RESOURCE UTILIZATION IN JAPANESE PATIENTS?

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Introduction: Alzheimer's disease is associated with high healthcare resources use and cost.

Objectives: To examine the relationship between disease severity and healthcare resource utilization (HCRU) of Alzheimer's disease (AD) patients in Japan.

Methods: Data were drawn from the 2013 Adelphi Dementia DSP, a cross-sectional survey of physicians and their cognitive impairment (CI) patients in Japan. Physicians completed a record form for their patients, including demographics, diagnosis, physician-perceived severity of patient's CI and HCRU; namely consultations and hospitalizations in the last 12 months, professional caregiver hours required per week and institutionalization. Patients were grouped based on their current diagnosis and physician-perceived CI severity. Mild, moderate and severe patients required a diagnosis of AD, whilst prodromal patients required a diagnosis of MCI, amnestic MCI, pre-dementia AD or prodromal AD. HCRU was stratified by CI stage and Kruskal-Wallis and Chi-squared tests were used to assess statistical significance. Mild-severe patients, and separately mild only patients, were matched 1:1 to prodromal patients using propensity score matching (PSM) to assess differences in HCRU.

Results: Of the 936 patients surveyed, current CI stage could be derived for 727 (77.7%) patients; 15.4% were classified as prodromal, 31.9% mild, 40.3% moderate and 12.4% severe.

In the 12 months prior to the survey, patients visited a specialist 6.6 times(SD:6.7) compared to their PCPs whom they saw an average of 4.0(SD:6.7) times. Patients required a mean of 10.6 hours per week (SD:29.2) of professional caregiving and few patients were currently institutionalized (5.9%) or hospitalized (2.8%) during the last 12 months.

The mean number of specialist visits increased with CI stage: prodromal (4.6), mild (6.1), moderate (7.0) and severe (8.9) ($p<0.001$). The mean hours of professional caregiving required also increased with CI stage: prodromal (3.1), mild (4.4), moderate (13.3) and severe (28.3) ($p<0.001$). Lastly, although not frequently reported, the percentage of patients currently institutionalized also increased with CI stage: prodromal (1.8%), mild (2.7%), moderate (5.9%) and severe (19.1%) ($p<0.001$).

After PSM, mild patients required significantly more specialist consultations in the last 12 months (2.0; $p=0.047$) compared to prodromal patients. Moreover, mild-severe patients required significantly more professional caregiver hours per week (7.7; $p<0.001$)) compared to prodromal patients. In both models, all covariates were adequately balanced.

Conclusion: Increasing levels of cognitive impairment require greater HCRU, specifically the number of visits to a specialist and required hours of professional caregiving.

Disclosure of Interest: None Declared

Policy

Health economics

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O18-02

THE EFFECT OF DEMENTIA DIAGNOSIS AND COGNITIVE IMPAIRMENT LEVELS ON FORMAL AND INFORMAL CARE TIME FOR OLDER ADULTS IN THE COMMUNITY

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Introduction: Community care requires varying resources input that is mainly affected by a person's frailty level. Less well understood is the variation in the respective contribution of formal and informal care, and whether it is affected by a dementia diagnosis and cognitive impairment levels.

Objectives: This study investigated formal and informal care time in a community case-mix sample.

Methods: Cross-sectional staff-time measurement (STM) study with participants recruited from day care and home care services units in Hong Kong according to the territory's current service user ratio in each service. Formal and informal care time (in hours) was collected over a 4-week duration. Information about dementia diagnosis and cognitive impairment level was collected using the interRAI-HC 9.1 instrument, and categorized by resources utilization groups (RUGs) and Cognitive Performance Scale (CPS).

Results: A total of 298 community care service users participated. Total care time substantially increased from cognitively intact to very severe impairment on CPS. The informal-to-total care time ranged from 0.55 to 0.78. The corresponding figures for wage-weighted care time were 0.16-0.45. Supportive formal care time was predicted by a dementia diagnosis but not a moderate level of cognitive impairment.

Conclusion: Care cost in terms of time in Hong Kong for people with cognitive impairment is as high as that in people with special nursing/clinical care needs. Total care time and cost seem to increase in proportion to the level of cognitive impairment. Some formal services are available only to those with a clinical diagnosis of dementia. This study provided information for future cost modelling and dementia care policy planning.

Disclosure of Interest: None Declared

Policy

Health economics

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O18-04

AN OBSERVATION ON THE TREND OF OUTPATIENT DEPARTMENT UTILIZATION AFTER DIAGNOSED AS DEMENTIA- AN EIGHT YEAR FOLLOW UP STUDY

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Introduction: The aging population in Taiwan has grown rapidly, with an increase in the percentage of the population over age 65 from 7% in 1993 to 12% in 2015. The burden of dementia population is expected to increase. Is there any differences in health care utilization among different type of dementia, and the trend of utilization since diagnosed as dementia was not clear.

Objectives: To know the changes of health utilization after diagnosed and the difference among three type of dementia.

Methods: This study use Longitudinal Health Insurance Database(LHID) 2005 from the National Health Insurance Research Database, it contains 1 million random samples of year 2005 Registry. Patients were included in this study if they were 50 years of age or older and had at least two visits or one hospitalization included a primary or secondary diagnosis of dementia (ICD-9-CM: 290.xx, 294.1, 331.0) at 2005. The first date of been diagnosed as dementia was defined as index date. We had retrieved all outpatient visit and hospitalization from index date for eight year period. We summed up the visit times, outpatient expenditure, length of stay, and inpatient expenditure for each year, then compare the utilization and expenditure among different type of dementia.

Results: There were 1,886 new dementia patients been identified at 2005. Ninety-two were Alzheimer disease (AD), 216 were vascular dementia (VaD) , and 1578 were other type dementia. Almost all dementia had outpatient utilization, but only half of patients had inpatients utilization. VaD patients had used more health care resources. (Include outpatient and inpatient department). The detail of differences and trend in health care utilization showed in table1.

Conclusion: Dementia represents a substantial burden in Taiwan, especially the vascular dementia patients had used more resources. The long term health care utilization remain high. We need more study to investigate the relationship between utilization and quality of life.

Disclosure of Interest: None Declared

Policy

Health economics

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O18-03

COST-UTILITY OF USING ALZHEIMER'S DISEASE BIOMARKERS IN CEREBROSPINAL FLUID TO PREDICT PROGRESSION FROM MILD COGNITIVE IMPAIRMENT TO DEMENTIA

Ron Handels, Anders Wimo*, Richard Dodel, Milica Kramberger, Pieter Jelle Visser, José Luis Molinuevo, Frans Verhey, Bengt Winblad

Introduction: Diagnostic research criteria for Alzheimer's Disease support the use of biomarkers in the cerebrospinal fluid (CSF) to improve the prognosis of progression to dementia in people with mild cognitive impairment (MCI).

Objectives: The aim of this study was to estimate the incremental costs-effectiveness ratio of adding CSF biomarker testing to the standard diagnostic workup to determine the prognosis for patients with MCI.

Methods: A mathematical simulation model was build using existing evidence on added prognostic value and expert opinion on the impact of a prognosis. It simulated 20,000 virtual MCI patients and averaged their incremental costs and quality-adjusted life years (QALY) between a control strategy consisting of the usual care diagnostic workup without CSF and an intervention strategy adding CSF to the usual care diagnostic workup. The prognosis was set by two logistic regression prediction models reflecting each strategy.

Results: The simulated sample had an average age of 69 years, MMSE of 27.0 and adding the CSF test improved prognosis with 11%. This resulted in an average QALY gain of 0.046 and 432 additional costs per patient representing an incremental cost-effectiveness ratio of 9,416.

Conclusion: The results show the potential of CSF biomarkers in current practice from a health-economic perspective. This result was, however, highly uncertain and appeals for empirical research on the impact of a prognosis on reducing worrying, false positive/negative prognosis and stigmatization.

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Policy

Health economics

Date: Friday 28th April 2017

O18-05

PREDICTORS OF CARE COSTS AND CAREGIVER BURDEN FOR OLDER PERSONS WITH DEMENTIA IN TAIWAN

Li-Jung E. Ku*

Introduction: As a degenerative disease, the progression of dementia needs continued care provision and poses both psychological and financial burden for family caregivers of dementia patients.

Objectives: This study seeks to find predictors of care costs and caregiver burden and to identify modifiable factors which could alleviate burden faced by dementia caregivers.

Methods: This study interviewed 231 dementia patient–caregiver dyads in a dementia clinic at a teaching hospital in southern Taiwan in 2013. A follow-up study was conducted one year later and 167 dyads completed the second interview. Data collected included patient characteristics, caregiver characteristics, relationship to patient, and social support to caregivers. Caregiver burden was measured by Zarit Burden Interview instrument. The association between each predictor variable and cost of care and caregiver burden scores was examined using linear mixed models.

Results: A comparison of sample characteristics at baseline and one year later showed that the sample was comparable except in the percentage of female patients and the percentage of caregivers receive support from other family members. Multivariate analysis on predictors of care costs showed that functional declines measured by ADL had a greater impact on all cost outcomes as compared to behavioral disturbance measured by NPI, which showed no impact on care costs. However, patients' behavioral disturbance was a significant predictor of caregiver burden. In addition, if caregiver rated their economic status as having difficulty, they reported higher caregiver burden; in contrast, caregivers who were better-off reported significantly higher care costs but lower caregiver burden.

Conclusion: Although this study found that predictors of care costs seemed to be different from the predictors of caregiver burden, providing training to caregivers in addressing dementia patient' behavioral disturbance and proving financial assistance to low income caregivers could be effective in reducing caregiver burden.

Disclosure of Interest: None Declared

Policy

Health economics

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O18-06

INFORMAL CARE COST AND OUT-OF-POCKET PAYMENT TO SUPPORT PEOPLE WITH DEMENTIA: THEIR MICRO-LEVEL DETERMINANTS IN A LARGE SAMPLE SURVEY IN JAPAN

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Introduction: The number of people with dementia (PwD) is expected to increase considerably in Japan. It is predicted that the Japanese insurance system will place an increasing burden on national finances as public expenditures for social security benefits continue to rise. Therefore, individual copayments for healthcare and long-term care services may increase in the future. However, the amount that PwD and their families (including informal caregivers) pay for these services remains unclear, and the economic burden of informal care on caregivers has yet to be quantified.

Objectives: The objectives of this study were to clarify the cost of informal care and out-of-pocket payments for caregiving for PwD in Japan, and to investigate the relationship between these estimated costs and the characteristics of PwD and their caregivers.

Methods: A cross-sectional online survey was conducted from March 7 to March 14, 2015. We used the modified Resource Utilization in Dementia instrument adapted for the Japanese healthcare setting. Out-of-pocket payments were calculated using a total of payments for caring for PwD by their families, and comprised copayments for health care, copayments for long-term care, and other out-of-pocket payments for services not covered by insurance. We conducted a chi-square automatic interaction detection analysis to identify individual variables and their combinations that influence informal care costs and out-of-pocket payments.

Results: The mean monthly informal care duration was 69.06 hours (SD: 106.06), and the mean monthly informal care cost was \112,251 (US$1,073) (SD: \173,736 [US$1,659]). The mean monthly total out-of-pocket payment was \112,610 (US$1,076) (SD: \164,770 [US$1,573]). Informal care costs were associated with whether or not the caregiver was living with PwD, the caregiver's employment status, and the PwD's activities of daily living (ADL) levels. When caregivers were living with PwD, informal care costs were twice that of when caregivers did not live with PwD. Also, in cases where caregivers were living with PwD, informal care costs were higher when ADL levels were lower. Out-of-pocket payments were associated with the residential types of the PwD (e.g., at home or institutionalized), ADL levels, and care-need levels. When PwD were living in an institution, out-of-pocket payments increased twofold or threefold, depending on the institution type (e.g., group home or nursing home).

Conclusion: In this study, we quantified the cost of informal care and out-of-pocket payments for PwD in Japan. Informal care costs were influenced by caregiver characteristics, such as living together with the PwD and employment status. On the other hand, out-of-pocket payments were mainly influenced by PwD characteristics, such as residential type, ADL levels, and care-need levels.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

Date: Friday 28th April 2017

O19-01

A PRACTICAL BASED REPORT ON SOCIAL ACTIVITIES IN WHICH ELDERLY PEOPLE WITH DEMENTIA CAN COMFORTABLY PARTICIPATE: LEARNING FROM THE ACTIVITIES OF “RUN TOMO+A- CITY” AND “ HIMATSUBUSHI UNIVERSITY”

Yasumi Mori*

Objectives: 認知症高齢者が安心して参加できる社会的活動の実践報告

～「**RUN**伴＋**A**市」「ひまつぶし大学」を通じて～

1.背景

認知症高齢者は在宅、施設に関わらず社会性を持つ地域住民でありながら、地域で開催される趣味活動や各種講座及びイベントなどの社会的活動に参加する機会が非常に少ない。多くの認知症高齢者の現状は、デイサービスや施設などの限定された空間で介護保険サービスの利用者として過ごし、ほとんどの時間を施設内で過ごしている。

なぜ認知症高齢者が地域の社会的活動に参加する機会が少ないのだろうか。その理由として、在宅及び施設の支援者側の意識に、認知症高齢者を一人の地域住民として捉え、社会的活動への参加を支援するという視点に欠けていることが挙げられる。また、地域においては、認知症の人が安心して参加できる地域の講座やイベントなどの社会的活動そのものが非常に少ない。その原因として、社会的活動の企画者側に、認知症の人を受け入れようとする視点や仕組みが構築されていないことが課題だと考えられる。

認知症高齢者のＱＯＬの向上のために、社会性を維持する支援が必要であることは、多くの先行研究で示唆されている。また地域包括ケアシステムの「住み慣れた地域で自分らしく暮らし続ける」という理念に照らし合わせてみても、認知症高齢者が地域住民としての社会性を維持できるような町づくりを推進していくことは、超高齢社会の日本にとって非常に必要性の高い課題であると考えられる。

2.目的

前述の現状を踏まえ、筆者は地域において認知症高齢者が積極的に社会的活動に参加できることを目的とし、二つの社会的活動を企画し実践した。一つ目は、認知症の人を含む高齢者が安心して参加でできるスポーツイベント「ＲＵＮ伴＋A市」である。二つ目は認知症高齢者を含む６５歳以上の市民が参加できる文化的活動「ひまつぶし大学」である。これら二つの社会的活動の実践報告は下記のとおりである。

3.実践内容と結果

⑴「ＲＵＮ伴＋A市」の概要

・実施日：2016年10月9日　年１回の活動（今年度は初回）

・場所：A市内３つの走行コースを設定

・対象者：認知症の人や高齢者、家族、支援者、一般市民など

・内容：参加者が中継地点を経由しタスキリレーをしながら町を歩いたり走ったりするスポーツイベント。参加者は皆オレンジ色のＲＵＮ伴Ｔシャツを着用。市内の介護保険サービス事業所が協力して実行委員会を作り、イベント企画及び中継地点やスタッフの配置などの運営を行った。

⑵RＵＮ伴＋A市の実践結果

ランナー130名（内認知症の人約30名）、実行委員50名、サポーター（応援者）約150名が参加。参加者から寄せられた感想から次の３点の効果が確認できた。

意欲の向上

認知症高齢者と共に参加した介護職員から、認知症高齢者の意欲が向上した事例が多数報告されている。例えば、 車いすで参加した人が、コース途中で「歩きたい」と希望され、少しの距離であるがみんなで歩いた事例、施設では車いすの参加者が「今日は歩いてゴールしてみたい」と希望され笑顔でゴールした事例、日ごろは無表情の認知症高齢者がとても豊かな表情で参加していた事例などである。

認知症高齢者の参加者からも「みんなで歩いたり走ったりすることで交流ができて楽しかった」「沿道や中継地点で応援してくれることが嬉しかった」「久しぶりに町を歩いた」など、肯定的な感想が多く寄せられた。

介護職員の気づき

参加した介護職員からは、認知症高齢者が地域の社会的活動に参加する重要性に改めて気付い たという感想が寄せられた。例えば、「参加した入居者が、想像以上に笑顔になっていた」「今まで施設内でのケアだけを意識しており、施設以外の活動に参加する意識が無かったことに気付いた」「今後は、ケアプランに地域の社会的活動に参加する目標を位置付けたいと思った」など、新たな気づきに繋がっている。

認知症への理解

一般市民のランナーからは、「認知症の方や車いすの高齢者が一生懸命歩いている姿に感銘し、これからも応援して いきたいと思った」などの感想が多数寄せられた。一般市民が認知症高齢者と共に参加し活動することで、認知症の理解が進むことが明らかとなった。

⑶ひまつぶし大学の概要

・実施日：毎月１回開講。

・場所：A市公益活動支援センター

・対象者：６５歳以上の市民（定員１５名）

・内容：自宅に閉じこもりがちな高齢者の外出の機会と、仲間づくりの場を創出することを目的に開校。地域の歴史や芸術など参加者同士が交流しながら楽しく学び合える授業を実施し、認知症高齢者と健常な高齢者が共に交流でき る活動に発展している。

⑷ひまつぶし大学実践結果

参加者は実施日の平均が15名。内訳は健常な高齢者8割、施設入居中の認知症高齢者が２割（同伴の介護職員は含まず）。参加者の様子や感想などから、次のような効果が確認できた。

意欲の向上

認知症高齢者に同行した施設職員からは、「日頃は集中することが困難なため、途中で退席することを予定していたものの、最後まで笑顔で参加し満足して帰った」「次回の開催案内をグループホームの自室に貼って楽しみにしている」など参加意欲が向上している効果が見られている。

介護職員の気づき

同行した介護職員の施設内では、入居者の参加意欲が向上する様子から、認知症高齢者が地域の社会的活動への参加を支援することに対し肯定的に捉える意見が増えたなどの効果が見られた。

認知症高齢者への理解

当初、健常な高齢者は、認知症高齢者が参加していることに戸惑いを見せていたが、徐々に認知症の人をサポートしたり、話しかけたりする様子が見られるようになった。体験としての理解が深まった効果が見られた。企画者側も、認知症高齢者が孤立しないよう配慮し、共に楽しく学べるプログラムを実施している。

4.考察

上記２つの実践から、認知症高齢者が安心して社会的活動に参加するためには、介護職員などの支援者が社会的活動への参加の意義を再認識すること、そして社会的活動の企画者は、認知症の人や障がい者を受け入れるノーマライゼーションの認識を向上させることが重要であることがわかった。これらの認識が向上することで、認知症高齢者が社会的活動に積極的に参加することが可能となり、個人のQOLが向上すると考えられる。また、地域社会にとっても、地域住民が認知症高齢者との共有体験を通じて、認知症の人に対する理解が進み、ソーシャルインクルージョン（社会的包摂）の実現につながることが期待できる。

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

Date: Friday 28th April 2017

O19-02

A MOTIVATED TRAINING INTERVENTION ON VOLUNTEERED PENSIONERS CONDUCTED BY IRAN ALZHEIMER'S ASSOCIATION

Elaheh Zaheri, Masoumeh Salehi, Mehrdad Khansari, Faraneh Farin* and Dr.Gholamreza Hajati-Dr Fatemeh Khamseh-Azam Mirhaj-Manizheh Ahmadi-Hossein Jafari-Marzieh Sobhani-Mina Ahmadzadeh

Introduction: Raising awareness about dementia and reaching out to people with dementia and their carers across the country has been the prime goal of Iran Alzheimer's Association. It is yet evident that even today the condition is not diagnosed in many parts of the country. Meanwhile, the Civil Servants Pension Organization, a subsidiary of the Labour Ministry with 30 offices around the country being in direct contact with the aging community observed many raising issues.

Objectives: The Civil Servants Pension Organizationconcern and IAA's goal resulted in a collaboration initiating a motivated training package covering all services rendered by IAA. The effect of the training was investigated.

Methods: It was carried out in 2 stages: In the first stage, a questionnaire was compiled and validated in order to select suitable candidates for establishing chapters of IAA in various regions. In the second stage, the effect of the motivated training package based on previous data which was developed by the Scientific Panel of IAA was investigated. The target group of this study was the pensioners of the Civil Servants Pension Organization across Iran who had been active members for one year. A sample of 100 volunteered pensioners was selected. Having a control group, the Quasi-experimental design with a pre and post-tests was applied to determine the effect.

Table:

Source	SS	df	Ms	F	P	The difference	statistical power
Pre-test	472/11	1	472/11	4/65	0/02	0/15	0/55
Post-test	895/80	1	895/80	8/47	0/003	0/25	0/8

Results: The compiled questionnaire is valid, meaningful and reliable. The analysis of covariance confirms the positive effect of motivated training intervention for volunteers who were candidates for establishing IAA's chapters across Iran.

Conclusion: The motivated training intervention for selected pensioners has had an empowering effect and these Candidates are now IAA's representatives in different regions of Iran and already are initiating IAA's chapters serving people with dementia and their Carers.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

Date: Friday 28th April 2017

O19-03

EMBODIED EYES

Tiina Butter* [1], Marjatta Hiltunen[1]

[1]Group Art Therapist, Helsinki, Finland

Objectives: TATAMURI-method - creating narratives and art side-by-side to enable communication and connection with the memory disordered personAging is a megatrend of the 21st Century in the Western World. Many memory diseases are linked into aging.Patients need 24/7 care in nursing homes.Patients with memory disease are no longer able to express themselves with speech.Authentic interaction with family and friends vanishes and the bonds fade away.These cause severe problems to individuals and set a huge challenge to our society.New perspectives and new methods are needed to deal with these challenges.Art-based therapeutic methods are one solution.Art based therapeutic methods creating sensitive interaction are the core of the TATAMURI-method. It is meant for patients with a severe memory disease and their family members. It aims to reach the patients core person, to re-enable communication and to reconnect again. Working in pairs, side-by-side, creating art and narratives together are the key elements of the method. A longterm relationship between the patient and family member enables the non-verbal communication. This is vital to create sensitive interaction.Involving a family member, and working in pairs in a group in the therapeutic process, the method transforms the therapeutic triangle into a three dimensional 'therapeutic tetrahedron'.the TATAMURI-method enables family members to share their dis- tress and worry in the Group, helping them to cope with the situation.The TATAMURI-method is a Group Art Therapy Method. It has been developed on clinical experience in nursing homes and on the theories and practices of Expressive Art Therapies.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

Date: Friday 28th April 2017

O19-04

RE-IMAGINING THE CONCEPT OF IKI IKI: SHIFTING UNDERSTANDINGS OF AGENCY, FAMILY, AND COMMUNITY AMONG JAPANESE CANADIAN PERSONS WITH DEMENTIA (PWD) AND THEIR CAREGIVERS

Karen Kobayashi* [1], Cathy Makihara[2], Keiko Funahashi[2], Andre Smith[1]

[1]Sociology, University of Victoria, Victoria, [2]Nikkei Home, Vancouver, Canada

Introduction: Research suggests that caregivers (CGs) of visible minority (VM) older adults (OA) may not report their family members' symptoms (Sx) of dementia to physicians unless assistance is needed with behavioural management, thus delaying diagnosis (Dx) until late in the disease when timely intervention (INT) and treatment are difficult. Given that most successful INTs rely upon early Dx, it is important for INT strategies to target the factors influencing care-seeking behaviours, including cultural norms/beliefs associated with the acceptance of a significant degree of impairment as "normal" until Sx become unmanageable and CG burden is heightened.

Objectives: This collaborative study, undertaken in partnership with administrative and program staff from Japanese Canadian community organizations serving OAs in BC, provides important insights into the pathways to Dx and support services for PwD and their CGs. Using the implementation of an innovative, community-based respite program for dementia CGs as the study context, we explore how PwD and their CGs perceive Sx, seek Dx, and understand and access the resources available to them. Our intent is to interrogate the influence of cultural factors (e.g., "traditional" understandings of dementia) and other health determinants (e.g., availability of care resources) on disease experience, Sx appraisal, the decision to seek Dx, and the establishment of contact with formal care providers. We are particularly interested in examining the role that stigmatizing views of cognitive impairment (CI) and memory loss, as akin to "preventable" mental illness, may play in the decision to seek a Dx, and subsequently, to accessing support services. Finally, we ask what influences the propensity to either normalize Sx among PwD or imbue them (and their CGs) with a sense of shame for their behaviour, a response that may lead to social isolation?

Methods: Qualitative data was collected via: (1) face-to-face interviews with participating PwD, their CGs, and program staff; and (2) structured observations at 3 program sites over 3 months. The data was analyzed using grounded theory coding methods.

Results: We found that a non-medicalized approach to care that seeks to mitigate the impact of CI on PwD and their CGs through regular participation in a program of culturally-meaningful activities, e.g., art, exercise, and mental stimulation, helps to improve PwD and their CGs' overall well-being and the maintenance of a sense of community belonging.

Conclusion: This innovative community-based INT/approach offers dementia researchers a platform on which to develop a research protocol for other VM groups who face similar challenges in promoting the uptake of Dx and support services.

References:

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

Date: Friday 28th April 2017

O19-05

WIN-WIN CULTURE EXCHANGE BETWEEN JAPANESE YOUTH AND AUSTRALIAN ELDERLY PEOPLE IN AN AGED CARE FACILITY IN PERTH, AUSTRALIA

Shizuka Yokoi*, Jodi Taylor[1]

[1]Therapy, Baptistcare Gracewood, Salter Point, Australia

Objectives: 【Background】The number of Japanese people living in Australia has been increasing (Census 2011). The Japanese people often face challenging situations, such as obtain local employment or making English speaking friends. Also, research has shown that people living with dementia significantly more lonely compared to the general public (Alzheimer's Australia 2016).

【Aim】I am going to introduce an innovative culture exchange program between temporary migrant Japanese people and people living with dementia in an aged care facility in Perth, Western Australia. I will introduce the process and future challenges in English and Japanese with pictures.

【Process】Three major culture exchange programs were conducted. Firstly, I introduced an aged care organization to a Japanese Au-Pair (live-in nanny) agency, this enables Japanese people to become volunteers in the facility. Secondly, Japanese youth living in the community comes to provide Radio Taiso (Japanese traditional exercise) in the facility every month. Thirdly, Japanese health professionals obtained opportunities to observe and participate in activities in the facility.

【Outcomes】These culture exchanges seem beneficial for all participants. For Japanese people, they can improve their English skills working with residents and staff while contributing to the facility with their abilities, such as respectful attitude and compassion to seniors. For the residents in the facility, they also receive the benefit because they have a chance to play a role in teaching Australian culture. Japanese people who have elementary level of English skills or seniors who have difficulty in verbal communication because of dementia listened to music holding each others' hands. Furthermore, it is beneficial to the facility, to have willing volunteers prepared to spend time with the residents. The staff also gained an understanding of how aged care works in Japan.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

Date: Friday 28th April 2017

O19-06

USING AN ASSET BASED COMMUNITY ENGAGEMENT (ABCD) MODEL TO DEVELOP CULTURALLY TAILORED CLINICAL DIAGNOSTIC AND LIFESTYLE INTERVENTION PROGRAMS FOR AA ELDERS AT RISK FOR AD

Gina Green-Harris*, Stephanie Houston, Teresa Skora, Carla Wright, Michelle Corbett, Jane Mahoney, Dorothy Edwards

Objectives: : Alzheimer's disease and other dementias are a public health crisis in communities of color. Barriers to ADRD diagnosis and treatment include sociocultural and structural factors unique to minority elders and their families. These factors combine to reduce access to health and social services resulting in significantly lower levels of diagnosis, diagnosis at later stages and lack of appropriate treatment, supportive services and prevention. Since minority elders and their care partners are also less likely to be enrolled in ADRD research much less is known about their health and wellbeing. In particular, there is little data describing co-existing medical and psychiatric conditions affecting cognition, functional independence and care partner needs. Using an Asset Based Community Development model, the Wisconsin Alzheimer's Institute Milwaukee (WAI) Outreach Program created a multi-level program providing advocacy, education & treatment to African American elders and care partners. The program incorporates multiple stakeholder perspectives including the Community (families and community based organizations), Social and Health Service providers, State and Local Governments and AD researchers. Services include a multidisciplinary dementia diagnostic clinic, culturally tailored education, care partner support, and advocacy. The WAI Milwaukee Health Services and MHSI, a Federally Qualified Health Center (FQHC) implemented a multidisciplinary Memory Diagnostic Clinic in urban Milwaukee in 2009. The physician- led Memory Clinic includes a nurse practitioner (NP) and case manager. Patient characteristics (N= 357) include age (71.12 ±12.81:52-91) female (65%), African American (93%), less than high school education (9.56 ± 3.76 yrs), living alone (45%). 19 % of patients had memory evaluations by their primary care physician. Co-morbid CVDs are common; 70% -hypertensive, 30 % -diabetic, 45% -hyperlipidemia, 17% treated for stroke. Patients undergo a comprehensive physical examination, laboratory testing, cognitive evaluation and imaging as needed. MMSE scores ranged from 4-29(M: 20.3 ±7.71). Mean Cognistat Scores were low given age and education adjusted norms–Mem: 4.82± 3.15; Calc: 2.04 ± 1.29;Judg: 3.96± 1.67; Sim:3.90± 2,49. Twelve percent of patients were diagnosed with MCI, 10% with AD and 38% with mixed dementia. New social service and health promotion programs(N=141) were developed to address identified to meet unaddressed disparities in care. This includes community health evaluations & culturally tailored wellness programs for AA elders. We will discuss how our intervention has had a positive impact on AA elders with AD Risk and care partners.

Disclosure of Interest: None Declared

Well-being

Sexuality and dementia

Date: Friday 28th April 2017

O20-01

BREAKING DOWN THE TABOO OF SEXUALITY IN RESIDENTIAL AGED CARE: RESOURCES TO ASSIST AGED CARE FACILITY STAFF AND FAMILY CARERS.

Michael Bauer*, Deirdre Fetherstonhaugh[1], Elizabeth Beattie[2]

[1]La Trobe University, Melbourne, [2]Queensland University of Technology, Brisbane, Australia

Objectives: The sexuality of older people living in residential aged care facilities, particularly those living with dementia, continues to be a challenge for many facilities. The expression of sexuality is frequently constructed as a problem to be controlled and curtailed and the labelling of sexual behaviour as “inappropriate” is common. Challenges can arise from the residential aged care environment, staff, and the residents’ families. Staff and families are often uncomfortable and judgemental when residents express their sexuality and the absence of knowledge and understanding, education and institutional policies, all contribute to the tension surrounding sexuality.

This presentation will showcase a resource which has been developed for the families and partners of residents living in residential aged care facilities to increase their understanding of the sexuality needs of older people, particularly those living with dementia. A Sexuality Assessment Tool (Sex-AT) for residential aged care facilities, developed using a Delphi method in consultation with a wide range of experts, stakeholders and the research literature, identified information and education for families as an important requirement if a facility was to be supportive of residents’ expression of their sexuality. To help the families and partners of residents be more informed and accepting about older people’s needs for the expression of sexuality, a consumer guide titled ‘Sexuality and people in residential aged care facilities’ has been developed. This resource has undergone extensive consumer consultation and addresses issues related to the importance of sexuality, sexuality when living in an aged care facility, sexuality and dementia and changes that can arise, and how a facility can be supportive of sexual expression. Initially developed in English this resource is soon to be translated into other languages.

Disclosure of Interest: None Declared

Well-being

Sexuality and dementia

Date: Friday 28th April 2017

O20-02

THE MALE CAREGIVERS FOR PEOPLE WITH DEMENTIA LIVING AT HOME, WHOSE ACQUIRE NURSING CARE PROBLEMS COPING.

Midori Nishio*, Sayori Sakanashi, Hiromi Kimura, Kazumi Nishimura, Kayoko Koga, Kumiko Ogata and 高齢者健康支援研究所

Introduction: わが国の認知症者は、2025 年には 700 万人を超えると推計され1)、在宅で認知症者を介護する男性は、1981年が8.2%、2010年には32.2%で4倍に増加し、その続柄は夫が75%、息子が25%であり、在宅で認知症者を介護する 男性の割合は 3 割以上である。認知症者と未婚率の増加2.3）に伴い、認知症の人を介護する男性の増加が予想されている。男性介護者は多くの困難を抱えていることが多いとされる4）。男性は、介護問題やストレスを抱えても周囲に不満をもらさず助けを求めない人が多く4-7）、悩みを相談しないことが特徴とされる8）。

Objectives: 男性介護者が在宅で介護を継続するための有効な対処について検討した。

Methods: (1) 対象

認知症の人を介護している男性計762名を対象とした。

(2) 調査内容

対象者の属性

年齢、同居人の有無、就労の有無、介護期間を尋ねた。

(3) 評価尺度

1)男性介護者の介護問題対処尺度

2)Zarit介護負担尺度日本語版（ Zait Caregiver Burden Interview ：以下J-ZBI）

(4) 被介護者の項目

年齢、男性介護者との続柄、要介護者の診断名と要介護度、認知症高齢者の日常生活自立度判定基準を調査した。

(5) 分析方法

1) 回答分布

介護問題対処尺度の回答分布による項目分析は、平均値と標準偏差を用いた。

2）介護問題と介護期間における対処の検討

各対処スタイルおける相関を明らかにした。

倫理的配慮

本研究は、研究者の所属する大学の倫理審査委員会の承認を得て行われた。対象者には、研究協力を依頼する際は、研究の趣旨、協力の任意性、被験者にならなくても不利益がないこと、守秘義務、学術誌などで発表することなどを調査の依頼文に明記し、調査票の返送をもって調査へ同意したとみなした。

Results: 回答に著しく影響をするとみなしたものを除外した。回収数366人(回収率47.8%)、有効回答数298人(有効回答率39.1%)を分析対象とした。

(1) 男性介護者の概要　男性介護者の平均年齢は、70.1歳(SD 11.2)であった。同居人（要介護者以外）の有無は、「あり」が121人(40.9%)、「なし」が175人(59.1%)であった。被介護者と対象者との続柄は、妻が190人(63.8%)、親が103人(34.6%)などであった。就労の状況は、「あり」が99人(30.1%)であった。 職種の内訳は、農業などが43人(14.4%)などであった。平均介護期間は、平均期間が5.2年(SD48.4)であった。全体的な介護負担感は、平均2.1点(SD 1.2)であった。

(2)　要介護者の概要　平均年齢は、78.1(SD 9.8)歳であった。診断名は、アルツハイマー型認知症が179(54.6%)、レビー小体型が68人(28.8%)などであった。要介護認定をうけている者のうち「要介護1」が65人(21.8%)、「要介護5」が53人(17.8%)などであった。

(3) 認知症者の日常生活自立度判定基準　「Ⅳ：日常生活に支障をきたすような症状・行動や意思疎通の困難さが頻繁に見られ常に介護を必要とする」が69人(23.2%)、「Ⅲ：日常生活に支障をきたすような症状・行動や意思疎通の困難さがときどき見られ介護を必要とする」が55人(18.5%)などであった。

(4) 介護問題対処スタイルと介護負担感との相関　1)　課題解決型と介護負担感は0.165で、正の有意な相関を呈した。　2)　回避・情動型と介護負担感は−0.307で、負の有意な相関を呈した。3)　認知変容型と介護負担感は0.237、正の有意な相関を呈した。　4)　静観待機型と介護負担感は、相関を呈しなかった。　5) 援助依頼型と介護負担感は0.183で、正の有意な相関を呈した。

（**5)** 介護問題対処スタイルと介護期間との相関　１）課題解決型と介護期間は0.165で、正の有意な相関を呈した。　２）回避・情動型と介護期間は、相関を呈しなかった。　３）認知変容型と介護期間は、相関を呈しなかった。　４）静観・待機型介護期間は、相関を呈しなかった。　５）援助依頼型と介護期間は、相関を呈しなかった。

Conclusion: 認知症の人を介護する男性の介護継続における有効な対　介護期間と各対処スタイルの関連から、介護を継続するために獲得する対処は、介護問題に前向きに取り組む対処である。課題解決型の対処は、在宅介護継続において良好な対処であると考えられた。

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Disclosure of Interest: None Declared

Well-being

Sexuality and dementia

Date: Friday 28th April 2017

O20-03

EXPRESSIONS OF INTIMACY AND SEXUALITY IN RELATIONSHIPS AFFECTED BY DEMENTIA

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Objectives: The impact a diagnosis of dementia can have on long-term relationships is an area which has been little researched in the past. Earlier research (Youell, Callaghan & Buchanan, 2015) highlighted the importance of intimacy in relationships of people living with dementia and the complexity of some of the challenges faced by older couples. As a result of this earlier work an appreciation for the intersubjectivity of relational being was developed.

This abstract relates to a PhD project which offers better understanding of the relational impact of living with dementia, particularly in terms of the experience of intimacy. Intimacy is a multi-tiered concept which is generally thought to incorporate components of love, care, connectedness and closeness.

Using a qualitative approach, 31 participants were recruited and interviewed using semi structured interviews. Ten couples living with dementia and a further eleven carers agreed to take part in this research project. The participants were aged between 64 and 92 years. The majority (n=25) lived in the community with their partners. The average length of relationship was 48.5 years. The interviews were analysed using interpretive interactionism (Denzin, 2001). Interpretive interactionism allows for a deep multi levelled analysis of data at the heart of which is the narrative of the participant. As dementia becomes an increasingly political, economic and social concern better understanding of the private relationship will inform the public response.

Three broad themes emerged from the analysis, the first around *home space*, the second, *intimacy, sexuality and dementia* and the third around *(re)negotiation*.

The co-constructions offered within this research project give valuable insight into the intimate lives of those living in the community with dementia in the UK. The themes and narratives highlight the complex and vulnerable aspects of these relationships. They suggest that a diagnosis of dementia impacts on relationships greatly, but that participants are determined to find ways to maintain intimacy. This abstract offers evidence that care plans put in place to support couples at home can impact and rupture the intimacy of their relationships. By appreciating the themes to emerge from this research project workers can better support and enable couples to adapt to the changes in their intimate relationships in the face of dementia.

Disclosure of Interest: None Declared

Well-being

Sexuality and dementia

Date: Friday 28th April 2017

O20-04

“DEMENTIA HAS GOT NOTHING TO DO WITH SEXUALITY, WHEN YOU HAVE DEMENTIA THAT SEXUAL SIDE IS GONE”: UNDERSTANDING NURSING HOME STAFF’S NARRATIVES ON THEIR ROLES AND DUTIES ABOUT SEXUALITY IN DEMENTIA

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Introduction: Sexuality in dementia remains a topic that has been relatively neglected in research. The limited evidence focusing on knowledge and attitudes of care home staff towards sexual expression is equivocal: some argue that care home staff demonstrated positive attitudes, while other studies suggest that staff have restrictive attitudes. These studies are limited in scope, offering little explanation for these inconsistencies in care home staff’s attitudes towards sexual expression in care homes.

Objectives: This study aims to explore nursing home staff’s perspectives towards the expression of sexual needs and sexuality involving residents with dementia.

Methods: Face to face, in-depth, semi structured interviews were conducted with twenty care home staff working in two nursing homes registered for people with dementia in Greater London, United Kingston. Data was analysed using Thematic Analysis.

Results: The findings suggest that representation of sexuality in dementia in nursing home staff included the perception that sexual expression in old age was part of human nature and a basic human right, and therefore the belief that older people and residents with dementia have a right to sexuality and sexual expression. This contrasted with others endorsing the biomedical model that believe that sexuality and intimacy is forgotten in dementia and memory decline in dementia also encompassed sexuality and intimacy. Based on the representation of sexuality held by nursing home staff (personhood versus biomedical model) they adopted various roles including the role of a facilitator, an informant, a distractor an empathizer or a safeguarder.

Conclusion: The findings highlight the importance of policy and training to foster a person-centered approach to sexuality and dementia in care homes.

Disclosure of Interest: None Declared

Well-being

Sexuality and dementia

Date: Friday 28th April 2017

O20-06

WHAT IS GOING ON IN THE BEDROOM?

Kate Swaffer*

Objectives: Historically, people with dementia have not been included in the conversations about sexuality and dementia, and it has continued to be a case of ‘about them, without them’. Following a panel session at a conference in Sydney in 2014, which did not include a person with dementia and instead included a journalist, a carer, an Executive Officer of an organisation, and a nurse who had written a short book about sexuality and dementia, I have felt the need to speak up about it. This is a deeply personal and intimate topic, and only those living with dementia can truly understand the unique changes to the sexual needs of persons with dementia. In fact, each person is the only one to know what his or her sexual needs are. It is a tough topic to broach, especially with a husband in the room, but one that must include our voice. In this presentation, I will explain why it is important we are included in the conversations about sexuality and dementia. After all, what would a journalist, an Executive Officer, or a nurse know about my or your sexual needs? My children do not understand or know anything about them, and apart from my husband nor does anyone else. Since dementia, often, even I have trouble expressing them, but as they are my needs, it is imperative the voices of people with dementia who are daring enough to discuss this sensitive topic, are given a platform.

Disclosure of Interest: None Declared

Science

Collaboration and big data

Date: Saturday 29th April 2017

O21-01

ESTABLISHING A LINK BETWEEN PROTEIN METABOLISM AND ALZHEIMER'S DISEASE: BASED ON A LONGITUDINAL PROTEOMIC ANALYSIS IN AN AGING COHORT.

Veer Bala Gupta* and AIBL Research Group

Introduction: In the last decade, attention has turned to the link between protein metabolism and Alzheimer's disease (AD). More recently, metabolic syndrome has been considered as a risk factor for AD. This cluster of disorders, each with their own associated risk for AD, includes abnormal protein metabolism as one of its core components. Many proteins associated with different biochemical pathways are considered to be associated with the sporadic form of AD. A large proportion of these proteins are either playing a crucial role in cell metabolism or proteins involved in signal transduction processes that are essential for cellular functioning. This study aims to understand their underlying involvement in the disease pathogenesis.

Objectives: To establish a dataset consisting of diverse set of proteins indicating underlying changes in protein metabolism during AD pathogenesis.

Methods: Plasma samples from Australian Imaging Biomarkers lifestyle (AIBL) study of aging cohort were analysed for this study using isobaric tag for relative and absolute quantitation (iTRAQ) and custom-designed plasma biomarker assays on Mesoscale Discovery (MSD) platform.

Results: More than 200 proteins from the resultant distinct peptides were identified and relatively quantified. The differently expressed proteins (either up-regulated or down-regulated) as a result of the disease progression were associated with inflammatory, oxidative and immune responses as well as endocrine, apoptotic and lipoprotein pathways. Verification of the candidate proteins on MSD platform was then carried out both cross- sectionally and longitudinally. Longitudinal analysis incorporating data from different time points of AIBL showed clusterin as the most significant marker ($p<0.01$) to differentiate between HC (healthy controls) and AD. TPO, I309, PPY and SAA were specifically associated with the progression of the disease over the years. FABP3 had the strongest association with the severity of the disease.

Conclusion: The findings from this study highlight the involvement of these proteins that exhibit functions in the immune and nervous system in the disease pathogenesis. These proteins also have a direct relationship with the cognitive decline and progression to AD. The identification and validation of a diverse set of proteins affected in this study reiterates the fact that AD is a disease of complex aetiology. These changes also suggest that metabolic changes in the periphery might reflect those in the AD affected brain and warrant further investigation for the development of intervention strategies that address metabolic dysfunction in general.

Disclosure of Interest: None Declared

Science

Collaboration and big data

Date: Saturday 29th April 2017

O21-02

CROSS-ACTIVATION OF INNATE IMMUNITY RECEPTORS AS A DRIVING FORCE IN ALZHEIMER'S DISEASE

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Introduction: Chronic inflammatory reactions are consistenly present in neurodegeneration of Alzheimer type and are considered important factors which accelerate progression of the disease. Receptors of innate immunity participate in triggering and driving inflammatory reactions

Objectives: Cooperation of TLRs (Toll-like receptors) and RAGE (Receptor for advanced glycation endproducts), the major receptors of innate immunity, play a central role in chronic inflammation in nreurodegeneration.

Methods: Elaboration of a model schedule on cooperation and convergence of RAGE and TLR receptor pathways based on thorough analysis of literature data on innate immunity shares in neurodegeneration

Table:

Results: RAGE and TLRs share a numer of common ligands, both danger signal host biomolecules (HMGB1 the S100 A8/A9 proteins, β-sheet fibrils as amyloid β) and also some, common bacterial cell wall components, as lipopolysaccharide (LPS). Each of these ligands is able to stimulate concomitantly both types of the receptors. Direct interaction between RAGE and TLR is possible, since both receptors form homodimers as well as heterodimers, although, interaction between RAGE and TLR receptors is to be elucidated. Untill now, much the literature data on RAGE-TLR cooperation has focused on signalling pathways downstream of the receptors. For instance, it was shown that the adaptor proteins of TLR 2 and TLR 4 pathways (the MyD88 and the TIRAP) interacted with and activate the adaptor protein of RAGE (the mDia-1). Protein kinase C (PKC) acts as a hub of RAGE-TLR cooperation; it phosphorylates short cytosolic domain of RAGE receptor enabling its interaction with TLR receptor adaptors, thereby triggers a canonical TLR 2/4 signaling cascade. Finally, stimulation of both TLRs and RAGE brings about an activation of transcription factors (NF- B, AP-1), the central players in inflammation. Important common stimulators of these transcription factors are considered reactive oxygen species (ROS) generated during stimulation of RAGE and TLRs.

Conclusion: Signaling pathways from RAGE and from TLRs converge at many levels and function coordinately in the course of neuroinflammation. RAGE signaling triggers perpetuated self stimulation, and inflammatory signals from RAGE being reinforced in TLR pathways, could be deleterious to neuronal cells. Detailed knowledge on schedule of the RAGE/TLR cooperation and signal transduction convergence is important for improved future therapy of Alzheimer's disease.

Disclosure of Interest: None Declared

Science

Collaboration and big data

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O21-03

MEDICATION PATTERN FOR DIFFERENT TYPE OF DEMENTIA

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Introduction: Dementia represents a substantial burden in aging society. The incidence and prevalence are increasing in Taiwan. Medication play an important role in treating dementia. How the dementia patients been treated need more investigation.

Objectives: The objectives of this study were to investigate the medication pattern for different type of dementia in their first year after diagnosed in Taiwan using data from the National Health Insurance Research Database (NHIRD).

Methods: NHIRD had the information of demographic, diagnosis, medication. Patients were included in this study if they were 50 years of age or older and had at least two visits or one hospitalization included a primary or secondary diagnosis of dementia (ICD-9-CM: 290.xx, 294.1, 331.0) between 2005 to 2012. We retrieve all medication in the first year of Dementia patients. We have analyzed the types of prescribed medication according to the Anatomical Therapeutic Chemical (ATC) classification developed by World Health Organization.

Results: The total numbers of study subjects were 15,205. Among these, 5.39% was Alzheimer type(AD), 12.15% was vascular dementia(VaD) , and 82.45% was other type dementia. The leading 10 prescriptions of chemical subgroup(4th level of ATC code) were similar in three type of dementia but the order are different. The most frequent medications in AD were Other psychostimulants and nootropics (N06BX), Anticholinesterases (N06DA), and Platelet aggregation inhibitors(B01AC). In VaD patients, the top three were Platelet aggregation inhibitors, Other psychostimulants and nootropics, and Contact laxatives(A06AB). In other dementia, the top three medication were Other psychostimulants and nootropics, and two type of BZDs (N05AH, N05BA).

Conclusion: Prescription of dementia patients is an important issue. They are usually with multiple comorbid conditions and more likely to have inappropriate medication. Further investigation of the effects on elderly dementia patients may be needed.

Disclosure of Interest: None Declared

Science

Collaboration and big data

Date: Saturday 29th April 2017

O21-04

EMPOWERMENT OF PEOPLE WITH DEMENTIA AND THEIR CARERS: BIG DATA AND MACHINE LEARNING TO THE RESCUE?

Kieren J. Egan*, Catherine Parsons, Theti Chrysanthaki, Ramin Nilforooshan, Helen Rostill, Payam Barnaghi, Roma Maguire

Introduction: The World Alzheimer Report 2016 outlines that there are now 47 million individuals living with dementia and this figure will rise considerably in the years ahead(1). Further, given ageing world populations, healthcare budgets in both developed and developing countries are likely to struggle to cope with this increased demand. One solution to this challenge is the development of technology-based interventions connected via the internet which could both streamline care management, and support the needs for people with dementia and their carers.

Objectives: To review the utility of machine learning based approach to the 'internet of things' big data resource in a dementia context.

Methods: A number of Internet of Things (IoT) monitoring and observation devices will soon collate data on 700 people with dementia and carers over six months in a Randomised Control Trial taking place in the United Kingdom. This trial will provide real time big data on the patterns of health and activity, including clinical diagnostic information and individual patterns of behaviour. Data will be collected continuously and managed through the use of a bespoke and secure dashboard capable of prioritizing trial participants according to the urgency of needs in real time. The dashboard will trigger concerns or alerts through data analytics and learning individual patterns of behaviour and relays this information to a dedicated centralised monitoring team who can subsequently make decisions on how to resolve concerns. Refinement of the algorithms that govern this process (both during and after the trial) will be a crucial output of the trial design, thus providing an invaluable 'machine learning' approach to intervention design.

Results: The potential utility of machine learning systems during the trial period and beyond will be explored. This will include an emphasis on collaborative opportunities with key stakeholders, and the dissemination of useful information from these studies at a lower and middle-income country level.

Conclusion: Collectively, this work Is planned to allow the development of one of the most detailed, real-time, health and activity datasets currently in existence in dementia; with an opportunity to react proactively, rather than reactively, to events. If big data and machine learning techniques are developed alongside a wider dementia community engagement approach, they may have the potential to revolutionise reactionary end points within current dementia care.

References: 1. World Alzheimer Report 2016. *Alzheimers Disease International.*

Disclosure of Interest: None Declared

Science

Early Intervention

Date: Saturday 29th April 2017

O21-05

A CLINICAL RESEARCH OF THE EFFECT OF FERULIC ACID AND ANGELICA ARCHANGELICA EXTRACT ON AMYLOID BETA DEPOSITION IN MILD COGNITIVE IMPAIRMENT PATIENTS.

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Introduction: わが国の認知症患者数は増加の一途を辿っている。認知症のうち半数以上を占めると考えられているのが、アルツハイマー型認知症（以下、AD）であり、現在その治療薬の開発が盛んに進められている。ADの発症については、まずアミロイドβタンパク（以下、Aβ）が大脳皮質に沈着し、神経細胞を障害して徐々に認知機能の低下を招くというアミロイドカスケード仮説が一般に信じられている。現在の抗認知症薬は、既に障害された神経細胞の働きを維持する薬剤であり、直接Aβの沈着に働きかけるものではない。Aβを標的とする治療薬がいくつか開発中であるが、まだ商品化には至っていない。アミロイドカスケード仮説を前提とすれば、カスケードの上流である軽度認知障害（以下、MCI）の段階でこれらの治療薬を投与すれば、より効果的な治療が行えると考えられる。フェルラ酸（以下、FA）は米や小麦の種子に含まれるポリフェノール類の一種であり、抗酸化作用や神経保護作用を有するとされている。遺伝子改変マウスを用いた研究では、6か月間フェルラ酸を経口投与したマウスで脳内Aβ沈着の減少が見られており、ヒトにおいてもAβ沈着を減少させる可能性がある。また、ガーデンアンゼリカ（以下、GA）は食用ハーブの一種であるが、アセチルコリンエステラーゼ阻害などの効果が期待されている。しかし、FAやGAがヒトの脳内Aβ沈着に与える影響を調査した研究はこれまでにない。

Objectives: 本研究の目的は、健康補助食品として市販されているFAとGAの合剤（FA:200mg/日、GA:40mg/日；以下、合剤）を用いて、FAとGAのヒトの脳内Aβ沈着に対する治療効果を評価し、臨床的有用性を検討することである。このことは、認知症の新たな治療薬の提案につながる可能性があり、今後の認知症治療において大きな意義があると考える。

Methods: 本研究は、先端医療センターと共同の非盲検比較介入研究である。神戸大学医学部附属病院に通院するMCI患者20名を介入群10名と対照群10名に分け、介入群には合剤を96週間投与し、対照群には何も投与しない。両群に対し、48週毎にアミロイドPET検査と頭部MRI検査を行い、Aβ沈着と脳萎縮の程度を比較検討する。アミロイドPETには先端医療センターの[11C]PiB-PETを用いる。Aβの沈着度はアミロイドPETのSUVR値で、脳萎縮度はVSRAD（Voxel-based Specific Regional Analysis system for Alzheimer's Disease）を用いたボリューメトリで評価する。また、24週毎に心理検査（Mini Mental State Examination、Alzheimer's Disease Assessment Scale、Frontal Assessment Battery、Wechsler Memory Scale-Revisedの論理記憶）を行い、認知機能の変化も比較する。なお、本研究は、当院の医学倫理委員会の承認を得ている。

Results: 2014年10月から被験者の登録を開始し、2016年10月現在、介入群10名、対照群7名が登録済みである。うち介入群10名、対照群5名が48週目の検査を終えた。Aβの沈着度を示す、総合SUVR値のベースラインから48週目までの変化量は介入群が0.119±0.026、対照群が0.044±0.019であり、有意差はなかった（p=0.08）。VSRAD海馬領域萎縮度スコアのベースラインから48週目までの変化量は、介入群が0.268±0.082、対照群が0.056±0.078であり、有意差はなかった(p=0.13)。各心理検査において、ベースラインと24週後、およびベースラインと48週後のスコアの差を介入群と対照群で比較したが、これも有意差はなかった。

Conclusion: 48週目までの変化では、Aβの沈着度、脳の萎縮度,認知機能のいずれもグループ間で有意差は認めなかった。対照群のデータ収集が遅れており、今後介入群10名、対照群7名のデータで統計的な比較検討を行う予定である。また、72週、96週後のデータ収集も順調に進んでおり、それについても統計的な評価を行う予定である。本研究の限界として、サンプルサイズが小さいこと、非盲検試験であることが挙げられる。患者希望でグループ分けをしたために、選択バイアスが生じた可能性は否定できない。また、大脳の各部位ごとのSUVR値の比較や、ベースラインのSUVR値の高低によってSUVR値の変化量が異ならないかなどの解析を今後行っていく予定である。

Disclosure of Interest: K. Matsuyama Conflict with: Glovia Co., ltd., Y. Yamamoto Conflict with: Glovia Co., ltd., K. Sakai: None Declared

Science

Genetics

Date: Saturday 29th April 2017

O21-06

APOE-TOMM40 HAPLOTYPES AND ALZHEIMER'S DISEASE PHENOTYPES

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Introduction: Apolipoprotein E4 (APOE4) is the main risk factor in late onset Alzheimer's disease (LOAD) and APOE2 is considered protective. It is not clear why some people with APOE4 have AD, while others do not. Recently, an intronic variable length poly-thymidine polymorphic site in the TOMM40 gene (poly-T site rs10524523) was found to be associated with the age of onset of LOAD. This finding raised the possibility that a haplotypic relationship between the two neighboring genes might modify or mediate the apparent influence of APOE on AD.

Objectives: Our main hypothesis: APOE-TOMM40 haplotypes are better predictors of AD phenotype than the APOE genotypes themselves and predict who might be at risk for developing LOAD. Our main objectives: (i) identification of APOE-TOMM40 haplotypes involving each of the three major APOE alleles. (ii) determination of specific APOE-TOMM40 haplotypes that are associate with AD phenotypes.

Methods: The main obstacle in identification of APOE-TOMM 40 haplotypes has been imprecise quantification of the poly-T length by conventional methods. We developed a highly accurate method that allows precise measurement of the number of thymidines in the poly-T polymorphic site. We also sequenced the promoter region of the APOE gene. Precise measurement of the poly-T polymorphic site of the TOMM40 gene, five single nucleotide polymorphisms (SNPs) in the APOE promoter region, and the APOE genotype allowed inferential phasing of these genetic elements, thereby allowing definition of a set of common haplotypes for more than 3000 DNAs from diverse ethnicities.

Results: We found that each APOE allele tended to be linked with a limited number of TOMM40 poly-T polymorphisms in all tested ethnic groups. Each DNA contributes two ApoE-TOMM40 haplotypes. Each of 12 commonly observed haplotype pairs was then examined for associations with 9 neuropathologic and clinical endpoints. Most but not all of the statistically significant associations reflected the presence of an APOE epsilon 2 or 4 allele.

Conclusion: We interpret these results as supporting our view that an APOE-TOMM40 haplotype approach may reveal associations with AD phenotypes more completely than with the APOE genotype alone, and may potentially enhance identification of people at risk for developing AD.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

Date: Saturday 29th April 2017

O22-01

GOING TO STAY AT HOME: A COMPREHENSIVE, INTENSIVE, RESIDENTIAL TRAINING PROGRAM FOR CAREGIVERS AND THE PERSON WITH DEMENTIA

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Introduction: Caring for a person living with dementia is stressful. Common interventions include caregiver training or respite comprising short-term admission of the person with dementia (PWD) to a nursing home. We evaluated a novel approach that combines nursing home respite and carergiver training in a week-long, intensive and comprehensive residential program for both carergiver and PWD.

Objectives: The objetive of the program was to reduce caregiver psychological distress and burden, prevent an increase in behavioural or psychological symptoms of dementia (BPSD) and maintain the PWD at home.

Methods: Ninety dyads of caregiver and PWD participated in small groups of 3-6 dyads in the week-long program. The setting was a 8-bedroom 'motel style' cottage of a nursing home in Sydney, Australia. Caregivers attended 14 group sessions comprising psycho-education and practical skills development. The PWD attended a respite program comprising pleasant activities, outings, cognitive stimulation and excercise. Meals were taken together and social activities planned in the evenings. Primary outcome measure was caregiver depression; secondary outcomes were caregiver burden, unmet needs, BPSD of the PWD, quality of life and function. Measures were at baseline, 6- and 12-months. Rates of permanent admission to nursing home were compared to a group of PWD admitted for routine respite in the same host organisation over the same time period.

Results: Caregiver depression and burden were unchanged, despite decreasing function of the PWD. BPSD of the PWD decreased significantly. The most consistent impact was the reduction in the number of caregivers reporting unmet needs, which decreased across all time points. There was a significant reduction in the transition to permanent nursing home care for the training group: 17.6% of PWD from the training group were admitted and 52.9% of the comparison group (X^2 (1,N=126)=26.2, p<.001).

Conclusion: The Going to Stay at Home program provided a training program that assisted family caregivers to successfully maintain their PWD at home. Although the program did not decrease caregiver distress or burden, it was notable that it neither increased, even given declining function of the PWD. Caregivers' coping and home care skills, problem solving and behavioural management improved. The Going to Stay at Home program provides a workable model that combines respite with effective caregiver education to help families cope with this deteriorating codition.

References: Gresham,M. D., Tsang, R.M., Heffernan, M., Brodaty, H. (2014) Study Protocol of the Going to Stay at Home program: evaluation of a residential care training program to reduce dementia carer distress and burden. SpringerPlus, 3:330. doi:10.1186/2193-1801-3-330

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

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O22-02

SENSE OF SELF EXPRESSED IN SUPPORT GROUPS BY ADULT CHILDREN OF PERSONS LIVING WITH ALZHEIMER'S DISEASE

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Introduction: Living with Alzheimer's disease can negatively affect the sense of self in the persons diagnosed and their family members. Support groups provide an opportunity to meet other people who are in a similar situation. This has been described as beneficial to aspects of self in persons living with Alzheimer's disease and in family members. The family members who support persons with Alzheimer's disease most often are their partners and adult children. The experiences of partners and adult children are partly similar and partly different. However, their different perspectives are often not specified in research, and the studies that focus specifically on adult children are relatively few.

Objectives: The aim of this study was to describe how adult children of persons who are diagnosed with Alzheimer's disease express their sense of self in support groups.

Methods: A social constructionist theory of self served as a theoretical framework for the study. Four support groups with a total number of 32 adult children of persons with Alzheimer's disease were included. Each support group met eight or ten times for one hour, and the sessions were audio recorded. A professional facilitator led the groups. The sessions were unstructured and concerned topics initiated by the participants and sometimes by the facilitator. Qualitative content analysis was used for the data analysis. The study was conducted according to the ethical standards of the Helsinki declaration and was approved by a regional ethics committee.

Results: The adult children described how their social position in the family had changed. From previously having been supported by their parents, they were now supporting them. When a parent without Alzheimer's disease was the primary care partner, the adult child focused on supporting this person. The adult children described themselves as mediators between the person living with Alzheimer's disease and other family members and as their advocates towards other family members. Participants described that the family members, including the person diagnosed with Alzheimer's disease, had come closer to each other. At the same time they described feeling increasingly alienated from the parent diagnosed with Alzheimer's disease, which was associated with a sense of loneliness and grief.

Conclusion: Adult children of people living with Alzheimer's disease are in a stressful situation, requiring them to re-position themselves in the family and sometimes balance between supporting two parents who are both in a crisis. Simultaneously they need to manage their own sense of loss when the relationship with the parent with Alzheimer's disease changes.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

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O22-03

LIVING WITH DEMENTIA AT HOME IN SLOVENIA

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Objectives: Our activities are aimed at providing support, information and training for carers and family members of persons with dementia. We have detected increased demand for assistance at home from relatives of people with dementia. For that reason, we have successfully applied for EEA and Norway grants with a project " Living with Dementia at Home". Main objectives of the project are: empowerment of target groups living with dementia, early recognition of signs of disease and facing illness to reduce social exclusion of individuals with dementia and their closest ones.

Our training programme "Forget Me Not" (since 2013), for relatives of persons with dementia is very successful and used as a basis. In the next step, we discussed the programme in focus groups – self-help groups of carers. The aim was to determine and include actual needs, stressed out by families with persons with dementia. Participating families had to apply with a questionnaire about activities, daily routine, progress of the disease and likes or dislikes of person with dementia.

Results of the project "Living with dementia at home" are 400 copies of handbook for carers of persons with dementia, prepared in cooperation with our project partner "Norwegian National Advisory Unit on Ageing and Health" and a group of companions of person with dementia.

Pilot project companionship was launched in June 2015 and completed in December 2015. All volunteers gained skills to become companions for person with mild stages of dementia, through 4 workshops, led by dementia experts. Volunteers also took park at 25th Alzheimer Europe conference, later in September met participating families to get to know each other and started with visits at homes.

After six months' we conducted an evaluation and according to results, project showed positive impacts for persons with dementia, their caregivers and volunteers. Due to great need of families for support at home, we continue with companionship. We recruited new volunteers with our training programme "Forget me not".

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

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O22-04

CARERS MAKING DECISIONS ABOUT PLACE OF CARE: THE DECIDE STUDY QUALITATIVE FINDINGS

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Introduction: An individual with dementia may require increased levels care throughout the disease however as a consequence of the illness, may lose decision-making capabilities. Family carers report high levels of decisional conflict when deciding whether their relative with dementia can continue to be cared for in their own home or not.

Objectives: To explore the experiences of carers of people with dementia who were in the process of making decisions about where their relative should live and be cared for in the future.

Methods: We recruited family or friend carers of people with dementia currently considering decisions about whether they could continue to care for their relative at home between May 2015 and January 2016 from London memory clinics as part of the DECIDE feasibility Randomised Controlled Trial.

Results: 20 family carers participated. Participants' worries about the impact that making this decision would have on their own lives and living situations sometimes contributed to delays in making the decision. Disagreements between the person with dementia or other family members trying to share decision-making were frequent, so even when carers were clear about their own views they felt they could not finalise a decision and these were not implemented. Carers' spoke of lack of clarity about healthcare professionals' roles during this decision-making process and where to seek advice and support. Some felt that services and systems, such as care home availability, forced a decision when perhaps in hindsight they were not ready to make it.

Conclusion: Family carers of people with dementia find making decisions about where their relative lives in the future difficult. There are implications for practice about the need to support carers during this decision-making process and recognition of the time and skills needed by clinicians to facilitate this. Further work investigating the use of interventions to support decision-making when multiple family members are involved would be of benefit.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

Date: Saturday 29th April 2017

O22-05

IMPACT EXPERIENCED BY CAREGIVERS TAKING CARE OF PEOPLE WITH DEMENTIA IN GHANA

Venance Dey* and Ms Jante Bosma, Mrs Esther Dey, Dr Dennis Bortey

Introduction: The amount of elderly in Ghana is increasing for which age related health problems such as dementia become more prominent. Since there is a lack of formal care for the mentally ill in Ghana, people with dementia (PwD) become often reliant on informal caregivers such as their family. In addition, the awareness about dementia in Ghana is low being a major cause of stigmatizationof PwD

While many studies have researched stress experienced among caregivers in developed countries, this has never been assessed in the Ghanaian setting.

Objectives:

Therefore the main aim of this study is to explore what stressors caregivers of PwD experience and how this impacts their health in order to contribute in developing interventions to reduce caregiver burden in Ghana

Methods: An exploratory qualitative design was conducted with a sample of 22 caregivers including 12 family members and 10 care providers. Semi-structured interviews were held to obtain in-depth information, in which a topic guide based on the stress process model of Pearlin et al. 1990 was used. Participants were questioned about experienced primary stressors, secondary stressors, mediators, context factors and how the caregiving impacted their health.

Then, interviews were transcribed and thematic content analysis was performed on the data

Results: Difficulties directly related to the disease characteristics, the so called primary stressors appeared to be experienced as most stressful.

The second biggest stress factor was having financial difficulties. The most mentioned mediator in the stress process was informational support, which could diminish experienced stress. Furthermore, the difficulties faced in care giving showed to influence the social health of caregivers most, followed by mental and physical health. An important contextual factor contributing to stress was low awareness, lack of support and limited access to formal mental health care.

Conclusion: The findings of the study implicate that a lot of stressful factors are common among Ghanaian caregivers of PwD. The primary stressors caused most of the stressful moments experienced of which handling behaviour issues were experienced as most stressful. Another major finding was that among secondary stressors, financial difficulties were the biggest cause of stress experienced by caregivers. Both seemed to impact the caregivers' health.

Therefore it is recommended to encourage the government of Ghana to develop a stable health system including a sustainable program for PwD and health insurances,

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

Date: Saturday 29th April 2017

O22-06

FUSION- CARE

A UNIQUE CUISINE CREATED TO COMBINE THE THREE SIDES OF THE CARING TRIANGLE, THE PERSON WITH DEMENTIA, THE FAMILY, AND THE FOREIGN CARE- GIVER

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Objectives: Objective:

95% of the people with dementia in Israel are living at home. Caring for the person can be very challenging, and often the family cannot cope and care alone. Many families employ foreign care-givers, mostly from Asian countries, allowing people to remain at home much longer. Along with the positive aspects of 24-hour care, many difficulties arise, that are often brought up at support groups and the hotlines; not wanting a stranger in the house, difficulty in training and giving orders, cultural differences, language problems, resistance of person with dementia to accept help from a stranger.

The project we are presenting involves a process to combine the three sides of the caring triangle in order to improve the care and well-being at home and bridge the cultural gap and diverse needs of all three sides through fusion.

Method:

Two groups were organized of family members and foreign care- givers, 8 pairs in each group. There were 4 sessions- one for family, two for care-givers, and one joint session. The sessions included education, discussions and exercises. The subjects discussed were; understanding the world of the person with dementia, communications, creative approach, activities, job description, and role expectations. We developed materials to improve understanding and tips for care in Hebrew and English.

Results:

The results of the project were improved mutual understanding and team work between the families and the care-givers. The care-givers gained knowledge and skills that helped them cope, communicate, and collaborate better. The families felt they had a better relationship with the care-giver and their loved one.

Conclusion:

It is very important to help family members and foreign care-givers to gain knowledge, work together and emphasize the unique quality of each person in the caring triangle. This approach helps to improve the quality of life for all sides and reduce care-stress.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

O23-01

TRANSITION OF AN ELDERLY FROM INSTITUTION TO GROUP HOME AND THE ENABLEMENT OF AGEING AT HOME

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Objectives: The Yunlin Long-term Elderly Care Association (Known as the Little Sun), a community based association, started in 2000 in the central part of Taiwan. The Little Sun had developed services to meet the needs of growing prevalence of dementia from home service, meal delivery to 3 rural day care centers and constructed a 3-floor multi-function service provision center in 2013. Group home service followed in 2014. The team would like to present the care pathway of Grandma Wen, 90, a person with moderate dementia. She was transferred from a care institution in the north Taiwan into the group home of the Little Sun in July 2015. At the beginning of residence, daily problems of Mrs. Wen included incontinence、spitting、sanity handling、bathing and eating resistance、sleep disorder、oral expression difficulty and alienated family relationship, etc. Based on the life story and culture background, the team found Grandma Wen was a war refugee ran away from the mainland China to Vietnam and captured as a prisoner for some time. She got married after set-free and moved to Taiwan. She experienced improper care without dignity in previous institution and her family members did not understand dementia so that their relationship turned into emotional separation. The team then designed systematic training courses, communication workshop and daily interaction practices in the group home for her daughter and grandson which led them to be capable caregivers. Gradual interventions and rehabilitation with person-centered care for Mrs. Wen had resulted in pleasing improvement. She moved from the 24-hour care of group home to day care service in Mar. 2016 and returned to home care at night and weekend. Her family members connect closely with the team of the Little Sun for care information and problem solving. This paper would like to share the care pathway of a dementia elderly from institution to group home then a smooth transition to be ageing at home with day care service and family care. What are the approaches of rehabilitation and enablement that the team has worked on for the people with dementia and her family members will be presented.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

Date: Saturday 29th April 2017

O23-03

ALTZHIMER GAVE ME A LOT OF THINGS TO LIVE AND SHOWED MY FAMILY WHAT LIFE IS!, WHAT HUMAN IS.

Takayo Oda*

Objectives: 私は京都生まれ京都育ちの小田尚代です。主人と私は30年前に結婚して4人の娘を授かりました。主人が若年性アルツハイマー病と診断されるまで専業主婦をしていた私は精神的、経済的に大きな不安を感じ涙しか出てきませんでした。当時長女は成人したばかりで次女は高校生、三女、四女は中学生でした。私は少しでも前に進みたい、その場に留まっているのは嫌だと思い主人の行動をよく見て記録をメモや文章にして残したり映像も撮るようになりました。相手をよくみる事でただ単に見るだけでなく観る診る看るといった様に細かくその瞬間を逃さない様に気を付けました。主人も自分に何が起こっているのかとても混乱していた様で私達に怒鳴って怒ったり、物をバンバン叩いて自分の言いたい事やりたい事、そのやり場のない思いを何かにぶつけていました。病院でお薬をもらい服用したりしましたが尚更興奮するようなことがありました。2010年頃から認知症に関する薬はだんだん減らし数年前から一切服用していません。それは薬を服用していない素の主人を見る事も必要だと思ったからです。色んな試みをしていくうちに本人が不穏になる状況を作らなければいいのだと思い、その手前で回避できるように少しずつなってきました。けれど身長175体重75の大きな男の力はすごくて蹴られたり叩かれたり咬まれたりと一言で説明出来ないくらいの事が毎日起こりました。しかし目の前にいるこの男性は確かに紛れもなく今まで私達家族を支えてくれた人なのです。今まで支えてもらってはきたもののいざ主人がこの状況になって、私は主人を『支(ささ)えているのか』それとも『支(つか)えることをしているのか』と考えるようになりました。字は同じでも大きな意味の違いにも気がつくようになりました。そして私が主人と接する時、できる限りの五感を使い、すでに言葉を失ってきていた主人にも五感でそれを受け入れてもらいそんなコミュニケーションの取り方をするようになってきました。例えば主人は初期の頃とてもお風呂に入るのを拒否して大変でしたが、靴下のままでも衣服のままでも暖かいお湯を足元からシャワーでかけていき、気持ちがいいことを感じさせるのです。そうして何度もお風呂に入れることが出来ました。薬を止めてだんだん素の部分が表れてくると表情が豊かになり、笑顔が増えたり、涙を流して泣くようになりました。2014年暮れにかかりつけ医が主人に終末期が来たと思いましたという時があったのですが先生は今現在の主人のあまりの回復にびっくりされました。朝目覚めてしばらくすると泣く事が増えてきました。それは夢に出てきた自分が歩けていたのに目が覚めて歩けないことに気がついたのか、それとも夢の中で歩けない自分がいて目が覚めて歩けるはずが正夢だったとショックで涙を流すのか、動けなくて歩けなくなった自分に気が付いたのか悲しそうに泣いています。「つらいんやなぁ」と聞くとうなずきます。こうやって意思表示が出来るなら本人の心に触れれば分かってもらえるはずと思いながら娘達と主人と生活してきました。2015年長女の結婚が決まり主人に当日参加出来るのと聞くと「行く」と声を出して答えてびっくりしました。しかしその式のリハーサルという事でベッドから椅子へ移動をした時に急に自分が思っていない状況が受け入れられなかったのか私の左手中指の先を噛み骨折してしまいました。口の中から出た時指はペチャンコで指の形をなしていませんでした。それは主人の恐怖の大きさの表れでもありました。それからその3週間後長女の結婚式を控えていたので傷も心配でしたが主人を連れていく事にも不安が出てきました。かかりつけ医も「どうしてもご主人の調子が悪ければ当日撮ったビデオで了承してもらうということでいいのでは」とアドバイスをもらいました。それでも何度も何度も主人に式の事を話し、家を出て玄関まで私達が両脇を持つから歩く事、家の車でホテルまで行く事、ホテルに着いたら主人のベッドがある事等毎日のように話ししました。そのお陰で車に乗った途端ホテルまでニコニコしてホテルに着くと腕組みをして父親の顔になり控室で私達の着付けの間ずっと静かに落ち着いて待っているのです。親族写真の時が来て移動し写真を撮ることができ、親族紹介も静かに車椅子に座ったまま入る事が出来ました。次はロビーでの式が始まり主人は娘の花嫁姿を見て涙を流し始めました。まさかその状況を目の当たりするとは思わなかったのでびっくりしました。式の終盤両親が立つ位置に車椅子で参列し新郎の父の挨拶の後に私の隣から聞こえてきたのは会場のみんなと同じタイミングの主人の拍手の音でした。車椅子に座ったままではありましたが最後の御一人までお客様を出口できちんとお見送りをして、奇跡のような一日を送る事が出来ました。それは、主人から色々なことを教えてもらいたくさんの人との出会いを作ってくれたり、私を輝かせてくれた様に思います。どんな便利な道具ができてもどんなハイテクな機械が発達しても人間は人間でないとできない助けが必要なのです。機械が人間の手助けにはなっ

ても人間は機械にはなれません。またなってはいけないのです。人間は人間でしか出来ない相手の心に触れるという事が大事だと思います。命は1人に1つずつあるのです。人が何か出来ない事が増えてきたとしても、命が1から減って0.8とか三分の二とかになる事はないのです。ジグソーパズルの凹を人が何か出来なくなった部分だとすると、誰かが凸となって補ってくれたり、また主人の様に目の動きやジェスチャーで伝えようとその力が凸の様に飛び出てくるのです。それぞれ違う形ですがどんな形をしていても1ピースは1ピースです。今主人は単語がよく出るようになりました。私は家族は無限大に広がるジグソーパズルだと思っています。そして それが壮大な絵になり、その延長線上に社会がうまくあうパズルの所に繋がっていってくれたらアルツハイマーの人達がリハビリしやすい良い環境となるでしょう。リハビリというものは体だけのリハビリはなくて全ては人の暖かい心、五感プラス第六感を働かせて自分も相手も人間であるということを忘れず接していれば通づるもの、新しい気づきが見えてくると思います。

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

Date: Saturday 29th April 2017

O23-04

WE NEED TO ‘THINK OUTSIDE OF THE BOX’.

John Quinn

Objectives: Rehabilitation should automatically be offered when people are newly diagnosed with Dementia. After-all in Australia, it is immediately offered after a Stroke or a Heart Attack. An excellent personalised program will cater to the individual’s symptoms and needs. Should rehabilitation be as restrictive as just Speech/Language Therapy, Occupational Therapy, etc? What value do our existing skills and the joy of participation hold, in motivating us, and therefore enabling us to live as independently and as fulfilling a life as possible? As a person living with Dementia, I still remember the activities that I enjoy, with laughter. So whether I’m learning and applying new skills or established ones, let them also be my ‘tools for Enablement’.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

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O23-05

POST DIAGNOSIS: DEMENTIA ENABLEMENT GUIDE.

Denise Craig* 1

[1]Statewide Dementia Clinical Network, Qld Health, Cairns, Australia

Objectives: As a health professional specialising in the rights and dignity of people diagnosed with dementia and their care partner/s, it seems obvious that we are in 'the business of dementia' together. Either we have a diagnosis of dementia or care about someone who does; will one day be diagnosed or support someone who is; provide professional support for people with dementia, or any combination of the above.

Working closely with people living with dementia and monitoring social media contributions from this group, it is clear that globally, many people with dementia feel misunderstood and unsupported by some sectors of the health care system. Many report being denied referral to health professionals because the potential enabling benefits are not well understood. General practitioners and other health professionals are often unaware of the empowering 'lift' that can result from specialised assistance to maintain function and the highest possible quality of life. Failure to offer all possible support to those diagnosed with one of the most feared conditions of our time, is human rights violation.

When a man diagnosed with a Young Onset frontotemporal dementia lost his job and experienced low mood and uncharacteristic behavioural changes, his treating doctor argued *'No one can help him, he has dementia'.* If you have dementia you may choose not to accept external support, but it is important that you are given the chance to make an informed choice.

To help address this, Queensland Health supported a multidisciplinary clinician and consumer group to construct a post-diagnostic pathway tool called a Dementia Enablement Guide. The guide seeks to encourage General Practitioners to consider a multidisciplinary approach to post-diagnostic support. The tool is now being trialled at sites across Australia. This presentation will discuss the rationale of the guide and highlight the concept of 'pathways' to onward referral to supportive health professionals.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

Date: Saturday 29th April 2017

O23-06

THE ELECTRONIC TOILET-TOP BIDET: AN IMPROVEMENT IN TOILETING CARE FOR PEOPLE WITH DEMENTIA AND NURSING HOME STAFF

Meredith Gresham* [1], Lindy Clemson[1], Lee-Fay Low[1]

[1]Ageing, Work and Health Research Unit, University of Sydney, Sydney, Australia

Introduction: For many older people the loss of ability to clean after toileting has negative effects including risk of infection, odour and loss of dignity. Toileting is the most common task undertaken by nursing home staff. The intimate nature of the task and its frequency exposes staff to risk of injury.The electronic bidet is an assistive technology that replaces the usual toilet seat and provides a thermostatically and pressure controlled ‘front’ and ‘rear’ spray of water for cleaning after voiding the bladder or bowels. Warm air dries user. The bidet is an alternative to usual, manual cleaning provided by staff.

Objectives: To determine if the electronic toilet-top bidet is acceptable, provides greater dignity and improved health outcomes for nursing home residents and have benefits over usual toileting care for staff.

Methods: A 12-week, mixed-methods, pragmatic clinical utility study design was used. 49 residents (24 usual care control and 25 bidet intervention; total 43 with dementia) and 73 staff from 2 Australian aged care facilities participated. Staff allocated bidets to encourage staff compliance with intervention. Acceptability of bidet was measured pre and post by 5-item Likert scale; cleaning effectiveness and incontinence associated odour was rated by staff using specifically designed data sheets. Staff workload was measured pre and post bidet use and compared with usual care using the NASA Task Load Index (TLX)(Hart & Staveland, 1988). Four staff focus groups were conducted to provide in-depth exploration of the experience and outcomes of using the bidet.

Results: The bidet was found to be acceptable by the majority of residents and staff; median acceptability scores significantly improved over time (Z=3.300, p=.001). Bidet cleaned effectively in 59.9% of 432 recorded toileting episodes. Change in odour ratings did not reach significance. Compared to usual manual cleaning, summed staff workload TLX scores decreased significantly (z=148.50, p=.03). Qualitative results indicated the success of the bidet for residents was predicated on staff delivering effective support during the first few weeks of use. For staff, thorough assessment of the compatibility of assistive equipment (lifers, commode chairs etc) with the bidet is required. The effect of the bidet in stimulating void of bowels or bladder was noted to assist in the management of incontinence. The bidet provided greater dignity for the resident.

Conclusion: The bidet appears to be robust technology that presents a promising alternative to the practice of manually cleaning residents after voiding bladder or bowels.

References: Hart, S., & Staveland, L. (1988). *Development of the NASA-TLX (Task Load Index): Results of empirical and theoretical research.* North-Holland: Elsevier Science Publishers.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

Date: Saturday 29th April 2017

O24-01

THE ROSEMARY, THE DIARY OF MY HEARTH FOR MY MIND.

Andrea Fabbo*, Patrizia Bruno[1], Roberta Francia[2], Laura Guidi[3], Alessandro Pirani[4]

[1]Old Age and home care service, Dementia Center, Health Trust (ASL) of Napoli 2 ; Amnesia Association, Naples, [2]Primary Care, AUSL Bologna, [3]Giovani nel tempo onlus association, Giovani nel tempo onlus association, Bologna, [4]Primary Care Department and Dementia Center, Health Trust (AUSL) of Ferrara, Cento-Ferrara, Italy

Objectives: Background Successful aging requires resilience that needs to collect information about the health status and to point out some few and simple rules for a best quality of life, both in independent or dependent elders. At this purpose, we prepared "The Rosemary", a diary that helps the aged persons to carry out their daily activities like playing a game. When the Rosemary is used by older persons without cognitive impairment, it builds the track of time, it helps to keep under control the daily activities and tasks. For caregivers it can be an useful diary to evaluate the quality of life while assisting the elderly **Description** The diary has been planned to be used without instructions, but simply using intuition.The first part makes reference to the traditional ROT – Reality Orientation Therapy; day, month, year, seasons, temperature. The second part collects the signals and symptoms of daily life:mood, pharmaceuticals assumptions, nutrition, hydration, constipation, sleep, fitness, mental exercises, pain.The daily use of The Rosemary is facilitated with pictures and icons that accompany simple questions. Every 7 days some pages have been inserted as a reminder for the weekly events, like grocery shopping, payments, doctor's visits and for the self-evaluation of physical and mental training done during the week.There are two pages reserved for assumed pharmaceuticals, their commercial names, instructions of use, time and method of assumption, number of spare boxes. At the end of "The Rosemary" there are some useful pages regarding advises for physical activities, games for memory training, curiosities, address and telephone book, consulted and suggested web pages. **Conclusions**The Rosemary is a simple and economic tool, a pair of "memory glasses", that helps to maintain, organize and consolidate memory for every daily activity. The more technological users can visit the website www.giovanineltempo.it. If the initiative continues to have success, a mobile app of the diary will soon be available.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

Date: Saturday 29th April 2017

O24-02

ENABLING SOCIAL INCLUSION IN OLDER MEN WITH DEMENTIA USING A COMMERCIAL GAMING TECHNOLOGICAL INITIATIVE

Ben Hicks*, Anthea Innes, Samuel Nyman

Introduction: This study addresses the challenges of social inclusion for older men (65+ years) with dementia in rural England. This population are under researched within the dementia arena and are often considered to be a homogenous, androgynous group of people. The applied study used an individually-tailored male-only Technological Initiative, drawing on commercially available computer game technology (e.g. iPad, Nintendo Wii and Microsoft Kinect) to deliver person-centred activities to older men with dementia residing in three rural areas of England over a nine week period.

Objectives: The study sought to explore the perceived impact of the Technological Initiative on the men's sense of social inclusion and situate this within their daily lives. Furthermore the study aimed to explore the 'active mechanisms' of the ecopsychosocial inititive that enabled social inclusion within this hard to reach population.

Methods: Participatory Action Research (PAR) formed the framework for the conduct of the research. Multiple qualitative methods were employed to explore the perceived impact of the Technological Initiative on the men's social inclusion. These included focus group discussions, open interviews and extensive reflexive field notes. Twenty two men participated in the research alongside fifteen care partners and five community volunteers. A thematic analysis was undertaken to interpret the data.

Results: The research demonstrated that the Technological Initiative appealed to the men and resulted in their increased social confidence and sense of well-being. Three features were integral to its success: the use of technology; the male-only environment; and the approach adopted. The technology enabled the men to re-engage with their old leisure interests, take part in new activities and so continue their learning and growth and challenge assumptions of their abilities. The male-only environment promoted a sense of familiarity and camaraderie that relaxed the men and encouraged them to speak openly. The approach adopted sought to give voice to the men by situating them as experts in the evolution of the Technological Initiative.

Conclusion: The research concludes by arguing that community ecopsychosocial initiatives would be advised to consider the persisting multiple masculinities of older men with dementia and cater for them through the activities offered, the environment created and the method of delivery.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

Date: Saturday 29th April 2017

O24-03

DOGS4DEMENTIA- PAWS FOR THOUGHT AN AUSTRALIAN FIRST INITIATIVE WHERE ASSISTANCE DOGS WILL UNDERTAKE TASKS TO SUPPORT PEOPLE WITH DEMENTIA AND THEIR CARERS

Tammy Makin*

Objectives: Background

Dogs 4 Dementia is a pilot project with funding from the Department of Social Services to match assistance dogs with people living in the community with dementia.

This is the first time in Australia that Dementia Centre consultants have partnered with Assistance Dogs Australia trainers to place dogs into the homes of people living with dementia.

Dogs 4 Dementia follows the participants' experiences over the first year of the dog placement and shares the outcomes and personal stories on the project website. It is hoped that these dogs will promote greater independence and confidence, and enable the person who has dementia to remain living in their own home for longer.

The project commenced with the first two dogs being placed in October 2015 and is continuing to match dogs and people living with dementia through to December 2016

The potential of dogs: An assistance dog is capable of learning up to 50 different cues. Dogs are loyal companions devoid of human prejudice providing 24/7 comfort and reassurance. This can be a significant support when the dementia experience is lonely and frightening.

For a person with dementia a dog can act as a physical anchor: allowing a carer to focus elsewhere, and an emotional anchor: helping one feel safe when alone.

Dogs can provide joy and companionship to the whole family, including carers who can find their role lonely and stressful

A person's daily routines can be easily disrupted as their dementia changes. Assistance Dogs can support the maintenance of routines that promote health, independence, social activities such as walking outdoors, using public transport and shopping.

Process: The placement period involves in home training for participants over an initial 2-4 week period and then follow up training every month for three months. The average age a dog is placed is between 18 months and 2 years of age.

Ongoing support is available for each of the participating families. Each participating family is invited to contribute to an online blog to share their journey of the first year living with their assistance dog. Follow the dogs: www.dogs4dementia.com.au.

After only a few months living with their dogs the participating families are sharing experiences that include the benefits of this new relationship.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

Date: Saturday 29th April 2017

O24-04

CHANGES IN JAPAN - VIEW FROM OUTSIDE

Christine Bryden* [1]

[1]Queensland, Alzheimer's Australia, Brisbane, Australia

Objectives: My talk will cover changes I have seen in visits to Japan between 2003 and 2012. In 2001 I gave the first plenary address by a person with dementia to the ADI conference in Christchurch. The address was videoed by Noriko Ishibashi who then brought some colleagues to visit us in Australia in 2002. She wanted to see change in Japan in how people with dementia were regarded and supported in their communities and care homes. Her energies led to my first book being published by Creates Kamogawa in 2003, when we visited Tokyo, Kobe, Matsue, Hiroshima, Yokohama and Kyoto. NHK made a documentary of the visit, then a documentary of us in Australia. The plenary address by Ochi-san at the ADI Conference in Kyoto 2004 was groundbreaking. At first, the translators spoke of the "demented elderly"; this soon changed. I chaired a very well attended Workshop by people with dementia, and gave talks in Tokyo. In 2005, en route to the ADI Istanbul, in Tokyo I met with a man with dementia, Mizuko-san (a pseudonym), who had started an online dementia cafe. He was trying to change the stigma in Japanese society. After ADI Berlin in 2006, I gave talks in Tokyo and in Kyoto met with the first working group of people with dementia developing a Communiqué to present to the relevant Ministries, a significant step forward in changing attitudes in Japanese society and improving support for people with dementia. In 2007, I gave talks in Tokyo and Sapporo, visiting an impressive day care centre giving people with dementia an important sense of meaning in their lives. In 2008, a group that I had met at this centre visited us in Australia, which became an NHK documentary with further positive impact on Japanese society. In 2012, we visited Tokyo and Okinawa, giving talks on what it feels like and what you can do to help. I could see in the main islands of Japan the significant changes in efforts to support and engage people with dementia. It has been remarkable to see Japanese care-workers, NHK, Silver Channel and people with dementia, working together with Government Ministries to make real changes. Language has been one of the first things to alter: we are called people with cognitive deficits rather than the demented elderly. Japan is a world leader in working towards achieving dementia friendly communities, and I have been privileged to see such rapid and extensive improvement to the lives of people with dementia.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

Date: Saturday 29th April 2017

O24-05

HOW 5 INTERACTIVE SCREENS SUPPORTED DEMENTIA FAMILIES ACROSS THE RURAL HIGHLANDS OF SCOTLAND.

Karina Ross[1], Ann Pascoe[1], Steven Henderson[* 1]

[1]Dementia Friendly Communities CIC, Helmsdale, United Kingdom

Objectives: To show how a partnership using digital technology not only connected people living with dementia in 5 rural community bases in the Scottish Highlands, but also reduced loneliness and isolation while at the same time improving their quality of life.

How using interactive screens linked between a dementia hospital, a day centre, a care home and two well-being hubs resulted not only in accessing old films, dance, art and music, but also by finding internet footage of local villages and countryside, started up conversations and instinctive reminiscence, often linking old friends and reducing loneliness.

How the linked screens were used to deliver a variety of programmes to 5 different villages at the same time:

- Innovative health programmes developing interactive choirs, master classes or exercises to benfit people with dementia at different levels of competence
- tutorials on art and exploring the techniques of other artists inspiring dementia artists to try new ideas
- dance and music, particularly sing-alongs and even a joint choir
- cognitive games with the dementia hospital streaming CST modules to specific groups via the linked screens
- supporting people with dementia to shop online
- giving them confidence to use other technolgies e.g. tablet/iPhones

How the interactive screens served many purposes, including offering a basis for interaction between Health Professionals and people affected by dementia using smart television, video conferencing, skype etc. How this project also developed a range of different resources including health programmes around exercise, nutrition, diet etc.

How community hubs developed their potential to work with central NHS services to facilitate social rather than medical therapeutic interventions, thus making NHS services more accessible to people in rural settings and resulting in increased time NHS staff spent in direct contact with a larger number of people. Previously without technology, time was spent travelling to resolve crisis situations instead of reaching people affected by dementia earlier on their dementia journey.

How more resources were better directed to interactive support via digital technology thereby reducing isolation and loneliness, while ensuring travel and face to face contact became an investment that was planned and more fairly shared across rural communities.

How co-production of this project engaged people affected by dementia and the five communities at every stage in its development and how this served to improve overall social cohesion

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

Date: Saturday 29th April 2017

O24-06

LIVING WITH DEMENTIA -DISSEMINATING THE VOICE OF PEOPLE WITH DEMENTIA BY PEOPLE WITH DEMENTIA

Tomofumi Tanno*

Objectives: I was diagnosed with early onset Alzheimer’s at the age of 39.

At the time, I was a salesman but I had noticed that during the previous five years my memory was not as sharp as my colleagues. I increasingly forgot customers’ names and faces and was being reprimanded for this by my managers. Every time I was reprimanded I could only make excuses and sometimes I lied. However, at that time I could not confide in anybody.

One day, I could not even remember the name of a member of staff who I saw every day.I sensed that there was something wrong and so I decided to go to the hospital.

I went to the neurological department and the doctor wrote a referral letter for me to attend a Memory Clinic at a large hospital. I was admitted there for examinations. The result was that there indications which I had Alzheimer’s but the doctor doubted this at such an early age – so he advised me to go to the University hospital.

During the few days before I was admitted to the University hospital I talked with my colleagues and managers at work about my poor memory and the possibility of an Alzheimer’s diagnosis but I received no good answers and felt inside that ‘Alzheimer’s = the end’.

After a few days I was admitted to the University hospital and after a few weeks of examinations I was diagnosed with early onset Alzheimer’s at the age of 39.

While I was in hospital I could not sleep because of anxiety and I searched on the internet all night for information about Alzheimer’s. When I searched there was only information saying that the early onset Alzheimer’s progression is quick and you soon don’t know anything and become bed-bound.

Also, there is so much bad and negative information. The more I searched the more I felt despair.

Among others, the only information which I feel I could have some hope is the home page of the Miyagi Prefecture branch of the Alzheimer’s Association Japan. Later as I participated with this branch my outlook started to change.

This means that by talking with carers and people with dementia themselves and getting a variety of information and talking about myself my outlook has stabilised.

After a few months with this Association I met a lively person with dementia – with a smile – who overcame his anxiety after diagnosis before me and knew that even that after 10 years he could remain active. So I gradually reduced my anxiety and realised that it was not ‘dementia = the end’.

The journey I chose to travel was not to regret the dementia but to live with the dementia.

There will be an increase in the number of people diagnosed with dementia.

I intend to spread the word in order to create a happy society for those who develop dementia in the future.

Disclosure of Interest: None Declared

Care research and practice

End of life care

Date: Saturday 29th April 2017

O25-02

THE DIGNITY IN ADVANCED DEMENTIA (DIADEM) STUDY: IMPACT OF AN INTEGRATED GERIATRIC PALLIATIVE HOMECARE PROGRAMME

Allyn Hum[*], Riyin Tay[1], Noorhazlina Binte Ali[2], Huei Yaw Wu, Mervyn Koh[2], Jing Jih Chin and Ian Leong, Angel Lee

[1]Dover Park Hospice, [2]Tan Tock Seng Hospital, Singapore, Singapore

Introduction: In the current culture of care for advanced dementia, patients commonly transition between the home or nursing home to the hospital whenever there is a crisis, an occurrence more frequent towards the end of life. Coordinated approaches to care for patients potentially enhance access to support services, improve quality of life, and reduces healthcare costs.

Objectives: A multidisciplinary, integrated geriatric palliative homecare programme was piloted with the aim to study its impact on unmet needs and healthcare utilization of advanced dementia patients and caregivers.

Methods: Patients were enrolled into the programme at Functional Assessment Staging (FAST) 7A with one of the following criteria: Pneumonia in the past 1 year, Albumin <35g/L or enteral feeding. Patients cared for in nursing homes were excluded. Chart reviews of a retrospective cohort of patients were performed prior to the start of the programme for comparison. Patient symptoms and quality of life were assessed at home with the Pain Assessment in Advanced Dementia (PAINAD), Neuropsychiatric Inventory Questionnaire (NPI-Q), and Quality of Life in Late Stage Dementia (QUALID). Symptom burden at the end of life was measured with the Comfort Assessment in Dying with Dementia (CAD-EOLD) scale. Caregivers were evaluated for degree of burden using the Zarit Burden Interview (ZBI). Within group comparisons utilized Wilcoxon signed ranked test, and between group comparisons the Mann-Whitney U test. Chi- Square analysis compared proportions and correlation analysis determined direction and strength between variable relationships.

Results: The median age of patients was 88 years (N=236), with Alzheimer's disease being the most common etiology of dementia (31.4%). 56.9% of patients suffered with pain, and 78.8% experienced behavioral challenges. The median QUALID score was 22 (11-41), and this correlated moderately with pain (r=0.38, p<0.05) and behavioral issues (r=0.356, p<0.05). The presence of enteral feeding was perceived to be associated with a lower quality of life (p<0.05). Palliative care measures instituted before death improved symptoms measured on the CAD-EOLD (N=112; p=0.035). Patients' hospital length of stay, hospital admissions and 30 day readmission rates decreasd by 82.3%, 91.3% and 71.4% respectively. These healthcare utilization parameters were also significantly decreased in comparison with the retrospective cohort (p<0.05).

Conclusion: Advanced dementia patients have a significant symptom burden, with quality of life compromised on enteral feeding. An integrated homecare palliative service for advanced dementia improves quality of care for patients at the end of life, and rationalizes healthcare utilization.

Disclosure of Interest: None Declared

Care research and practice

End of life care

Date: Saturday 29th April 2017

O25-03

PALLIATION, DEATH AND DYING | CONSIDERATIONS FOR PERSONS WITH DEMENTIA

Peter Bewert*, Sharon Callister

Objectives: Aim

This presentation describes a model which promotes spiritual equilibrium whilst maintaining palliative care needs in older people with cognitive impairment / dementia and or mental health diagnoses. It will describe the importance of collaborative, respectful relationships; a balance between dependence, independence and interdependence; a multi-disciplinary approach between chaplaincy, care and clinical staff; Fostering shared understanding about what is important in the consumers day-to-day life, current situation and the desired future.

Evaluation

With the resident as the focus, the end of life approach has ensured positive outcomes which improve spiritual contentment. These include maintenance of spiritual and physical contentment; increased consumer self-control, self-worth and self-confidence through participation in negotiation in the development of the plan; increased resilience in palliative care; Improved quality of life through meeting the spiritual needs in a tangible, practical and age appropriate manner despite the level of cognition.

Implications for practice

The project design was prompted by a realisation that all people experience spirituality and as a result embrace end of life differently. Care staff now understand the need for strong a focus on the negotiation between family (including legal decision makers), staff and the individual resident to meet spiritual needs whilst maintaining a palliative approach within acceptable social parameters based on the specific needs of the individual. Staff now work informed by the development of a spiritual care-planning process designed to promote personhood in end of life care.

Methodology:

The Salvation Army Aged Care Plus reviewed numerous case studies associated with consumers who expressed strong religious ideology with at times conflicting spirituality needs of loved ones who were ultimately decision makers during the terminal phase of care. These case studies resulted in numerous policy impacts on the delivery of palliative care services which focussed on meeting the individual consumer needs and provision of contemporary clinical management.

Findings:

The understanding of religious practice coupled with lived experience of spirituality has a significant impact on the psychological and spiritual wellbeing during end of life care. An understanding of synergies and dichotomies are essential. The effective integration of the psychological and spiritual needs associated with religion and spiritual awareness / practice results in improved care outcomes.

Disclosure of Interest: None Declared

Care research and practice

End of life care

Date: Saturday 29th April 2017

O25-04

HER LAST DAYS WITH ART AND ALZHEIMER’S DISEASE

Nozomi Nagasaki*

Objectives: 読む・書く・観るひとから描くひとへ

伯母は職業は新聞記者、児童文学研究者であったものの、大学で東洋美術史を専攻していた事もあり、美術・写真・映画に造詣が深かった。

アルツハイマー病の診断から６年目７９歳の時、言葉が出にくく歩行も覚束なくなって図書館や美術館などへの外出が難しくなった為、２００４年の国際アルツハイマー協会京都会議で知った臨床美術を始めた。２００９年に伯母が亡くなるまでの３年間、月１回のベ３４回の間に様々な作品を生み出した。

毎月の臨床美術は、臨床美術士が持参された画集や写真集を楽しむことから始まり、臨床美術士の語りかけから言葉のやりとりはできなくても、目で声で頷きで会話を楽しんだ。その３０分はまさに「同好の士」の間の会話だった。

その後１時間半近くが制作の時間だ。最初はなかなか筆を置く事が出来ず筆運びもためらう事が多かったものの、臨床美術士の粘り強いアドバイスから次第に筆が動くようになり、自分が思う時まで絶対に「これで完成」とは認めず、色選びや構図、署名の位置も自身のこだわりを貫いていた。時には伯母の意図が汲み取れない臨床美術士と介助する私を戸惑わしてくれたが、ようやく彼女の考えに気付いた私達が「恐れ入りました」と平伏した時は「しょうがないわねえ」という顔をしてみせるのだった。

制作後の鑑賞会兼お茶会では社会問題や議論めいた話にとりわけ目が輝き、美術だけでなく新聞もテレビのニュースにも興味は衰えず、映画もよく観た。

２年目、３年目は要介護度も４から５となり、嚥下障害・右手両腕の拘縮や身体が傾き座位保持困難など全身機能が低下していったが、回を重ねるごとに自ら利き腕でない左手で筆扱いを工夫し筆運びも力強く、意欲・集中力を増していった。

最期の作品は死の４日前のことであったが、施設スタッフの体調管理のご配慮のもと、傾きながらも１時間以上も粘ってひとつの絵を完成させた。

臨床美術士は美術談義から伯母の従来から持つ知識・審美眼を呼び覚まし、時間をかけて伯母の価値観・表現意欲を引き出して下さった。

介護医療スタッフの方々の作品への言及も刺激となったようで、受動的になる事の多い日常の中、好きだった美術という自己表現の手段を得て達成感や満足感を味わう事ができた。

読み・書く事が本業で優れた鑑賞家であっても描く人ではなかった伯母が、病を得て描く人にもなった。アルツハイマー病に沢山のものを奪われてしまったが、伯母が生涯好んでいた美術が、最期まで伯母は伯母その人であり、一番大切な力を持ち続けて逝ったと教えてくれた。

この発表では彼女の作品とその制作過程をスライド等でお示ししつつ、介助する側がなんとか読み取ったその時の伯母を表現したい。

Disclosure of Interest: None Declared

Care research and practice

End of life care

Date: Saturday 29th April 2017

O25-05

STRUGGLING TO MAINTAIN PROFESSIONAL BOUNDARIES FOR CARE HOME WORKERS PROVIDING END OF LIFE CARE FOR RESIDENTS WITH DEMENTIA

Tushna Vandrevala*

Introduction: International policy encouraging death in the place of residence, rather than hospital, more people with dementia are dying in care homes. Providing care at the end of life compounds the expectations placed on carers and the psychological impacts of working in palliative care for care home staff are unknown. Providing end of life care in a care home entails physical and emotional labour. Care home workers' emotional bonds with residents with dementia sometimes contributed to feeling physically, mentally and emotionally drained.

Objectives: The aim of the current exploratory study was to investigate the impact for care home staff of working with people with dementia at the end of life and to explore how they cope with this aspect of their work.

Methods: A qualitative approach was employed; 20 care home staff working in five English care homes were interviewed. Thematic Analysis was used to analyse the data.

Results: Care home staff found the external demands on them and difficulties associated with interacting with people with dementia sometimes challenging, stressful and anxiety-provoking, particularly as residents approached end of life. Emotional aspects of caring for dying residents were sometimes heightened by close attachments with residents and their families. Staff recognized that an integral part of their job involved responding to the emotional needs of residents with dementia, which some felt were more stressful to address than physical demands. Some revealed that growing closeness with residents increased their anxiety and made them feel doubly powerless in bearing witness to an approaching death. Frequent encounters with death, feeling unable to reduce suffering for the person with dementia and their families, and feelings of helplessness, exacerbated by established emotional relationships, further contributed to staff distress.

Conclusion: This study revealed rich and complex understanding of the practice dimensions of caring for people with dementia at the end of life and the impact these have on staff. There is a need to develop effective psychosocial interventions to help staff maintain professional boundaries and respecting the "family-like" bounds they form with residents. There will be challenges in providing this in employment settings that are generally low paid, low status, have high turnover and are reliant on temporary or migrant staff, where training is not rewarded, mandatory or culturally valued.

Disclosure of Interest: None Declared

Care research and practice

End of life care

Date: Saturday 29th April 2017

O25-06

HOW WILL THE ELDERLY WITH DEMENTIA REACT TO THE SUGGESTION OF PLACING GASTROSTOMY TUBE?

Kazuhiro Niizato*, Gen Ohi

Introduction: In Japan, an overwhelming majority of 560,000 patients placed with percutaneous endoscopic gastrostomy (PEG) are severely demented and their quality of life is practically unknown.

Objectives: This study was performed to see if the demented elderly are able to decide on their own as to starting PEG.

Methods: The subjects are 135 demented inpatients and outpatients of Tokyo Metropolitan Matsuzawa hospital and other nuesing home, including 38 males (average 83.3 y.o.) and 97 females (average 83.1 y.o.). A total of 86 patients (65%), the largest number, had been diagnosed with Alzheimer's disease, followed by vascular dementia (22 patients, 16%) and other diseases (27 patients, 20%). The patients were asked to answer a series of stylized questions about PEG.

Results: A total of 113 (83.7%) of the 135 subjects clearly expressed their intention to refuse it. Although their responses to refuse PEG showed some patterns, the majority of patients immediately answered in an assertive tone using short words such as "no" and "never". Thirteen patients (9.6%) had difficulty responding due to dementia. Although 6 patients (4.4%) agreed to undergo PEG, they were not eager for receiving surgery. They wanted the attending physician to decide on their behalf, as expressed in their responses: "I want you to decide", "if you say so", and "I think that I should follow whatever you say". Out of 23 patients who answered "no" to PEG, eighteen (78.3%) reiterated "no" again when pressed by a further question: "would you choose surgery for this treatment if it was the only way to receive nutrients?". However, four of them became unable to decide and the remaining one changed to answer "yes" indicating that the demented elderly are capable of conceptual thinking. When fourteen of those who had initially given negatively answers were asked about their choice three to six months afterward, eight (57.1%) reiterated "no", two (14.3%) were unable to decide and four (28.6%) were no longer verbally communicable.

Conclusion: Since most of the demented elderly are able to decide on starting PEG, we believe that asking their intent is an ethical imperative.

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Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-009

HOW DO YOU EXPLAIN DEMENTIA TO A SIX YEAR OLD? THE ALLY BALLY BEE PROJECT'S PERSONALISED CHILDREN'S BOOK ABOUT DEMENTIA

Matthew Adams*, Elvira Ashby, Daisy Wilson, Nina Aikas

Objectives: Dementia affects everyone – children too. But how do you explain dementia to a six-year-old?

The Ally Bally Bee Project is creating the world's first personalised children's book about dementia. A book about dementia in YOUR family – where names and dementia-related behavioural traits can be customised online before purchase. The final book will be delivered straight to your door or downloaded as an E-book – with profits going to your local dementia charity.

Explaining dementia to a child can help ease distress not only for the child but also the adults involved and the person living with dementia.

The Ally Bally Bee Project will offer visitors to the website an opportunity to name the child who features as the main character and also select their sex. They can then do the same for the person living with dementia. So, whether it's a book for little Tommy about his Granny's dementia or a book for little Sophie about Uncle John's dementia, The Ally Bally Bee Project can help. In addition to names, customers can also personalise the dementia-related behavioural traits of the book – because dementia affects everyone differently.

The end product will be a beautifully illustrated, personalised story about dementia delivered straight to your door or downloaded to your mobile device.

We have three main objectives:

1. Ease the distress dementia can inflict upon children and parents
2. Reduce the stigma of dementia
3. Raise funds for dementia organisations via sales

We plan to launch in February 2017. Although our launch book will be in English, phase 2 of the project will focus on translating into other languages.

The presentation will focus on the story behind the project, the steps taken to get to where we are today and why we think The Ally Bally Bee Project is so much more than just a children's book.

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-005

DEMENTIA AWARENESS CAMPAIGN IN PENANG, MALAYSIA

Li Li Chen* [1], Alan Swee Hock Ch'ng[2]

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Objectives: A Journey of a Thousand Miles begins with a Single Step (Lao Tzu). The colourful population of Malaysia is represented by multiple ethnic groups. The Malays and Bumiputeras (68.6%), Chinese (23.4%), and the Indians (7.0%) made up the total population in the year 2016. In 2015, the prevalence of dementia was estimated to be 123,000 people. The estimated disease burden cost was USD 705 million, a huge portion owing to informal care (USD 317 million). The number people with dementia were projected to be 261,000 by 2030 and 590,000 by 2050. As the incidence of dementia rises globally, non-governmental organizations, such as the Penang Dementia Association and Alzheimer's Disease Foundation of Malaysia are taking the role to promote the awareness in the community. It is a journey of a thousand miles to develop a dementia-friendly community which are supportive of people with dementia to remain active and devoid of social stigma. The Penang Dementia Awareness Campaign was held in collaboration with healthcare professionals, social support group and nursing home. Promotion of the event was conducted via social media (geriatric website, www.dongdangsayang.com and Facebook) and news media. Talks were conducted by three consultants on the topics; a) What is Dementia? ; b) Challenging Behaviour of Dementia and; c) Physical Health in People with Dementia. Booths were set up to screen for dementia using Clock Drawing Test by healthcare professionals whom were trained in an earlier workshop. In conjunction with the event, a photography exhibition was conducted with the theme "Memory" highlighting memorable moments captured through the lens. A booth was also set up to encourage painting as a hobby for older adults to keep their mind active. This presentation will discuss on the initiatives planned to develop a dementia-friendly community in Penang and methods to empower healthcare professionals with knowledge in helping dementia patients. At the same time, the authors hope to gain insight and view from our participants in ADI 2017 via qualitative sharing on our challenge of cultural differences and social stigma in accepting dementia in Malaysia. Reflective question: How do we create a dementia-friendly community in a multiracial society like Malaysia?

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-008

GLOBAL DEMENTIA PROJECT- A PHOTOGRAPHIC EXPLORATION OF GLOBAL DEMENTIA

Leah Beach*

Objectives: I first learned about dementia when my great grandmother was diagnosed with Alzheimer's in 2004. I was intrigued by how powerful this disease could be. I photographed her in hopes of sharing her story, about how she was dying from dementia. Instead, she inspired me to discover how people can live with dementia. I began seraching for innovative treatments for dementia around the world and to share my images to help tackle the stigma and misinformation that so often surrounds the disease.

My search led me to rural Kenya, where I worked with a NGO and was lucky enough to work with the healthcare program, which was very basic.

I quickly discovered that they had no knowledge of dementia. Using photos of my great- grandmother, along with basic care techniques, we were able to teach the CHW's about the disease. It was incredible to see them connect with the photographs and tell us about people within their community who showed possible symptoms of dementia, who I was honored to photograph.

I continued to South Africa where I was lucky to continue photographing with Alzheimer's South Africa. In Botshebelo, I was able to meet and photograph a traditional healer. He told me that most traditional healers believe that dementia is a curse. People living with dementia were often abandoned or forced from their homes. He said that he is one of the few healers that believed that dementia was a real disease.

He continued to tell me that he has been working to help other healers to understand, but found it difficult to describe dementia. After showing him the images, he strongly felt that a collection of photos could support greater awareness among the other healers.

After my time in Africa, I started researching other potential countries to travel to photograph in. I contacted Asociación ERMITA, Alzheimer de Guatemala. They are privately funded, run a therapeutic dementia day care, and also integrated a dementia specific care program into a local university.

While photographing the work of ERMITA in Guatemala, we visited a care facility called Shalom, located in a lower income area. Many patients were tied to their chairs or to walls to keep them seated. The owner told us that she was overwhelmed with patients with limited resources. She accepted patients who were homeless, abandoned, or too impoverished to be cared for by their family. Guatemalan families are the primary care givers for their loved ones, so there was limited support for these types of care facilities.

These experiences have taught me how powerful the stigma surrounding dementia can be, and of the importance of greater awareness. By continuing to photograph people with dementia in 2017, I want to show how those around the world are living with this disease.

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-226

STUDIES OF GENERAL PUBLIC'S KNOWLEDGE OF AND ATTITUDES TOWARD DEMENTIA IN THE MID TAIWAN

Yueh-Yun Tsay*

Introduction: According to year 2014 national dementia prevalence surveyed by the Ministry of Health and Welfare (MOHW), there were more than 240,000 people living with dementia. This number is estimated to increase to 850,000 by 2050. In 2014, MOHW proposed Taiwan Dementia Policy and Action Plan: A Framework for Prevention and Care 2014-2016 which emphasizes improving the public's awareness and understanding of dementia; enhancing people's knowledge about dementia to facilitate timely referral and assessment at early stage, reducing the stigma of dementia; developing dementia-friendly communities; integrating the public health and social services delivering systems to the public in coping effectively with dementia, ; and promoting evidence-based healthy life styles and social participation to reduce the risk of dementia.

Objectives: This research aims to assess the general public's knowledge of and attitude toward dementia.

Methods: This is a population-based, cross-sectional study of 1,178 participants, aged 20 years or older, and living in mid Taiwan. We conducted the survey in 2016 by questionnaire consists of four parts, demographic characteristics of respondents, 11-item true/false response dementia knowledge questionnaire, 12-item dementia attitude scale and 3-item call for action scale.

Table:

Results: General public have reasonable/fair knowledge of dementia. Women reported significantly higher levels of knowledge than men. Respondents who had contacts with or cared for people with dementia tended to show more positive attitude. Most people feel frustrated because of not knowing how to help or care people with dementia. Only 12% of general public attend dementia awareness campaigns and related public health education of dementia.

Conclusion: It is time to examine our attitude toward and beliefs about dementia. The findings can be used to target public health education policies more effectively and to inform delivery of health and social services cost-effectively. Continuing to promote better understanding of dementia, raise public awareness and engagement, including the respect for the human rights, reducing stigma and discrimination, fostering greater participation, social inclusion and integration of people living with dementia, and inspiring our society from dementia fearful to dementia friendly.

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-010

"PREJUDICE INVISIBLE" OF JAPAN

Yuji Nihei*

Objectives: 2007年、国際アルツハイマー病協会世界大会後、まもなく「認知症」と言う呼称が誕生した。認知症に変更したことにより侮辱行為は少なくなったが、良い点ばかりではない。果たして侮辱した言い方や偏見はなくなったのだろうか。

現在、認知症と言う呼称は「認知」と略して用いる方が少なくはない。インターネット調査、みんなの介護によると認知症を「ニンチ」と略されて不快に思った人は全国で36.4%であった。このアンケート以上に認知症を「ニンチ」と略している方はいるであろうと思われる。アンケートの詳細の中には「省略しても通じればどんな言葉を用いてもよい」と言う。

使い方としては認知が進んだ（認知症が進行した）、認知かもしれない（認知症かもしれない）、認知度（認知症高齢者の日常生活自立度）、認知あり（認知症あり）、認知の さん（認知症の さん）、認知棟（認知症専門棟）などなど、用いているのは専門家の医師、介護職、看護職などから行政、一般の方もいる。

このような用い方は誰も想像はしなかったかもしれない。しかし、現状はこのように省略されてあたかも共通言語化している。

加えて「ボケ」と言う言葉も使われている現状もあるので、認知症の呼称が始まっても「ニンチ」と略されておる限り、かえって侮辱や偏見の言い回しが増えてしまったかのようにも思える。

このような言い回しが横行し続けてしまうと、これまで科学的根拠を持って少しずつ積み重ねてきた日本の認知症介護、認知症医療が世間になかなか認めなれない現状も理解できる。

例えば、認知症早期発見には医療機関での検査が必要である。また、医療機関につながるに方法には様々な方法があり、自ら行くことや家族に言われること、介護・福祉の専門家などからの助言など様々であると思われる。

認知症かもしれない方が不安に思い、医療機関へ行きたいと想いはあっても、病気についての理解があっても、世間の理解があっても、「ボケたでしょ」「あのひとはニンチかも」と言われてしまったら認知症の診断を受けることに抵抗が生まれると思う。

認知症を「ニンチ」と省略すると今後世の中にどのような影響が起こるか、言葉のイメージが悪いと誰でも受け入れたくはないと思う。

今後に認知症の対策にも影響を及ぼすことになりうるかもしれない。ニュースで当たり前のように「認知の検査（認知症の検査）でという全く意味が違う言い回し方になるかもしれない。自分は認知症にはならないとは言い切れない時代の中、自分がどう見られどういわれたいか、よく考える必要はあると思う。

今回の大会に向けて今一度認知症という言葉を正しく用いることが、認知症になっても安心して暮らせることにつながる事をあらためて強く言いたい。

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-227

THE CURRENT STATE OF THE RECOGNITION AND THE ISSUE FOR DEMENTIA WITH OLDER PEOPLE IN NARA, JAPAN: KAGUYA PROJECT BASELINE SURVEY

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Introduction: The KAGUYA Project is unifying and integrating healthcare data in cooperation with Town A. It is ascertaining community residents' awareness of dementia in order to implement a planned Nursing Care Prevention Course and a "Dementia Café," among other projects that form the basis of an effective comprehensive community care system.

Objectives: The purpose of this study was to elucidate "the current state of and problems with community residents' awareness of dementia."

Methods: Survey forms were received from 3,871 residents of Town A who are aged 65 and older out of a total of 8,004 older people who live in that town (response rate: 48.3%). The subjects of this study were 3,593 of those 3,871 who provided valid responses regarding dementia, excluding facility residents and those who were hospitalized.

Results: The Anxiety group included 1,623 subjects who responded that they had "slight anxiety" (47.9%) and 670 who responded that they had "anxiety" (19.8%). The No Anxiety group included 265 who responded that they had "no anxiety at all" (7.8%) and 657 who responded that they had "nearly no anxiety" (19.4%). Our investigation of the degree to which issues related to dementia were known indicated that 2,862 (86.3%) responded that they knew about Alzheimer disease, but that only 864 (26.8%) knew about cerebrovascular pathology type and 524 (16.3%) knew about dementia with Lewy bodies. When asked if they had prepared for the possibility that they may develop dementia, 96 (2.9%) responded that they had while 3,268 (97.1%) responded that they had not. When asked if there was some information regarding dementia that they would like to know, 2,496 (77.1%) responded that there was while 741 (22.9%) responded that there was not. When asked if they were interested in dementia, 2,817 (84.4%) said they were and 522 (15.6%) said they were not.

Conclusion: A total of 67.7% of older people responded that they had anxiety regarding dementia. However, in spite of the fact that 77.1% said there was information about it that they would like to know and the fact that 84.4% said they were interested in dementia, only 2.9% said that they had actually prepared for it, while the majority (97.1%) said they had not. Our investigation of the types of dementia indicated that although Alzheimer disease was widely known about, only 30% said they knew about cerebrovascular type and dementia with Levy bodies. This indicates that there is a need to provide accurate knowledge and information about dementia.

References: *This study was partially funded with a grant from the MEXT- Supported Program for the Strategic Research Foundation at Private Universities" (2015 – 2020).

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-002

PERCEPTION OF DEMENTIA IN BANGLADESH

Md Rashed Suhrawardy*, Quazi Deen Mohammad

Objectives: Background: Generally Bangladeshi people live in a joint family and older parents live with the family for rest of their life as there is no social care system at present from the government or private to support them. The level of stigma is very high in the rural Bangladesh about the disease and people with dementia are being neglected in the community as well as by their families. Diagnosis of dementia remains low even in high-income countries, only approximately 50% of those with a dementia are diagnosed (Alzheimer' Society, 2015; Moore, Patterson, Lee, Vedel, & Bergman, 2014). In a country like Bangladesh the scenery is worse.

Prevalence of Dementia in Bangladesh: Data from a cross-sectional, population based study shows the prevalence of questionable dementia above the age 60 yrs is 11.5% and definite dementia is 3.6%. The dementia in Bangladesh was 460,000 in 2015 where it will increase up to 834,000 in 2030 and 2,193,000 in 2050. Total cost of dementia was 604 billion dollar in 2010. Medical, non-medical and informal care cost of dementia in Bangladesh was 321 million dollar in 2015.

Diagnosis: The diagnosis of dementia is largely clinical on the basis of history and application of MMSE. Then few investigations like MRI of Brain, EEG, Thyroid function test, leutic screening, HIV screening, Vit B12 assay & CSF study in some cases.

Incidence: No large community based study yet done, but one small study on 471 people 60 yr or more showed 11.85% has questionable dementia and 3.6% has delimile dementia on the bass of DSM-IV criteria.

Clinical presentation: The most common presentation is gradual memory failure along with irreleventable, restlessness, hallucination, reluctant to eat & participation.

Treatment strategy: Most of the patients do not consult physicians. The main stay of treatment is prescribing Cholinesterase inhibitor & the antiglutamate drugs for long period with multi vitamin and nursing care.

Community level services: There is no significant community approach to fresh dementia patient. It has just started to see something hopeful in future.

Awareness raising: In the broader aspects form the policy decision makers to the mass people should aware about dementia and its impact on the person, family and the society.

Future perspectives: According to social and cultural structure of Bangladesh the person with dementia has to be taken care of to the family by the family members.

Some initiatives need to be taken to fight against dementia in Bangladesh:

- Public Awareness program
- Management organization & team buildup
- Capacity building and research
- Policy intervention
- To improved treatment scope & field
- The concept of home care delivery system popularization

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-006

PROMOTING OF UNDERSTANDING DEMENTIA – REPORT OF THE PROJECT, "DANCING WITH PEOPLE WITH DEMENTIA – LET'S DANCE TOGETHER"

Mari Miyake*, Sonoyo Maehara, Mieko Sase, Youko Hashimoto, Kimika Usui, David Sykes, Heather Hill, Masami Ueda

Introduction: Aging in Japan remains one of the world's fastest aging countries. Therefore, it has become important to secure quality nursing care and improve community based elderly care. The project, "Dancing with People with Dementia - Let's Dance Together" started with the purpose of educating the general people so they can have a correct understanding of dementia and establishing communities for elderly people to live in with a safe and comfortable environment.

Objectives: The authors have conducted lectures and danced with participants on site after those lecture sessions. Music for the dance is originally composed over lyrics written by one of the authors and the dance includes the movements of sign language and holding other's hands. The theme of this project is reaching out to others through music and to nurture feelings to support people with dementia.

Methods: The project was organized in cooperation with Australian researchers in 2012, and since then, the authors have been continuously conducting it to provide the opportunities for family members of dementia patients, professional care givers, and people in different communities to learn about dementia care. In this report, we are going to discuss the outcome of the project.

Results: Achievement: Presentation was made at the workshop of the Japanese Society for Dementia Care in Fukuoka on June 1, 2013. 22 elderly nursing homes tried out our original music and dance with 1,510 participants from 2012 to 2013. 31 presentations were held with 1,540 participants from 2013 to 2017.Printed in 1 newspaper.

Conclusion: As a result of giving lectures with the purpose of community building with promoting dementia health issues and dancing, it was indicated that communications among local residents and stimulation of supporting activities became more aggressive under the cooperation with local care managers and regional support centers. Additionally, we could see the quality of care improved by musical therapists' regular visits to nursing homes to share musical experiences like singing. The authors are willing to continue our practices and evaluations for people to have a correct understanding of dementia and promoting support for patients.

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Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-003

“WAKA”,31 SYLLABLES OF A JAPANESE POEM. SPIRITUALITY AND LIFE WITH DEMENTIA

Kazuyo Nishiguchi*

Objectives: I have seen many people who have read and moved by his Waka in which he describes how senile person live vivid in spite of their disease. I have come to think that his verses will give same sympathy to peoples of the world as we have felt. So I have made up my mind to exhibit

English translation of his works at the 32ndInternational Conference.

February 7 1937, he was born as third son of Manjiro and

Kikue his parents. From 1958 to 1999, he worked at Credit Association. In 2002, he began to study Waka under Hiroko Goto in her class of Gifu Social Insurance Center. In 2007, he was diagnosed as Senile Dementia of Alzheimer’s Syndrome type. In 2012, his first anthology “ I live this day composing Waka” was published and in 2015,publishing of his second anthology “ I live steady and firm” was followed.

A minor mental trouble began to happen on Mr.Yasuo Tajima when he greeted age 70. Since then, he began to say frequently to his wife, Taeko, “ My brain is going to break. I can’t do anything but to trouble you. I am no worth living with you any longer.”

When he visited doctor to check his health, he was told that he got Senile Dementia. It had thrown both of them

into panic. But Taeko, his wife, soon regained strength

and come to be able to think that it is necessary to let him continue his daily routines such as variety of home work and composing Waka. And Yasuo resumed his daily customs and gradually regained cheerfulness and now comes to say often “I shall live everyday in smile“.

I think this is the most important living-style for senile @eople. I’d like to convey importance of this incident to the peoples of the world.”

It is no need to say that his family and friends have continued to support him to the present. Moreover, his taste of composing WAKA every day contributed to his recovery. He entrusts Waka to tell to you how he is living as a regular person and overcomes Senile Dementia.

Hereby. we are introducing to you 3 verses selected from his first anthology published in 2012 “ I live this day”.

English translation of the verses and my commentary owes to Mr.Hiroshi Mizobe.

Do you say I’ve got nervous because I fear I am getting foolish by age? No! I never fear getting Senile Dementia! Senile Dementia never happens on me, a stout man like me!

If this world is the place, where we must live no matter whether you are senile or not. If it is so, you must live your life raising your head firmly upward.

What a blessing it is! Weeding my garden crouching on the ground, and clipping needless branches of gardentrees with my garden scissor in hand!.

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-004

EXPERIENCES, AWARENESS AND SUPPORTS FOR ADOLESCENTS WHO HAVE OLDER RELATIVES LIVING WITH DEMENTIA

Kristine Newman* [1], Susan Bookey-Bassett[1], Angel He Wang[1], Genevieve Armstrong[1]

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Introduction: The literature indicates that adolescents require and want further knowledge and opportunities to learn about dementia and how it may affect their family and social lives. Furthermore, young carers need greater support from government and professional services to assist them in supporting their older relatives. Little is known about the prevalence of adolescent caregivers in the Canadian and American context and few studies have been conducted by nursing researchers.

Objectives: The objectives are to: (1) determine what, where and how adolescents access support; (2) assess supports available; (3) understand the barriers and facilitators to accessing support; and (4) examine adolescent recommendations for type of support needed.

Methods: Canadian and American Adolescents between the ages of 13 and 18 were invited to participate in a one-on-one interview and talk about the experience of having an older relative with dementia. The participants were recruited through youth organizations via flyer, social media or email. Consent of each participant (if necessary Guardian) was obtained prior to interview (telephone, Skype, in-person). Approximately 16 interviews will be needed to reach thematic saturation. Interviews are audio-recorded and transcribed using content analysis utilizing a deductive qualitative descriptive approach.

Results: The results of this study will be used to inform and plan a larger study investigating young carers experiences with caring for a person with dementia. The findings will be useful to health and social care providers and to inform the development of appropriate services, programs and resources to support adolescents who care for or have older adult relatives living with dementia.

Conclusion: Greater support from communities, government and professional services are needed to assist adolescents in supporting their older relatives with dementia. Nurses need to be inclusive in their assessment of persons with dementia and the family system. It is important that nurses recognize that adolescents are impacted and are carers of their relatives. Adolescent needs must be supported too.

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Disclosure of Interest: K. Newman Conflict with: Ryerson University, NRIG, Conflict with: Ryerson University, Conflict with: Ryerson University, S. Bookey-Bassett Conflict with: Ryerson University, Conflict with: Ryerson University, Conflict with: Ryerson University, A. H. Wang Conflict with: Ryerson University, G. Armstrong Conflict with: Ryerson University

Well-being

Awareness and stigma

PO1-011

RAISING AWARENESS ABOUT ALZHEIMER'S DISEASE AND VASCULAR DEMENTIA IN THE AFRICAN-CARIBBEAN COMMUNITY.

David Truswell* and Culture Dementia UK

Objectives: The UK African-Caribbean population is demographically the oldest of the Black populations in the UK Census categories and proportionally has a higher rate of dementia than the White UK majority. With research indicating that vascular dementia and early onset dementia are a growing issues for Caribbean men under the age of 65 strong cultural beliefs lead many of those most at risk to dismiss any mainstream efforts at preventative health education. Denial of problems and refusal to seek help or diagnosis can often lead to a major crisis before there is any engagement with professional support services and frustrate efforts to develop ongoing links with services. Culture Dementia UK a voluntary organisation has been working on awareness raising and providing support in the African-Caribbean community in London. The presentation explores how the African-Caribbean cultural narrative of independence and resilience mitigates against help-seeking in dementia and the approaches adopted by Culture Dementia UK to raise awareness and encourage people to look for support.

Disclosure of Interest: None Declared

Keywords: alzheimer, awareness, community, stigma, vascular dementia

Well-being

Awareness and stigma

PO1-012

RAISING AWARENESS AND KNOWLEDGE OF DEMENTIA IN SUB-SAHARAN AFRICA. OUTCOMES OF AWARENESS SESSIONS IN GHANA.

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Introduction: With increasing life expectancy, people in Sub-Saharan Africa are growing older and are more likely to develop age related diseases like dementia. However, people´s awareness (AoD) and knowledge of dementia (KoD) still lack clarity, causing stigmatisation of people with dementia.

Objectives: This study aims to identify AoD and KoD among community and health care students in Ghana, focusing on the effectiveness of dementia awareness sessions.

Methods: The study consisted of a descriptive and explorative design in a longitudinal survey, conducted in Tema, Greater Accra. Questionnaires (n=795), adapted to current knowledge of dementia, were retrieved from church attenders (n=252) in 2014 (n=109) and 2015 (n=143) and from students enrolled in a degree for health care (n=543) in 2015 (n=286) and 2016 (n=257).

Results: The results indicate that AoD and KoD increase through awareness sessions and curricula on mental health, integrated in the health education. Church attenders' AoD from one catholic church increased significantly from 35.3% in 2014 to 54.7% in 2015 (Fisher´s Exact Test (FET): $p=0.015$). A second church community's AoD increased slightly (22.9% in 2014; 25.9% in 2015), however their awareness of the NGO – Alzheimer´s Ghana (ARDAG) – increased to 44.4% (FET: $p<0.001$). AoD of 1st year physician assistant students increased significantly after one awareness session from 26.3% (2015) to 75.8% (2016); their KoD improved from 21.8% to 68.4% (FET: $p=.000$). Moreover, those students' awareness of ARDAG increased significantly from 9.8% to 26.1%. Health assistance and nursing students, who had lectures on mental health before the follow up study was undertaken, showed even greater awareness and knowledge in the follow up survey (FET: $p<0.001$). AoD of the health assistance students increased from 28.7% to 94.1%, and for those enrolled in a degree for nursing from 25% to 100%. Also, KoD increased significantly in these groups; from 26.9% to 93.2% among the health assistance and from 15.8% to 100% among the nursing students.

Conclusion: This study has shown that awareness sessions can significantly increase the level of AoD and KoD among community members and health students. It was also shown that the integration of mental health curricula has a positive impact on the level of AoD and KoD among students in health education. In communities, awareness sessions on dementia held in churches are believed to be useful to create greater AoD. To reach the general community, awareness sessions in schools could be useful to increase overall knowledge among the younger population.

Disclosure of Interest: None Declared

Well-being

Awareness and stigma

PO1-013

NARRATIVE AND VOICE IN DEMENTIA CAMPAIGNING: BUILDING FUTURE MODELS

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Introduction: Questions of 'voice' and dementia campaigning intersect with issues such as human rights, social ageism and generational intelligence in ways that are not currently fully understood.

Objectives: This paper explores some of the dominant narratives as they exist in public campaigning related to dementia and other socio-medical issues and the way in which they may shape the way dementia is perceived in the public sphere.

Methods: By using a Foucaultian approach to voice dominance and power and the relationship between power and knowledge in contemporary campaigning in this area we examined the way that dementia is portrayed in wider campaigns on ageing and dementia. Key public campaigns were identified from English-language research published between 2006 and 2016, allowing for seminal approaches outside that period, and analysed for content. The campaign originators were interviewed about their views on the content, intent, target population, methods, expected outcomes and perceived effectiveness of their approach. Suggestions for future development were collated.

Results: The narratives identified were reflective of campaign affiliations and linked with campaign design, content and perceived effectiveness. Implications for future campaigning will be discussed.

Conclusion: Gaps in acknowledging and becoming aware of the power relations in current campaigning related to dementia need to be addressed as a way to promote change in social attitudes towards dementia in the public domain.

References: This research is sponsored by the Australian Cognitive Decline Partnership Centre (NHMRC-project).

Disclosure of Interest: None Declared

PO1-015

ATHENS ASSOCIATION OF ALZHEIMER’S DISEASE AND RELATED DISORDERS (AAADRD): NETWORKING IN THE COMMUNITY

Patra Blekou*

Objectives: There are 200,000 people living with dementia in Greece and 400,000 family caregivers looking after them. Compared to existing needs, services provided to them are woefully inadequate.

AAADRD is a non-profit organization founded in 2002 by people with dementia, their relatives and health professionals. It aims at raising public awareness of dementia, improving the quality of life of people with dementia and care partners and making dementia a public health priority. Currently numbers 4450 members and rans 4 Day Care Centers and 1 Home Care Service. On a monthly basis, 1500 users benefit from these services.

Despite limited resources, AAADRD is active in organising awareness campaigns, screening programs for the elderly and educational programs for caregivers. AAADRD has built a solid partnership with governmental and municipal authorities and local institutions.

Counselling Dementia Centers operate in numerous Municipal Centers for the Elderly all over Greece, utilizing existing structures and resources under AAADRD supervision. In this context, public presentations about Alzheimer’s disease are given raising awareness in the community.

An innovative smaller children awareness program is long under way as well: based on a childrens’ book written by an AAADRD member, children at primary schools all over Athens interactively learn about dementia and their ailing grandparents needs.

Over the past five years AAADRD has established an annual program of two-month cycles of seminars for formal and informal caregivers of people with dementia - “Caregivers School”- where a total of 300 caregivers per year are educated on dementia-related issues. It is supported and hosted by the largest Private College in Athens.

Within the past year, AAADRD introduced interactive presentations to instruct caregivers on how to deliver simple, non-pharmacological interventions for people with dementia unable to attend Day Care Centers. This program, due to its great appeal to the public, was readjusted and is also addressed to people over 65 who wish to improve their cognitive reserve, physical condition and self-confidence. Recognizing its effectiveness in promoting a healthy and active lifestyle for the elderly, Niarchos Foundation incorporated this program at the scheduled weekly events for the public at the new Niarchos Foundation Cultural Center.

Each year, on Alzheimer`s month, AAADRD health professionals travel all over Greece and conduct memory screening to residents of small towns and remote islands promoting prevention and early diagnosis of dementia.

Overall, AAADRD enthusiastically supports of the implementation of the National Action Plan for Dementia and Alzheimer’s Disease.

Disclosure of Interest: None Declared

Policy

Building alliances and collaboration

PO1-017

ESSENTIAL WORKPLACE ELEMENTS FOR EMPLOYEE RETENTION AT FACILITIES COVERED BY PUBLIC AID PROVIDING LONG-TERM CARE TO THE ELDERLY AS IDENTIFIED BY NURSES AND CARE WORKERS

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Introduction: Japan's population is aging at a rate that is unprecedented anywhere else in the world. Japanese facilities covered by public aid that provide long-term care to the elderly or "*tokuyo*"are playing a vital supporting role for elderly persons requiring a moderate-to-serious level of care. However, retaining *tokuyo* employees has proven to be a pressing issue given the high turnover rate at these facilities.

Objectives: The present study clarified the attitudes of nurses and care workers towards the operation and human resource management that *tokuyo* facilities need to implement in order to retain employees.

Methods: The study was conducted on three *tokuyo* facilities with at least 100 beds. The study population (N=18) consisted of three groups each containing approximately three nurses and three care workers. The study was conducted from May to June of 2016, and consisted of a paper-based questionnaire on the attributes of each respondent, and a focus group interview about the workplace environment and human resource factors involved in employee retention. The interview was recorded using a digital voice recorder after obtaining the consent of the participants. After analysis using the qualitative inductive method, the response data was coded and categorized and the categories were named. This study was approved by the bioethics review committee of the Nagoya University Graduate School of Medicine (approval no.2015-0185).

Results: In terms of the attributes of the 18 respondents, 13 were women (72.2%) and the most common age bracket was 30 to 39 years (n=6, 33.3%), followed by 20 to 29 years (n=5, 27.8%). Mean interview duration ± standard deviation (SD) was 53.7 ± 1.3 minutes. The results of analysis yielded the following five categories: (1) Initiatives aimed at improving the quality of care, (2) Fairness in measuring effectiveness, (3) A system that enables physical and mental downtime, (4) The superior's way of interacting with employees, and (5) Collaboration among employees.

Conclusion: The *tokuyo* facility nurses and care workers interviewed in this study described the elements that they believed were necessary to retain employees. In human resource management, respondents identified the need for positive interaction with their immediate superiors and the facility director, and good relationships with colleagues and personnel in other occupations.This study was partially supported by Grants-in-Aid for Scientific Research (KAKEN 15K11779).

Disclosure of Interest: None Declared

Policy

Building alliances and collaboration

PO1-014

THE UK MEMORY SERVICES NATIONAL ACCREDITATION PROGRAMME (MSNAP)

Emma Copland*

Objectives: The Memory Services National Accreditation Programme (MSNAP) is a quality improvement programme for memory services/clinics in the UK, focusing on the areas of assessment, diagnosis and psychosocial interventions. It is a standards-based programme which aims to support services to bring their quality up to a standard where they can reach accreditation, and to recognise clinics that are already providing a high quality service. It is managed by the Royal College of Psychiatrists.

Services are engaged in a comprehensive process of self review, which involves auditing case notes and collecting feedback from staff working in the service, patients, carers, and referrers. Services also receive a peer review visit from professionals working in other memory services, a person with dementia and/or a carer. 109 services currently participate in the programme.

Every 2 years MSNAP produces a national report exploring the key themes coming out of the data collected. In this presentation I would like to present the data from our fourth national report.

Disclosure of Interest: None Declared

Policy

Building alliances and collaboration

PO1-016

THE NORWEGIAN HEALTH ASSOCIATION'S DEMENTIA RESEARCH PROGRAM

Siri Hov Eggen*

Objectives: The program has been implemented using funds from the annual Norwegian fundraising event *TV-aksjonen* in 2013. The objectives of the dementia research program are to contribute to fewer people being affected by dementia, and to slow the disease down and prevent it from developing further in those who have the disease. Approximately 10 mill euros in program, are handed out to 12 large projects.

By participating in our programme we want projects to improve research collaboration at a national level and strengthen interdisciplinary scientific research into dementia in Norway. This type of collaborative effort will increase the chances of achieving a research breakthrough. Specialist arenas will be organized for the projects to ensure the mutual exchange of experience and knowledge. Participants will be encouraged to share supervisory responsibility in the projects across discipline groups and geographic location. User participation in research is a key factor in ensuring the quality, relevance and implementation of new knowledge. Applicants are requested to describe how their project will attend to the user perspective, if relevant. If it is not relevant, grounds must be given.

In Norway this program is the first general program for dementia research. We advocate to the government to co-fund the next large general program.

Disclosure of Interest: None Declared

Policy

Building alliances and collaboration

PO1-019

HARNESSING THE POWER OF CIVIL SOCIETY TO ACT ON DEMENTIA

Amy Little*

Objectives: Forging partnerships and working together to challenge the stigma is at the heart of the Global Alzheimer's & Dementia Action Alliance (GADAA) a network of international charities seeking to champion global action on dementia, co-founded by Alzheimer's Disease International and Alzheimer's Society.

At least 47 million people live with dementia worldwide and this number is growing by 9.9 million each year – the equivalent of a new case every three seconds.

On the global stage momentum is beginning to build through improved collective working on research, policy making and community action. Dementia is recognised by the World Health Organisation (WHO) as a public health priority and a WHO-led Global Plan of Action on Dementia will be under consideration by the 70th World Health Assembly in May 2017. The aim of the Global Plan is to urge a greater commitment by governments worldwide to develop and improve national dementia plans, care and support for people with dementia. The draft recognises the need for a broad spectrum of civil society to partner in the implementation of the plan.

From international development organisations, health-focused NGOs, disability rights champions, human rights organisations, faith based groups, women's organisations and beyond, the impact of dementia is cross-cutting and we all have a role to play. Through the GADAA network we aim to champion global action on dementia and to support NGOs in responding to the global challenge. This presentation will explore how international NGOs can work together across international borders to uphold the rights and needs of people with dementia.

Disclosure of Interest: None Declared

Policy

Building alliances and collaboration

PO1-018

THE IMPORTANCE OF TACKLING DEMENTIA GLOBALLY

Philippa Tree*

Objectives: Dementia is arguably the biggest world health epidemic facing our generation.

In recent years it has been recognised that collaboration and sharing of best practice can be key to tackling this global dementia challenge. This is strengthened further by the World Health Organisation (WHO) addressing dementia as a public health priority and leading on the creation of a Global Plan of Action on Dementia, and the development of the World Dementia Council and GADAA.

Across the world, research, care policies and dementia-friendly initiatives are being implemented to ensure people living with dementia are included, empowered and supported to lead the lives they want to lead. Although there is still a long way to go.

Back in 2005 Japan launched their Dementia Supporters programme. This has had a significant impact on the level of stigma surrounding dementia in Japan, and it also inspired Alzheimer's Society in the UK to create our own Dementia Friends programme. Now Alzheimer's Society are supporting other countries so they too can develop their own initiatives.

In May 2016, the UK and Japan committed to work together to progress their shared commitment for age and dementia friendly communities, to support international joint research on the benefits and effectiveness of age and dementia-friendly communities and to build a network to promote these learnings globally.

Our partnership started with the appointment of two Global Dementia Friends Ambassadors. Actress Carey Mulligan as the UK Ambassador and alpinist Yuichiro Miura for Japan. Together the ambassadors will convince world leaders and global organisations to tackle stigma and promote understanding, and to realise the benefits of making communities dementia-friendly. Carey Mulligan began her activity by delivering a Dementia Friends Information Session to a school in LA on World Alzheimer's Day.

Our work doesn't stop there. We will organise events and seek opportunities to share learnings and best practice, and to encourage people to take positive action. We are also engaging with a wide range of global stakeholders such as youth organisations, faith organisations and businesses to disseminate this understanding and to reach as many people as possible.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-227

LOOK BACK DISCHARGE SUPPORT FROM THE PSYCHIATRIC HOSPITAL, AND ON HOME SUPPORT

Michinori Matsukubo*, Mami Matsukubo and nursing care home otoku

Objectives: １．実践報告の目的

２０１６年３月にナーシングケアホームおとく（以下、当事業所）に紹介された事例である。在宅生活が困難であると入院中の利用者の退院支援とその後の在宅支援の経過から得た視点と支援の方法を振り返り、事業所の役割を検討する。

２．検討方法と倫理的配慮

A氏の事例について支援内容を振り返り、事業所の役割と支援内容について考察する。今回の発表にあたり、本人と保佐人に趣旨を説明し承諾を得ている。

３．ケースの概要、介入までの経過

A氏は６９歳女性、独居。２０１５年８月アパート契約を更新するが、「家に住めなくなったらどうしよう」等と不安の訴えがあった。２０１５年末、保護費をどこに置いたか分からず困っているところを大家が訪問し、A氏の現状を確認し、病院に連れてこられる。長谷川式テスト１７点、検査を予約される。その後、病院より看護師が訪問すると、薬の内服ができず血圧200/120と上昇していた。内服カレンダーは設置されていたが理解できなかった為、自宅での服薬管理が困難と判断され、２０１６年１月施設入所を見越しての入院となる。診断名は、アルツハイマー型認知症、よく鬱神経症状態、高血圧症。

入院当初は、環境の変化に戸惑いを見せる場面はあったが、徐々に環境に馴染み穏やかに過ごす。入院中、内服薬は病棟看護師が毎回配薬があり飲めていた。他の入院患者とのトラブルはなかった。病棟内では自室がわからずウロウロされ、物忘れの自覚もあった。この頃、本人より「家に帰りたい」と在宅復帰を希望する話があり、退院後の生活支援体制が確立する３月３１日に退院される。退院にあたり区分変更をし要介護２（障害高齢者の日常生活自立度「自立」、認知症高齢者の日常生活の自立度「Ⅲa」）。

４．アセスメントとケアプロセスを振り返る

事業所では、週二回の通所サービス以外は毎日訪問して服薬確認を行い、洗濯等の日常生活の支援を行ってきた。来所時は、多人数のレクレーションは「やりたくない」と参加されず、個別対応して過ごしていた。入浴に関しては拒否傾向であり、お声かけにより週１回程度入浴される。また、急に不機嫌になり帰宅願望が強くなるため、急遽自宅に送迎することもあった。

金銭管理が困難であることから、退院当初は地域包括支援センター相談員や病院相談員（その後保佐人に移行）が支援を行う。小遣い程度の金銭を持ち、朝や昼食の買物等をされ、夜は配食サービスを利用される。

本人は、認知症による記憶の低下から、「死んでしまいたい」「こんなに忘れてどうしようもないな」など悲観する言葉を繰り返している。自宅は寝るスペースもないくらい、本や雑誌、小物や衣服等が溢れており、他人が片付けることに抵抗があった。

退院後毎日の訪問を繰り返すと、記録用ノートにその日の出来事を書いたり、領収書をまとめたり、ゴミもまとめて出したり、几帳面な性格が見られる。

回想法により本人から過去の生活歴を伺うと、近畿や中国地方を転々としてきた。母親の介護と看取りを行った経過、現在の京都に移り住み、一人暮らしをしていた。様々なサービス業を転々とし、結婚歴はなく、知人から借金をして困窮する生活を送っていた。

　主治医とは、毎月看護師である管理者からレポートを提出し、連携を図る。また、必要に応じてカンファレンスを行ない、主治医・病院相談員、保健センター保健師、福祉事務所相談員、地域包括支援センター相談

員、ケアスタッフ等の中で共通認識を図った。　また、帰宅できず警察に保護された時も関係機関に連絡し、対処をしてきた。

　事業所内では、多職種によるカンファレンスや振り返りを通じて、気になることをスタッフで話し合い、サービス提供してきた。

5. 検討結果

・　一人暮らしが困難である理由が「服薬」と「金銭管理」であった。退院当初は毎日の訪問を行い、信頼関係ができると週2回訪問、その他の日は声かけのみで服薬確認をする。また、関係機関との連携と支援により、一人暮らしを継続している。

・　ケア提供の中心である看護師が主治医との連携を小まめに行なうことで服薬や生活の状態が安定してきている。本人の意思決定支援により、施設でなく、「家」という選択を尊重し、関係機関で支援することができた。

・　A氏が自己決定できるよう対話や傾聴などにより支援を行うことで、本人の望む生活を遅れている。また、地域密着の小規模事業所の特色である顔なじみの関係の中、協力関係を構築できている。

・　通所サービス利用中、他利用者と溶け込む事無く離れていることが多かったが、最近は他利用者の世話を焼いたり、話し相手になったりして、A氏本来の良さを引き出せている。

・　A氏は、母親の介護と看取りを行なった経過は、A氏自身と重なり、死が身近なものに感じられるのではないかと考える。「こんなに物忘れをするんやったら死んでしまったほうがましや」という言動に表れるA氏自身への思いを理解したケアが今後も必要である。

6. 考察

・　精神科病棟に入院していたＡ氏は、物忘れの自覚があり、過去の生活歴から不安や悲嘆の感情がある人だった。Ａ氏に対する理解を支援者ができることが、A氏の安心感につながり、Ａ氏の意向を反映したケアを行うことができたと考える。

・　看護師がかかりつけ医には病状観察やケア内容等の伝達を行い連携を図るとともに、関係機関との連携や多職種によるケア実践により、医療方針を維持し、服薬確認や食事・金銭管理などの生活全般の支援が可能となった。

・　秋山正子は、「本人がどう生きるか・どう死ぬかを『自分で決めて』いけるよう『支援』すること」「これは『指導』ではなく、『支援』、ここには『寄り添う』という言葉が当てはまる」「支援者にはいつでも手を差し伸べる準備があり、本人にはいつも支えられている安心がある」と述べている。築後７０年以上経過した京町家を改装し地域密着型の小規模介護事業所として運用いる当事業所は、昔話が自然と出てくるような温かみと懐かしさを感じられる空間である。攻撃的な言動が目立った利用者も居場所を見つけることができ、落ち着きを与えるのではないかと考える。

・　看護小規模多機能型居宅介護は、２０１２年創設の新しい介護サービス形体で、「通い」「泊まり」「訪問看護・リハビリ」「訪問介護」「ケアプラン」のサービスを一体化して、一人ひとりに合わせた柔軟な支援と多職種でケアを行うことが特徴である。課題としては、認知症利用者の支援についてスタッフそれぞれが理解できるよう、研修や学習を積み重ねること、又、記録へ反映し多職種間で情報を共有することである。

7. 結論

退院支援と在宅生活の支援にとって、本人の思いに寄り添うことがまず第一であることを本事例を通して理解を深めることができた。また、在宅生活が可能となる為には、主治医や関係機関との連携が欠かせないことである。

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Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-216

COMPARISON OF NURSING CARE AT ACUTE HOSPITALS BETWEEN THAILAND AND JAPAN

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Introduction: As the elderly population increases worldwide, the numbers of elderly patients and patients with cognitive impairment in acute hospitals are increasing year by year. This trend is expected to be strongest in Asian countries. To cope with this situation, it would be best if Asian countries could collaborate on how to improve nursing care quality for patients with cognitive impairment.

Objectives: The purpose of this study was to compare nursing care for patients with cognitive impairment by nurses working at acute hospitals between Thailand and Japan.

Methods: A cross-sectional comparative research design was applied. Self-description questionnaires were used to collect data and nurses working in maternity sections and pediatric sections were excluded. Data analysis was conducted by *t* test using SPSS Version 22.0. This research was approved by the first presenter's Institutional Review Board.

Assessments and nursing practices for patients with cognitive impairment (PWCI), consideration for PWCI's dignity, environment, pain, behavioral and psychological symptoms of dementia (BPSD), family support, knowledge of dementia, and mental state were compared between Thailand and Japan.

Results: Participants comprised 200 nurses in Thailand and 362 in Japan. Mean age was 34.95±6.80 years in Thailand and 35.13±8.29 in Japan. Mean nursing experience was 12.14±6.52 years in Thailand and 11.38±8.21 in Japan. Ward managers and assistant managers among participants comprised 13 (6.5 %) in Thailand and 57 (15.7%) in Japan.

Thai nurses consider care of dignity (p=.010), pain (p=.000), BPSD (p=.000), and family support (p=.000) more than Japanese nurses, and also felt satisfaction from caring for PWCI (p=.000) more than Japanese nurses. However, Thai nurses thought they were unable to finish their work within their work hours when caring for PWCI more than Japanese nurses (p=.000). Further, Japanese nurses reported becoming irritated when caring for PWCI more than Thai nurses (p=.001).

Conclusion: The results show that nurses in Thailand take care of PWCI better than those in Japan, and Japanese nurses' minds are less stable while caring for PWCI. Factors connecting these outcomes and working environments should be clarified in further studies.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-225

EVALUATING AND MEETING THE NEEDS OF PEOPLE WITH DEMENTIA: FOCUSING ON THEIR FREE TIME

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Introduction: Person-centered care has become the mainstream method of providing care to people with dementia. To formulate policies and make decisions regarding their daily care and activities, it is necessary to listen to the voices of people with dementia. How the staff reacts to these voices has important bearings on the lives of these people. Little research has been conducted to evaluate their needs, especially those outside of physical care.

Objectives: This study aims to examine how staff providing care service to people with dementia evaluates and then meets the needs of these people. The study focuses on the needs concerning their free time; that is, the time they spend doing activities other than eating, bathing, going to the toilet, and sleeping.

Methods: A qualitative study using semi-structured interviews was conducted. Sixteen staff members who were in charge of taking care of people with dementia participated in the study. Qualitative analysis and content analysis of the data was carried out. The study has been conducted in accordance with the principles of the Japanese Ethical Guidelines for Medical and Health Research Involving Human Subjects.

Results: Evaluation of the needs of free-time activities Based on staff participants' narratives, we determined five categories and 11 codes. The five categories are as follows: "from intake interviews," "indirectly," "directly," "judging based on observation," and "difficulty coping with personal needs."

Facilitating free-time activities corresponding to needs Analyzing the narratives to gauge the composition of the activities enabled us to identify three activity categories. The first category is "the whole program," which includes activities that are planned such that all service users are able to participate in them; for example, group recreational activities. The second category is "the individual program," which corresponds to the personal needs of the service users. The third category is "the alternative program," in which the care facilities present various alternatives to the users and the users can choose any activity they want.

Conclusion: The participants attempted to evaluate free-time activity needs through both direct and indirect ways. "Difficulty coping with personal needs" may be because of the staff's inability to provide for these needs or their tendency to prioritize physical care needs over free-time activity needs.The study also highlights the importance of the alternative program. This semi-tailored service offers a wider range of choices to service users with dementia and enables them to experience self-determination within the setting.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-231

THE ROLE OF MEMORY CLINIC ON IMPROVING CARE ENVIRONMENT FOR PATIENT WITH DEMENTIA

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Introduction: The number of dementia patients will increase further in Japan. Memory clinic will continue to play an important role not only in diagnosis and treatment, but in other aspects of dementia management. K University Hospital Memory Clinic established in 1999 has a comprehensive approach with a "multidisciplinary team".

Objectives: This study aimed to examine the role of the memory clinic on improving care environment for dementia patients.

Methods: The role of memory clinic in improving patient care outside the hospital was analyzed in cases of the patients in this clinic.

Table:

Results: Case 1: "**Communication was improved by a conference held among care facilities, staff of our clinic spoke on behalf of the wife, when the patient showed different behaviors in two different day service facilities.**

A male, age 73, living with his wife, had been going to two day service facilities.His wife showed severe anxiety about continuing his home care in the interview at the memory clinic, and their care manager also struggled to help them. A conference was held at the memory clinic among members involved his care.According to a staff of one of the facilities, the patient often became violent, and could not be managed without use of a antipsychotic drug Risperdal. On the contrary, in the other facility he was always in a good mood, and did not need any drugs. Their care manager thought he could not use day service any more, and psychiatric hospitalization would be reasonable.The physician explained his condition of dementia, and the staff(nurse) of the memory clinic spoke on behalf of his wife. In the conference, his accurate medical condition, overall profile and family's worries were shared by the involved caregivers. Further more mutual understanding between the caregivers was promoted.

Case 2: **The patient self-care was improved when her daughter was encouraged to be involved in caregiving.**

A female, age 69, living with her husband had been visiting the clinic for 3 years.Her dementia had been progressing. She could not recognize her own husband. Thus, she refused to be cared by her husband for toileting, changing clothes and bathing. She also got lost one night wondering around the town she lived before her marriage. Her daughter was encouraged to accompany her to our memory clinic, and the social worker advised her to help the patient. For the first time in several months, the patient was able to bathe and change her clothes with her daughter's help. She also attended a "cafe for dementia patients." The patient life became close to normal before dementia.

Conclusion: The role of the memory clinic outside of diagnosis and treatment is important for adjusting caregiving environment of dementia patients. The memory clinic promotes multidisciplinary team involvement and knowledge of expertise and the cooperation of caregiver organizations.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-226

HOME-CARE SERVICE PLAN FOR SINGLE OLDER ADULTS WITH DEMENTIA BY CARE-MANAGER IN JAPAN

Yumiko matsushita*

Introduction: There are no statistics on single older adults with dementia, however most notably it is inevitable situation that single older adults with dementia are increasing year after year in Japan.

Objectives: Objective of this study was to show home-care service plan for single older adults with dementia by care-manager.

Methods: This study was qualitative descriptive design. The data were obtained and analyzed through semi-structured interviews from 17 care-managers. The data were categorized based on similarities and differences.

Results: According to interview, care-managers were thought that "Day-Care-Center" and "Home-visit Care Service" were the most required for single adults with dementia in a variety of home-care service. Care-managers were deeply concerned about bad eating habit of elderly persons with dementia who live alone, planning to include nutritious and hot food in their regular diet. And they considered that receiving bath service provided by care service workers have elderly with dementia feel refreshed after taking a bath. In addition care-managers were planning that single older adults with dementia have contact regularly with other persons in their community and intended to prevent single older adults with dementia from being alone for a long time at home.

Conclusion: According to care-managers' service plan which were planed it was thought that useful home-care services for single older adults with dementia were "Day-Care-Center" and "Home-visit Care Service." And care-managers considered that it was important to arrange home-care service plan as they could provide the healthy diet, fresh and clean bodies, relationships with others to single older adults with dementia as home-care services. The results of this interview suggest importance of coordination of home-care service plan in order to support single older adults with dementia.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-233

SUPPORT SYSTEM BY THE PROFESSIONAL TEAM OF MEDICAL AND NURSING CARE IN THE COMMUNITY AND NETWORKING OF PERSON WITH DEMENTIA

Rumiko Otani, Kaoru Kimura*, Takami Nagae, Tomoko Matsushima, Emiko Eguchi

Objectives: はじめに

かつて炭鉱で栄えた大牟田市は、15年間にわたって「地域認知症ケアコミュニティ推進事業」に取組み、認知症支援の先進地となった。ここでは、若年認知症本人交流会と地域認知症サポートチームの取組を紹介する。

地域認知症ケアコミュニティ推進事業の展開

2002年にスタートした「地域認知症ケアコミュニティ推進事業」は、地元の専門職と行政が協働のスタイルで取り組んできたもので、目的は「認知症の人の理解が深まり、地域全体で支える仕組みをつくり、認知症になっても、誰もが住み慣れた家や地域で安心して豊かに暮らし続ける」というもの。全世帯の実態調査結果を基に、多種多様な認知症施策を展開してきたが、事業内容は、全国のモデルになっている認知症コーディネーター養成研修、認知症ＳＯＳネットワーク模擬訓練、小中学校での認知症絵本教室等に加え、もの忘れ検診や予防教室、認知症介護家族の「つどい・語らう会」、若年認知症本人交流会「ぼやき・つぶやき・元気になる会」等がある。

早期からのステージアプローチのための地域認知症サポートチーム

2009年より、早期からの診断、支援、いわゆる入口の支援と、診断後の支援、進行段階においてBPSDの出現等変化点が起こったときに医療と介護の両面からアプローチできる体制を構築するために、地域認知症サポートチーム（以下、チーム）体制を構築してきた。メンバーは、認知症専門医・サポート医、もの忘れ相談医、地域包括支援センター、認知症コーディネーター、行政の認知症連携担当者で構成されており、2015年より初期集中支援チームの役割も担っている。認知症コーディネーターとは、市が独自に育成、配置しているもので、サポートチームの実働を担っている。活動内容は、もの忘れ検診、何でも相談窓口、月1回の定例事例検討会、若年認知症本人交流会での継続的な本人支援、家族支援、行方不明のハイリスク者の個別カンファレンス等である。2014年より認知症カフェを市内8か所に開設、2016年よりDLBサポートネットおむたを始動する等、認知症の人のステージにおける多様なニーズに対応している。

若年認知症本人交流会の活動

2012年、一人の若年認知症本人の「同じ病気の人としゃべってみたい」という声をもとに、認知症本人交流会「ぼやき・つぶやき・元気になる会」（以下、ぼやきの会）が発足した。本人や家族同士の出会い、仲間づくりと社会参加活動の場となっている。この活動支援をチームの認知症コーディネーターが担っている。毎年3月に開催してきた「若年認知症フレンドシップキャンペーン」では、本人・家族を中心に地域住民や小中高大生、行政や専門職がチームを組んで「三池山登山」に挑む。互いに声をかけ合い、助け合って登る中で、当事者が多くの仲間を得、生きる力を得る。支援者のつもりの参加者は、当事者から支援され、共感する眼差しになる。登山後の反省会では全員が互いにねぎらい、敬い合う。当事者の一人が「今までずっと下ばかり見ていた。でも今日みなさんと登って、希望が見えた」と語った。ぼやきの会は、地域の一員として、市内の認知症イベントに参加し、思いを伝える機会をもったり、小中学校の認知症啓発の絵本教室に参加し、小中学生に語りかけることで、市民や小中学生の意識向上につながる。

月1回の定例会では、5～１０名程度の当事者が参加しているが、参加者は診断後、地域認知症サポートチームの専門医や地域包括支援センター等を通して、ぼやきの会へ参加しており、診断後の空白の期間を支援する社会資源になっている。また認知症コーディネーターは、個々の当事者の生活や医療、介護面のニーズに応じて、家族やケアマネジャー、介護サービス関係者等との支援の調整を図っている。

おわりに

現在、就労の場づくりとして「ぼやき商会」に着手している。また他市の当事者の会発足支援をしたり、全国の当事者の会等との交流も積極的に進めている。認知症支援の先進地として、当事者に学び、当事者と共にまちづくりを続けていきたい。

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-230

QUESTIONNAIRE SURVEY ON SUPPORT GUIDELINES FOR MEDICAL/CARE TEAMS FOR OLDER DEMENTIA PATIENTS LIVING AT HOME UNDERGOING PHARMACOTHERAPY FOR BPSD AND THEIR FAMILIES: A SURVEY FOR DOCTORS

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Introduction: As a consequence of declining cognitive functions in older dementia patients, pharmacotherapy drugs are often not taken as prescribed by the attending doctor. It is also easier for side effects to appear since drug metabolizing capacity declines with age, facilitating the onset or deterioration of behavior and psychological symptoms of dementia (BPSD).

Objectives: The aim of this survey is to clarify doctors' awareness of the importance and practice of "support guidelines for medical/care teams for older dementia patients living at home undergoing pharmacotherapy for BPSD and their families."

Methods: An anonymous, self-administered survey was given to 8 dementia-related disease centers in prefecture A, and 2,301 doctors consisting of those who have completed training on dementia treatment and society-certified specialists. The questionnaire was comprised of the respondents' basic attributes and support guidelines, which is composed of 13 items created based on previous research and existing guidelines. Respondents indicated the importance and practice of each item using 4-level graded responses, which were divided into 2 groups: the practice group/non-practice group and important/unimportant group. This research was approved by the ethics review board of the university to which the researcher is affiliated.

Results: A total of 548 responses were analyzed (effective response rate, 23.7%). Over 90% of respondents worked at a hospital (60.6%) or medical office/clinic (36.7%). In regard to the importance of support guidelines, 89.1% of respondents belonged to the important group for "considering the need for examination by a specialist," but for all other 12 items the important group exceeded 90%. In regard to practicing support guidelines, over 70% belonged to the practice group for 8 items, but the practice group percentage was small for items such as, "investigating solutions to difficulties in drug administration" (51.5%) and carrying out "points to consider regarding drug administration support for persons with dementia who have diabetes" (63.7%).

Conclusion: When the respondent was a specialist, conceivably the important group percentage was small since he/she does not need to consider examination by a specialist. Clarification of a communication method regarding drug administration with family caregivers and home care staff, and the promotion of sound collaboration are required to quickly resolve the difficulties of drug administration. This work was supported by JSPS KAKENHI Grant Number JP 25293460.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-232

REHABILITATION OF CONFUSION-EXPERIENCE OF COOPERATION BETWEEN THE MEMORY CLINIC, THE MEDICINE CLINIC OF CSK AND THE COMMUNITY OF KRISTIANSTAD, SWEDEN

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Objectives: When a vulnerable person is cared for at a hospital because of an acute disease there is a risk for confusion as a complication.Disposing factors are age, polypharmacy, dementia,all types of brain injuries, major or minor strokes, malnutrition, trauma, infections and stress. Often there are a combination of risk factors. Confusion can be defined as a change of consiousness with the patient fully awake. It can simulate dementia as the global brain function is disturbed. It can acute aggravate the symptoms of dementia. It can be the origin of BPSD, behaviour and psychiatric symptoms in dementia, and it can be treated. When a patient enter a hospital ward, designed for elderly people at the Medicine Clinic of CSK, the nurses and doctors are educated to discover and to treat confusion. The nurse identify the confusion by a modified checklist emanating from the Intensive Care Delirium Screening Checklist and the doctor follows a PM how to examine the patient somatically, goes through all the mediactions and treats the patient quietly and carefully. When the cause of the confusion is treated, for example a pneumonia, the patient can still be confused and be unable to return home. Sometimes one can suspect an underlying cognitive condition but it is impossible to diagnose at an acute hospital ward. This caused a problem, where to rehabilitate without a diagnosis of dementia but with the professional cognitive knowhow. The problem was solved by a defined rehabilitation at a short term nursery home for persons with dementia in the community. The person needs a quiet and calm environment, and persons around who can meet the patient professionally. After 3-4 weeks of rehabilitation the team from the Memory Clinic visit, make cognitive tests and if needed follow up. Sometimes we can give a cognitive diagnosis and the person can get the help needed at home or at a nursery home, and sometimes the person is totally recovered and can return back home. Even then we make one follow up at home to secure the cognitive condition.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-220

QUESTIONNAIRE SURVEY ON SUPPORT GUIDELINES FOR MEDICAL/CARE TEAMS FOR OLDER DEMENTIA PATIENTS LIVING AT HOME UNDERGOING PHARMACOTHERAPY FOR BPSD AND THEIR FAMILIES: A SURVEY FOR NURSING PROFESSIONALS

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Introduction: It becomes difficult for older dementia patients to take drugs as prescribed by the attending doctor, and the role played by nursing professionals in suitable pharmacotherapy is significant.

Objectives: The aim of this survey is to clarify nurses' awareness of the importance and practice of "support guidelines for medical/care teams for older dementia patients living at home undergoing pharmacotherapy for behavioral and psychological symptoms of dementia (BPSD) and their families."

Methods: An anonymous, self-administered survey was given to 8 dementia-related disease centers, 151 community general support centers, 285 visiting nursing stations, and 207 facilities/organizations with certified dementia care specialists in prefecture A. The questionnaire was comprised of the respondents' basic attributes and support guidelines which are composed of 13 items. Respondents indicated the importance and practice of each item using 4-level graded responses. In regard to practicing support guidelines, the 4-level graded responses were divided into 2 groups: the practice group and non-practice group. This research was approved by the ethics review board of the university to which the researcher is affiliated.

Results: A total of 136 responses from nursing professionals (registered nurses, assistant nurses, public health nurses, midwives) were analyzed. Over 70% of respondents worked at visiting nursing stations (50.0%), and community general support centers (20.6%). There were 69.9%–90.4% respondents who indicated that support guidelines are "very important," while a low percentage indicated the importance of items such as, "points to consider regarding drug administration support for persons with dementia who have Parkinson's disease" (69.9%) and "confirming decision-making points on whether to discontinue or reduce the dose of psychotropics, and providing support to alleviate anxiety in persons with dementia" (74.3%). Over 70% of respondents belonged to the practice group for 10 items, but the practice group was particularly low for items such as, "sharing precautions regarding psychotropic treatment" (59.6%) and "confirming decision-making points on whether to discontinue or reduce the dose of psychotropics, and providing support to alleviate anxiety in persons with dementia" (66.2%).

Conclusion: The percentage in the practice group was particularly low for "confirming decision-making points on whether to discontinue or reduce the dose of psychotropics, and providing support to alleviate anxiety in persons with dementia." There was also a tendency toward low awareness of importance. It is important for nurses to boost nursing practice for pharmacotherapy targeting dementia patients (including psychotropics) and to build a method of communication with attending doctors. This work was supported by JSPS KAKENHI Grant Number JP 25293460.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-219

REPORT OF THE EXCHANGE MEETING WITH THE CARE FAMILY OF A NURSE AND THE DEMENTIA ELDERLY PERSON.

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Introduction: 【序論】

認知症のある高齢者の多くは、医療機関を受診する機会も増える現状がある。しかし受診に際しては、認知能力の低下から環境の変化に上手く適応できず、時に周辺症状が進行することもあり、介護をする家族にとって大きな負担となることがある。認知症高齢者とその家族が、より安心して受診し看護を受けることができるためには、介護家族と看護師とが互いの本当の思いをよく知って関係を築くことが必要と考えた。そこで関係づくりの第一歩として、地域の看護系大学主催で、介護家族と看護師とが互いに忌憚なく話し、交流ができる機会を設けることにした。

Objectives: 【目的】

認知症高齢者を抱える家族と看護師との交流会を行い、会話記録と会終了後の感想から、どんな交流内容であったかを分析し明らかにする。

Methods: 【方法】

2016年10月に県内在住の「認知症の人と家族の会」会員である介護家族と、県内の認知症看護認定看護師を含む在勤看護師、そして看護系大学の学生や教員が一堂に会して交流会を開催した。介護家族と看護師が均等に含まれるよう配慮して、7～8人ずつのグループにし、各1人ファシリテーターを決めてグループごとで話し合いを行った。話し合った内容の要点をファシリテーターが記述し、同時に会話の音声記録も行った。参加者全員に会終了後、無記名自記式で会に対する感想の記述を求め、白紙を配布した。グループごとの要点記述と音声記録による会話内容、そして任意で提出された参加者個々の会終了後の感想の記述から、どんな交流内容であったかを分析した。

【倫理的配慮】

会の始めに参加者全員に対して、音声を記録することと終了後の感想記述用紙について説明書を配布し、さらに口頭でも説明を行った。感想記述用紙は無記名自記式のため個人は特定されず、音声記録については同意書への自筆署名をお願いし、任意での用紙提出をもって使用への同意とみなした。なお本研究は岐阜大学大学院医学系研究等倫理審査委員会（番号28-214）にて承認を得ており、平成28年度岐阜大学地域志向学プロジェクト（プロジェクトA高齢社会）に採択されて助成を受けた。

Table:

Results: 【結果】

平成28年10月に主催大学の講義室にて、交流会（2時間30分、うちグループ討議1時間）を行った。参加総数は54名で内訳は、県内の認知症看護認定看護師15名（県内総数16名中）、「認知症の人と家族の会」会員14名、看護師17名、看護系教員や看護学部生など8名であった。7グループに分かれて討議を行い、次のような内容に分類された。

＜グループ討議の内容分類＞

1. 家族の介護への思い（ストレス、葛藤、愛情など）

2. 認知症の方への対応から家族が学んだこと

3. 看護師への要望（看護師から家族へ歩み寄ってほしい、声をかけて労ってほしい、世間話でもいいから看護師とコミュニケーションがとりたい、悪い事ばかりでなく良い事も話してほしい、家族は全てが知りたいと思っていること、など）

4. 周囲の環境（地域の人々の目、近所の方への伝え方、通院や通所でのトラブル、など）

5. 周囲への影響（介護者の気持ちの変化、介護者の健康、さまざまな家族関係、など）

6. 看護師が介護家族に伝えるべきと考えていること（悪くなっている状況を家族に伝えなければならないと考えがち、など）

7. 認知症に対する看護師個々のスキルや感じ方の違いについて（頑張っている施設や看護師がいることも分かっている事、など）

8. 看護師の看護の現状（知識やスキルの不足、認知症看護の未熟さ、など）

9. 看護師の家族への依存（付き添いの強要など）

10. 病院や施設に現れない家族について（面会もなく連絡が取れない家族への関わり方など）

11. 看護師のジレンマ（忙しさ、疾病に着目してしまう事、など）

12. 看護師と家族がゆっくりと話すことができる機会やシステムについて

13. 転倒と抑制について（家族の思い、看護師の説明について、など）

14. 認知症と医師について（認知症への理解と知識の不足、診察の短さ、家族から医師には言い辛い事、など）

15. 認知症と薬物療法について

16. 認知症の未来（この先どうなるのか知りたい、医師などから今後を教えてほしい、など）

17. 「認知症の人と家族の会」のつどいや、認知症カフェについて

18. ケアの工夫や知恵を交換する場

19. 病院や施設などでの家族会の開催

20. 多職種カンファレンスについて

21. 簡単に情報の提供や交換ができる工夫やシステム

22. 認知症ケア加算や、看護師や介護士などの待遇改善

23. 介護終了者へのケアについて

＜感想記述の内容分類＞

1. お互いに本当の思いを聞くことができて良かった

2. 今までの自分を振り返り反省した

3. 今後に生かせる貴重な学びとなった

4. 有意義な交流ができ、参加して良かった

5. 今後も開催してほしい

Conclusion: 【結論】

各グループではほとんどのメンバーが初対面であったが、会終了後の感想から、互いに率直に本当の思いを話し合うことができた事が分かった。病院での患者家族と看護師という関係性ではなく、地域の大学が主催して仲介し、介護家族と看護師とが交流する機会としたことも、互いに本当の思いを話しやすくなった要因と考える。討議の内容として、介護家族の思いや看護師への要望などは、全てのグループで話題に上がっており、「本人・家族が望む認知症の看護」1)にも多く記載のある「看護師から声をかけてほしい」「看護師ともっと話したい」という家族の思いが語られていた。また看護師からも「もっと介護家族と話したい」という思いが語られており、互いにコミュニケーションが不足しており、もっと必要であると考えていることが分かった。他にも認知症に対する医療や医師の姿勢について、そして取り巻く社会についても幅広く語り合っていたことが分かった。今回のような看護師（県内ほとんどの認知症看護認定看護師を含む）と介護家族が、直接話す交流会は初めての試みであったが、交流内容の分析から予想以上に各グループで率直に語り合うことができ、感想の記述内容から参加者にとって有意義な時間となったことが分かった。この交流会が、介護家族と看護師との関係づくりの小さな一歩となり、今後につなげていくことができると良いと考える。

【謝辞】

交流会の開催に際してご協力を頂き、そして交流会に参加して下さいました「認知症の人と家族の会」の皆様、認知症看護認定看護師を含む多くの看護師の皆様に、心より感謝申し上げます。

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NURSES' PERCEPTIONS OF FAMILY MEMBERS OF PHYSICALLY RESTRAINED ELDERLY PATIENTS IN JAPANESE ACUTE CARE HOSPITALS

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Introduction: Elderly patients hospitalized for acute treatment of physical conditions tend to develop delirium. Also, underlying mild cognitive impairment before hospitalization, seen in many elderly patients, worsens due to physical deterioration and changes in environment. Such elderly patients with cognitive impairment are at risk of falls and incidents such as removal of catheters by themselves; thus, the use of physical restraints is often selected as a preventive measure in clinical practice today. However, some hospitals seek to limit the use of physical restraints or to release patients from restraints. In Japan, family members are usually involved in therapeutic decision-making and in the process of elderly care itself. Given these circumstances, we hypothesized that family members might serve an important role regarding measures employed to reduce the use of physical restraints in acute care hospitals.

Objectives: This study aimed to reveal nurses' perceptions of families of physically restricted elderly patients in Japanese acute care hospitals.

Methods: Participants were a total of six nurse administrators and nurses who were involved in the medical care of elderly patients in hospitals in the Kanto region. Semi-structured interviews were conducted to extract information about participants' attributes, their opinions about risk management for elderly inpatients, and the use of physical restraints. Verbatim transcripts were prepared from recorded interviews and the parts wherein the nurses talked about patients' families were extracted and categorized based on similarity. The study was conducted with the approval of the ethics committee.

Results: Participants described patients' family members as "human resources to release patients from physical restraints" when patients were seeing visitors and during hospitalization. Also, families were "those to whom use of physical restraints needed to be explained". In some cases, patients' families were "a barrier to implementing measures for releasing patients from physical restraints". In contrast, families sometimes served as "a tailwind that pushes forward measures for release of patients from restraints". This also served as motivation for implementing measures for releasing patients from physical restraints. Furthermore, this helped patients' families themselves develop the perception that physical restraints could be removed.

Conclusion: This study revealed that nurses perceived families as an alternative to physical restraints in care for elderly patients. In acute care hospitals, a variety of alternative care methods need to be established, and supporting patients' families to make decisions regarding the use of physical restraints will be crucial in the future.

Disclosure of Interest: T. Sugiyama Conflict with: JSPS KAKENHI Grant Number 26463469, M. Yuasa: None Declared, Y. Maruyama: None Declared

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WHEN TIME MATTERS: DIGITAL STORY TELLING IN RESIDENTIAL CARE HOME SETTINGS

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Introduction: Transition to a residential or nursing home is a difficult and stressful period for both the person with dementia and their carer partners. Distress, depression and loneliness are frequently experienced by residents during their first four weeks of admission (Hodgson et al. 2004). Similarly, carer partners experience grief and ambiguous loss and request for a remote active involvement in the resident's care. As the condition progresses, support for care coordination, need for meaningful social interaction become more salient for all caregivers. A multisensory approach to interaction like digital story telling (DS) can be used for reminiscing and life story activities as well as informing their carer partners with and about the well being of resident with dementia (Lambert, 2002).

Objectives: The aim of the present study is to co-design a custom story based communication system called *TiME* (This is ME) for care home settings. This will support care coordination and rich communication between care home staff, care partners and people with dementia.

Methods: Focus groups, DS workshops and co-design sandpits are used with two groups of technology end users(8 care home staff and 8 family/friends of residents with dementia). We employ the *Focusgroup+* method of concept re-design (Frohlich, 2015). Data collection and analysis is still in progress.

Results: Early findings demonstrated acceptability of using digital storytelling but also highlithed ethics in practice issues. Carers suggested that technology has a huge role in fostering a model that transcends physical boundaries and creates a culture of transparency and co-ordination.

Conclusion: This is the first qualitative study of its kind to explore both formal and informal carers' views on the use and benefits of TiME; a novel story-based social network that promotes a resident-centred model of care. TiME is expected to support reminiscence, autobiographical continuity, social inclusion and connectivity, not only for people with dementia, but also for those who care for them: bringing personal knowledge and a contextualised view of self into the caregiving process.

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Care research and practice

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THIS IS MY EXPERIENCE ABOUT NURSING CARE FOR 14 YEARS. CARE COORDINATION AND COLLABORATION ARE ACHIEVED BY IPW MANAGEMENT, AND BMI IS GOOD FOR HEALTH CONDITION CONTROL. MENTION ABOUT SEVERAL ADVICES AND GOOD THINGS FROM MY WIFE'S DEMENTIA.

Akio Tsukawaki*

Objectives: １．はじめに：

定年退職後、FTDと診断された妻を介護して13年が経過した。妻は、笑顔が無くなり、言葉も発しなくなり、全介助の状態である。本稿では、介護体験から得られた、①多職種連携による介護と医療の調整と連携、②体調管理の基本、③病・発症より得たもの、④介護者へのアドバイスについて述べる。

２．ケア・マネージメント・サークル＝多職種連携による介護と医療の調整と連携：

認知症の人を抱えた家族は、２４時間３６５日の介護を介護者だけの対応は困難であり、適切な社会資源＝各種専門職を含む関係者の協力、援助を得ることが大切です。これが、ケア・マネージメント・サークルであり、多職種連携による介護と医療の調整と連携である。具体的関係者と役割・機能は以下のとおりである。

訪問主治医（全身管理、処方、家族への病状説明）、訪問看護師（体調管理、生活指導、排泄ケア、口腔ケア）、訪問歯科医（口腔機能管理、嚥下機能検査）、訪問歯科衛生士（口腔機能管理、口腔ケア、嚥下訓練）、薬剤師（処方薬調剤、内服方法指導）、訪問リハビリテーション（理学療法士／作業療法士、リハビリテーション）、言語聴覚士（嚥下機能管理／訓練、指導）、管理栄養士（食事形態、栄養指導）、介護支援専門員＝ケアマネジャー（全体のサービス調整、連絡調整、ケアプラン作成）、訪問介護＝訪問ヘルパー（食事介助、排泄ケア、口腔ケア、生活指導）、通所介護＝デイサービス（食事介助、入浴介助、排泄ケア、口腔ケア、機能訓練）、短期入所介護＝ショートステイ（短期入所介護）、福祉用具専門相談員（福祉用具貸与、福祉用具相談）、訪問音楽療法士（音楽療法）、訪問鍼灸師（マッサージ）、訪問アロママッサージ士（アロママッサージ）、行政＝流山市介護支援課（介護認定、介護相談、介護家族の会＝コスモスの会／介護制度モニター運営）、障碍者支援課（障碍者手帳発行、障碍者支援／相談）、地域包括支援センター（介護相談、介護家族の会＝アジサイ広場運営）、地域・ご近所の方々（見守り、生活支援）、認知症の人と家族の会・千葉県支部（介護相談／指導、若年の会／男性介護者の会運営）。

ほのぼの研究所（ふれあい共想法、認知症予防）、国際ひびき生命学会（オルゴール療法）、日本音楽療法学会（音楽療法）も含まれる。

多職種連携のチームのリーダーは、認知症テキスト等では「主治医」または「介護支援専門員＝ケアマネジャー」とある。現実には主治医は超多忙、ケアマネジャーは２４時間、本人や家族の傍に居れず、役割の機能発揮が不充分である。私は、主介護者の家族の対応が必要不可欠と妻の介護開始後、数年で気付き実践・努力し、良い結果が得られている。

３．体調管理の基本：

体調管理／健康状態を示す指標の基本はバイタル・サイン＝体温、血圧、脈拍である。

これらの指標は、本人の時々の状態を示すが、長期管理には適当でない。栄養不良と脱水管理として血清アルブミンがあるが、家族が行う在宅管理指標としては課題がある。簡便指標としては、BMI(body mass index)=体重・Ｋｇ／（身長・m）x（身長・m）＝体重とその変化率管理、が有用である。

妻の体重は、健康時４１Kg～４２Kgであった。１３年の介護期間中３８Ｋｇ台への体重減少を２回経験した。某特別養護施設管理者の講演で、３５Kg以下への変化は死亡に繋がると伺いビックリした。以下の対応策で、現在、41～4２kg台で推移している。

1．　定期的体重測定の実施（2週間毎）⇒デイサービスにて、車椅子使用。ケアプランに組み込む。

2．　家族の管理グラフ（Excelにて）の作成。

3．　管理栄養士による栄養管理指導

4．　介助用食器「らくらく　ゴックン」[1],の採用。

5．　経腸栄養剤・エンシュアリキッド＋バナナ＋キウイ―・ジュースの飲用。

6．　マグロ・ミンチ（４０ｇ／食）＋温泉卵の食用。

4．妻の病・発症より得たもの：

妻の病・発症で私の生活＝人生は大きく変化した。２４時間３６５日の介護対応で多大のものを失った＝友人、趣味の時間、等々　。失ったことばかりに目が向くが、決してそうではない。視点を変えれば得たものも多い。即ち、

①　新しいもう一つの人生経験＝セカンド・ハネムーン、

②　人の感情を理解する、

③　自分自身の感情のコントロール、

④　素敵な、素晴らしい人々との出会い、

⑤　妻との奇跡的なピアノ連弾演奏体験。

5．介護者へのアドバイス：

私の介護体験から後輩介護者へのアドバイスは、

①　認知症に関する知識、言葉や思考が混乱することの多い人と対話する方法を学ぶこと、

②　介護者の身心を健康に保ち、介護者自身を労わる方法を探ること、

③本人への対応は、時には「ウソ」も方便と考え、役者を演ずること、

④　本人の出来ないことを考えず、残存能力の引き出しに勤めること、

⑤本人はボケた、物事の理解できない人ではない。プライドや自尊心のある、研ぎ澄まされた感情を持つ人と理解すること、

⑥　介護者はすべてを完璧にすると考えないこと。

6．謝辞：

１３年の介護で、妻に褥瘡の発症、誤嚥性肺炎による入院は無い。関係者の心の温まるご配慮、ご指導の結果である。厚く御礼、感謝申し上げます。

以　上

[1] Food cup：Use for feeding liquid food the consistency of oatmeal. You can the same amount of food with this cup compared to spoon-feeding in a quarter of the time.

Disclosure of Interest: None Declared

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THE PLEIOTROPIC EFFECT OF MEMORY CAFE IN OUR COMMUNITY FOR PERSONS WITH COGNITIVE IMPAIRMENT AND THIER CAREGIVER AS WELL AS FOR HEALTHCARE SPECIALISTS.

Nobufusa Furukawa* [1], Hiromi Ikura[2], Yasuyuki Itoh[3] and Nakatsu city dementia netwok

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Objectives: 地域でのメモリーカフェ（中津市ではオレンジカフェとして開催）での実践を通して得られた認知症の人やその介護者への効果と合わせて、我々専門職へ与える影響（支援能力や地域連携、多職種連携の推進、行政を含めた地域づくりなど）に関して考察した。大分県中津市は人口８万５千人、高齢化率は平成２８年現在、２８％で認知症高齢者はおよそ三千六百人ほど存在すると考えられる。老人の独居世帯、老老介護、そして認知症高齢者の増加に伴い対応困難事例や軽度認知症の人も増え、現状の地域のマンパワーでは認知症の人や介護者への適切なサポート提供が困難となてきている。そこで、多様なニーズに答えるため小さな一歩ではあるが、インフォーマルな支援の一つとして我々は２０１３年２月よりメモリーカフェ（オレンジカフェ）を一般事業所と行政との連携で行い、３年が経過した。当初は市の中心部１箇所で参加者も数名で始まったが、徐々に範囲を拡大し現在は市内８箇所で行っている。そこではそれぞれの地域の実情に応じたスタイルのカフェを行い、そこは認知症の人や独居老人の心地よい居場所であったり、介護者同士のピアサポートの場であったり、また、地域の人の認知症に対する啓発活動の場となったりと、様々な効果を生み出し役目を果たしてきた。それと並行して回を重ねるごとに、カフェに参加する専門職にも変化が現れてきた。スタッフは様々事業所や団体から参加する。通常業務では出会うことのない、それぞれの専門職の地域連携や多職種連携の拠点となったり、認知症の人と介護者に対する支援の能力を振り返る場となったり、そのスキルを磨く場となったり、また、他の専門職からの情報蒐集の場となったりとカフェの新たな一面が現れてきており、オレンジカフェが認知症の人や介護者だけではなく、サポートしている専門職に対しても様々な役割を果たしていることが見出せるようになってきた。そして、認知症の人と介護者、専門職のみならず、参加する地域の住民との連携も進み、徘徊模擬訓練や市民公開講座など様々な活動に円滑に深く地域に繋がるようになってきた。このポスターではその事例を供覧する。

Disclosure of Interest: None Declared

Care research and practice

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THE WORK SUPPORT FOR EARLY ONSET AND YOUNG DEMENTIA

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Objectives: はじめに

若年性認知症の人達は、就労の継続や再就職が難しく、そのサポート方法も明らかにされていない。

そこで、若年性認知症の人の生きがいとしての仕事の場「TACK」の実施を通して、若年性認知症コーディネーター（以降Coとする）として就労支援を行ってきた。TACK参加者の就労支援を振り返り、若年性認知症の人にどのような就労支援が必要であるかを明らかにすることを目的に事例検討を行った。

方法

「TACK」に参加している人のうち、就労支援を求める人の事例を、若年性認知症の支援に関わっている研究者3人で振り返り、どのような就労支援が必要であるか要素を抽出した。

結果

事例A氏：女性、40歳代後半、AD、休職中。障害者職業センターで、職業評価を受け、会社での面接Co、障害者職業センターのジョブコーチ同行を行った。大手企業だが、復帰する職場が限られ、仕事内容として難しいと回答を受け同職場への復帰が望めなくなった。記憶を補うメモなどの活用が難しい。支援者は、Ｄｒ、障害者職業センターのジョブコーチ、Co、母親。

事例B氏：男性、50歳代後半、CBD、退職を迫られていた。障害者職業センターで、職業評価を受け、会社での面接に病院のPSW、障害者職業センターのジョブコーチ同行。社内で新しい仕事を作成、To Doリストに基づいて約1年仕事の継続が行えた。支援者は、Dr、PSW、障害者職業センターのジョブコーチ、Co、妻、会社のPHN。

事例C氏：男性、60代後半、AD、自営業をやめてしまい、仕事をハローワークで探していたが、自力では行えていなかった。Coがハローワークに同行し、障害者枠の求人の中から本人宅近くの認知症グループホームの面接を受け合格。清掃の仕事を行う。体はよく動くが、掃除道具の使用手順などがおぼえられない。会社側の認知症への配慮がなく辞める。その後の仕事でも持ち物を忘れ、盗られた気持ちになったりして継続せず。精神障害の人が通っている就労継続B事業所にも通うが、「TACK以外に行きたくない」という言葉により、TACKにのみの継続となる。支援者：障害者就業・生活支援センター、ハローワーク、妻、Co。

まとめ

１．就労支援のためには、医療、障害者就労支援機関（障害者職業センター、障害者就業・生活支援センター、ハローワークなど）、家族、Coの連携が必要である。事例B氏のように医師だけでなくPSWの協力もあると、会社側に安心が与えられるのではないかと考えられる。障害者職業センターなどは、認知症の対応事例がまだ少なく、Coが機関に繋ぐだけでなく、同行など行い連携することが重要である。

２．就職を受ける入れ側の理解は、欠かせない。B氏は、会社側の理解があり、元の職場の同ビル内で新しい仕事を作り就労継続が可能であった。A氏の場合は、職場の復帰部署が変更できなかったことで就労復帰できなかった。また、C氏の場合は、職場での受け入れが問題であった。

３．本人の就労意欲の継続をどのように維持していくか。本人の就労意欲が継続できないと、就労支援は行えない。TACKだったら何故よいのか、他の就労継続事業所とは何が違うのかについても明らかにし、意欲の継続をどのように行っていけばよいのか明らかにする必要があるのではないかと考える。

４．本人の能力や障害の程度により、サポート内容などを明確にできるようなアセスメントが必要ではないかと考える。認知症の症状は、個々に異なり、サポートの方法も量も異なっている。これらの方法が明らかになれば、障害者就労支援機関や、慣れていないCoなどでも就職先をさがしやすくなるのではないかと考える。

終わりに

今後も事例を通して、各機関と連携しながら、どのような就労支援が必要であるか要素を明らかにしたいと考える。

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-222

ALCOHOL AND DRUGS AS RELEVANT RISK FACTORS ON COGNITIVE IMPAIRMENT AND DEMENTIA: WHAT WE KNOW AND WHAT WE CAN DO IN EARLY PREVENTION

Tanja Hoff*[1], Ulrike Kuhn[1]

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Objectives: Alcohol misuse/dependeence but also chronic exposure to opiates (heroin, methadone in substitution programmes) are known as strong risk factors for early and heavily cognitive impairment. In the background of the demographic change and also the improvement of the health care (e.g. substitution programmes) people with a long standing dependence on opiates but also on alcohol becomes increasingly older - but mostly pre-aged with many multimorbide problems including cognitive problems and substance related dementia symptoms. The drug consumption leads to special health risks in this pre-aged group and psychological, medical and nursing needs which are covered neither by offers of addiction therapy nor by geriatric care facilities.

In the oral we present the international status quo about alcohol and opiates as risk factors for cognitive impairment and dementia. In our own study “Age-CM3” about elderly drug dependents in Germany we carried out a cross section analysis with 132 semi-standardized interviews with older drug dependents (45 years and older). Measured variables were e.g. health conditions and nursing need (e.g. SF-36, BSI-53, Barthel). The results will be discussed especially with regard to cognitive impairment besides the huge health restrictions we have found in this group.

After this we concrete the possibilities:

a) of an early prevention in the elderly to reduce alcohol consumption in the nursing resp. geriatric care and

b) of a client-oriented case management model for elderly drug users to get support on time also in cognitive impairment.

We have tested these intervention models in field studies in collaborations between addiction and geriatric care centres. The experiences with these care models and their challenges for professionels in addiction as well as in nursing care are underlined by results from qualitative interviews.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-221

COGNITIVE SERVICE DEVELOPMENT IN HONG KONG- IMPROVING CARE PATHWAY FOR PEOPLE LIVING WITH DEMENTIA

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Objectives: Hong Kong (HK) is facing challenges posed by ageing population.In 2024, the proportion of people aged ≧65 will reach about 1.8 million people, making to 22% of the total population. Dementia has become a major public health agenda in HK.

This article is to review the cognitive service development in Kwun Tong(KT), a populous district in HK and to share the successful experience in facilitating continuous,holistic and integrated dementia care by improving care pathway.

KT is amongst the top three districts in HK with the largest population of older people. Over the past years, we faced lack of one-stop comprehensive assessment-and-diagnosis clinic, absence of lining up different disciplines and community organizations.Therefore, an Integrated Cognitive Assessment Team was established in 2013 to provide a new collaborative model in caring patients with dementia. This interdisciplinary team consists of doctors, nurses, occupational therapists, physiotherapists, pharmacists and social workers in United Christian Hospital (the district hospital serving KT) together with the collaboration of community organizations in KT.

Early detection and diagnosis:We provide fast-track occupational therapist screening service that allows shorter waiting time for the referrals. It was shown to be effective to shorten, through early triaging, the waiting time of the first consultation to 12 weeks from previously 94 weeks.

Care coordination and case management:During the first session, we assess, diagnose and formulate care plan. Care goals and care plans would be discussed and aligned in the case conference held at the conclusion of the session. Patient-centred care encompasses from disease education,symptom management provided by nurses, medication advice by pharmacists,to cognitive training by occupational therapists and physiotherapists.

Primary care and continuity of care:A “Kowloon East Dementia Network” was established to network all Non-Government Organizations which are service providers of community dementia services.This serves as a platform to enhance continuity of care across hospital and community by linking up all community resources available for dementia subjects.

Task-shifted models:A nurse-led dementia consultation session was built in the first clinic visit to extract history from subjects and their caregivers a comprehensive set of patient profile and symptomatology.This shortens overall consultation time, resulting in an increased new case take up rate.

Education and training:We provide in-service training for doctors, nurses and students from Certified Dementia Care Planner course.We also actively participated in different local studies for professional development to enhance our service.

Currently we will focus on post-diagnostic care and cognitive training in primary care setting.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-224

CONTINUING COMMUNITY CARE SERVICE AND A CROSS-NATION DREAM PROGRAM

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Objectives: The Yunlin Long-term Elderly Care Association (Known as the Little Sun) started in 2000 after a devastating earthquake 921 in the central part of Taiwan. Pineapple, tangerine and pomelo are the famous products of the Yunlin County. Yet the great challenge in this agriculture area is not only the average income of the famers, but also its ageing index 17%, the second highest among 22 national districts. The Little Sun had developed services to meet the needs of growing prevalence of dementia from home service to 3 rural day care centers and then constructed a 3-floor multi-function service provision center in 2013. Group home service followed in 2014. The case we would like to share is the care pathway of the Tu couple. Mr. Tu, 95, is Taiwanese and Mrs. Tu, 91, Japanese. They are people with dementia for years and have married over 70 years. The major caregiver is their eldest son among 3 sons and 4 daughters. The family's income is below average and parent-child relationship is alienated. The Little Sun began to provide the two elderly with home service in environment cleaning, health management and emotional care from 2002. Later on, care coordination and collaboration within community among neighbors and police officers were built up for meal delivery, wandering and lost due to the progressing of dementia in BPSD and cognitive function. The couple had attended day care service from Monday to Friday since March 2015. Home service or respite continued during weekend. The team then found Mrs. Tu had a great expectation to connect family members in Japan who had lost contact long time ago. Because of the city and street remodeling in Japan over years and fragmental information from photos letters and oral description, this dream mission proceeded with coordination and collaboration among friends, non-profit organizations (NPOs), government agencies and private sectors between Taiwan and Japan. This paper will also present how an association assists family members to improve their relationship.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-234

CARE EXPERIENCES OF NURSES WHO COMPLETED DEMENTIA CARE NURSE TRAINING: FOCUS ON NURSES WORKING AT LONG-TERM CARE WARDS

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Introduction: One characteristic of dementia is that the disease continuously interferes with intellectual functioning and can hinder social life. The social life issues lead to a need for nursing for elderlies with dementia. However, the behavioral and psychological symptoms of dementia are associated with difficulties in nursing. There have been many previous studies on the difficulties in dementia care; however, no studies have explored the experiences of nurses in dementia care in Japan.

Objectives: This study aimed to clarify the current situation of dementia care provided by nurses who completed their nurse training in dementia care.

Methods: Semi-structured interviews were conducted with 12 dementia care nurses at our institution in 2014. To guide the interviews, we asked questions about their memorable experiences and their feelings while caring for elderlies with dementia. Transcribed interview scripts were then qualitatively and descriptively analyzed. This study was approved by the human research ethics board of our institution. As an informed consent procedure, information sheets of this study were mailed to all eligible nurses. Information about the voluntary nature of participation in this study and protection of privacy and personal information was included in the information sheet.

Results: Healthcare settings that participant nurses were working included long-term care wards, psychiatric wards, and regional comprehensive support centers. Based on the analysis, the following 8 categories, with 22 subcategories, were identified. The categories were dementia care based on appropriate understanding, care that provides a sense of safety to elderlies with dementia, care based on perspectives of elderlies with dementia, family care to promote better understanding of dementia, sharing of information about dementia care among care team, less priority on dementia care, a sense of fulfillment in providing dementia care, and experiences obtained from elderlies with dementia.

Conclusion: This study explored the care experiences of nurses who had completed training on dementia. The results supported previous studies in terms of care experiences and identified further experiences that had not been reported in these studies. The nurses faced difficulties in providing dementia care based on expertise and sharing care practice within the team. In addition to having a sense of fulfillment in dementia care, they learned from their experience with the elderlies with dementia through their nursing care. These results can be a significant foundation to consider for future directions of dementia care.

Disclosure of Interest: None Declared

Care research and practice

Care coordination and collaboration

PO2-214

LOCAL COMMONS SHINICHI PROVIDES COMPREHENSIVE CARE WITH FARMING

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Objectives: We conceived Local Commons Shinichi (LCS) to provide Comprehensive Medical & Long Term Care as a common land and resources.

Methods: LCS was designed and built neighboring Teraoka Memorial Hospital (TMH), Social Medical Corporation Youseikai in Shinichi Fukuyama, Hiroshima, as a joint project between Youseikai and Social Welfare Corporation Joytopia.

1. LCS consists of Local Commons Will (LCW), Garden Terrace and a farm. LCW is a residential service with day care, visit care nursing supported by TMH. Garden Terrace is used as dementia friendly day service, dementia café and employment support for people with disability. The facility users can enjoy farming and contacts among various generations. Restoration service for the elderly to arouse or restore the joy of meals is provided in the garden restaurant.

2. The users assemble from Fuchu Medical Association area (FMA), including Fuchu city and Shinichi, etc. in Fukuyama city, a meso-mountainous region[i].

99,221 inhabitants with 31,636 elderly (aging rate 32%), 20,952 in Shinichi

Estimated number of people with dementia (PWD) in FMA district: 4,745 (15% of the elderly over 65 years old), 934 PWD in Shinichi

Results:

1. LCS use

Total users were 537 in 2015: Shinichi 51%, Fuchu 23%, Ekiya 10%, Ashida 11%, the others 5%.

Characteristics of the LCW residents

Average age is 86 years old, gender ratio male 1/ female 2.6, average nursing care level 2.8 evaluated in 5 stages.

Employment support programs for people with disabilities: 33 persons

Multi-generational interchange: e.g. dancing with children

Restoration Service: 4 times/week

2. Dementia Projects

The leading principle is a dementia friendly community-based approach and person-centered care.

Dementia Day Service Project: farming and other personal works

Dementia Café Project at the garden restaurant: operated as common resources

3. Regional Development are intended by LCS projects.

Conclusion:

1. We presented LCS as a model of Comprehensive Medical & Long Term Care in a meso-mountainous region in Hiroshima prefecture.

2. We are practicing PWD care at early stages from a socio-medical approach.

3. We estimate at least 4 similar facilities needed in Fuchu area.

4. We have presented a new type of Comprehensive Care which may be evaluated by users. And it is indispensable to establish a sustainable management.

[i] Meso-mountainous region refers to the mountainous areas from the outer edge of the plain, characterized by population decline, aging and poor human resources.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-267

EVALUATING THE ROLE OF CAREGIVER SUPPORT GROUPS IN CARING FOR PERSONS WITH DEMENTIA; A SINGAPORE CONTEXT

Annabelle Chow[*]

Introduction: With a rapidly aging population in Singapore, the prevalence of dementia in persons aged 65 years and above is projected to reach 187,000 in 2050. In light of this projection, the current lack of institutions and manpower supporting this population will face a greater challenge in future. Persons with dementia will have to seek help from within their communities, supported primarily by family members who mostly belong to the sandwiched generation. Unsurprisingly, caregivers experience high stress levels, which affect the quality of life of the persons receiving care.

Objectives: This study examined whether a support group could help to reduce the caregivers’ stress levels and increase their ability to provide care to persons with dementia.

Methods: The closed caregiver group convened weekly for 4 weeks. It focussed on providing psycho-education and emotional support. 30 caregivers, whose family members were diagnosed with dementia, were recruited. The Stress Appraisal Measure and the Zarit Burden Scale were administered at the beginning and end of the support group to ascertain differences in stress levels, emotional coping and ability to provide care. A repeated measures t-test was conducted to understand these differences.

Results: Significant decrease in threat levels were observed. Caregivers also reported that looking after persons with dementia became less central in their lives. The levels of burden decreased with intervention. In addition, caregivers perceived an increase in resources.

Conclusion: It was concluded that the support group was efficacious in supporting family members looking after persons with dementia.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-264

A SURVEY OF FAMILY SUPPORTS AMONG CAREGIVERS OF PEOPLE WITH DEMENTIA IN TAIWAN

Mei-Feng Yang*, Jing-Jy Wang, Ming-Chyi Pai

Introduction: The increase in the number of people with dementia has become a social trend in Taiwan. Obviously, the issues of family supporting, the abilities of care, and the uses of social welfare resources are increasingly becoming explicit in medical services in the hospital in Taiwan. Expect to provide with some social welfare policies and care resource recommendations with the aging society in the future.

Objectives: In this study, we investigated the caregiving status and social support of family caregivers of people living with dementia.

Methods: A survey was conducted in which the subjects responded anonymously. We collected data from 520 caregivers who accompanied or assisted people living with dementia to the out-patient clinic of the department of neurology for medical treatment in a teaching hospital. A self-designed structured questionnaire which was divided into two parts: One is caregiver part which includes the role, care status with quality of life, health, economics and The Zarit Burden Interview (ZBI) were used. The other is about health conditions of people living with dementia and their uses of social welfare resources. Data were analyzed through descriptive statistic, T-test, and One-way ANOVA.

Results: Findings indicated that 56% of the respondents were primary caregivers. The average age of the caregivers and people living with dementia were 55 and 78 years old and among the former are 21 caregivers aged older than 80 years. The more the age of family caregivers increases, the higher ZBI Score (M=43.48, SD=24.37, $p<0.05$) becomes. The majority of caregivers were women (334, 64.2%) and most of them were daughters. Most of the caregivers take care of their dementia relatives for more than one year and the average length of care experience was 4.6 years. Overall, the mean score reported was 31.1 (SD = 19.58). Those who take care of their relatives with dementia for more than 8 hours a day (M=35.83, SD=19.01, $p<0.013$) and for more than 5 years (M=35.18, SD=18.54, $p<0.001$) had a significant higher level on impact of family caregivers.

Conclusion: Findings of this study can be references for the development of social welfare policies and resources in the future. We look forward to these issues may improve in the future.

Keywords: Caregiver, Family Supports, Dementia

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-268

SUPPORTING THE QUALITY OF LIFE BY AN EXPERT TOILETING SERVICE: FOUNDING OF TOILETING CARE MATES IN UJI CITY

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Objectives: 【はじめに】

NPO法人認知症排泄支援の会は2015年6月24日に京都府宇治市に設立された。その目的は、認知症や排泄障害を持つ当事者や家族、排泄ケアを提供する専門家等に認知症や排泄ケアの推進に関する相談支援及び教育事業等である。設立当初から認知症家族の会の紹介や一般の方から、排泄ケアに関する相談業務を実施している。また、2016年3月からは、排泄ケアに困った方の相談を地域の方がボンティアとして身近な相談を受けてもえるように「排泄ケアメイト」の育成講座を実施している。

【取り組み】

本発表では、NPO法人認知症排泄支援の設立の経緯からはいせつ相談の実情と排泄ケアメイトを育成している実態を述べていく。

【結果】

京都府の宇治市は、2014年の調査で人口187,577人であり、2015年の高齢化率は、全国平均と同様の21.8%である。今後も2025年には、29.9%となると予測される。現状、排泄ケア相談業務は、新規は月平均３～5件である。相談時間や相談内容は多様であり、電話だけの対応だけではなく、家族や本人に直接訪問面談を実施している。また、2016年3月から11月までこの排泄相談を宇治市の中でできるようにと、「排泄ケアメイト講座」を開講し育成している。受講生は、看護師、保健師、ケアマネジャー、介護福祉士、ボランティアメンバーなど多職種である。2016年10月には、卒業生が23人となっている。さらに、2016年9月には、宇治市内に「排泄ケアメイト」を中心とした「ケアチーム」を結成している。そのチームサポーターとして、認知症認定看護師、薬剤師も加入している。

【結語】

排泄ケアメイトやケアチームの育成は、地域包括ケアにおける自助と互助である。介護保険導入による介護の社会化は、家族の介護負担を軽減と捉えられることもある。これを受けてケアマネジャーを中心とした専門家は、入所やデイサービス、デイケアを介護保険で選択する。しかし、認知症があり介護者や本人は、排泄ケアの問題を持ちながら自宅で生活をしたいという思いもある。これを排泄ケアメイトやケアチームは、家族や本人の思いをくみ取り、共感していく。この中で、家族や本人と試行錯誤しながら、生活を支える排泄支援となる。

今後の課題としては、地域での活動を継続するために、組織運営の安定や排泄ケアメイトのフォローアップなどを進める必要がある。また、多職種の連携や専門家の意見を参考にしながら、専門家ではない家族目線、当事者目線を大切にした活動を根付かせる必要がある。

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-241

STUDY OF AN ETHIC-EDUCATION INTERVENTION THAT TARGETS NURSES WORKING AT NURSING HOMES

~ FROM THE RELATIONSHIP BETWEEN MORAL SENSITIVITY OF NURSES AND ATTRIBUTES OF NURSES ~

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Introduction: It has been pointed out that it is difficult for elderly people with dementia to decide, on their own, how to spend everyday life in nursing homes. To preserve the dignity of elderly people with dementia, there is a need for ethics-education interventions to increase moral sensitivity of nurses who work at nursing homes.

Objectives: The purpose of this study is to clarify the relationship between nurses' moral sensitivity and attributes of nurses, and, to consider an ethics-education intervention to increase the moral sensitivity of nurses who work at nursing homes.

Methods: A self-administered questionnaire was conducted on 565 nurses working at nursing homes. The T-test was used for analysis. This research was conducted after obtaining approval from the Research Ethics Review Committee of the corresponding university.

Results: Participants were 297 nurses; of these, 285 participants were female. Their average age was 50.57±9.66. The moral sensitivity of the nurses with knowledge of ethics was significantly higher than the moral sensitivity of nurses with no knowledge. The moral sensitivity of nurses who can receive supports is significantly higher than the moral sensitivity of nurses who are unable to receive supports. The moral sensitivity of nurses who worked at nursing homes which had an ethics committee was significantly higher than the moral sensitivity of nurses who worked at nursing homes which had no ethics committee.

Ethic-education intervention that enhances a nurse's moral sensitivity is considered to need the following two points. First, is to provide knowledge of ethics to nurses. Next, is to establish a system to continuously support the process of nurses working on ethical issues. It is considered that action research satisfies these two-points and is appropriate. Action research that both nurses and researchers work on ethical issues would produce dynamic changes of nurses and nursing homes.

Conclusion: To preserve the dignity of elderly people with dementia, it is necessary to increase the moral sensitivity of nurses who work at nursing homes. One ethics-education intervention to increase moral sensitivity of nurses which has been suggested is action research.

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

Care research and practice

Carer support and training

PO2-255

STAGE OF DISEASE, EATING FUNCTION AND NUTRITIONAL STATUS OF COMMUNITY-DWELLING PATIENTS LIVING WITH DEMENTIA IN TAIWAN

Jing-Jhih Wang, Yi-Ju Chen*

Introduction: Caregivers who understand the impact of dementia on eating function deficits is important.

Objectives: Caregivers often regard the problematic eating function of patients living with dementia (PwD) as a part of the normal aging process and careless about these problems which can be threat to nutritional status. This article explored the relationships among the stage of disease, eating function and nutritional status of community-dwelling PwD.

Methods: A cross-sectional study was carried out with purposive sampling. Data were collected in three dementia outpatient clinics in regional and teaching hospitals in southern Taiwan. Caregivers' inclusion criteria were：age ≧20 years, being a caregiver for more than 6 months, educated or fluentin verbal communication. PwD must had been diagnosed as having dementia. We excluded those PwD who were on nasogastric tube or residing in long-term care facilities.

Eating Function Scale and Mini Nutritional Assessment (MNA) were instruments used in this study. Pearson and Spearsman correlation coefficient was used for data analysis.

Results: A total of 154 PwD and their caregivers participated in this study. Results indicated that 87% of the PwD were in mild to moderate stages, their average age was 78.31 (SD=8.262) years old. 70.8% of the PwD at independently while 22.1% need assisted eating and 7.1% were completely dependent on the caregiver. There were significant relationship between the stage of dementia and eating function ($r=0.415$, $p<0.01$)and eating function and nutrition states ($r=0.48$, $p<0.01$).

Conclusion: Findings of this study implied that change in the stages of disease for PwD can have impact on their eating function and nutritional states, therefore caregivers should be alerted when caring for PwD, need to closely observed the disease progression. Preventing the eating dysfunction against malnutrition became very crucial.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-256

THE OTHER SIDE OF FILIAL PIETY: NEGATIVE IMPACTS ON CAREGIVER OF PARENTS LIVING WITH DEMENTIA

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Introduction: Filial piety is a deeply rooted moral principle in Chinese culture that guides the parent-child interaction and defines the obligation to care and respect for parents and elderly in East Asian societies. Extended research provides evidence to its merits on reducing caregiving burden and stress, as well as enhancing positive aspects of caregiving. However, little focus has been put on its negative aspect, especially on dementia caregiving process.

Objectives: This study aims to explore how filial piety negatively affects the caregivers during the caregiving process for parents living with dementia.

Methods: Semi-structured interviews with 18 Hong Kong children caregivers of persons with dementia recently admitted to a residential care facility (i.e. less than one year) were conducted in fall 2014-2015. Interviews covered respondents' retrospective evaluation of their caregiving experience and long-term care decision, were tape recorded and transcribed verbatim for thematic analysis.

Results: Four aspects of filial piety including obligation, respect, hierarchy, and attachment were identified in relation to the negative impact on caregiver with dementia parents. Under these four aspects, ten themes were further classified: conflict of responsibility allocation, the sacrifice of original life, caregiver burden, disagreement in collective decision making, struggle in shifting responsibility, handling social stigma, delay intervention, subordinate position in a caregiving relationship, and loss of emotional attachment.

Conclusion: Taking care of parents with dementia is challenging. Besides regular caregiving duty, carers need to handle extra regulation and expectation from the belief of filial piety. This deeply rooted moral principle not only creates an internal burden for the carers but also puts them under external social pressure. Therefore, it is suggested that caregiving support on dementia should not solely focus on people with dementia. Extra resources and appropriate interventions which address the children carers' needs will be beneficial to these caregiving dyads.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-250

INFLUENCE OF STRESS-CARE ON THE WORKPLACE ENVIRONMENT AND THE HEALTH RISK OF CAREGIVERS AT THE DEMENTIA ELDERLY PERSON GROUP HOME. : THE EFFECT OF ACUPUNCTURE TREATMENT.

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Introduction: 福祉従事者のストレスの高さは先行研究によって明らかにされており、従来より対人援助サービスの職種では、他職種と比べて精神的健康に負荷がかかることが報告されている1)。介護職員のストレスや疲労が蓄積した状態では、質の高いケアを提供することが難しくなるとの報告もある。福祉従事者の精神的健康が害されると、受容的・共感的態度が取りづらくなったり、専門技術を正確に行使できず、様々なミスを引き起こしたりする可能性が出てくると言われており2)、特に認知症対応型共同生活介護サービス（認知症高齢者グループホーム：以下GH）に代表されるような、小規模で家庭的なケアの在り方は、介護職員個々の介護レベルや資質が介護力に直結し、利用者の生活の質に大きな影響を及ぼすと考えられる3)。一方で、ストレスは精神的健康を阻害するだけでなく、慢性疼痛など様々な身体愁訴を惹起するとも言われている。この影響は逆方向にも起こりえる。つまり、身体的な疼痛はそれ自体がストレスとなり、痛みによる不安などもストレスとなり、悪循環となることが知られている。このような精神的・身体的ストレスに対して鍼灸治療は効果があるとの報告は多数あるが、介護職員に対するストレスケアとして検証しているものはない。そのため、本研究ではストレスケアのひとつとして鍼灸治療を選択し、検証を行うこととした。

Objectives: 認知症グループホーム職員に対するストレスケアとして鍼灸治療を行うことで、職員のストレスが変化することを明らかにする。その上で、ストレスケアが職場環境や職場全体の健康リスクに及ぼす影響を検証する。また、ストレスケアによる利用者のBPSDの変化についても検証する。

Methods: Ａ県内のＧＨ（Ｂ）のＣユニットに勤務する常勤介護職員７名（男性１名，女性６名，平均年齢49.0±16.3歳）を対象とし、自記式の職業性ストレス調査票を用いて個人のストレス度ならびに職場の健康リスクを評価した。利用者のBPSDの評価として、同ユニットの利用者Ｄ氏（82歳，女性，アルツハイマー型認知症，認知症高齢者の日常生活自立度Ⅲ）の11:00~17:00（８時間）の合計徘徊時間を計測した。さらに、行動・表情の状態を観察し5段階で点数化した。以上の評価は、ストレスケアの介入期間1日前、介入期間最終日、介入期間10日後に実施した。ストレスケアはリーダー職員１名（36歳・女性）を対象として、鍼灸治療を10日間（合計5回）実施した。治療は被験者が最もつらいと訴える局所の治療と、全身のリラクセーションを目的に、勤務日の勤務終了後に実施した。治療の前後に、疲労感、局所痛、身体全体の痛みに対してVisual Analogue Scale（VAS：100mm）を、気分に対しては14項目（4件法）の質問用紙を用いて評価を行った。

Table: 表.職場の健康リスク値と職業性ストレス調査票の平均値の変化

	介入前	介入期間	介入後
総合健康リスク	77	76	77
量−コントロール	103	100	102
職場の支援	75	76	76
イライラ感	6.93	6.33	6.57
疲労感	7.64	6.83	7.43

Results: 治療被験者のVASのすべての項目において、治療前と比較して治療後には有意に減少した（$p<.0001$）。気分の評価では、「心地よい」の項目において治療後に有意な上昇が認められた（$p<.0001$）。職員個人のストレス度の平均値は、すべての項目において有意な変化は認められなかったが、「職場環境によるストレス」「イライラ感」「疲労感」「身体愁訴」の値は介入期間中のみ減少した。さらに、職場の「量−コントロー

ル」値は介入期間に減少し、「職場の支援」値は介入期間から介入後に増加した。「総合健康リスク」は、介入期間に減少が認められた。利用者D氏の総徘徊時間は、介入前から介入後にかけて徐々に減少が認められ（介入前：72分、介入期間：47分、介入後：33分）、介入後には介入前と比べて半減した。行動・表情の状態点数は、介入前から介入後にかけて徐々に増加が認められ（介入前：96.5点、介入期間：115点、介入後：122点）、穏やかで笑顔が見られる状態が増加した。

Conclusion: 鍼灸治療被験者の主観的な身体的負担は治療によって軽減し、気分の変化も認められた。これは痛みや疲労感が軽減したことで、身体的なストレスが減少し、精神的ストレスも相乗的に軽減したためであると考えられる。鍼灸治療をはじめとする東洋医学においては、心と身体は一体であるという「心身一如」の考えが元になっており、ストレスによる様々な身体愁訴に対しても対応することができる。このように、鍼灸治療は介護者のストレスを軽減させ、健康維持・増進，QOLの向上に有用であることことが明らかとなった。さらに、介護職員にストレスケアを実施することにより、職場全体の健康リスクが軽減することが示唆された。本研究では、治療対象者が少なく、短期間であったが介護職員の疲労感等および、利用者のBPSDの減少が認められた。今後長期的かつ多くの介護職員を対象としたストレスケアの介入を行って、環境の変化や利用者への影響について調査する必要がある。介護者は多くのストレスを抱えていると考えられるが、介護者に対するストレスケアは自己責任であるとの意識が強いものの、セルフケアの方法を学び実践しているものは少ない。しかし、今後さらに少子高齢化が進み、介護サービスのマンパワー不足は一層深刻になると考えられる中で、利用者のみならず、介護者の健康を維持していくことが、我が国の持続的な地域包括ケアの存続に必要であると考えられる。慢性的な痛みは中枢性感作を引き起こし、QOLを著しく低下させる。また、介護者に蓄積されたストレスは不適切ケアの要因となる可能性もあり、介護者の資質だけを問うのではなく、質の高いケアの実現には、介護者に対する教育・研修と同じく、適切なストレスケアが必要とされる。そのための効果的なストレスケアとして、鍼灸の可能性に期待したい。

References: 1)曽増功次：看護婦のストレスとメンタルヘルスケア．ストレス科学，15(1)，57-65，2000.

2)森本寛訓：医療福祉分野における対人援助サービス従事者の精神的健康の現状と、その維持方策について―職業性ストレス研究の枠組みから―．川崎医療福祉学会誌，16(1)，31-40，2006.

3)古村美津代：認知症高齢者グループホームのケアスタッフが抱える困難とその関連要因．　日本公衆衛生雑誌，58(8)，83-594，2011.

4)一般社団法人日本認知症グループホーム協会：認知症グループホームの実態調査事業報告書．2010.

5)ホーカン・ヨアンソン他：ストレスと筋疼痛障害.名古屋大学出版.愛知.2010.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-266

ROLE OF NURSING SCIENCE SCHOOL TEACHERS SUPPORTING THE PRACTICES AS CERTIFIED NURSES

DEMENTIA NURSING

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Objectives: 「認定看護師制度」とは，日本看護協会が医療および福祉の現場における高度化，専門分化に対応できる看護師を育成するために設立した「専門看護師制度」「認定看護師制度」「認定看護管理者制度」の3つの資格認定制度の一つである．

認定看護師は，1996年より看護師免許取得後，実務研修が通算5年以上の経験を有する看護師を対象に認定教育機関において教育が開始された．現在21の特定分野で約17,000名が熟練した看護技術と知識を用い水準の高い看護実践のできる看護師として活動している．認知症看護分野は2004年に特定分野とされたが，その歴史は浅く，その数は800人程度にしか過ぎない．主たる活動の場は，そのほとんどが病院であるが最近では徐々に介護施設や地域での活動も増えつつある．

本学は，認知症看護の質の向上の必要性と地域におけるニーズの高まりを受け認知症看護認定看護師教育機関として2012年より認知症看護認定看護師教育に取り組み始めた．現在，4年目を迎え55名の認知症看護認定看護師を輩出し，その多くが地域の中核的な役割を担う病院での実践活動を中心に多職種と連携をとりながら地域での活動も活発に行っている．また，今年度より病院での認知症ケア加算が算定されたことによりその活動範囲と重要性はさらに拡がりと深まりを見せ認定看護師としての日々における自己研鑽も欠かせない状況となっている．一方，１施設に所属する認知症看護認定看護師数はその規模に関わらず1～2名と少なく，そのほとんどが病棟勤務を行いながらの活動である．そのため，事例検討会などを通じた実践の振返りや教育・研究を行う自己研鑽のための時間の制約や機会の設定・活用に困難をきたしていることが多い．本学では，認定看護師資格取得のための教育にとどまらず，大学としての利点を最大限に活用し認定看護師教育課程修了後においても，大学の門戸を常に開きフォローアップ研修や自主的な活動支援に継続的に力を注いでいる．具体的には，図書館，演習室など大学施設の利用をはじめ，講義の再聴講，事例検討会など認定看護師のための研修会企画運営・研究活動に対する助言，個々の認定看護師からの様々な相談にも対応し，必要であればその内容に見合った専門性の高い教員を紹介するなど柔軟に対応している．また，修了年度や修了教育機関の垣根を越え認知症看護認定看護師同士が繋がることができるためのパイプ役，さらに認定看護師同士の内輪だけの繋がりにならないよう多職種を含んだ地域で活動している研究会への参画提案，新たな施設への認知症ケアのシステムづくりへの協力依頼など自律した活動ができるような基盤づくりの提案を行っている．さらに，近年は大学から認知症看護認定看護師への一方向への関わりだけでなく，後進育成のための認定看護教育活動や，学部生への関わり，我々が行う研究活動への参加などを通じ看護教育および研究への貢献度も高くなっている．

認知症看護認定看護師は，認知症者とその家族が安心して日々の生活を営めるように地域・医療・福祉の垣根を越えて常に認知症ケアの質と向上のために寄与する事が求められている．そのために，我々は幅広い視野を持った実践力の高い認知症看護認定看護師の育成だけでなく，資格取得後のキャリア発達を継続的に支えていくことも役割であると考える．

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-270

FAMILY INVOLVEMENT IN HEALTH CARE IN NURSING HOMES

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Introduction: We know that family members continue to have a role in ensuring their relative's welfare after their admission to nursing homes. Families maintain involvement in a variety of ways including helping with personal care, informing staff of their relative's life history and preferences; and continuing their relationship bonds. In England, as in many other countries, reducing avoidable hospitalisations from care homes is a government priority. It is well known that too many residents go to hospital for conditions which had they been detected and treated early could have been cared for in the care home. Indeed this emphasis on early detection of co-existing illnesses is an international priority.

Objectives: This paper explores family members' involvement in the early detection of deterioration in their relative's health in nursing homes.

Methods: Semi-structured interviews were conducted with 15 family members of residents living in UK nursing homes.

Results: Many family members report being involved in the early detection of their family members' health conditions. Several found it necessary to become involved in this way while stressing that they did not feel it was their responsibility to do so. They became involved through the general role they assumed of monitoring their relative's care. Their role in early detection included noticing early changes in health, advocating on their relative's behalf with staff and providing staff with information about how their relative's ill health manifests.

Conclusion: Family members reported that their involvement in the early detection of their relatives' health was not always acceptable to nursing home staff. They felt that having a more explicit and agreed role would help with communication between staff and families. Further research is needed to test how clear expectations and support for family involvement can impact on early detection of deteriorating health conditions.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-254

ACTIVITIES TO ASSIST CARERS OF THE MIDDLE-AGED GENERATION IN BALANCING WORK AND FAMILY CARE

:ACTIVITIES CONDUCTED BY THE AICHI CHAPTER OF THE ALZHEIMER'S ASSOCIATION JAPAN AND INCORPORATED NON-PROFIT ORGANIZATION HEART TO HEART

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Objectives: These days in Japan, the compatibility between care and work especially for carers at the middle-aged generation has grown to be a social issue.

Our two organizations are working closely to assist carers through organizing family meetings and carrying out telephone consultations.These activities made us to be aware of the fact that most of the middle-aged carers are facing difficulties to attain a good balance between work and caring.Carers who resigned their jobs due to the long-term caring were under mental anxiety and economic insecurity. In worse case, their strong stress has resulted in abuse.

Therefore, we think there is a necessity to support them to find a way to balance work and care in their life.

Method

In many cases, carers tend to resign their job due to lack of knowledge and understanding about care at the sides of not only employer but also co-workers.We established "the committee to consider the compatibility of care and work" comprising doctors, carers and nursing professionals and conducted the questionnaire survey with 500 small and medium-sized enterprises companies in Aichi Prefecture to learn current status of the counter-measures applied for achieving a balance between work and caring.Based on the survey results, we have developed a training program for the companies and provide them with requisite information about dementia care and nursing care insurance system in collaboration between such companies and our committee.

Results

The survey result has discovered the issues and current situations that the small and medium-sized enterprises face.

1 With regard to the question about the existence of employees who suffer from long-term care problem, answering "no" was 63% while "yes" was 26 percent.

2 The companies which responded that they have the employees who are likely to face a long-term care problem was counted at 63% of the total.

3 However, only 20 % out of those companies have taken the supporting measures for their employees to ensure the balance between long-term care and employment.

4 Moreover, there were some responses, which mentioned that provision of such support is "difficult" or "impossible," especially from small sized enterprises.

5 It can be said that supporting the companies which are difficult to take appropriate countermeasures is also important and necessary to improve the situation.

We have developed and implemented a training program aiming to prevent resignations because of caring in coordination with the companies tacking the issue.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-247

YOUNG CARERS IN FUJISAWA AREA IN JAPAN: ANALYSIS USING A QUESTIONNAIRE SURVEY PROVIDED TO TEACHERS OF PUBLIC PRIMARY SCHOOLS, SECONDARY SCHOOLS AND A SCHOOL FOR DISABLED CHILDREN

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Introduction: ケアを担う子ども（ヤングケアラー）とは、障害や慢性的な病気、精神的な問題をもつ家族のケアをしている18歳未満の子どもや若者をいう（Becker 2000）。イギリスでは、1988年以降に調査・支援がされている。日本においては、15歳～24歳の介護者は22.5万人（1.8%）と推定されている（森田2016）。少数事例の質的研究（森田2010、澁谷2012）、医療ソーシャルワーカー（澁谷2014）・小中学校教員への質問紙調査（ヤングケアラープロジェクト2015、北山ら2015）がされているが、その実態の多くは明らかにされていない。

Objectives: 日本におけるヤングケアラーの実態、学校での支援状況とその課題を明らかにすることを目的として、ヤングケアラーに関するアンケート調査を実施した。本報告は一般社団法人日本ケアラー連盟ヤングケアラープロジェクトの調査結果の一部を報告するものである。

Methods: １）調査地域と対象　神奈川県藤沢市の全公立小・中・特別支援学校の教職員２）調査方法校長会での説明の後、各学校長を通して教員に無記名自記式調査票を配布・回収した。３）調査時期　2016年7月14日～7月30日４）倫理的配慮　プロジェクトメンバーの所属機関の研究倫理審査委員会の承認を得て実施した。

Results: １）回答者の属性　1812名の教職員に配布し、1098名から回答があった（回収率60.6%）。内訳は男性440名（40.1%)、女性650名（59.2%）、小学校647名（58.9%）、中学校406名(37.0%)、特別支援学校38名（0.6%）であった。２）担任経験とケアの内容今年度、「自分が担任をしているクラスの中」に家族のケアをしていると感じた児童・生徒がいるか否かについては、「いる」と答えた者が123名（11.2%）、昨年度までに「自分が担任をしていたクラスの中」に「いた」と答えた者が302名（27.5%）であった。「最も印象に残る児童・生徒」については（508名回答）、ケアをしている相手は「きょうだい」が最も多く239名、次いで「母」が212名、「祖父母」が24名であった（複数回答）。家族構成は、「母親と子ども」が203名、「ふたり親と子ども」が178名、「父親と子ども」が25名などであった。子どもがケアをしている相手の状態は、「幼い」が196名と最も多く、次いで「精神疾患」が78名、「認知症」は4名であった。ケアの内容は（複数回答）、「家事（料理、掃除、洗濯など）」が最も多く275名、「きょうだいの世話」が268名などであった。自由記述には、外国籍の親の存在と通訳を担っている状況が多く記されていた。３）学校での支援状況　ヤングケアラーへの家庭を支援している人がいるか尋ねたところ、「いる」と回答したのが136名で親戚・近隣・ボランティアなどを挙げ、「いない」が65名、「わからない」が304名であった。また、その子どもの学校での生活にみられる影響は「欠席」「学力がふるわない」「遅刻」「宿題をしてこない」「忘れ物」などが挙げられた。　他の機関との連携があったか否かを尋ねたところ、「あった」と回答した者は176名であり、具体的な連携先は（157名回答）、児童相談所、民生委員、市などを挙げていた（自由記述）。

Conclusion: 調査の結果、ヤングケアラーは存在し、学校生活等への影響が生じていること、母親と子どもの家庭で多くみられることが、確認された。　第１に、母親と子どもの家庭が多い特徴があった。一人の親が生活を支えるために働き、家庭内の全ての役割も担う中で、高齢者や親自身がケアを要する場合、全て一人で担うことは難しくなる。ひとり親家庭の場合、経済的困難を抱えやすいことも指摘される。経済的困難があることは、家事・介護サービスなどの外部のサービスを利用することも難しくさせ、結果として、子どもがケア役割をとりやすい状況なっていると考えられる。　第2に、登校そのものや学業への影響が生じていることが明らかになった。このことは、将来的にヤングケアラーの不利につながりうる問題であるといえる。学校は様々な支援を行っているが、教員が家庭に踏み入ることの難しさがある。教員組織だけで対応することの限界とともに、外部の組織、専門的機関との連携が課題として示された。第3に、存在率は少ないが、認知症の親や祖父母をケアしている小・中学生のヤングケアラーの存在も明らかになった。近年の若年性認知症や認知症の高齢者

の増加を考えると、ヤングケアラーがケアをする認知症の人の数は決して多くなかった。教員の目からは子どもと同居する親やきょうだいの存在は様々な機会に確認できるが、介護や祖父母の問題は捉えにくいことも示唆された。ヤングケアラーの背景には、医療、福祉、低所得・貧困、外国につながる子どもの存在等の問題などが複数同時に存在していることもある。今後のヤングケアラーの支援には、住民参加型の多職種連携体制が重要である。具体的には

References: Becker, Saul: Young carers, Martin Davies ed. The Blackwell encyclopedia of social work, 378, Oxford Blackwell, 2000. 森田久美子:子ども･若年介護者の実態, 立正社会福祉研究年報, 18, 41-51, 2016. 森田久美子:メンタルヘルス問題の親を持つ子どもの経験-不安障害の親をケアする青年のライフストーリー, 立正社会福祉研究, 12 (1), 1-10, 2010. 澁谷智子:子どもがケアを担うときーヤングケアラーになった人/ならなかった人の語りと理論的考察, 理論と動態, 5, 2-23, 2012.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-271

GENDER COMPARISON OF SENSE OF CARE BURDEN , CAPACITY TO DEAL STRESS IN FAMILY CAREGIVERS WHO TAKECARE OF OLDERADULT WITH DEMENTIA IN JAPAN

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Introduction: 急速に高齢化が進展している我が国において、加齢に伴い長期的なケアが必要な高齢者が増加する中、2015年には65歳以上の高齢者の約10人に1人が認知症であると推計されている。今後も認知症の症状を有する高齢者が急増する一方で核家族化などの影響で介護力の低下した家族の介護負担感は増し、男性が介護を担う状況も増加してきている。そのため、在宅で認知症高齢者の介護をしている家族の介護負担やストレス対処能力について、性別による特徴もふまえて、家族介護者の支援について検討をしていくことが必要ではないかと考えました。

Objectives: 本研究の目的は、認知症高齢者を在宅で介護をする家族の介護負担感、ストレス対処能力について、その実態と性別による特徴について明らかにすることである。

Methods: 1）対象者：認知症と診断された高齢者を介護している家族介護者20人（男性：11人、女性：9人）

2）調査方法：2014年3～5月及び2016年8～10月に訪問して質問紙調査を行った基本情報としては、対象者の性別、年齢、続柄、介護年の数、1日の介護時間、睡眠時間を聴取した加えて、被介護者の年齢・介護を要する程度（軽度・中程度・重度）を聴取した質問紙調査は、Zarit介護負担感尺度日本語版（以下：J -ZBI-8）、コヒーレンスのセンス（以下：SOC_13）を用いました。

3）分析方法：質問紙調査は以下の検討を行った性別で基本情報及びJ-ZBI_8、SOC_13の各得点に差があるか比較検定を行った.2群間の検定にはマン・ホイットニーテストを用いた。年齢、介護年数、1日の介護時間、睡眠時間、J-ZBI_8、SOC_13の相関はスピアマンの順位相関係数を用いた。有意水準は5%とした。解析にはSPSS 23.0jウィンドウを用いたため。

4）倫理的配慮：本研究は研究者が所属する大学倫理審査委員会の承認のもとに実施しました。

Results: 介護者の平均年齢（SD）は男性が70.4（8.7）歳、女性が62.0（10.1）歳で男性の介護者の年齢層が高くなっているた（p = 0.046）。続柄は、夫が6人、息子が5人、妻が1人、娘が4人、嫁が2人、姉妹が2人である。介護年数の平均値（SD）は、男性が6.4（5.4）年ので、女性が3.5（2.2）年であった。1日の介護時間は男性が10.6（4.9）時間、女性が3.9（6.0）時間で、男性の介護時間が長くなっているた（p = 0.002）。睡眠時間男性が6.4（1.2）時間、女性6.1（0.6）が時間である。

被介護者の性別は男性が5人、女性が15人、平均年齢（SD）は男性が82.0（13.4）歳、女性が84.0（7.6）歳である。認知症の診断名は、アルツハイマー型認知症が7人、レビー小体型認知症が2人、それ以外の認知症は11人である。介護を要する程度の区分では軽度が9人、中等度が5人、重度が5人、不明1人である。介護を要する程度とJ-ZBI_8、SOC_13の結果は関連がみられなかきました。

J-ZBI-8（範囲：0～32）は、値が高いほど負担感が高いとされるが、その平均値（SD）は男性が9.4（6.2）、女性が11.3（4.4）である。女性で「介護を受けている方の行動に困ってしまう」（範囲：0～4）2.8で男性の1.2に比べ高くた（p = 0.012）がなっている。

SOC_13（範囲：13～91）は値が高いほうストレス対処能力が高いとされるが、男性の平均値は（SD）72.5（9.9）、女性が59.1（8.6）で男性のストレス対処能力が高きますなっているた（p = 0.017）.SOC_13の3下位因子の中で「自分が置かれている、あるいは置かれるであろう状況がある程度予測でき、または理解できているこ

とを表す把握可能感」　（P = 0.028）と「何とかなる、何とかやっていけるという処理可能感」（P = 0.006）で男性のストレス対処能力が高くなっている。女性では、SOC_13の質問項目の中で、「あてにしていた人にがっかりさせられたことがある」（P = 0.028）、「不当な扱いを受けている」（P = 0.006）「本当なら感じたくないような感情を抱いてしまうことがあると思う」（P = 0.004）が男性に比べ低く、つまりそのように思う傾向である。

年齢と1日の介護時間は正の相関を示した（r = 0.704、P = 0.001）、SOC_13の「処理可能感」は年齢（R = 0.606、P = 0.005）と正の相関を示しました。

Conclusion: 今回の調査の結果からは、男性家族介護者のほうが女性家族介護者より高齢であり、1日の介護に関わる平均時間が10時間と長くなっていること、高齢になればなるほど在宅でそばに付き添っている時間が長くなることが明らかになった。さらに、男性はストレス対処能力が女性より高いことも明らかになった。但し、ストレス対処能力をみると、自分が置かれている、あるいは置かれるであろう状況がある程度予測でき、または理解できていることから夫や息子としての責任感、他人に任されない、だから何とかなる、何とかやっていけるという思いで介護している可能性が考えられます。従って、男性が介護することに張り詰め、頑張りすぎないような支援が必要である。

女性は男性よりもあてにしていた人にがっかりさせられたり、自分が不当な扱いを受けているとの思いを持ちやすかったりすること、また、本当なら感じたくないような感情を抱いてしまうことがある傾向が明らかになった。また、介護の負担感では介護を受けている方の行動に困ってしまう傾向があることから、認知症高齢者への適切な関わり方やストレスを低減できるような支援策が必要である。

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-248

DEVELOPMENT OF A COMPUTERISED DECISION-MAKING AID SYSTEM FOR MANAGEMENT OF PROBLEMATIC BEHAVIOURS IN LONG-TERM CARE FACILITIES: A PRELIMINARY REPORT

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Introduction: Problematic behaviours in the long-term care (LTC) facilities are common and usually bring about unfavourable consequences. No standard apprach was available for frontline carer so far. Lack of knowledge, interventional strategies and piles of documents complicated the burden of caring staff to manage problematic behaviours of LTC residents.

Objectives: In the present report, we will present the setting up of a computerised decision-making aid system to help caring staff in clarifying chief behavioural problems, formulating nursing diagnoses, and supporting for achieving interventional measures.

Methods: The system was established in 3 phases since July 2016. First, the study team adopted the coding of problematic behaviours by Taiwan LTC Professional Association. Problematic behaviours were classified into 14 categories, and then experts in the team followed the system of nursing practices by NANDA to formulate diagnostic pathways and practicing strategies. A blueprint of mind map was produced, and was electronically programmed with Microsoft Office Access 2013 by IT specialists. Secondly, 2 nursing staff in an LTC were trained to familiarise the system and assessed validity. Opinions from users were reflected back and got the final version. Finally, the system was transferred to others and assessed for satisfaction by a Likert scale. The administrators checked the completeness and consistency of the whole process.

In the 2nd phase, two nursing staff in an LTC was trained to familiarise the behavioural coding and programming systems, and two LTC residents were assessed later on for validity. Opinions and experiences from user perspectives were then feed-backed to the team and achieved the final version after repeating same procedures.

In the 3rd stage, the system was disseminated to other staff in the facility and assessed for satisfaction by a 5-point Likert scale. The administrators of the facility checked the completeness and consistency in decision-making process for each event of problematic beha

Results: The pilot-testing indicated good validity on completeness and consistency, with Cronbach alpha values from 0.65 to 0.90 and 0.74 to 0.96. The satisfaction of the system was also excellent (mean=4.75). We will show details in final presentation.

Conclusion: We successfully integrated currently available resources and coordinated into a computerised system. The preliminary results showed its benefits in completeness and consistency of making clinical decisions and strategies, and, eventually improving the quality of care in LTC facilities.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-249

CARE AND RESEARCH IN PRACTICE – PERSON CENTRED CARE IN PRACTICE

Gerry Benjamin*

Objectives:

Background: It is important to underline that this paper focuses on the Care and Research Practice Person Centred Care. The Alzheimer's society estimated 850,000 people with dementia in the UK. 40,000 younger people with dementia in UK. There are 25,000 people with dementia from black and minority ethnic groups in the UK. Dementia is not a disease but a word used to describe a group of symptoms that occurs. Alzheimer's Disease explained as the most common cause of Dementia, but there are many others examples cardio vascular, strokes, Lewy body mixed dementia. What do we understand as Person- centred care in practice and what does people with dementia need us to understand what reality is for them. Example: listening closely – asking questions about how the Person is thinking and feeling – observing all the clues they give us in body language and speech. See their disability and find their strengths Example: discovering the strengths – of personality, ability, nature and so on, promoting their strengths e.g. by engaging them in activities which utilise their strengths. Relate to them as one human being to another example sharing ourselves with them, forming bonds and close friendships. To conclude plans for the future is to help people with dementia feel respected, valued and wanted that is example acknowledging their life experience. Finally, to educate, communication, support. Treat them as we would wish to be treated ourselves example being aware they are sensitive to the attitudes expressed Alzheimer's Society 2014 Report Statistics.

Disclosure of Interest: None Declared

Keywords: None

Care research and practice

Carer support and training

PO2-421

YOUNG CARERS IN FUJISAWA AREA IN JAPAN: ANALYSIS USING A QUESTIONNAIRE SURVEY PROVIDED TO TEACHERS OF PUBLIC PRIMARY SCHOOLS, SECONDARY SCHOOLS AND A SCHOOL FOR DISABLED CHILDREN

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Introduction: ケアを担う子ども（ヤングケアラー）とは、障害や慢性的な病気、精神的な問題をもつ家族のケアをしている18歳未満の子どもや若者をいう（Becker 2000）。イギリスでは、1988年以降に調査・支援がされている。日本においては、15歳～24歳の介護者は22.5万人（1.8%）と推定されている（森田2016）。少数事例の質的研究（森田2010、澁谷2012）、医療ソーシャルワーカー（澁谷2014）・小中学校教員への質問紙調査（ヤングケアラープロジェクト2015、北山ら2015）がされているが、その実態の多くは明らかにされていない。Objectives:　日本におけるヤングケアラーの実態、学校での支援状況とその課題を明らかにすることを目的として、ヤングケアラーに関するアンケート調査を実施した。本報告は一般社団法人日本ケアラー連盟ヤングケアラープロジェクトの調査結果の一部を報告するものである。

Objectives:　日本におけるヤングケアラーの実態、学校での支援状況とその課題を明らかにすることを目的として、ヤングケアラーに関するアンケート調査を実施した。本報告は一般社団法人日本ケアラー連盟ヤングケアラープロジェクトの調査結果の一部を報告するものである。

Methods: １）調査地域と対象　神奈川県藤沢市の全公立小・中・特別支援学校の教職員２）調査方法校長会での説明の後、各学校長を通して教員に無記名自記式調査票を配布・回収した。３）調査時期　2016年7月14日～7月30日４）倫理的配慮　プロジェクトメンバーの所属機関の研究倫理審査委員会の承認を得て実施した。

Results: １）回答者の属性　1812名の教職員に配布し、1098名から回答があった（回収率60.6%）。内訳は男性440名（40.1%)、女性650名（59.2%）、小学校647名（58.9%）、中学校406名(37.0%)、特別支援学校38名（0.6%）であった。２）担任経験とケアの内容今年度、「自分が担任をしているクラスの中」に家族のケアをしていると感じた児童・生徒がいるか否かについては、「いる」と答えた者が123名（11.2%）、昨年度までに「自分が担任をしていたクラスの中」に「いた」と答えた者が302名（27.5%）であった。「最も印象に残る児童・生徒」については（508名回答）、ケアをしている相手は「きょうだい」が最も多く239名、次いで「母」が212名、「祖父母」が24名であった（複数回答）。家族構成は、「母親と子ども」が203名、「ふたり親と子ども」が178名、「父親と子ども」が25名などであった。子どもがケアをしている相手の状態は、「幼い」が196名と最も多く、次いで「精神疾患」が78名、「認知症」は4名であった。ケアの内容は（複数回答）、「家事（料理、掃除、洗濯など）」が最も多く275名、「きょうだいの世話」が268名などであった。自由記述には、外国籍の親の存在と通訳を担っている状況が多く記されていた。３）学校での支援状況　ヤングケアラーへの家庭を支援している人がいるか尋ねたところ、「いる」と回答したのが136名で親戚・近隣・ボランティアなどを挙げ、「いない」が65名、「わからない」が304名であった。また、その子どもの学校での生活にみられる影響は「欠席」「学力がふるわない」「遅刻」「宿題をしてこない」「忘れ物」などが挙げられた。　他の機関との連携があったか否かを尋ねたところ、「あった」と回答した者は176名であり、具体的な連携先は（157名回答）、児童相談所、民生委員、市などを挙げていた（自由記述）。

Conclusion: 調査の結果、ヤングケアラーは存在し、学校生活等への影響が生じていること、母親と子どもの家庭で多くみられることが、確認された。　第１に、母親と子どもの家庭が多い特徴があった。一人の親が生活を支えるために働き、家庭内の全ての役割も担う中で、高齢者や親自身がケアを要する場合、全て一人で担うことは難しくなる。ひとり親家庭の場合、経済的困難を抱えやすいことも指摘される。経済的困難があることは、家事・介護サービスなどの外部のサービスを利用することも難しくさせ、結果として、子どもがケア役割をとりやすい状況なっていると考えられる。　第2に、登校そのものや学業への影響が生じていることが明らかになった。このことは、将来的にヤングケアラーの不利につながりうる問題であるといえる。学校は様々な

支援を行っているが、教員が家庭に踏み入ることの難しさがある。教員組織だけで対応することの限界とともに、外部の組織、専門的機関との連携が課題として示された。第3に、存在率は少ないが、認知症の親や祖父母をケアしている小・中学生のヤングケアラーの存在も明らかになった。近年の若年性認知症や認知症の高齢者の増加を考えると、ヤングケアラーがケアをする認知症の人の数は決して多くなかった。教員の目からは子どもと同居する親やきょうだいの存在は様々な機会に確認できるが、介護や祖父母の問題は捉えにくいことも示唆された。ヤングケアラーの背景には、医療、福祉、低所得・貧困、外国につながる子どもの存在等の問題などが複数同時に存在していることもある。今後のヤングケアラーの支援には、住民参加型の多職種連携体制が重要である。具体的には、医療、福祉、教育等の専門組織、ボランティア組織が円滑に連携できる仕組みを地域に構築することが必要となる。

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Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-240

CAREGIVERS' EDUCATION DECREASES DEPRESSIVE SYMPTOMS AND BURDEN IN CAREGIVERS OF PATIENTS WITH DEMENTIA

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Introduction: We have been holding the caregiver classes performing "Caregivers'Education". Doctors, nurses and social workers are managing caregivers' education.

Objectives: We determined whether caregivers' education decrease depressive symptoms and burden in caregivers of patients with dementia, and we examined which factors associate with caregiver's depressive symptom.

Methods: Forty-seven outpatients with dementia attending in Memory clinic of Tokyo Medical University Hospital and their caregivers were enrolled. We compared the Center for Epidemiologic Studies Depression Scale (CES-D), Japanese version of the Zarit Burden Interview (J-ZBI) and Japanese version of the EuroQoL-5 Dimensions (EQ-5D) for caregivers, and Mini-Mental State examination (MMSE), Japanese version of Neuropsychiatry Inventory (NPI-J) and EQ-5D assessed by caregivers for patients at baseline and 3 months (3M) after caregivers' education (lecture for the symptoms and progression of dementia, the management of the symptoms, and the usage of social resources, etc.) . We investigated caregiver's situation by collecting the questionnaire.

Results: The CES-D and J-ZBI improved significantly at 3M. The prevalence rate of depressive symptoms for caregivers decreased from 37% to 17% at 3M. The NPI showed a tendency of decrease at 3M. No significant changes in EQ-5D were found for both caregivers and patients.

Conclusion: Our results suggest that caregivers' education improves depressive symptoms and burden in caregivers of patient with dementia, and shows a tendency of an improvement of behavior and psychological symptoms of dementia in patients.This program may provide a beneficial effect for dementia patients and their caregivers, thus it should be popularized in dementia care.

References: Sakurai H, Hanyu H, Terayama H, et al. Factors associated with the burden of caregivers of patients with dementia. Geriatr Gerontol Int 2015; 15: 384-385.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-239

FACTORS RELATED TO MENTAL HEALTH OF FAMILY MEMBERS IN DEMENTIA CARE

THE SIGNIFICANCE OF LIVING HOW ONE WANTS

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Introduction: In dementia care, there are so many difficulties to understand and interact with the person living with dementia for decline of cognitive functions or BPSD smoothly. Because there are family members in the stressful state, it is necessary to support the family members as well as person with dementia.

Objectives: In this study, factors related to mental health were investigated to consider the appropriate support to family members.

Methods: A questionnaire survey was conducted with family members that are caring person with dementia at home. Analysis objectives were 114 people (32 males, 82 females), and age average was 62.8±11.2 years. In this study, demographics and nursing environment, recognition about caring and about the self of the participants, the scores of WHO-Five Well-being Index (WHO-5-J) and the Erikson Psychosocial Stage Inventory (EPSI), the Zarit Caregiver Burden Interview (J_ZBI_8) were assessed. This study was approved by the ethics committee of Tezukayama University.

Results: The answer to the question “Do you live every day how you want?” was confirmed; “yes” was 40 people(35.1%) and “neither” was 44 people(38.6%), “no” was 30 people(26.3%). Scores of WHO-5-J (total), J_ZBI (total and Personal strain, Role strain), EPSI (total and 8 subscales) were compared between three groups (yes and neither, no) by ANOVA and Tukey HSD. Significant differences were indicated in total score of WHO-5-J and total score of J_ZBI_8, scores of Personal strain of J_ZBI_8 and Role strain of J_ZBI_8, total score of EPSI, 5 subscale scores of trust, autonomy, initiative, identity, generativity. In the group of “yes”, scores of WHO-5-J and EPSI were higher and scores of J_ZBI_8 were lower significantly than those in the group of “neither” or “no”. A lot of female of less than 65-years old can live every day how they want by chi-square test. No significant correlation with the recognition were indicated by the type of dementia and nursing care level, family structure, care experience, relationship with person with dementia, presence of work, but only much of a full-time worker was related. In daily nursing, there were a lot of people that having a person who help daily nursing” and that caring as one wish, that having intention to continue caregiving. Furthermore, people recognizing of self that I am what I am were greater than that of I am a caregiver.

Conclusion: In the support, it is important to consider the recognition about caring and about self as well as the age and the gender of the family members. In the nursing environment that the family members are able to live how one wants, it will be possible to improve the degree of mental health of family members and the possibility that continuing gentle nursing. (Acknowledgment: This work was supported by JSPS KAKENHI Grant Number JP15K04171. I deeply appreciate the support.)

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Care research and practice

Carer support and training

PO2-238

PARALLEL SUPPORT TO THE PATIENT IN EARLY-PHASE DEMENTIA AND FAMILY: IMPROVEMENT OF THEIR RELATIONSHIP

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Introduction: Dementia is known to aggravate the human relationship. Difficult relationship with the family often has developed by the time of the diagnosis of dementia, so have behavioral and psychological symptoms of dementia (BPSD). Thus, it is important to find the method to improve the factors which affect their relationship.

Objectives: This study aims to examine the effects of support to the family in parallel to the patient for improvement of their difficult relationships and QOL. The outcomes were reported as case study.

Methods: Two social workers visited 5 times and interviewed the patient and the family separately having difficulties with the patient diagnosed in our memory clinic. The needs of the patient and the family were assessed from the information gathered from the early visits and the support plans were created and implemented.

Results: Case 1: A woman with early-phase dementia suddenly developed alcohol abuse and was hospitalized. Family visits after release from hospital found husband initiate talking his life history and get resolution. Intake of alcohol kept stopped. A woman with early-phase dementia suddenly started to drink heavily. She was hospitalized for rehabilitation. Upon her release, two social workers' visits started. While the couple resisted in the beginning, the husband conducted to talk about his past life, hard life after the World War II. He softened his attitude, laughed more often and was able to accept his situation by the time the five visits ended. The patient did not admit her dementia. After the end of visits the husband started to accompany her clinic visits and the wife stopped drinking.

Case 2: A caregiver felt self-affirmation by being recognized her needs. A woman with age 72, who lived with her elder sister and her niece, became dementia after cerebral hemorrhage. Her elder sister with chronic illness complained about the patient self-neglect and about her "selfishness." The visit started to hear caregivers' frustration. It was suggested caregiving may not be her obligation and recommended to focus on care of her own health. Then, caregiving seemed lifted. The patient welcomed the support team, showed the willingness of health and social activities, then attended "exercise day"before the five visits ended.

Conclusion: In case 1, elderly caregiver have reached resolution of his anxiety and frustration through talking his life history. His heightened anxiety seemed to have affected his wife's alcohol abuse. In case 2, when the needs of caregivers got recognition from others (SWs), her distress seemed to be lifted.

In early-phase dementia, understanding the needs and QOL of caregivers is effective methods to reduce the tension between the patient and the caregivers.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-272

EXPLORING CAREGIVING COMPETENCE IN PRIMARY FAMILY CAREGIVERS OF ELDERS WITH DEMENTIA

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Introduction: Most elders with dementia have been living in community and taken care by family members. Therefore, it is relatively important to understand whether primary family caregivers are competent to take care of elders with dementia. In addition, caregivers' perspectives of their health status and attitudes toward caregiving affect their care quality.

Objectives: The purposes of this study were to explore the current situation of family caregiving competence and the relationship between elders with dementia and their primary family caregivers' characteristics, attitudes, self-perceived health status and caregiving competence.

Methods: The study was a cross-sectional and correlational study. Purposive sampling in outpatient departments of specialist hospitals in southern Taiwan was used with structured questionnaires to recruit 143 dyads of elders with dementia and their primary family caregivers.

Results: The findings showed that dementia specific medication taking, caregiver's education level, economic status, and social service usages have significant impact on caregiving competence. After controlling the demographic variables, self-perception of health and attitudes toward caregiving explained 7.8% of variance in caregiving competence totally

Conclusion: Future interventions focusing on caregivers' competence and related factors to improve dementia care quality at home are needed.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-246

CROSSING CULTURES IN DEMENTIA CARE: THE BULGARIA-UK EXPERIENCE

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Introduction: Gold standard practices in dementia care should apply across cultural and linguistic divides. However, different policy, infrastructure, social and economic systems can all interfere with adoption of models and the translation of practices from one country to another.

Objectives: We report our experience of collaboratively developing the first training in Bulgaria for staff in residential homes to provide specialized person-centered care to people living with dementia. The aim was to capture the principles of person-centred care and deliver them in a way that could realistically be applied within the staffing and healthcare system and policy landscape in Bulgaria.

Methods: The four-day programme (3 + 1 consolidation day 3 months later) was delivered to 19 people from across Bulgaria. The programme combined direct teaching, discussion of vignettes, group reflection and ‘peer learning’ combined with hands-on sessions in a residential home. The emphasis was on communication and problem-solving with the participants working on challenges in their current practice.

Participants completed two standardized questionnaires - Attitudes to Dementia (Brodaty, et al., 2003) and Work Satisfaction Survey (modified from Astrom, et al., 1991) - pre-and post-training to measure any changes in their behaviour. At the three-month follow-up, participants were asked to bring examples from their services or centres of how they had tried to put the training into practice and also to share any obstacles or difficulties they faced.

Results: The questionnaires confirmed that participants expressed similar attitudes and raised similar challenges as reported in other countries. Increased awareness of the functions of communication, practice in problem-solving and person-centred planning, inspired confidence in the participants, many of whom were care home managers, to make changes to teams and services.

Conclusion: Person-centred practice can be translated across cultural and linguistic borders. The training introduced the participants to new ways of thinking about their services and how they could best identify and meet the needs of their clients within existing resources. Typical staffing ratios were 1:18 or 20 and so the solutions generated focused on maximizing the human resource, by reducing unnecessary demands and improving communication to benefit staff and clients alike.

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Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-269

THE FIRST STUDY OF NURSING PRACTICES FOR THE DEMENTIA STAGE APPROACH

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Objectives: Aim This study aimed to elucidate how health-occupation who provide dementia treatment and nursing to elderly people and their families in various settings.
Methods 1. Research design : qualitative research 2. Institutions: Dementia related disease medical center (3), Long-term care health facility (2), Nursing home (2) 3. Participants: [Health-occupation] ;6 physicians, 12 nurses and 8 care workers. And 23 pairs of dementia people (mean age: 85.4 years) and their family members (mean age : 67.0 years).4. Data collection and analysis: Interviews were conducted with professionals, the dementia people and their family members. The interviews asked about "attending to care with dementia people and their family members" (health occupation), " wishing to help something" (dementia people), " to be troubled in caregiving" (family members). The interviews were transcribed on recording , summarized for each subjected to content analysis.
Results Throughout all stages of dementia, nurses and care workers "encouraged words and expressions " and "created a reassuring environment." For the severe case, nurses and care workers made an effort to "interpreting patients" thoughts from their expressions. Meanwhile, physicians formulated treatment strategies by "leisurely communicate with patients" , but in severe cases, switched their focus to "health management." Dementia people, however, "insisted that there were no problems," but showed emotional evolution through the initial stage of "uneasiness" in their belief that "it is best to be able to relax." Family members felt that "the person could accept was best," but were also plagued by unresolved thoughts such as "the emptiness from not being able to share memories."
Ⅳ**. Conclusions** The findings of this study suggest that professionals surrounding the patient must identify differences in the emotions of dementia peoples and their family members, and employ approaches to achieve the well-being both.

Disclosure of Interest: M. Takami Conflict with: Japan Society for the Promotion of Science, Y. Nakasuji: None Declared

Care research and practice

Carer support and training

PO2-244

EDUCATION AND PLACEMENT OF DEMENTIA COORDINATOR WHO SHARE A MISSION IN OMUTA CITY

Rumiko Otani*, Makoto Ryuen, Youko Egawa

Objectives: はじめに

九州の中央に位置する福岡県大牟田市は、かつては炭鉱で栄え、2014年に明治日本の近代文化遺産に登録された地方都市。急激な人口減少を背景に、超高齢社会を突き進んでいるこの町で、15年間にわたって取り組んできた「地域認知症ケアコミュニティ推進事業」、言わば大牟田版オレンジプランの実践の成果を紹介する。

大牟田市地域認知症ケアコミュニティ推進事業

2001年、大牟田市認知症ライフサポート研究会（以下、研究会）が発足。「大牟田方式」と呼ばれた地元の専門職と行政の協働による「地域認知症ケアコミュニティ推進事業」が2002年スタートした。この事業の目的は「認知症になっても、誰もが希望と尊厳をもって安心して暮らせるための支援と地域をつくること」である。全世帯の実態調査結果を基に、３つのミッション―①意識改革②認知症ケアの実践力の向上③地域づくりを掲げ、多種多様な認知症施策を展開してきた。中でも、認知症コーディネーターの育成や認知症の人が安心して外出できるまちづくりのためのＳＯＳネットワーク模擬訓練、独自に作成した認知症啓発の絵本を使った小中学生への出前教室等は、いずれも10年以上継続している取組で、全国のモデルとなっている。

ミッションを共有した核となる「認知症コーディネーター養成研修

目的は、認知症ケアの質と実践力の向上と地域づくりをけん引できる人材の育成である。2年間（約400時間）の研修期間で、認知症の知識や技術の習得のみならず、パーソンセンタードケアの醸成と認知症ケアの価値観の共有に力点を置いている。2006年より、市が地域密着型サービスの認知症グループホームや小規模多機能型居宅介護事業者に開設要件として受講を義務化し、急性期病院にも受講を推奨したことで、修了生が地域の認知症ケア拠点に多く配置され、年々医療現場の受講生が増加し急性期病院における認知症患者への対応力の向上につながっている。地域包括支援センターには完全配置となっており、まさに大牟田市における認知症支援の要となる人材であり、ネットワークの構築でもある。

成果

2013年の実態調査（修了生85名を対象とした）によると、約８０％の修了生が認知症ケアの向上、介護と医療の両面からの支援、多職種連携等の役割を果たしており、５０％が地域をフィールドにした地域活動に取り組んでいた。現在117名が修了し、うち２５％が、市の認知症施策の推進者の役割を果たしており、文字通り核となる人材として共通の価値観と支援のビジョンを持ち、地域全体で支える基盤となっている。また修了生間の連携により、急性期病院と介護サービス事業者間の認知症高齢者の早期退院支援、退院後の支援調整、行方不明リスクの高い認知症高齢者の支援体制などが図られるようになった。

おわりに

地域をフィールドに、共通の価値観とミッションを持ち、認知症支援のさまざまな場所に従事する認知症コーディネーター修了生が、継続して情報共有を図り、連携するために、今後もっと認知症コーディネーター修了生のネットワーク化を図っていきたい。

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-260

DECISION MAKING IN PEOPLE WITH DEMENTIA: A STUDY OF FAMILY CARERS IN SINGAPORE

Lay Ling Tan*

Introduction: As our population ages, an increasing number of people will be caring for our elderly with dementia. Decisions often have to be made on behalf of people with dementia (PWD) who lack capacity. Family carers report major barriers with many reporting distress in making such decisions.

Objectives: We aimed to identify common difficult decisions made by carers of PWD and the barriers to decision making.

Methods: Subjects referred to our memory clinics with a diagnosis of dementia and availability of a family carer were screened. Participants were included if they were diagnosed with dementia and has a family carer who is able to answer the interview questions. Face to face interviews were conducted within three months of the diagnosis of dementia. Interviews were digitally recorded and transcribed verbatim. We used thematic analysis for our qualitative analysis of data to identify themes and patterns with regards to the common difficult decisions made by carers and also to elucidate the barriers to decision-making.

Results: Fourteen carers participated in the study. Most carers agreed with the diagnosis of dementia (11/14) but only 3 out of 14 endorsed dementia as a terminal illness. About half of the carers will not discuss with their loved ones regarding possible decisions they may have to make in the future.

Main themes of difficult decisions included finances, freedom to go out, and entry into a nursing home. Most carers will not consider discussing artificial tube feeding, physical restraints, hospital admission and funeral arrangements. When prompted, most carers would state that they have no choice but to follow the doctors' recommendations. Only 1 carer is familiar with the concept of a living will. When asked what would make their role as decision maker easier, carers' focus was on help with regards to practical care of their loved ones.

Conclusion: Common difficult decisions identified were those related to end-of-life care in dementia. Family carers lacked confidence in deciding on behalf of their loved ones and would rely on the healthcare providers. There is a lack of understanding of dementia as a terminal illness and the urgency for discussions about such difficult decisions may not be seen as necessary. Facilitation of discussions regarding lasting power of attorney with PWD and their family carers may help with making these decisions in the future.

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Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-258

THE SIGNIFICANCE OF SELF-ASSESSMENT SHEETS IN FAMILY SUPPORT

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Introduction: The carers of people with dementia tend to feel uncertain about the future. However, if these carers were to obtain accurate information to help them clarify what they want in life, many carers could construct a lifestyle that incorporates long-term care.

Objectives: This study aims to investigate the significance of using self-assessment sheets that investigate the stance of carers toward long-term care (Yuhara et al., 2013) from the viewpoint of family support.

Methods: The significance of using self-assessment sheets was investigated from the following viewpoints.

Results: (1) The current position of family support in Japan's long-term care insurance system

Japan's long-term care insurance system supports the autonomy of people who require long-term care. The "Future Direction of Measures Against Dementia" states that the long-term care insurance system creates care plans and provides services including support for family and other carers. It is therefore important to have specific tools to create these care plans.

(2) Identifying the framework of assessments from the viewpoint of family support

Accurate assessments of the state of long-term care are necessary to support caregiving families. To achieve this, information needs to be gathered on the family's history leading up to long-term care as well as various other current situational factors including the state of the person with dementia, family relationships, and the family's willingness and ability to provide long-term care. This information can become more accurate when third-party assessments by specialists complement self-assessments by the caregiving family member or members themselves. Self-assessment sheets are thus necessary sources of information from the carer in family support.

(3) The relationship between self-assessment sheet questions and the framework of Twigg & Atkin's (1994) models of carer support

The questions in self-assessment sheets ask about the physical environment of long-term care, the carer's own ability and willingness to provide long-term care, and other factors. These questions are related to Twigg & Atkin's (1994) fourth model in their models of carer support. This fourth model perceives the carer not as a "carer," but as a person living in society. In answering a self-assessment sheet that includes questions associated with this way of thinking, carers reinterpret themselves and learn to appreciate themselves, which may allow them to realize what relationship they should have with long-term care.

Conclusion: In anticipation of further aging of the Japanese population, it is critical to support the family members who are supporting such elderly individuals. Self-assessment sheets could serve as a tool to help to support caregiving families in the society envisioned for the future.

Disclosure of Interest: None Declared

PO2-257

A MALE CAREGIVER’S UNDERSTANDING OF HIS INVOLVEMENT WITH MEDICAL SERVICES WHILE NURSING HIS WIFE WITH DEMENTIA: A CASE IN JAPAN

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Introduction: When nursing a person with dementia at home, there are many chances to get involved with medical services. Compared to female caregivers, male caregivers tend to be less skilled at using discussions with the people around them as a coping behavior in their daily nursing. Their involvement with medical services is notably different in situations where there is a medical problem, such as sudden changes in the condition of care receiver. There is the possibility that the family caregivers are not satisfied with situations in which prejudice and discrimination against the dementia symptoms are exhibited by medical personnel.

Objectives: This study focuses on a male caregiver who is providing nursing care to his wife and it seeks to clarify his understanding of his involvement with medical services.

Methods: As the method of research, a semi-structured interview was conducted based on the interview guidelines prepared beforehand. The content of the interview was recorded on an IC recorder, which was then transcribed verbatim. The data was used as the basic data for the analysis. As the method of analysis, typification was conducted using the content analysis method, and after coding and making subcategories, which were then generated into categories with a higher abstraction level through repetitive modifications. Throughout the process of categorization, supervision by specialists in nursing science and qualitative research was provided on a regular basis.

Results: His understanding was that by making complaints to the hospital he could run the risk of his family not being able to receive sufficient medical services from that hospital, therefore he had to be careful when talking to a doctor. Neither medical nor welfare services would get proactively involved if the symptoms unique to dementia were present. However, if he learned how, there were ways to utilize them effectively, and daycare at a nursing home could provide good enough healthcare. Currently, he recognizes that if the pharmacological treatment is going well, it should be possible for him to continue providing the nursing care.

Conclusion: The male caregiver used to perceive his involvement with medical services as something negative, whether it be from the fact that making complaints to hospital was taboo or from the unwillingness of both medical and welfare services to get involved when the symptoms unique to dementia were present. However, by acquiring knowledge, he has come to understand that there is a way to utilize those services and it is possible for him to continue his nursing life while providing sufficient health care.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-259

NURSE AIDES' PERSPECTIVES OF PHYSICAL AGGRESSIVE BEHAVIOR OF PERSON WITH DEMENTIA IN LONG TERM CARE FACILITIES: A Q METHODOLOGY APPROACH

Su-Fei Huang*, Bow-Yin Wang, Kuei-Ying Hsu

Introduction: The nurse aides are the pillars of the long term care facilities, but they are often attacked by the persons with dementia during the caring process. To understand the attitude and idea of them when they are attacked will help the development and promotion program for their mental and physical health.

Objectives: The purpose of this research is to use Q method to investigate the nurse aides who have the experiences to be attacked in the long term care facilities, and to understand their views for the physical aggressive behavior of the persons with dementia.

Methods: The Q method was applied to investigate the perspectives of 42 nurse aides in long term care facilities in Northern Taiwan. Data was collected from June-September 2016. A series of Q-sorts were performed by the participants to rank 40 statements into a normal distribution Q-sort grid. The Q-sorts were subjected to factor analysis by using PQMethod software Version2.35. Factors were extracted using principle component analysis with a Varimax rotation. A combination of eigenvalues and scree plot were employed to determine the number of retained factor.

Results: Four factors retained in the final model accounted for 55% of the total variances: (1) Precautionary model: Pay attention for the inducements to evoke the physical aggressive behavior of residents, and never mind whether anyone provides concern after being attacked. (2)Comfort-valuing model: Pay attention for the concern and sympathy from the supervisor after being attacked, and never think the physical aggressive behavior can be prevented in advance. (3)Self-encouraging model: Pay attention for the self-awareness and attitude adjustment, never support to adopt the constraint and adjustment measures of medicine to cope with the physical aggressive behavior. (4)Team tacit model: Pay attention for the tacit and support when dealing the physical aggressive behavior, never mind the support and encouragement from family after being attacked. These four models never consider the possibility of changing job after being attacked.

Conclusion: When dealing the attack incident of persons with Dementia to the nurse aides, suggest the facility managers to provide the proper assisting program by different views at first timing. In addition, he also needs to plan the tailor-made on-job training programs, to facilitate the resilience of nurse aides and enhance the job satisfaction.

Disclosure of Interest: None Declared

PO2-253

FACTORS THAT INFLUENCE FAMILY RESILIENCE WHEN CARING AND SUPPORTING A PERSON WITH DEMENTIA.

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Introduction: People with dementia living in the community receive care and support from their family. In the last decade a sharp incline in the provision of care by families has occurred, which is predicted to continue due to increasing prevalence of dementia (White 2013). The provision of care by families impacts on their physical, psychological, social and financial status. Resilience relates to successful adaptation when faced with stressful life experiences, enabling individuals to positively cope in these situations. Low resilience amongst family carers of people with dementia can result in increased stress, a higher risk of depression and reduced quality of life (Springate & Tremont 2014). It is important for healthcare professionals to provide help, advice and supportive services which may contribute to the development of resilience amongst family carers for people with dementia.

Objectives: To understand the factors that may contribute to the development of family caregivers' resilience.

Methods: A comprehensive literature review to identify factors that influence family caregivers' resilience when caring and supporting someone with dementia. Electronic databases: ESBSCO host, CINHAL, OVID, PsychINFO, EMBASE and Science Direct were searched for English literature published between January 2006 and December 2015.

Results: Nine papers were identified, six of which were quantitative, two qualitative and one mixed methodology, studies were completed in USA (n=4), Canada (n=1), Australia (n=1), England (n=1), and South Africa (n=1). Sample size ranged from 30-1979 for quantitative and 9-20 for qualitative studies. Factors influencing family resilience were identified, however due to considerable differences between samples, data collection methods and operational definitions of resilience there were numerous independent findings. Synthesis of findings and a comprehensive understanding of resilience in this population was difficult to attain. Findings need to be interpreted with caution due to methodological limitations.

Conclusion: Despite these limitations, findings from these papers will be presented together with recommendations for future practice and research, which will include the development of services to support resilience, and the need for qualitative studies to develop a universal concept of resilience in family carers of people with dementia that can underpin further research utilizing robust quantitative designs.

References: Springate B, Tremont G (2014) Dimensions of caregiver burden in dementia: Impact of demographic, mood and care recipient variables. *Am J Geriatr Psychiatry* 22(3):294-300.

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Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-276

RELATIONSHIP BETWEEN PHYSICAL ACTIVITY, GENERAL HEALTH AND BURDEN OF DEMENTIA CAREGIVERS

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Introduction: A dementia diagnosis is an important event for the person diagnosed and also his/her family and care partner. Many studies report that dementia diagnosis has a greater impact on family caregivers than patients (Pinquat & Sorensen, 2007, Etters et al., 2008, Dassell & Carr, 2016). Physical activity has been identified as one of the best approaches for improving physical and mental health of caregivers (US Health & Human Services, 2008). A better understanding of the factors that keep caregivers from being physically active is crucial for developing interventions to alleviate their burden. We hypothesized that caregivers have fewer physical activities compared to non caregivers.

Objectives: The present study aims to a) describe the physical activity, general health and burden of dementia caregivers and b) examine the factors associated with lower physical activity.

Methods: Participants were recruited from caregivers of patients participating in a Day Care Center. After informed consent was obtained, participants' demographic characteristics were recorded. Caregiver's burden was measured by using the Greek version of the validated Zarit Burden Interview (ZBI) questionnaire. The Pase (Physical Activity Scale for the elderly) was used to evaluate physical activity and the GHQ-28 (General Health Questionnaire) to investigate General Health. The NPI – Q (Neuropsychiatric Inventory – Questionnaire) was administered to provide a brief assessment of neuropsychiatric symptomatology of people with dementia over the previous months. Data were analyzed using IBM SPSS 21. Descriptive statistics and correlations were used.

Results: Correlations were searched between physical activity, general health, and impact of caring and neuropsychiatric manifestations.

Conclusion: The study focuses on complex factors that affect caregiving responsibilities and caregivers overall health. The results may help health professionals to design more effective intervention programmes for caregivers.

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Etters L., Goodall D., Harrison B., E. (2008). Caregivers burden among dementia patient caregivers: a review of the literature. *Journal of American Association of Nurse Practitioners*, 20 (8): 423-8.

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Disclosure of Interest: None Declared


Care research and practice

Carer support and training

PO2-263

EVERYDAY COMPETENCE IN DEMENTIA: APPROACHES BY SPOUSAL CAREGIVERS

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Introduction: Few studies on dementia caregiving have engaged with the concept of *diminished everyday competence* even though this is a concept that has been proven to be a valuable analytical tool from which sense can be made when living with a chronic disease.

Objectives: This presentation sheds light on how spousal caregivers to people with dementia regard their partners' *diminished everyday competence* and the coping strategies they use to handle the fact that this is a given in their lives and will continue to be so for years to come.

Methods: The project upon which this presentation is based aimed to shed light on the understandings and experiences of those living with dementia, their next of kin, as well as their formal caregivers. In total, 67 people were interviewed (28 persons with dementia, 30 next of kin and 9 formal caregivers) including 24 couples. All spouses ranged in age between 60-80 years (12 wives and 10 husbands). The persons with dementia included in this project were in different stages of the disease and had different levels of support from their families and/or the formal care system. The qualitative analysis performed for this presentation focuses on the 22 couples who talked about *diminished everyday competence* at length during the course of their interviews.

Results: The analysis shows that most couples deemed *diminished everyday competence* to be given when one is living with dementia. As such, they took for granted that the future would entail the continuation and augmentation of *diminished everyday competence*. Despite of this, most of them seemed optimistic about the future. Worth noting is also that the spousal caregivers interviewed approached *diminished every day competence* differently; some acknowledged it in an egocentric way (i.e. regarding it as something that affected them mostly) while others regard it in a couple-centred way (i.e. regarding it as something that affected the couple-unit). The different approaches divulged came hand in hand with specific coping strategies (i.e. taking over, letting go, letting the person with dementia play an active part and letting others take over).

Conclusion: The findings suggest that the resilience of spousal caregivers is affected by the ways in which they regard *diminished everyday competence* and the coping strategies they settle on to handle the fact that their partners' *everyday competence* will continue to be diminished as time passes.

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Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-261

CURRENT SITUATION OF AND PROBLEMS WITH ELDERLY PATIENTS' ABILITIES DURING HOME RECUPERATION IN JAPAN

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Introduction: Nursing practice that makes the best use of elderly patients' abilities is sought in Japan's community-based integrated care system.

Objectives: This study aimed to qualitatively elucidate the current situation of and problems with elderly patients' abilities during home recuperation, as recognized by outpatient nurses.

Methods: Three hospitals that had been in operation for more than five years agreed to participate in this study. An interview survey was administered to two outpatient nurses selected from each hospital by its executives (a total of six nurses). The interview was recorded using an integrated circuit recorder, and the recorded interview was then transcribed verbatim after obtaining the consent of each nurse. The obtained data were analyzed using qualitative induction.

Ethical considerations: We asked the Nursing Department chief at each hospital to participate in this study both orally and in writing and obtained written consent from each hospital. We also asked the nurses to participate in this study both orally and in writing and obtained written consent from each nurse. We explained the purpose and methods of the present study. We also explained that participation in this study was optional, that the nurses would incur no advantages in their business even if they declined to participate in this study, and that the results obtained in this study would be published in academic journals or similar publications. The present study was approved by the Medical Review Board of Gifu University Graduate School of Medicine No.28-64 .

Results: Nurses were all female, with an average age of 47.3±5.0 years. Five categories were extracted: (i) Understanding the abilities of outpatients, (ii) A method of using the abilities of outpatients, (iii) Difficulty in understanding the abilities of outpatients., (iv) Difficulty in using the abilities of outpatients., and (v) Conditions necessary to continue home recuperation.

Conclusion: It was suggested that it is important to understand the abilities of elderly patients using various information during outpatient examination.

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Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-243

ME AND MY NAN AGAINST THE WORLD

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Objectives: Just me, a 17 year old boy and my Nan with no understanding of mental illness, no knowledge of dementia, no support from the appointed social carers, no outreach or advice on how to care for someone, just pure trial and error on a daily basis to survive each day as it came.

I was just starting college, a new beginning for me when my Nan was officially diagnosed with dementia, but we had all guessed for a very long time. I was home whilst my parents were at work and my siblings at school, when Nan would knock on the door or phone. Nan wanted to be anywhere but her beautiful bungalow, but immediately became distressed as she did not want to be here either. I didn't complete college that year.

The aim of this presentation is the sharing of poetry and lyrics, which have been written through my experience as a young adult, to raise awareness of the support teenagers may need when a relative is diagnosed with dementia, who may often become an unrecognised/unseen carer. However, more importantly to connect to the younger generation through other forms of media and raise awareness and understanding of the impact of dementia to remove the fear and stigma, but also how the younger generation can positively support a person living with dementia and their family.

Below are two extract of one of my poems:

"You was my hero
That's why I stayed by your side
You didn't understand but I always tried
I lent my hand and I always cried
It never went to plan
You didn't know I called you Nan
That's the thing with dementia
Others just bury their head in the sand
The tension constantly grew
Didn't know what I was supposed to do
But please just remember that I'll always love you."

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-242

A UNIQUE TELEPHONE SUPPORT SYSTEM FOR DEMENTIA PATIENTS AND THEIR CAREGIVERS MANAGED IN JAPAN (OKAYAMA DEMENTIA CALL CENTER, ODCC)

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Objectives: Aim: Despite a rapidly increasing prevalence of dementia, social support systems for dementia patients and their caregivers are insufficient. To investigate a unique telephone support system for dementia patients and their caregivers managed by a local public association, the "Okayama Dementia Call Center (ODCC)".

Methods: A total of 1,485 phone calls were retrospectively surveyed over 4 years (from June 2011 to May 2014) and were divided into four annual periods.

Results: The average consulting time of each of the 1,485 phone calls was 20.2 ± 14.7 min. The proportion of individuals who called twice or more, and thus talked longer, increased significantly from period 2 to 4 (7.7-51.9%). The chief complaint was distress related to dementia symptoms (48.3-65.0%), mainly from the children (66.7%) and spouses (17.5%) of dementia patients. Providing advice decreased (66.1 to 47.7%) as listening time increased (22.7 to 46.1%).

Conclusions: The present unique telephone call system (ODCC) may supplement an insufficient social support, and may play an important role in the community care system, enabling people with dementia to live comfortably in their local community.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-273

THE EFFECTS OF TELECARE FOR ELDER WITH DEMENTIA AND FAMILY CAREGIVERS

Shulin Uei*, Hsiatzu Kao

Introduction: Family caregivers live with dementia relative have a lot of impacts special for dealing with Behavioral and Psychological Symptoms of Dementia (BPSD).

Objectives: The purpose of this study was to compare the effects of telecare intervention for dementia elders with BPSD and family caregivers' distress and confidence when managing symptoms.

Methods: A quasi-experimental design and a purposive sampling approach with 40 pairs of person with dementia and primary family caregivers from neurology and psychiatric out-patient department in each of the experimental and control groups. The experimental group received telecare that include tele-education and tele-consultation for changed behaviors or difficult BPSD management of the family cares for 12 weeks by nursing care manager, while the control group only received routine outpatient services. Both groups received a pre-test as well as two waves of post-test in 12 and 24 weeks, respectively. Descriptive and inferential statistics were used in this research. Functional status and 28 items of frequency of BPSD scale was modified from Baumgarten et al (1990) and used in assessing of cases with dementia. Chinese Version of the Zarit's Burden Interview (CZBI) and BPSD self-efficacy scale were conducted to evaluate distress and confidence level for BPSD Management of family caregivers. The primary family caregivers were asked to self-report the BPSD frequency of cases and rated personal level of distress and confidence for each item. The items were rated on a Likert-type scale, from 1–5: 1 = never, 2 = seldom, 3 = sometimes, 4 = often, 5 = always. And the rate of admission in long-term care institutions of person with dementia also served as an indicator for evaluating the effects of telecare interventions.

Table:

Variables	Time 1 Pre-test (0 week) Mean(SD)	Time 2 Post-test (1) (12 weeks) Mean(SD)	Time 3 Post-test(2) (24 weeks) Mean(SD)	Group * Time p value	Time difference p value	Group difference p value
CZBI				0.056	0.621	0.036*
E (n=40)	34.7(14.4)	32.2(10.8)	31.8(12.1)			
C(n=40)	40.1(15.2)	37.9(15.2)	38.6(12.5)			
BPSD Self-efficacy Score				0.072	0.212	0.014*
E (n=40)	53.1(31.4)	55.9(21.8)	58.0(20.0)			
C (n=40)	45.5(21.3)	46.0(20.0)	47.6(19.6)			

Note: E=Experimental group C=Control group. *p < .05, **p < .01

Results: The results revealed that the experimental group has higher self-efficacy in BPSD management (p < .05) and less distress compared to control group family members (p < .05) as Table. However, family caregiver's confidence level in BPSD management was significantly associated with caregiver's distress (p < .001). But no significantly differences were found in frequency of cases with BPSD and functional status, and the rate of admission in long-term care institutions.

Conclusion: The evidence of this research revealed that instant telecare service by nursing care manager could enhance family caregiver's self-efficacy when managing BPSD and reduce the distress.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-262

THE INFLUENCE OF THE HEALTH CONDITION OF THE CAREGIVER THE CARE ENVIRONMENT AND THE PROGNOSIS OF PATIENTS WITH ALZHEIMER'S DISEASE.

Miyuki Matsumura*

Introduction: The caregiver has a strong influence on the quality of dementia care; therefore, healthcare professionals acknowledge the importance of providing mental support to caregivers.

I examined that the influence of the caregiver's health on the prognosis of the dementia patient.

Objectives: Subjects were 23 patients with AD, with a Clinical Dementia Rating (CDR) of 3. Further, 12 of these patients lived at home (HL group) and 11 of them lived at a nursing home (NH group). The participants' age, years of education and disease period corresponded between the two groups.

Methods: I evaluated the patients' functions using MMSE, MENFIS, DAD, Digit Span Test and Trail Making Test.

I compared the two groups in terms of number of caregivers, sex, and whether they used the day service.

In the NH group, I also examined the reason for admission into the nursing home.

Results: Six patients with AD were admitted to the nursing home because their caregiver died or fell sick; the other five entered the nursing home because of caregiver burden.

Two of the participants died about six months after admission into the nursing home.

The average number of caregivers was less than one in the NH group, and two or more in the HL group.

Day services were utilized more in the NH group (n = 8) than the HL group (n = 1).

The mean MENFIS score of the HL group was 2±1, which was significantly lower than that of the NH group 3±2.

Conclusion: This study revealed that more than half of the AD patients entered the nursing home because of the illness or death of their caregivers.

This indicates that it is extremely important to manage the health of the caregivers in order to ensure that patients with AD live at home for long.

Doctors, nurses, and other healthcare staff should also focus on the health of the caregiver during the course of treatment of dementia.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-249

CARER ASSESSMENT SHEET AND UNDERSTANDING CHART FOR CARERS
- ASSESSMENT TOOLS FOR UNDERSTANDING CARERS, DEVELOPED BY CARE MANAGERS -

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Introduction: 日本においては2000年4月に要介護者を社会全体で支えるしくみとなる介護保険制度が開始され、ケアマネジャーがマネジメント業務を行っている。しかしケアマネジャーは利用者だけでなく、介護者との関係づくりに悩むことが多く、介護者からも「ケアマネジャーが自分たちのことをわかってくれない」と不満の声がでることがある。

Objectives: 本研究では、認知症の方を介護する中で戸惑いや混乱が表れやすい介護者をアセスメントするツールの開発を目的とする。

Methods: 2011年11月に経験年数5年以上の現役のケアマネジャー5名が集まり、認知症の人と家族の会愛知県支部の中に介護者に焦点を当てた「ケアラーマネジメント勉強会（以後勉強会）」を発足させた。この際、ケアマネジャー歴10年且つソーシャルワーク経験があるケアマネジャーが中心となって試作の「介護者の理解と支援のためのアセスメントシート（以後シート）」を作成した。その後、「シート」を活用して2011年11月～2016年4月の期間で48件の認知症の介護者の事例検討を行い、改良を重ねた。

この勉強会での事例の蓄積と勉強会参加者（現在10名）の1000件を超える認知症担当経験をもとに、介護者の傾向を表にして「介護者を理解するための早わかり表（以後「早わかり表」」とした。この表も事例検討のつど内容の確認を行い、参加メンバーの意見を加えて洗練させた。

Results: 「シート」は、事前の準備なしで事例検討会のその場で記載できる簡易なシートとなった。利用者の基本情報、介護者の基本情報だけでなく、介護者の仕事の有無や協力者の有無、健康状態といった項目に、介護者の趣味やしたいこと、介護者が介護を通してたどる心理的ステップ（第1ステップとまどい・驚愕・否定、第2ステップ混乱・怒り・抑うつ、第3ステップあきらめ・開き直り・適応、第4ステップ理解、第5ステップ受容）、置かれている立場、弱み、強み、介護者への支援方法、支援した結果などを1枚のシートに記載できるのが特徴である。

「早わかり表」は、認知症の介護者の中でも心理的ステップの第1ステップと第2ステップの介護者を立場別（娘、息子、妻、夫、嫁（子の妻））に分けてその傾向をまとめ、各立場におけるケアマネジャーの関わり方のポイントを一目でみてわかる表とした。例えば、第2ステップの娘が親を介護している場合、感情的になって強い口調で親を責めてしまう傾向があり、この時期の娘に対するケアマネジャーの関わり方のポイントは話を傾聴して、認知症の上手い対応方法を押し付けないことである。このように、各立場別介護者との関わり方を記載して支援の参考となるようにした。

Conclusion: ケアマネジャーらによる認知症介護者の事例検討や経験知により、介護者を理解するためのアセスメントツールとして「シート」と「早わかり表」を作成し、洗練させた。

これらを活用した勉強会の参加メンバーからは多くの気づきの声があり、アセスメントツールが介護者との関係づくりに悩むケアマネジャーにとって役立つことが確認できている。

今後はさらに、ケアマネジャーがこのツールを活用して介護者支援を行った結果についても検証していきたい。

References: 公益社団法人認知症の人と家族の会愛知県支部：介護家族をささえる－認知症家族会の取り組みに学ぶ　中央法規出版（2012）

Disclosure of Interest: None Declared

"Your mind started to deteriorate
This world is so cruel
My body constantly filled with hate
Your husband is already gone
He wasn't my mate, we never got along
But I'm sculptured to him as if it was fate
I was there every step of the way
But you wasn't the same person I knew
When it was your time to lay
Never got no sleep all I did was pray
Just wishing for a better day
Begging you to say my name
Waste of a beautiful mind it's such a shame
My mum told me things were gonna start to change
I prayed to god that things would stay the same
But I boy to a man in a day I became."

Care research and practice

Carer support and training

PO2-274

CURRENT SITUATION OF AND PROBLEMS WITH ELDERLY PATIENTS WITH DEMENTIA HOME RECUPERATION IN JAPAN

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Introduction: Seamless care for elderly dementia patients is required to continue necessary medical treatment in Japan's community-based integrated care system.

Objectives: This study aimed to qualitatively elucidate the current situation of and problems with elderly patients with dementia home recuperation as recognized by outpatient nurses.

Methods: Three hospitals that had been in operation for more than five years agreed to participate in this study. An interview survey was administered to two outpatient nurses selected from each hospital by its executives (a total of six nurses). The interview was recorded using an integrated circuit recorder, and the recorded interview was then transcribed verbatim after obtaining the consent of each nurse. The obtained data were analyzed using qualitative induction.

Ethical considerations: We asked the Nursing Department chief at each hospital to participate in this study both orally and in writing and obtained written consent from each hospital. We also asked the nurses to participate in this study both orally and in writing and obtained written consent from each nurse. We explained the purpose and methods of the present study. We also explained that participation in this study was optional, that the nurses would incur no advantages in their business even if they declined to participate in this study, and that the results obtained in this study would be published in academic journals or similar publications. The present study was approved by the Medical Review Board of Gifu University Graduate School of Medicine（No.28-64）.

Table:

Results: Nurses were all female, with an average age of 47.3±5.0 years. Regarding the current situation of and problems with seamless care for elderly patients with dementia home recuperation, six categories were extracted: (i) the practice of seamless care through multi-occupational description cooperation in the community, (ii) the role of an outpatient nurse according to the cognitive capacity of a patient, (iii) home recuperation, (iv) care after recognizing dementia, (v) improvement in dementia care skills as a professional, and (vi) the circumstances of a patient's family.

Conclusion: To continue home recuperation, seamless care for elderly patients with dementia through medical treatment and support for patients' everyday life is required.This study was partially supported by Grants-in-Aid for Scientific Research (KAKENHI) from Japan's Ministry of Education, Culture, Sports, Science and Technology.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-252

INTERVENTIONS, COSTS AND OUTCOMES OF A STAFF TRAINING PROGRAMME IN MEXICO: PRELIMINARY FINDINGS OF A FIRST NATIONAL STUDY.

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Introduction: Mexico is developing a National Dementia Strategy Plan (1). One of its aims is to improve the quality of life of people affected by dementia in long-term care. UK-based studies have identified staff training as psychosocial intervention to decrease depression and behavioural problems in patients in residential and nursing homes (2, 3).

Objectives: This study aims to develop a staff training package called PROCUIDA-Demencia and to explore a set of interventions to promote psychosocial activities and optimise prescription of antipsychotic medication. In addition we aim to better results in staff measures to improve their well-being.

Methods: A group-randomised controlled mixed methods feasibility study with two arms: staff training with PROCUIDA-Demencia vs. Treatment as Usual (TAU) in eight care homes in urban Mexico.

Results: We will present preliminary analysis of the feasibility of PROCUIDA-Demencia model. We predict that measures will be sensitive in detecting changes in both residents and staff. We will learn about the support required for the intervention.

Conclusion: This study's design will provide an outline for a larger Randomised Control Trial. If effective, PROCUIDA-Demencia Staff Training Model could be introduced as an easy-to-use set of therapies that benefit cognition, behaviour, mood and quality of life in individuals with dementia, and therefore also positively impacting staff working in care homes across Mexico.

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Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-265

THE CURRENT SITUATION OF AND PROBLEMS WITH THE ABILITIES OF ELDERLY RESIDENTS IN LONG-TERM CARE HEALTH FACILITIES IN JAPAN

Miyuki Watanabe*, Kanako Ogiso, Sayuri Toida

Introduction: Care practices that greatly utilize the abilities of elderly residents in long-term care health facilities are necessary for achieving seamless care in Japan's community-based integrated care system.

Objectives: This study aimed to qualitatively elucidate the current situation of and problems with the abilities of elderly residents in long-term care health facilities.

Methods: Three Long-Term Care Health Facilities that had been in operation for more than five years agreed to participate in this study. An interview survey was administered to two nurses selected from each facility by its executives (a total of six nurses). The interview was recorded using an integrated circuit recorder, and the recorded interview was then transcribed verbatim after obtaining the consent of each nurse. The obtained data were analyzed using qualitative induction.

Ethical considerations: We asked the Nursing Department chief at each facility to participate in this study both orally and in writing and obtained written consent from each facility. We also asked the nurses to participate in this study both orally and in writing and obtained written consent from each nurse. We explained the purpose and methods of the present study. We also explained that participation in this study was optional, that the nurses would incur no advantages in their business even if they declined to participate in this study, and that the results obtained in this study would be published in academic journals or similar publications. The present study was approved by the Medical Review Board of Gifu University Graduate School of Medicine（No.28-64）.

Results: Nurses were all female, with an average age of 52.2 ± 5.9 years. The following five categories of abilities of elderly residents were extracted: (i) accepting support from others, (ii) executing their will and ideas, (iii) expressing their will and ideas, (iv) maintaining a relationship with their families, and (v) living with their diseases.

Conclusion: For care practice that supports elderly residents in long-term care health facilities, it is essential to understand the current situation of the abilities of elderly residents. This study was partially supported by Grants-in-Aid for Scientific Research (KAKENHI) from Japan's Ministry of Education, Culture, Sports, Science and Technology.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-277

MOTIVATIONS TO ESTABLISH A COMMUNITY FOR FAMILY CAREGIVERS IN THE PRIME OF LIFE

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Introduction: 東アジア諸国の多くは高齢者の介護を家族が担う傾向が強い。特に日本の家族は絆を重要視し、介護を担う割合は同居家族が61.6%と最も高い[1]。その約3割が働き盛り世代である。国は継続就業を促進しているが、介護休業や休暇を取得した割合は2〜3%であり、介護を理由に離転職した60歳以下の者は5年間で26万9千人と推計されている[2]。これらから、働き盛り世代が安心して仕事と介護を両立できる体制が整っているとはいえない。コミュニティによる支援が介護負担軽減に有効であることが報告されている[3]が、働き盛り世代の家族介護者を対象とした報告はほとんどない。

Objectives: 本研究の目的は、家族介護者のためのコミュニティに対する働き盛り世代のニーズの特徴を高齢者との比較から明らかにすることである。

Methods: １）研究デザイン：自記式質問紙調査２）対象：商業施設で開催された健康と介護に関する集会に参加した一般市民206名３）調査期間：2016年8月〜10月 ４）調査項目：基本属性、「家族の会や介護者の会」に対する認知度、参加・継続の有無、会の形態や内容に関するニーズ ５）分析方法：20歳以上64歳以下を働き盛り群、65歳以上を高齢者群とし単純集計を行った後、関連する項目についてクロス集計を行った。会の内容に関するニーズについてはカテゴリー化を行った。６）倫理的配慮：福岡大学医の倫理委員会の承認を受けた。

Results: 1)対象者の属性：対象者206名において回答に著しく不備があったものを除外した者を、有効回答数とした。有効回答数134名(65%)において、全体の平均年齢は64.7歳(30〜89歳)で、男性51名(38.1%)、女性82名(61.2%)であった。働き盛り群の平均年齢は53.8歳、高齢者群の平均年齢は72.5歳であった。働き盛り群の有職者は42名(75%)で、うち常勤が27名(48.2%)であった。高齢者群の有職者は20名(25.6%)で、うち常勤が8名(10.3%)であった。2)家族の会や介護者の会(1)認知度：働き盛り群で会を知っている者は14名(25%)で、高齢者群は34名(43.6%)であった。(2)参加の有無：参加したことがある者は、働き盛り群2名(3.6%)で、高齢者群8名(10.3%)であった。参加したことがない理由は「会の存在を知らない3名」「仕事の関係で行けない1名」などであった。(3)参加継続の有無：参加を継続している者は、働き盛り群1名(1.8%)、高齢者群6名(7.7%)であった。継続していない理由は「他の参加者に良い感情をもってもらっていないと感じた1名」などであった。3)会の形態・内容に関するニーズ（複数回答）(1)開催曜日：働き盛り群は日曜日が21名(37.5%)、高齢者群では平日が19名(24.4%)で最も多かった。その他には「参加する時間がない1名」などがあった。(2)開催時間帯：働き盛り群は午前中が16名(28.5%)、高齢者群も午前中21名(26.9%)で最も多かった。(3)開催頻度：働き盛り群は月に1回が10名(17.9%)、高齢者群も月に1回が16名(20.5%)で最も多かった。高齢者群は働き盛り群に比べて、週に1回の希望が多かった（14名：17.9%)。(4)開催場所：働き盛り群は家の近所が25名(44.6%)で半数近くを占めていた。高齢者群は家の近く30名(38.5%)、繁華街8名(10.3%)であった。その他では働き盛り群が「パーキングが欲しい1名」、高齢者群が「ショッピングセンター内1名」「交通の利便性1名」などであった。(5)参加者：働き盛り群は家族のみが3名(5.4%)であるのに対し、医療・福祉関係者の参加を希望する者が37名(66.1%)と半数以上を占めていた。一方、高齢者群は家族のみが11名(14.1%)で、医療・福祉関係者も参加を希望する者が33名(42.3%)と半数に満たなかった。その他では「多くの職種1名」などがあった。(6)内容に対するニーズ：【医療や介護保険・サービスに関する情報提供】【自身の老後の生活に関すること】【話しやすい雰囲気】【気軽に相談できる安楽な場の設定】が抽出された。

Conclusion: 働き盛り世代の家族の会に対する認知度は高齢者に比べて低く、介護に関する情報が不足している可能性が考えられた。働き盛り世代は、週末に自宅近くのパーキングを有する場所での開催を希望していることが推察された。また、医療・福祉関係者の参加を希望する傾向があったことから、高齢者に比べて、家族の会を専門的知識や情報の収集や相談の場としてとらえている可能性が考えられた。今後は対象者数を増やし、統計学的検討を行う予定である。謝辞：本研究は、杉浦地域医療振興助成による「高齢者と介護者を地域のシステムに繋ぐプロジェクトー産官学共同の取り組みー」の一貫である。共催頂きました福岡市、イオン九州株式会社に心からお礼申し上げます。

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Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-235

FACTORS THAT AFFECT DEPRESSION IN FAMILY CAREGIVERS

Junko Hoshino*, Yoko Hori, Ritsuko Shimizu, Takaaki Kondo, Koji Tamakoshi, Hisataka Sakakibara

Introduction: Family caregivers who care for people in need of nursing care at home are known to be prone to caregiver depression resulting from the sense of care burden, fatigue, or their own health condition. In particular, they are supposedly prone to caregiver depression when people in need of nursing care take actions problematic to family members and those around.

Objectives: The purpose of this study is to clarify factors that affect the depressive state of family caregivers based on the six-year follow-up survey.

Methods: Subjects included 23 family caregivers (caregiver group) who care for people in need of nursing care and take actions problematic to family members or those around. The control group included 46 residents of K City who went to medical checkup and whose genders and ages by 10-year age group were matched at the proportion of 1:2. A self-administered questionnaire survey, etc. was used as a survey method to ask about their health condition and nursing care status. Factors such as the number of family members living in the same household, employment status, presence or absence of stress, level of subjective health condition, sleep disorder (Pittsburgh Sleep Quality Index), chronic fatigue, and depressive state in six years were reviewed. The study was approved by Ethics Committee of Nagoya University School of Medicine.

Results: The proportion of those in the depressive state ("people in the depressive state") was 39.1% for the caregiver group and 19.6% for the control group, suggesting the tendency of significant difference. The proportion of those complaining stress was high for the people in the depressive state in comparison with people in the non-depressive state, and the proportion of people who answered "not healthy" in the subjective health condition was significantly high. Furthermore, the average score and standard deviation of sleep quality in Pittsburgh Sleep Quality Index was 6.9±2.9 for the people in the depressive state and 5.1±2.6 for the people in the non-depressive state, showing that the average score was significantly higher for the people in the depressive state. The average complaint rate of chronic fatigue was also significantly higher for the people in the depressive state in comparison with the people in the non-depressive state. As a result of logistic regression analysis, a significant positive correlation was shown between caregiving and subjective health condition in the case of people in the depressive state.

Conclusion: Factors specific to caregiving situation as well as poor subjective health condition were possibly affecting the depressive state in six years.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

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FROM BEING SUPPORTED TO SUPPORTER:

CREATING A CARER SUPPORT SYSTEM THAT UTILIZES THE STRENGTH OF CARERS.

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Objectives: (Background)

At the Aichi prefecture branch of the Alzheimer's Association Japan (AAJ), we provide a variety of carer support in various regions, such as Tsudoi (meetings) or telephone counseling. While making friends is a big part of support activities, it is necessary to have people in support roles with some level of assistive skills, such as how to hold Tsudoi or take telephone helpline calls. Continuously securing such supporters is important in order to maintain a system capable of providing stable support to carers in the area.

(Objective)

The association, through carer support lectures or various training courses for supporters, strengthens carers who have received support, and encourages transition from being recipients of support to becoming supporters, which ensures the securing of supporters. We report on this activity.

(Details of Activities)

At the Aichi prefecture branch of the AAJ, we have implemented a "family support program" open to public participation. The course content was announced at the 2004 ADI, and its aim is enabling carers in the chaotic initial to mid-term of dementia care to live relaxed lives, to make friends and increase their nursing abilities through peer support. Graduates start Tsudoi in their own area that also work as alumni groups, and it has created social resources in various areas of the prefecture. Also, as a supporter, listening to the stories of new participants and getting a real sense of the value of the Tsudoi helps maintain their enthusiasm, and some members have even got involved in management. A liaison committee has been held to allow information exchange between Tsudoi in different regions.

We plan to enhance supporters by having voluntary training courses in telephone counseling and acquiring listening skills along with knowledge of various resources. As the next step, there is a peer supporter training course, to acquire sufficient skills as a support person, and to train the people who are central to the various support activities. Trained peer supporters then become a local social resource, not only in the activities of the Association, but also with the NPO as the receptacle for commissions from local government family support projects, and are involved in support activities in various areas.

(Discussion)

Carers are often considered only as receiving support, but from the supporter's perspective, the carer's nursing experience and knowledge as a local resident are major strengths. For the carer to go through several stages to increase their own abilities and then be on the supporter side is also important in terms of maintaining a stable support system in the region. Also, activities in the role of supporter enhance a person's self-efficacy, and can also lead to a more active life. In the future we also want to study these objective evaluations.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

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TELLING LIFE STORIES: UNDERSTANDING THE EXPERIENCES OF OLDER KOREAN COUPLES AFFECTED BY DEMENTIA

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Introduction: Dementia results in devastating consequences for both persons with dementia and their family caregivers. Dyadic interventions in which both persons with dementia and their family caregivers participate together have shown a more effective and promising approach. The Couples Life Story Approach (CLSA) was recently developed for older couples dealing with dementia in the United States. The CLSA facilitates a structured review of life together as a couple and creates a Life Story Book by utilizing mementoes and pictures. We adapted and implemented the CLSA to be culturally appropriate for an older Korean population.

Objectives: The purpose of this paper is to understand how older Korean couples dealing with dementia experienced the CLSA.

Methods: Fifty six couples (n=102) completed the five-week intervention in their own homes or in the hospital between August 2014 and October 2015. One week after finishing the intervention, the participants completed a survey that included open-ended questions about their experiences during the intervention. Data for this paper were drawn from the participants' responses to the questionnaire. A multiple case study method was utilized.

Results: Qualitative analysis indicated six themes: (1)reminiscing was enjoyable, (2)finding meaning in difficult times from the past, (3)feeling grateful for spouse, (4)having a better understanding of spouse, (5) changes in communication and attitudes between spouses, and (6)changes in joint activities for couples. Couples' experiences varied, and some had mixed feelings about the intervention. Negative aspects included reminiscing about unpleasant or sad memories and having a difficult time finding pictures.

Conclusion: Our study showed that the CLSA can be adapted cross-culturally and provide fruitful experiences to older Korean couples dealing with mild Alzheimer's Disease. Challenges emerged in the CLSA need to be carefully managed in the future implementation to maximize the benefits of the intervention to couples. Implications for a cross-cultural adaptation of a dyadic intervention are discussed.

Disclosure of Interest: None Declared

Care research and practice

Carer support and training

PO2-236

INCREASING COGNITIVE IMPAIRMENT REQUIRES SIGNIFICANTLY MORE HOURS OF CAREGIVING

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Introduction: Alzheimer's disese is a debilitating disease that requires the support of caregivers.

Objectives: To examine the relationship between Alzheimer's disease (AD) severity and caregiver requirements in Japan.

Methods: Data were drawn from the 2013 Adelphi Dementia DSP, a cross-sectional survey of physicians and their cognitive impairment (CI) patients in Japan. Physicians were asked to complete a record form for their CI patients, which included demographics, diagnosis, physician-perceived severity of patient's CI and caregiver requirements; both professional and non-professional. Patients were grouped based on their current diagnosis and physician-perceived CI severity. Mild, moderate and severe patients required a diagnosis of AD, early onset AD or mixed dementia, whilst prodromal patients required a diagnosis of MCI, amnestic MCI, pre-dementia AD or prodromal AD. Caregiver hours required were stratified by CI stage and statistical significance assessed via Kruskal-Wallis tests. Mild-severe patients, and separately mild only patients, were matched 1:1 to prodromal patients using propensity score matching (PSM) to assess differences in non-professional caregiver hours required per week. The propensity score accounted for basic patient demographics and clinical characteristics.

Results: 936 patients were included in the survey, 727(77.7%) patients were classified as prodromal (15.4%), mild (31.9%), moderate (40.3%) or severe (12.4%). Almost 70% patients required some form of caregiver support; mean hours per week of 32.7 (SD:45.1). Of those requiring caregiving, on average 72% of caregiver hours required were fulfilled by non-professional caregivers.

Patients required an average of 21.9(SD:36.5) and 10.6(SD:29.2) hours per week of non-professional and professional caregiving, respectively.

The need for and total number of caregiving increased as the level of CI increased: 10.7(SD:30.1) for prodromal to 69.6(SD:54.6) for severe patients ($p<0.001$). Increases were observed in professional and non-professional caregiver hours required: professional caregiver hours ranged from 3.1(SD:17.3) for prodromal to 28.3(SD:44.4) severe patients ($p<0.001$), and non-professional caregiver hours increased from 7.5(SD:24.8) for prodromal to 41.2(SD:51.4) for severe patients ($p<0.001$).

After PSM, there was no significant difference in non-professional caregiver hours required by mild and prodromal patients, however there was a significant difference in the number of non-professional caregiver hours required between prodromal and mild-severe patients (12.1;$p=0.004$).

Conclusion: Increasing CI requires significantly more hours of both professional and non-professional caregiving time.

Disclosure of Interest: None Declared

PO2-237

EFFECTS OF CAREGIVER TRAINING PROGRAM IN COMMUNITY ON CARE BURDEN AND DEPRESSION OF CAREGIVERS OF PATIENT WITH DEMENTIA

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Introduction: High prevalence of pyschological symptoms in patients with dementia tend to lead to care burden in caregivers of patients with dementia.

Objectives: We aim to explore the effects of training program for caregiver of patient with dementia in community on care burden and depression.

Methods: Fifty seven dementia caregivers were enrolled in the study. They were randomly assigned to intervention and non-intervention groups. The intervention group went through a training program (4 hours/ day for 4 weeks) , and two caregiver supportive group meeting with the care recipient, and the control group went through normal care activities. Twenty seven dementia caregivers were evaluated with Beck Depression Inventory -II (BDI-II) for depression and Daily Hassles Scale(DHS) for caregiver burden . Paired sample t-test and correlation analysis were performed to examine all the hypotheses of interest. The data collection period was between Mar 2013 – Nov 2013.

Results: Overall depression scale in BDI-II and caregiver burden scale in Daily Hassles Scale were significantly decreased after intervention for the caregivers in the intervention group ($P<0.05$), and no significant changes were detected in the control group.

Conclusion: The results suggest that caregiver training program can successfully contribute to a decrease in care burden and in depression for caregiver of dementia patients.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-295

ENABLING RESEARCH IN CARE HOMES - DEVELOPING AN ONLINE SUPPORT TOOL

Adam Smith*

Objectives: In the UK, the majority of long-term care for frail older people is provided by staff working in care homes. Approximately 416,000 people in the UK live in care homes, which is around 3.58% of the population aged 65 years and over, and rising to 20% in those aged over 85.

These 416,000 people are underrepresented in research, the Enabling Research in Care Homes (ENRICH) Programme has undertaken research to better understand what the barriers are to care home staffs willingness to participate in research studies, and why researchers are unable / unwilling to consider care home residents in some forms of study.

We suggest that there are five key issues for those researchers wanting to carry out research in care homes:

1. An appreciation of the potential benefits of research for care home residents, staff, and families;

2. An understanding of what is different about doing research in care homes; compared with other environments;

3. Preparation and planning the study;

4. Carrying out the research study;

5. Feeding back the results.

For Care Home Staff; we have worked to demonstrate that older people with dementia and other diseases being cared for in all settings may benefit from research findings and may also benefit from participation in research. Research helps find answers to the things that are unknown, filling gaps in knowledge and changing the ways that people work. This may lead to treatment, care and residents' quality of life being improved. Not only this but insight gained from research could help to allay any possible family worries about the quality of care being offered to their loved one.

The presentation will share our work to explain the barriers, and reasons for nursing / care home staffs lack of engagement and how these problems can be overcome.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-280

COMMUNITY IMPROVEMENT TO SUPPORT THE DEMENTIA PATIENTS BY MEDICAL ASSOCIATION

Takako Umimura*

Objectives: 病院の務めは患者を家に帰すことである。言い換えれば、患者が住み慣れた地域で安全・安心になるべく元通りの生活ができるようにすることである。これは認知症の患者にもあてはまる。認知症患者を受けとめる地域づくりをテーマとして、千葉県医師会の取り組み事例を報告する。

１．医師会が取り組む啓発活動
２０１６年９月千葉県医師会と認知症の人と家族の会千葉県支部は、「認知症啓発強化週間」という住民啓発のための催しを共同で開催した。在宅医療の現場で初期からターミナルまでを支える多くの開業医で構成されている医療の職能団体である医師会が、特に認知症患者の「くらし」や「生活」に目を向けた初めての取り組みである。
「認知症啓発強化週間」の開催は、医師会と認知症の人と家族の会との共催で発案され、ここに薬剤師会、行政側、民間企業等の協力を得ながら、講演会や体験学習、ビデオ講義、ポスター展示、啓発資材の配布等を行い、認知症をきっかけに生活習慣病対策やフレイル対策、介護、在宅における療養生活等に至るまで包括的な啓発活動を行った。医師会だけでなく家族の会や他の職能団体と共同で取り組んだ、組織間の多職種連携と住民啓発の重要性について述べる。

２．医師会が取り組む認知症疾患への対応
千葉県医師会ではこれまでに２７７名の認知症サポート医を養成（２０１６年１０月現在）し、地域医療を支えるかかりつけ医等の認知症対応力向上に力を入れてきた。また、それら認知症サポート医同士の連携を促すことで千葉県内における認知症対策の底上げを目標とする取り組みも合わせて実施している。さらに医師の認知症対応力向上という観点から、県行政との連携のもと、多種・多数の研修会を繰り返し重ねてきた取り組みと、今後のかかりつけ医・認知症サポート医・専門医（認知症疾患医療センター）との連携体制の強化や支援体制づくりを積極的に進めている。
また、県内のすべての市町村が平成２９年度末までに設置を目標としている「認知症初期集中支援チーム」の設置についての協力を行っている。これは、認知症が疑われるのに未受診で、介護保険サービスなどの公的サービスも受けていない方及びその家族を複数の専門職が訪問し、アセスメント・家族支援などの初期の支援を包括的・集中的に行い自立支援のサポートを行う事業である。初期集中支援という言葉には、認知症の病気の早期段階という意味だけでなく、認知症の人への関わりのファーストタッチという意味を持ち、対象となる認知症の人は初期のみとは限らず中期であっても医療や介護との接触がこれまでなかった人とその家族へのチームアプローチを行うものであり、認知症患者とその家族の両方が対象となっている点が特徴とされる。医師会が養成した認知症サポート医は、「認知症初期集中支援チーム」のチーム構成員として重要な役割を担い、活動を開始している。
「認知症初期集中支援チーム」は、在宅の認知症高齢者への支援のみならず、今後、病院（外来・入院）の場面や介護老人保健施設、老人福祉施設、地域包括支援センター、介護認定時などでの活用が期待されており、今後の認知症高齢者の急増や初期認知症高齢者への対応、身体合併症の発見が遅れる、身体合併で救急病院入院後BPSDが悪化するなどの問題に対応することが求められている。

３．医師会が取り組む地域づくりを促進するためのツールの開発
認知症であっても住み慣れた地域で安全・安心になるべく元通りの生活ができる地域とは、どのような地域であろうか。さまざまな要因が考えられるがその中でも患者とその家族について、患者が自分らしい最期を迎えるという死生観についてもオープンな議論と意思表示を行いやすい環境をつくるために、千葉県医師会では「私のリビングウィル」というツールを開発し公開している。これは、病気や病態によって判断能力の回復が見込めない状態になっても本人の価値観を尊重した医療やケアを実施するために予め用意する事前意思表明書である。元気なうちからいざというときの救命救急や延命の処置等の希望について、かかりつけ医や身近な人と充分話し合い意思を明確にしておくことは、医療提供側、患者本人とその家族の双方にとって重要なことであ

る。
例えば、胃瘻の造設や延命治療等の決断に迷う患者家族にとって、意思を確認できない認知症の人の家族は多くの人が悩んでいる。本人の思いが記録されたものがあれば少しは決断の支えになることができるであろう。
千葉県医師会作成の「私のリビングウィル」は、認知症患者に限ったものではなく、在宅で療養するすべての人に予め書いてもらうことで、その地域づくり・町づくりに貢献することができると考える。
同様の取り組みとして、一枚の写真で振り返る私の自分らしさを綴る「自分史ノート」というツールを開発・公開しており、これらの具体的な内容と活用される事例を示しながら報告する。

４．まとめ
これまでに述べた３つの視点に関する取り組みは、認知症患者が住み慣れた地域で安全・安心になるべく元通りの生活ができるようにするという医療従事者の本来の務めを達成するために、なくてはならない重要な視点と位置付けている。認知症対策とは、認知症患者を受けとめられる地域づくり・町づくりであるからだ。
認知症であっても尊厳を保ちながら自分らしく最期まで生き抜くことの大切さについて考え、医師も地域社会の一員であることを自覚し、毎日、目の前の患者さんの診断や治療、ケアを行うのみならず、医師会活動として認知症患者を受けとめられる地域づくり・町づくりについて積極的に関わっていることを紹介する。

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

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ORAL HEALTH IN CARE HOMES: A PATIENT AND PUBLIC INVOLVEMENT PROJECT IN THE LOCAL COMMUNITY

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Introduction: Dental disease, despite being preventable remains a major public health problem globally (ICOHIRP 2015). Dementia in the UK estimated at 850,000 people and expected to double in the next 30 years (Alzheimer's Society 2015). Noble et al's (2013) review of patients with cognitive impairment had increased risk of oral health problems. On average 80% of people in care homes are living with dementia (Alzheimer's Society 2014) and rely on staff to assist them with day-to-day activities such as brushing their teeth.

Objectives: The objective was to work in partnership with care homes in the local community to develop a small-scale project and collect views and opinions on oral health from service users, their carers, healthcare workers and the care home managers.

Methods: A qualititative research design was utilised and focus groups (n=12) were conducted using a patient and public involvement (PPI)approach which included service users, their carers, healthcare workers and the care home managers.

Results: Information collected from focus groups was transcribed and thematically analysed. A number of themes were identified: teeth are cleaned with toothpaste and a toothbrush but there are different levels of ability. The most common barriers were time, refusal, pride and dementia. The most common challenges were dementia, depression, end of life and Dental Care Professionals (DCPs). A reoccurring theme was difficulties in accessing DCPs. Those living with dementia want to see more dementia friendly notes being used at the dentist.

A significant output while working with service users and healthcare workers was the development of picture guides to help with the tooth brushing process. The guides are a result of including PPI as part of the research process.

Conclusion: The outputs of the PPI work provide valuable information and forms an integral part to pursuing and contributing to further research in this area.

There is a need for an organisational change in behaviour in care homes and generally in terms of living with dementia.

The service users and healthcare workers have identified a need for DCPs to work in the community.

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Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-292

BECAUSE ONLY YOU CAN DESIGN YOUR LIFE, YOU'LL ALSO CONTINUE COMMUNITY ENGAGEMENT TODAY!

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Objectives: 2055年には、日本の人口の三分の一が65歳以上の超高齢化社会となります。これからは、認知症高齢者も社会参加することで日本を支えていく必要があるのです。弊社デイサービスでは、利用者様がご自身の人生をご自身で設計し彩る、セルフデザインの理念を取り入れております。『外出』・『美容』・『生活援助』・『お仕事』の４つのプログラムを用意し、認知症になっても社会参加が継続できるよう支援しております。

まず、第一番目の外出プログラムでは、日帰り旅行、コンサート、外食等、お一人おひとりからのニーズの発信をデイサービス行事に反映させております。外出がもたらす効果は、自発的且つ自然な形での機能訓練を可能にし、利用者様ご自身がよりよく生きる意欲の向上に直結しています。温泉の心地よさや食事の美味しさ、もう来られないと思っていた懐かしい場所の景色、長いこと忘れていた匂いや手触りなどの刺激は、利用者様の変化を通して数多くの嬉しい驚きを私たちに見せてくれました。同時にそれらの変化は、「認知症だから」と色々なことを諦め、また、ご本人に諦めさせていたご家族の意識を変えるきっかけのひとつとなりました。弊社では介護旅行事業として『トラベルヘルパーセンター八戸』を運営し、資格制度による外出支援専門員の育成や、有資格者による旅行添乗も行っております。弊社職員の大部分がこの資格の保持者です。確固たる技術に基づく外出支援は、周囲の無用な不安や好奇の目線を煽らず、利用者様の社会参加をよりスムーズにする助けとなっています。

第二番目の美容プログラムでは、ヨガレッスンや体操、アロマテラピー、ネイルケア等、心身ともに健康で美しくあるためのメニューを多数用意しております。アロマセラピストのハンドトリートメント等は、施術者の所作や声のトーンも穏やかであるため、受け手の皮膚感覚だけでなく、周りにいる他の方々も視覚的・聴覚的にリラックスさせることができます。反対に、体操のレッスンでは、利用者様同士で競い合ったり笑い合ったりすることが、参加者全体に活気をもたらしています。自身の健康や美しさを求めることは、自身の身体に興味を持ち、ひいては自身という存在を大切にすることでもあります。ネイリストに優しく手を取られ、爪を美しく磨いてもらったあとの利用者様は、とても満足そうにご自身の手を眺めておられます。「こんなに大事にされたことはないよ」という声も毎回たくさん聞かれます。他者に大切に扱われるということは、自尊心や自信の回復につながり、社会参加への大きなステップとなります。

第三番目の生活援助プログラムは、スーパーマーケットでの食料品の買い物、ショッピングモールなどでの衣類や嗜好品の購入をサポートをしております。認知症を理由に、長年行ってきた『買い物』という家事役割を取り上げてしまうのではなく、スタッフが不安なところに寄り添いカバーすることで、認知症になる前との継ぎ目が少ない『いつも通り』の生活を可能にします。馴染みのスタッフが同行・支援することで、気兼ねなくお買い物を楽しんでいただけるほか、過去の購入品の把握により、同じものの買いすぎもなくなります。支払い時もさりげないフォローができ安心です。弊社では、認知症の方について考えるとき、失敗体験の対義語は成功体験ではなく、多くは『いつも通り』だと考えます。スタッフの同行により失敗を免れたそれら一回一回の買い物体験は、これまでご本人の過ごしてきたいつも通りの日常を磐石にするものとなります。『いつも通り』の暮らしは、地域社会への参加そのものであると言い換えられます。社会的な死や閉じこもりは、失敗体験の連続の末に引き起こる悲劇です。いつも通りが揺らぐ機会をなるべく減らせるよう、スタッフたちは日々静かに奮闘しております。

最後に、第四番目となるお仕事プログラムでは、一日1時間〜2時間で負担なく行うゆとり就労を行っております。主な仕事内容は、利用者様が今まで経験してきた仕事（農業・加工業・販売営業等）や昔からの家事生活の知恵（漬物作り・調理等）を活かしたものです。現在、二箇所の農地にて完全無農薬の作物を栽培していま

す。150坪の農園では11種類の野菜を育てており、収穫物はデイサービスでの昼食に利用したり、利用者様にお渡ししてご自宅での食事に利用できるよう、生活サポートにも繋げております。１反歩の農地では、協力農家さんのご指導のもと大根や大豆の栽培をしております。収穫した大根は、糠漬け・ハリハリ漬け・燻製漬物の三種類の手作り漬物に、大豆は業者を入れて味噌に加工されます。来年3月には、加工業に従事していた利用者様の協力のもと、漬物と味噌のパック詰めと商品化を、来年4月には、販売営業に携わってこられた利用者様と一緒に、東京六本木にあるヒルズマルシェへ販売に行きます。これらの６次産業化事業は、今までご本人が培ってきた知識・技術をご指導いただくことで、得意なことは活かし、出来ない所を職員がサポートするプログラムです。将来的には、ニートや障がいのある方、福祉サービスを利用していない元気な高齢者など、地域に暮らすさまざまな方々と連携し、各々ができる分野を担当することで、持続的に循環できるしくみを目指しています。今後二年を目処に収益事業として安定することで、認知症になっても働いて収入を得られる貴重なモデルケースとなり、継承されていく大切な技術知識や発掘された労働力は、そのまま社会資源となることができます。この６次産業化事業以外でも、ゆとり就労の一環として手芸作品の委託販売を開始しており、その他、惣菜や菓子の製造、地域イベントでのカフェ出店等、順次挑戦していく予定です。

介護・福祉に限定されたコミュニティだけが認知症高齢者の受け皿という時代は終わりました。これからは、様々な分野や異業種と連携して、認知症か否かだけでなく、老若男女ありとあらゆるバリアのない、本当の意味でのノーマライゼーションを実現する地域社会を目指す必要があります。さまざまな方々が暮らす地域社会というひとつの単位のなかで、それぞれができることを誇りを持って頑張り、できないことはフォローし合う。持っている能力の多様性を尊重し合い、活かし、コミュニティ全体として共働する。介護保険財源の圧迫や少子化での労働力不足等は、地域社会全体の活性化が解決策のひとつではないでしょうか。たとえ認知症になったとしても、『いつもどおり』当たり前に自分の人生を自分で決定し、最後まで地域社会の一員として自分らしく生きることが、来る超高齢化社会の日本を支えるための次なる一手であると確信します。

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-279

COMMUNITY PARTNERSHIP IN ACTION

Anne Schumacher*, Emma Fromings

Objectives:

Alzheimers Wellington provides education, socialisation, support and advice to people affected by dementia living in and around Wellington, the capital city of New Zealand. With the ever increasing demand on our services it was necessary to review how, as a small team of one educator and four community workers, we could continue to meet this increasing need to support people to live well with dementia and remain sustainable as an organisation.

This presentation demonstrates how we managed to support more people in our community without increasing our resources. We achieved this by embarking on a strategy to strengthen our community partnerships. The partnership strategy has two components: one aspect is to collaborate with community organisations to provide specialist support services and the second component is to enable existing community services to be inclusive for people with dementia.

As a result of this strategy, people with dementia are able to participate in the activities they have always enjoyed such as going to the library, visiting the museum, singing in a choir, going for a bush walk. They are not singled out as a 'special group' but instead each individual is enabled to do everyday things with everyday people.

Furthermore, Alzheimers Wellington, acknowledging we can't do it all ourselves, has formal partnerships with specialist services such as counselling and social support agencies. Through our education programme we empower our partners to increase their knowledge and understanding of dementia and to work alongside us. Collaborating in this way means we each can focus on our speciality area whilst providing seamless support for our clients.

The community partnership model is a successful strategy to provide sustainable specialist support services and to erode the stigma associated with living with dementia.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-290

DEMENTIA OF THE PEOPLE AND THE FAMILY, PARTICIPATION IN LOCAL CAREGIVERS - NURSERY, - THROUGH THE OLD ELEMENTARY SCHOOL, DEMENTIA CAFE CASE

Yharabuchi Harabuchi[*]

Objectives: 認知症の人と家族、介護者の地域への参加

～保育所、旧小学校、認知症カフェの事例をとおして～

守里会看護福祉専門学校

原渕　陽一

【背景】

新オレンジプランにおいて、認知症の人を単に支えられる側と考えるのではなく、認知症の人が認知症とともによりよくいきていくことができるような環境整備をおこなっていくこと必要とされる。

本研究では、認知症の人と家族、介護者が地域とつながり参加できるよう仕組みを構築し、その3例を実践報告する。

【目的】

認知症の人および家族、介護者の地域への参加の機会をつくる

【方法】

事例　認知症の人と家族、介護者の活動の場　若年期認知症当事者の保育所における活動

事例　廃校の利活用

事例　認知症カフェ

【結果】

事例　本人介護者の活動の場 若年性認知症当事者の保育園における活動

事例 背景

若年性認知症の人については、就労や生活費、子どもの教育費等の経済的な問題が大きく、主介護者が配偶者となる場合が多く、時に本人や配偶者の親等の介護と重なって複数介護になる等の特徴があることから、居場所づくり、就労・社会参加支援等の様々な分野にわたる支援を総合的に講じていくことが望まれている。

事例 目的

保育所を活用した認知症者への対応を検討する

事例 本人紹介

認知症の人と家族の会を通じて相談、男性、65歳、170cm、65kg、前頭側頭型認知症。コミュニケーションに

おいて、動作や事象の細やかなことになると分からなくなる。妻と　同居、県外に息子夫婦と孫、小学校教諭として、教職および関係機関の管理職を定年まで勤めた。

人とかかわること、話すことが好きであり、家庭では、農作業を熱心に行っている。

これまで夫婦ともに教員として、厳格にすごした。退職後、家庭での生活が中心になる事によって、引きこもり、他者との関係が保てなくなることを心配する。本人および家族は、日中の活動の場を家庭外に求めている。

事例 方法

平成26年4月以降、初音保育所において、週2日ほど児童と活動（農作業、音楽、美術、体育など）する。就業へとつなげ、賃金の支払いができるようにする。

事例 結果・考察

毎週の活動は定着してきた。特に農作業は、得意であり自らすすんで行っている。児童や専門学校生とのかかわりも充分に行えるようになり、当初、付き添っていた妻は、同伴することがなくなり、自らの時間を持てるようになった。

課題として、１）活動の日数、時間を増やしていくこと。２）活動の内容によっては、本人自ら、参加しやすい活動を考えなければならない。３）処遇特別加算費においては、時間の制約があることから、該当者が限られてくるので、誰でもが利用できる制度の構築が求められている。

事例　廃校の利活用

事例 背景

香川県東部の漁村、さぬき市小田地区は、約460世帯、約1000人の住民が暮らす。漁業の衰退化とともに人口の減少、平成26年3月　幼稚園、小学校が廃校となった。少子化、若者　の流出、高齢化が進んでいる。介護および集落の活性化が喫緊の課題とされる。

事例 目的

本事業において1)高齢者の介護福祉ニーズに応えること、2)高齢者に学びと就労の機会を提供すること、3)就学前の児童の活動の場を得ること、これらをふまえ、小田地区の活性化を試みる。

事例 方法

１）政策課、地元自治会との協議により、旧小田小学校跡地を譲り受ける。２）高齢者の介護福祉ニーズに応えるため、地域密着型小規模多機能型居宅介護施設の開設、３）地元からの雇用、活動の場の提供、４）児童をはじめとする住民への学校環境の開放を行う。

事例 結果

平成28年9月地域密着型小規模多機能型居宅介護事業所　開所、地域自治会との協定により、体育館、校舎および隣接の幼稚園跡、ふれあいプラザ利用開始。

事例 考察

地域密着型小規模多機能型居宅介護事業所を活用した在宅への支援を中心とした展開をはかりたい。将来の重度化への備えとして、特別養護老人ホームなど、入所施設への要望もみられる。学校環境の活用として、芸術家の滞在による賑わいの創出を予定している。

事例　認知症カフェ

事例 背景

香川県高松市かつて買い物客でにぎわった中心商店街である常磐街、近年、郊外に大型ショッピングモールの出店に伴い、シャッター街となって久しい。このところ、行政、地域をあげて、にぎわいの創出、集う場となるよう商店街の活性化策が打ち出されつつある。

そこで、常磐街の空テナントスペースを改装し、平成27年11月より地域コミュニティスペース『常磐倶楽部』を開所した。地域住民をはじめ、認知症の人、障がいのある人、その家族、支援者など様々な方からの利用が

はじまっている。

認知症の人と家族の会　香川県支部において、『常磐倶楽部』を活用し、誰もが参加でき社会と当事者、支援者のつながる場となるように認知症カフェをはじめた。

事例 目的

「認知症の人と家族、地域住民、専門職等の誰もが参加でき、集う場」として地域での日常生活・家族支援をおこなう。

事例 方法

場所：地域コミュニティスペース『常磐倶楽部』

期間：平成27年11月〜現在に至る

開所時間：　月曜日から金曜日　12:00〜17:00

事例 結果

・認知症の人と家族が、周囲を意識せずすごせる

・認知症の人と家族が地域とのつながりできる

・人がつながる仕組みができた

・認知症の人と家族の想いが社会へと発信できる

・一般の地域住民が認知症のことや周辺のことを知る場となる

・専門職、支援者が本人、家族と出会う場となる

事例 考察

認知症カフェにおいて、本人、家族が主体的に活動内容を考え、個々の時間を過ごすことができるようになった。今後の取り組みとして、１）『常磐倶楽部』の周知をはかる。２）認知症カフェの存在を知ってもらう。３）認知症への理解を深める。

これらをすすめるために、認知症の人と家族に限らず、高齢者、障がい者、児童、生活困窮者、専門職など、一般の多くの利用を促進してまいりたい。

【考察】

新オレンジプランに述べられたように認知症高齢者等にやさしい地域は、認知症の人の意思が尊重され、できる限り住み慣れた地域のよい環境で自分らしく暮らし続けることができるものである。

生活の支援 、生活しやすい環境の整備、就労・社会 参加支援及び安全確保の観点から、認知症の人を含む高齢者にやさしい地域づくりを推進したい。

高齢者の方が生きがいを持って生活できるよう、就労、地域活動やボラン ティア活動への参加など積極的な社会参加を促すとともに、早いうちから学びを通じて地域活動やボランティア活動へ参画しやすくなる仕組みづくりを促進するものである。

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-293

ART AS A TOOL FOR COMMUNITY ENGAGEMENT FOR PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS: CASE STUDIES OF MUSEUM PROGRAM AND THEATER PROGRAM IN JAPAN AND THE US.

Yoko Hayashi* [1], Peter Whitehouse[2]

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Objectives: 認知症の人が生きがいをもって生きるために必要なものの一つとしてアート、創造的な体験を揚げることができる。故ジーンコーエン博士は、「アートは脳のチョコレート」といい、筆者の一人である、ピーターホワイトハウス博士は、「認知症の人には医者よりもアーティストが必要」だという。　彼らはいずれも、認知症の専門家であり、自らもアーティストとして創造的な活動に従事している。　これらの言葉は、アート、芸術、創造的な活動が高齢者、特に認知症の脳に良い効果をもたらすことを示している。一般社会における認知症に対する理解がまだまだ欠如している中で、多くの人は、認知症となると何もできなくなる、知的な思考や活動が出来なくなると誤解している。そんな中で、認知症の方とその家族はそれまでの人間関係を失い、社会から孤立しがちでそれが認知症の症状を進めることにもつながってしまう。認知症は関係性の病気とも言われ、環境の変化、特に人間関係の変化によりその症状も大きく変わると言われる。今後、社会で認知症の方が急増するなかで、認知症の方が施設で、そして社会において生きがいを持って充実した毎日を過ごすために、音楽、アートなど創造的な体験は無くてはならないものであり、それらの体験を地域の人と共有することで地域での交流を機会を維持、あるいは新たに作りだすことができる。人は誰でも自らを表現する欲求をもっており、それを人にそのまま認めてもらえれば大きな喜びを感じ、自らの存在価値を確信につながる。筆者は、それぞれ日本とアメリカでアートが高齢化、認知症に与えるポジティブな効果を目の当たりにしてきた。上記のジーン・コーエン博士のを始め過去の臨床効果からも、ＱＯＬの向上、介護者との人間関係の向上、精神状態の向上、病院訪問回数、投薬の減少、鬱の改善といった効果が認められている。筆者自身も、２０１４年の長寿医療研究センターとのＭＣＩであり、かつ鬱の高齢者を対象とする３か月のアート創作とアートコミュニケーションプログラムの検証で、鬱の改善と短期記憶力の改善の兆候を認めることができた。

アートは創作においても、その鑑賞においても、決められた一つの答えを要求しない、アートの問いに対する答えは無数にある。同じ人でもその時の気分によってその見方や表現は変わる。各々の個性の価値が認められ、生かされるのがアート（芸術）の世界なのである。認知症の方の特徴ある思考や発想も、絵を描いたり、物語を作ったり、絵を見て感じたことを語ったりする上においては欠陥でなく個性の一つとして評価される。認知症が進んでも、人間の脳の情動の部分の機能は残るので、色、形、そこに描かれている人、もの、景色、等に反応して、何かを感じることや、それらを表現することは可能なのである。これらの反応は、認知症コミュニケーションを修得したアートの専門ガイドにより引き出される。また、人は誰でも人に語るストーリーを持っているが、アートや演劇を通してそれらを引き出すことが可能になる。何より、アートの場において彼らは、認知症の患者である前にコミュニティーの一員であり、自然な形での地域交流、ｲﾝｸﾙｰｼﾌﾞ なプログラムが可能になる。

筆者たちはそれぞれ、日本と米国において、美術館や認知症カフェ、あるいは、公立小学校において、１５年以上にわたって認知症の方を含む多様な地域の人々が一緒に体験する創造的なプログラムを長年にわたって実施している。創造的な壁画制作、絵画に関する対話や地域の人を巻き込んだ演劇創作は、彼らの生活に沢山の刺激を与え、好奇心を刺激し、自らの居場所の再確認にもつながるであろう。これらの創造的な活動が重要なのは、認知症の人だけが体験するプログラムでなく、認知症の方もそうでない方も一緒に体験、創作する点であり、包括的なグループプロジェクトであることである。対話型アートプログラムにおいては、アートを見て、感じたこと、思い出したこと、想像したことを語りあったりするにあたり、多様なバックグラウンドの異なる思考の人々が参加することにより、一枚の絵の多様な見方を知ることになり、それは一人で見る数倍も楽しいものとなる。認知症の方の捉える現実は、私たちのそれと異なることも多いが、それが他の参加者に気づ

きを与えたりすることも少なくない。創造的な体験に参加することにより、認知症の方とその家族の生活が一変することもある。一つの例として挙げれば、ある若年性認知症のご夫婦は、私たちの対話型アートプログラム（アートリップ）に参加するようになって、人生、生活そのものが変わったと言った。診断されたから人との接触を避け、常に機嫌の悪かったご主人は最初のプログラム参加の時から機嫌が良くなり、今ではあれほど拒否していたデイサービスにも通っている。一方介護鬱に悩んでいた奥様もプログラムに参加するうちに興味を持ち、アートエデュケーターのトレーニングを受けて資格を取られ、家庭内でのコミュニケーションもスムーズになり、今ではすっかり元気になり、地元で認知症カフェを自ら運営しているほどだ。また、米国、クリーブランドの世代間小学校がプロの演出家と創作した地域の人々１００人以上の物語を紡いだ創作演劇には、重要な要素として同学校で設立依頼ボランティアをしている認知症の女性が登場する。日本と米国、また、美術と演劇と、要素が異なっていても、認知症の方の人生を変えるほどのこれらの創造的な芸術プログラムには、いくつかの共通点がある。本論では、成功する認知症の為のｲﾝｸﾙｰｼﾌﾞ な芸術プログラムに必要な要素を検証し、地域に活動を普及するにあたっての問題や課題について考察し、その解決手法について提案する。

Disclosure of Interest: Y. Hayashi Conflict with: arts alive, Conflict with: arts alive, Conflict with: arts alive, P. Whitehouse: None Declared

Well-being

Community engagement and collaboration

PO2-296

DEMENTIA COMMUNITY CENTERS IN TAIWAN

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Objectives: Population aging is a worldwide phenomenon. The number of people living with dementia will increase prominently. In Taiwan, 26 million people have dementia. More than ninety percent of people living with dementia continue to live at home and were cared by family caregivers. To improve the accessibility and development of community services for dementia, the Ministry of Health and Welfare of Taiwan has been providing grants for developing dementia community centers and appointing Taiwan Alzheimer's Disease Association(TADA) for supporting dementia community centers since 2014.

Dementia community center

Dementia community center is a community-based preventive service, included in long term care service network. The target group is people living with dementia. The purpose of dementia community center is to improve quality of life of people with dementia. Besides overcoming barriers to access services for dementia and their families. It offers health promotion activities, consultative support service, visiting a person with dementia, community advocacy, dementia screening, support for family caregivers, educational program, support group and referral service.

The role of TADA in the development of dementia community center

TADA has set up counselling center for support dementia community center since 2014. We provide training, assessment, evaluation and counselling. The most important thing is to help to develop model of community based dementia service. Work element in the counselling center: (1) Build the work team to identifying the evaluation criteria, (2) Conduct training programs and educational workshops for professionals, (3) Provide dementia community center plan consulting service via telephone and email, (4) Build the evaluation panel for an assessment of each dementia community center.

Until now there are 26 dementia community centers and more than 4000 people joined health promotion activities since 2014! TADA will share achievement within three years and continue promoting dementia community centers!

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-281

INTERGENERATIONAL EXCHANGES BETWEEN NURSERY SCHOOL CHILDREN AND NURSING HOME RESIDENTS

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Introduction: Intergenerational exchanges between Nursery Schools A and B and Nursing Home C began six years ago when the manager of the home requested an exchange as a way to help the elderly people living there continue to have active lifestyles.

Objectives: We observe the intergenerational exchange between nursery school students and elderly nursing home residents, and learn about the significance and challenges for these types of exchanges.

Methods: It was participant observation of exchanges and expressions with nursery school students and elderly nursing home residents.

Results: Nursery School A pupils and Nursing Home C residents meet each other four times per year. Residents with mild dementia also enjoyed interaction with the children and participated in the exchanges. When the nursery school teacher leading the event announced that 31 children from the oldest class would be coming in, the residents delightedly clapped to welcome them. After the children performed a song, they played a game using a ball together with the residents. The elderly people were beaming the whole time.

Exchanges with students from Nursery School B are held six times per year. It was raining on the day we observed. About 100 children aged three to five attended. The children sat down with their class, and when their turn came they stood up and performed a song. After the three- and four-year-old classes finished their songs, they left the room. When the five-year-old class finished their performance, they shook hands and took pictures with the residents. After that, the residents handed the children congratulatory gifts[Author1] for graduating kindergarten. The residents and staff made arches with their hands and the children walked through to exit the room. The residents greeted them saying “Congratulations!” and shook their hands. Residents in wheelchairs also participated in the arch to give the children a send-off. The children seemed to have fun ducking under the arches.The events were led by the nursery school staff. Six or seven nursing home residents arrived in two facility vehicles. The exchange events ran about 40 minutes each.

Conclusion: The exchanges between the elderly and small children inspired the elderly attendees show their feelings through smiles and handshakes, and prompted the kindness and spiritual growth of the children. The effects of these exchanges were not only felt by the elderly and the children, but also seemed to be felt by the nursery school teachers and nursing home staff as well.

We learned that for a successful exchange, it is important to meet ahead of time and adequately prepare the event space.

References: ∗ Grants-in-Aid for Scientific Research in 2016 Basic Study C :No.16K04236 :T.NANBU

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-291

ENGAGEMENT WITH SOCIETY THROUGH WORKING AT DAY CARE CENTRE FOR PEOPLE LIVING WITH DEMENTIA

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Objectives: 昨今、認知症予防や進行抑制が叫ばれている。しかし、その背景には、「認知症になったらおしまい」「あんなふうにならないように」という恐れを伴っている場合が多い。

したがって、予防の名の下に、本人が嫌がるドリルをさせられたり、物忘れを責められたりする、認知症と共に生きる人たちを目にすることが多い。医師から見れば、たとえ、認知症を発症していても、まだまだ、十分自分の身の回りの事ができているのに、洗濯や家事がうまくできなくなったり、畑仕事などにミスが出たりするだけで、始終注意を受け、意気消沈し、時には「もう外にでたくない」「バカになったから死にたい」など自暴自棄になる人さえいる。

通常、認知症のデイケアでは、「重くならないように」という目的で、計算や頭を活性化するような運動をおこなうことが多いが、ともすれば、それらが本人を傷つけ、できないことを家族が責めてしまう傾向がある。

そのため、当院のデイケアでは、まだまだ社会とつながりを持って生きることができると実感していただくために、一般の人々が行う内職を企業から斡旋してもらい、認知症の人たちに仕事をしていただくことを考え、2014年8月から行っている。

当然、今、した事を忘れてしまう人が多いため、スタッフが作業手順の工夫をしたり、使用する道具を考案したりするなどのサポートは行う。しかし、決して、本人に代わって仕事をすることはしない。あくまでも、主体は本人であり、本人が仕事をするのである。

一般の人々が行う仕事をするのだから、それを納品し、発注業者から報酬が出る。当然、それは、出勤日数によって、本人に支払われる。

企業の孫受けのような内職のため、金銭的には少ない。しかし、私が、最初に掲げたキャッチフレーズは、「もう一回働きませんか？そして、そのお金で、お孫さんにおもちゃを買いましょう。もし、おもちゃが無理であれば、お菓子を買いましょう」である。

普段、夕食を食べたのに、「食べていない」という祖母を「うそつき」と攻撃している孫や、注意ばかりしている配偶者も、わずかながら、給料を持ち帰った人たちを「私は何も報酬など稼いでこないのにすごいね」と再び以前のように、尊敬のまなざしで見るようになっている。

仕事をして欲しい、という言葉を聞いて、「まだ私にできることがあるんですか？」といった60代の女性がいる。彼女は、もう世の中から、必要とされていないと思い、毎日死ぬことばかり考えていたという。このように、認知症になったら、ただ介護を受け、人に迷惑をかけないように、と否定的に受け止めるのではなく、まだまだ、適切なサポートを受ければ、社会とつながりを持って生きていけるのだと思う。

私は、認知症になっても、適切なサポートがあれば、まだまだ社会とかかわりを持って生きていけるということを感じて生きていただけるように今後も努力していきたい。

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-282

APPLICATION OF COMMUNITY READINESS MODEL IN ASSESSING DEMENTIA FRIENDLY COMMUNITY BUILDING IN A RURAL AREA OF NORTHERN TAIWAN

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Objectives: Community Readiness Model (CRM) is a theory based model and community-directed approach that examines dimensions and stage of readiness to deal with the issue at hand. We applied it in assessing a rural community in northern Taiwan on the community's willingness, readiness, and strategic planning to build dementia friendly community by targeting metabolic syndromes and dementia prevention on older adults and PWCIs (AD8 >=2).

Individual interviews, document reviews, survey and environment audit were conducted to assess the people's characteristics and systems of community, including, local government capacity, community efforts, community knowledge of efforts, leadership, community climate, knowledge about dementia friendly community and community resources (6 dimensions).

The validity of assessing the readiness levels on the 6 dimensions at a 1-10 scale was examined by two independent research assistants and the final score for each domain was resolved. Then a combined score (6.2/10) was calculated (summing the 6 domain scores and then dividing by 6 interviewees), indicating the community was at the early stage of readiness, while the knowledge of metabolic syndromes and dementia prevention was at the lowest level (4.4/10). Therefore, we conducted a health education section to promote the related knowledge in the community. The test-retest comparison showed the significant improvement in the attitude subscores but there was a trend to reach the significant level in the improvement of the knowledge subscores. In sum, CRM is a theory based model that is strategic in nature and is designed both to assess and to build a community's capacity to take action on social issues. We had successfully tested it in a rural community in northern Taiwan on the issues of building dementia friend community. Future studies should focus on effectively delivering dementia related knowledge to the people in community.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-284

THE CURRENT SITUATION OF EMPLOYMENT FOR PEOPLE WITH EARLY-ONSET DEMENTIA

-BASED ON QUESTIONNAIRES CONDUCTED TO EMPLOYERS AND CASE STUDY

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Introduction: 若年期における認知症の発症は経済的に大きな問題となっている。「まだ働けるという自信があるが、雇うほうでこの病気を理解してくれるかどうか。働きたいが仕事がないというのは、精神的に結構つらい」（中村，2011）という若年認知症者本人の声や、若年認知症者は「対応が難しい、個別対応で手がかかる」（宮永，2010）などといった雇用者側の困難が報告されている。

そこで、北陸地方の就労支援施設で就労する若年認知症者の就労者数を調査し、その中から選定した就労者の就労状況を調査することで、認知機能低下の状態に適した支援方法を検討したいと考えた。

Objectives: 目的は、北陸地方で就労する若年認知症の就労者数を明らかにすること、および若年認知症者の事例を分析することによって、就労継続のための支援方法を検討することである。

Methods: 1）アンケート調査： 北陸地方にある3つの県に存在する全ての就労支援施設に、往復葉書によるアンケート調査を行った。アンケート項目は、若年認知症者の就労の有無について、および事例研究を行なうことへの協力の有無である。

２）事例の選択と事例分析方法：上記アンケート調査の中で、事例研究を行なうことへの協力が得られた施設に出向き、本人、主家族介護者、障害者就労支援施設長の全てから研究参加の同意を得ることができた者を研究参加者とした。なお、若年認知症者は病気による記憶障害や混乱が予想されるので、若年認知症者のみのインタビューではなく主家族介護者も研究参加者とし、本研究においては本人と主家族介護者で1事例として扱うことにした。

若年認知症者に就労に影響を与えると考えられた内容について本人、家族に半構造化面接を行った。許可を得て録音し逐語録を作成しデータ化した。並行して就労場面を参加観察し、フィールドノートを作成しデータ化した。さらに就労施設に保管される「利用者の活動記録」より基礎情報などを収集した。

分析は北・谷津（2009）の方法に準じて、質的帰納的に個別分析を行った。個別分析では、本人、家族の逐語録と参加観察のデータから目的に関連しているデータを抽出し、中心的意味、表題へと統合した。

分析時には随時，老年看護学及び質的研究の専門家からスーパービジョンを受けた。

倫理的配慮:若年認知症者と家族介護者に対して、研究目的、期間、方法、参加者にもたらされる利益及び不利益、参加は自由意思であることなどを説明した。本研究は当該大学の倫理審査委員会で承認を得てから行った。

Results: １）アンケート結果

北陸地方の障害者就労支援施設長宛（274箇所）に，就労継続している若年認知症者の有無について回答を求めたところ183件（回収率67%）から返答があった。就労継続している若年認知症者は、5名という結果であった。また、事例研究を行なうことへの協力の有無については、1件（20%）という結果であった。

２）研究参加者の概要

本人、主家族介護者、障害者就労支援施設長の全てから研究参加の同意を得ることができた者は、1事例であった。その研究参加者のA氏は、65歳の男性で、妻との2人家族であった。インタビュー時の認知症進行度がFAST6（高度認知機能低下）であった。58歳の時にアルツハイマー型認知症と診断を受けたが 60歳まで就労継続することができていた。退職してから数年後、精神保健福祉士の紹介にて障害者就労支援施設での就労が始まった。

３）事例の分析結果

若年認知症者A氏と妻が、認知症という病を持ちながら就労する体験と思いに関して〈抽出されたデータ〉は155個、《中心的意味》は27個，【表題】は【夫婦間での会話の少なさ】【認知機能低下による混乱】【つきっきりのサポートを得ながら働く】【黙々と自ら作業する】【仕事に対するひたむきさ】【仲間と共に働く】【仕事の待遇の受け入れ】【記憶障害による誤認】の8個が抽出された。

認知症症状進行のため一人で作業を行うことが困難である場合が多いA氏は、「目の前にある1枚のタオルを二つ折りでたたんだり、三つ折りでたたんだり悩んでいる様子が観察された。その様子を見たスタッフが隣に座り、三つ折りでたたむよう指導する｛観察｝」や「タオルたたみ終了後どうして良いかわからずキョロキョロしている様子を見たスタッフが、タオルの箱詰め作業をしてもらうため箱の組み立て方を説明する｛観察｝」など、1対1で【つきっきりのサポートを得ながら働く】様子が観察された。一方、「箱詰め作業が終了後、自主的にテーブルに向かい、タオルたたみを始める｛観察｝」など【黙々と自ら作業する】様子も観察できた。

『なぜ仕事をするのか』という質問に対しては、「やっぱ仕事はしてかんなんさかいに、今までずっと続けてきたもんで・・・」と話され、これからも仕事を続けていきたいという【仕事に対するひたむきさ】が述べられた。

Conclusion: 田谷らの研究（2012）では国内の上場大規模事業所3100か所に調査を依頼し、有効回答958か所の中で、35か所で若年認知症者が就労していた。全国の就労支援施設での就労者の数に関する研究は見当たらないため比較することはできないが、大規模事業所、就労支援施設ともに、北陸地方で就労する若年認知症者は2~3%と、非常に低い値であることが明らかとなった。

高度認知機能低下であるA氏からは認知機能の低下により就労施設のスタッフによる、つきっきりのサポートを得ながら働く様子が見られた。同時に黙々と自ら作業する様子も観察されたことより、本人の認知機能や状況に応じたサポート体制を整えることができれば、高度の認知機能低下があっても就労できるということが示唆された。また、A氏には「働き続けたい」という強い思いがあり、それが仕事に対するひたむきさとなり、就労継続への大きな力になったと推察された。

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Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-286

A RIPPLE EFFECT ASSOCIATED WITH THE HOLDING OF EVENTS AT A DEMENTIA CAFE

Saori Machi* [1], Yuuko Kunii[1], Naomi Onouchi[1], Yukiko Kasuta[1], Kozue Kondo[1], Hiroshi Sugimoto[1], Satomi Mori[1]

[1]Aichi Chapter, Alzheimer's Association Japan, Aichi, Japan

Objectives: Background and purpose In order to provide fuller support to carers, on October 27th, 2013, Aichi Chapter of the Alzheimer's Association of Japan inaugurated "the Hinata-Ke Carers' Café" (hereinafter "Hinata-Ke"). At Hinata-Ke, the Association offers face-to-face counseling sessions during open hours and holds tea parties and other events to give carers an opportunity to take a break. The purpose of the events is to give the carers who participate in them a chance to relax, and also to improve their well-being by having them put on the events themselves. Many carers, as a result of starting to provide care, give up on their hobby activities or on living a lifestyle that is their own. But by putting on events, carers find themselves with the opportunity and space to think about something other than care, or they put on events in the expectation of being able thereby to carry on with activities that are just right for them.

Activities Hinata-Ke is held every Saturday and Sunday from 10:30 a.m. to 3:00 p.m. within the Tokai City Tourist Products Plaza. Through the cooperation of the Tokai city government, Hinata-Ke is able to use the venue for free, and it is run by volunteers from our association. Every Sunday from 1:00 to 2:00 p.m., Hinata-Ke puts on events to help carers relax, events where carers, specialists, and local residents can put to use their hobbies, talents, etc. To date, a wide variety of events have been held, such as folk singing, laughter yoga, a harmonica recital.

Ripple effect due to events at the café A carer who was so busy with caring that he had no time for himself was asked to present his hobby at an event. So he took up once again his hobby — guitar playing — after a 30-year hiatus, and between practicing the guitar daily in preparation for events and playing it at events, he gradually began to spend time on himself, helping him to relax and to relieve stress. He then began taking guitar lessons in order to be able to play better, and he began performing together with people whom he had become acquainted with at events. It seems that as a result of the events, this carer continued spending time on his hobby in the midst of his care duties, and developed bonds with friends and society, with the result that the feeling of burden that came from his care duties grew lighter, which led to improvement in his health. In addition, adjacent to the city-owned meeting space that Hinata-Ke uses — located at the train station — is a local-products center, making for an atmosphere where it is easy for local residents to casually take part in the café or in events. Recently, participation by local residents has been on the rise, as seen — among other things — in an increasing number of offers by local residents to cooperate in putting on events.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-289

ESTABLISHING A DEMENTIA SUPPORTIVE PRACTICE NETWORK

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Introduction: The Dementia Friendly Communities initiative has gathered momentum with support programmes showing varying levels of engagement. Persons living with dementia and their care partners were invited to co-produce a practice network to encourage service providers to share of best practice, reduce silo working and ensure better utilisation of support.

Objectives: The network was established to improve social learning (Wenger, 2010) and collaboration across the Health, Social care, the Third sector and other agencies delivering services to persons living with dementia in North Wales. The new multidisciplinary network also aimed to raise the profile of dementia research in non-academic settings and encourage multidisciplinary collaboration.

Methods: Funding was allocated to the project to support persons living with dementia and their care partners to attend the meetings and share their lived experiences with service providers. Persons living with dementia and their care partners were members of the steering group informing the format and content of the meetings. Member organisations hosted six cross-county meetings and members were encouraged to share information on current and planned services in each county. An artist-led creative workshop based on the meeting themes of effective signage and communication encouraged informal discussions and shared new experiences involving visual art.

Results: The membership included 140 attendees which involved persons living with dementia and their care partners, public and third sector representatives, clinicians and academics. Creative sessions were appreciated as a method of encouraging dialogue between members through the communities of practice model (Cundill, Roux, & Parker; 2015). Members co-produced a national stakeholder event in January 2017. Member feedback will be shared with examples of the barriers which have been overcome to ensure the network is successfully established with examples of new initiatives that have emerged within the network.

Conclusion: The creative sessions supported members to discuss ideas and develop new collaborations on an equal platform, acknowledging each member's valued contribution to developing a Dementia Friendly Future. Ensuring membership reflected both professional and personal experience of dementia has been an effective model for increased understanding.

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Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-297

SUPPORT NEEDS OF PEOPLE WITH DEMENTIA AT AN EARLY STAGE IN JAPAN

Miyuki Ohashi* [1], Kunio Takami[2], Takahiro Sugiyama[3], Hikohiro Onodera[2], Kazuyo Suzuki[2], Kazuo Kariyama[4], Kyoko Eguchi[5]

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Introduction: People with dementia heavily are supported by the long-term care insurance in Japan. However people with dementia at an early stage have not done. The national strategy for dementia was disclosed in 2015 and efforts to implement the strategy are expected.

Objectives: The purpose of this study was to clarify needs of people with dementia at an early stage through their opinions.

Methods: We took a questionnaire to people with dementia at an early stage. The subjects include mild cognitive impairment (MCI).

Table: The subjects comprised 202people;

Sex Male 50%

Age -64 24%,75+ 50%

Diagnosis Alzheimer's condition 69%

Results: 67% of 64 years old or younger people were unemployed or retired. 12% have gotten a full-time job. 54 people have gotten a full-time job when they were not dementia. After they had dementia, 8 people were still working as a full-time job.

One person was working in part-time at the same place. 6 were a break from their work. 7 people were normal retirement, and 31 (57%) suffered to lose their jobs for dementia.

In Japan there is the support service to employ for people with disabilities. However, it is the only one who had received their service this time.

About the frequency of going out, 57% were out almost every day, 28% were about 3-4 times per a week, 13% were about 1-2 times per a week, and 2% did not go out.

Three quarters of them went out with someone. In Japan, it is difficult to go out with a guide helper simply for hobbies.

64 years old or younger people went out for walks almost every day. However, they hardly conversed with a non-family member. People who had conversations with non-family members were going out for their hobbies.

Recently in Japan, many Alzheimer›s cafés have been opened. Among these people with dementia at an early stage, 30% of them went to Alzheimer›s café. However, 10% of them did not have the opportunity to talk with another dementia people.

In addition, 7% wanted to continue living in their houses. But they were forced to move. All of them were women, 75 years old or older. It is difficult for elderly women widows to live in their houses alone.

Conclusion: It should be supported to improve work environment so that people with dementia can continue working. Alzheimer›s cafés are starting a volunteer dispatch to support dementia. It is necessary for approach to construct with their opinions on dementia. It is hoped that the long-term care insurance services would work well to live in their houses by themselves longer for dementia people.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-285

A "SAFE ORANGE BAND" WITH QR CODE IS HELPFUL TO IDENTIFY THE WANDERING DEMENTIA PATIENT.

Hidemichi Fukuda* [1], Katsumi Ishiguro[2], Satiyo Odake[1], Tetsurou Asai[3]

[1]Amaharashi Clinic, Meijukai Medical Corporation, [2]Trinity CO., LTD, [3]Department of IT, Meijukai Medical Corporation, Takaoka, Japan

Introduction: In Japan, the National Police Agency received 12,208 missing person reports from families of persons with dementia in 2015, an increase of 1425 (13.2%) over the previous year. In Toyama Prefecture alone, there were more than 200 such reports.

Objectives: A "safe orange band" which was originally developed by our medical corporation was examined if this tool is useful and practical to identify the wandering people with dementia, or not.

Methods: The band has an embedded QR code which links to the person's last name and emergency contact information. In the event that a patient goes wandering, community members can easily identify the patient as such by the orange band. They can then scan the QR code and help the person with dementia back to safety.

First, we wanted to know about the comfort and effectiveness of the orange band after a 3-month trial period. A questionnaire was administered to 23 elderly people recruited from an outpatient, dementia day care center and the "Regional Comprehensive Support Center."

Second, we wanted to ensure the orange band was well-recognized in rural areas. We conducted simulated wanderer response training, in which the police and fire departments, Region Support Center, and local governments also participated.

Results: Regarding questionnaire results, 64% wore the band without problem while 26% either resisted or refused the band.

Based on these preliminary results, we planned implementation of the orange band and simulated wanderer response training. Forty-five people participated in our simulated wanderer response training. Participants learned how to explain the band, how to read the QR code, and how to better understand dementia and interact with persons with dementia. They also had hands on training regarding how to report a wanderer to the police or fire station.

Following the training, there were several wanderers who the police were able to identify by the orange band and then provide assistance.

Conclusion: The more time that passes since a person with dementia has gone missing, the harder it becomes to find the wanderer. The wanderer needs to be identified and caregivers contacted quickly. However, many participants said that local residents do not have cell phones capable of reading QR codes. However, we explained that police officers or even convenience store workers should be able to read the QR code, so if you know what the band represents, help is never far away.

The band could potentially help other groups, too, such as the elderly living alone or people with paroxysmal diseases.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-287

‘DEMENTIA ACTIVISM: CONNECTING AND MAKING AN IMPACT IN THE UK AND JAPAN – AND BEYOND’

Heather Wilkinson, Philly Hare* and The working group coordinating this abstract are partners are from the UK and Japan: including Dementia Care Research and Training Tokyo Centre – Japan; Miyagi Dementia Movement Consultation Group - Japan; Edinburgh University (ECRED) - UK; and Innovatio

Objectives: ‘Dementia Activism: connecting and making an impact in the UK and Japan – and beyond

Total time: 1 hour 30 minutes (negotiable)

The partners are:

- The Dementia Care Research and Training Tokyo Centre – Japan
- Miyagi Dementia Movement Consultation Group - Japan
- Edinburgh University (ECRED) - UK
- Innovations in Dementia CIC - UK

The proposed sessions:

- 15 mins - presentation on IDA1 - the impact of activism: focusing on the process of collating learning from 3 UK dementia activist groups resulting in a coproduced guide and impact tool (Philly, Agnes, Wendy)
- 10 mins - Launch of “Making an Impact Together” booklet, including the Impact Tool (English and Japanese versions) (Philly and Mayumi)
- 10 mins - Launch of IDA2 (The Impact of Dementia Activism Phase 2): focusing on the aims and methodology, including Japan’s potential involvement (Heather, Mayumi, Kumiko and Tomo).
- 15 min - presentation on ‹Dementia knows no boundaries›: the learning from the Japan-UK exchanges (Kumiko, Dr Yamazaki and Tomo)
- 40 mins - Open debate on the benefits of collaborations, with film clips from NHK TV and Dementia Diaries. (Tomo, Kazjuko, Agnes, James, Wendy - all people with dementia)

Objectives

The Symposium will bring together recent experiential learning about dementia activism and the power of peer support across borders. It will draw attention to new co-produced outputs (films and the “Making an Impact Together” booklet) which extend the existing body of evidence about dementia activism.

The Symposium will demonstrate how people with dementia (from two very different countries) can co-produce and co-present practical work alongside academics; and co-chair an international debate.

Background : Since 2014, a number of significant visits have taken place between Japan and UK. These have involved a bilateral team of all the partners listed here who are enormously committed to observing the development of the empowerment of people with dementia, and to sharing learning across borders. Several dementia activists from both countries have been involved in the UK-Japan visits. They include James McKillop and Agnes Houston from the Scotland Dementia Working Group (SDWG), Wendy Mitchell from York Minds and Voices, and Tomofumi Tanno and Kazuko Fujita from the Japan Dementia Working Group (JDWG). During these visits, there was much discussion about a way forward which would facilitate mutual learning between Japan and the UK in a more long-term and sustainable way. From these were born this abstract and a longer term plans for a Japan-UK alliance.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-278

SPLASHCHAT - A SOCIAL SWIMMING GROUP FOR INDIVIDUALS WITH DEMENTIA AND THEIR CARERS, RUN BY OCCUPATIONAL THERAPISTS AND JERSEY ALZHEIMER'S ASSOCIATION.

Sarah Blake* [1]

[1]Occupational Therapy, States of Jersey, Health & Social Services, Jersey, Channel Islands, United Kingdom

Objectives: Splashchat is a social swimming group, run by Health and Social Services (H&SS) occupational therapists in affiliation with Jersey Alzheimer's Association (JAA) a local charity. Individuals living with dementia and their carers, meet on a weekly basis to swim for 30 minutes, in a commercial swimming pool. After the swim the group socializes in a local restaurant. A team of JAA volunteers support this group and are encouraged to swim, as are the carers attending. From Jan 2015 until Sept 2016 there have been over 1000 attendances. An occupational therapist attends each week, to undertake risk assessments, monitor regular clients, keep a register, offer carer support and signposting, and undertake regular audits. JAA provide dementia awareness training to the volunteers and undertake the screening of these individuals. Qualitative data has been collected, which provides compelling evidence of the benefits of this group including improvements in both physical and mental health and well-being, and increased levels of observed happiness. One carer stated - *"When he first went to the class he was unable to swim, within 2 weeks of going he had regained the memory of swimming and now swims unaided, which has built his confidence and improved his walking"*. Another carer stated - *"Being able to talk to carers in the same position as myself is beneficial, I am not the only one with feelings and worries"*. One of our attendees living with dementia, reported - *"It is nice to meet other people and see the progress I make week to week"*. In September 2016, Splashchat entered H&SS 'Quality Health Improvement Award', which recognises initiatives that deliver significant health improvements for service users. Carers and JAA assisted with this submission, which included presenting to a panel of judges and an audience. Splashchat was very proud to win its category 'Innovation in Practice', and also win the title of 'Overall Winner'. The winning of this award resulted in media publicity including television footage on BBC1. It is hoped that such publicity continues to support the agenda for Jersey and the UK of becoming a dementia friendly society. Splashchat is a leading example of collaborative working, as advocated by the King's Fund report (Seal 2016). At the heart of Splashchat is true partnership working, whereby trusting and reciprocal relationships have been formed and become embedded. Splashchat is a pioneering example of the future of healthcare, where the community works in partnership and takes responsibility for the health and social wellbeing of individuals living with dementia and their carers.

Disclosure of Interest: None Declared

Well-being

Community engagement and collaboration

PO2-283

TRAVELLING WELL WITH DEMENTIA - PUTTING PEOPLE LIVING WITH DEMENTIA AT THE HEART OF FUTURE TRANSPORT DESIGN

Andy Hyde*[1], Steve Cassidy[2]

[1]Upstream, [2]The ESP Group, Edinburgh , United Kingdom

Objectives: Getting out and about, continuing to travel and being involved in community life is an important part of living well with dementia. However, the challenges faced by people living with dementia mean that travel can become daunting. Dementia affects so much more than memory and travel can be noisy, busy and disorienting. If the growing number of people living with dementia are to maintain their independence then transport and related services need to respond and develop in ways that are informed by real-life experience.

Upstream is a project working across Scotland with people living with dementia to discover and share their experiences of travel. Our aim is to put the voice of people living with dementia at the heart of future mobility service design, developing training for mobility service providers based on their insights and creating spaces for everyone to participate and contribute to better conversations about service redesign.

Supported by the Life Changes Trust, we are working with people living with dementia and dementia-friendly community projects in three areas - East Lothian, Aberdeen and the Western Isles - developing local contacts with transport operators and dementia support organisations. We meet with existing dementia support groups and use our workshop format to facilitate friendly conversations around travel, transport and getting out into our communities. We're collecting the insights from these gatherings and using them to inform and develop different types of training and service design.

We are developing models of participation that bring people living with dementia together with service providers to learn from each other, develop a shared understanding and explore service redesign together. We have trialled a participative process which begins with dementia awareness training for a transport operator, informed by the insights from our work with people living with dementia. This is followed by accompanying people living with dementia on a journey, discussing and reflecting on the challenges and potential service redesign together, during and after the shared experience. We are exploring the benefits of participation in this process and how models such as this can be used as training experiences across different transport modes.

We will present our findings to date, including the insights we are learning from people living with dementia, the outcomes from trials such as the shared journey and the development of other inclusive, participative processes around mobility service development in which people living with dementia are full and active partners.

More information at www.upstream.scot

Disclosure of Interest: A. Hyde Conflict with: Funded by the Life Changes Trust, Conflict with: Independent Practitioner, S. Cassidy Conflict with: Employee of the ESP Group

Well-being

Community engagement and collaboration

PO2-298

SOCIAL CITIZENS NECESSARY FOR THE LIFE SUPPORT OF THE DEMENTIA PERSON AND FAMILY . ~ FOSTER CITIZENS FORCE, LEVERAGE, THROUGH THE PRACTICE OF CREATIVE SOCIAL RESOURCES ~

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Objectives: 1.実践の目的及び視点

認知症の人への生活支援の大部分は、公的介護保険という社会資源（制度的）のもと行われてきている。そのような社会資源の活用に加え、利用者が築いてきたインフォーマルな社会資源を活用することも重要だと言われてきている。しかしながらそれは、社会資源（フォーマル、インフォーマル）を、ケアマネジャーなどの専門職が利用者の支援のためにどう活用していったらよいのかという提供者主体の視点で議論されることが多かったと言える。そもそも、社会資源は誰が活用するものなのか。介護保険制度の中でも、多くの施設やサービスなどの社会資源が整備されてきている。だが、それらの社会資源を認知症の人や家族の生活支援に活かしきれていないと感じている専門職も少なくないだろう。それゆえ、認知症の人と家族の生活支援に必要な社会資源について、専門職が支援のために活用するというこれまでの視点に加え、当事者や家族が、その生活課題にあった適切な社会資源を活用できるように支援するという利用者主体の視点で考えていくことが重要だと考える。本実践は、利用者主体の視点で認知症の人や家族の生活支援に必要な社会資源を機能的側面からとらえ、その目的と役割を再考していく。それは認知症の人と家族の生活支援だけでなく、地域住民にとっても、今後起こりうる様々な生活課題に対処するために必要な知識を得て、適切な社会資源に主体的につながっていく力（住民力）を育む機会を支援していく取り組みでもある。

2実践の方法

社会資源を機能的にとらえると、生活課題の対処に必要な知識や力を育む機会「機会的社会資源」と、その機会を立案、企画、実現に向けて連携調整を図っていく役割を担う「作用・調整的社会資源」という考え方が見えてきた。本実践では、オレンジカフェという社会資源を「機会的社会資源」と位置づけた。そして独立型社会福祉士事務所のソーシャルワーカーが「作用・調整的社会資源」となり、この機会的社会資源をどのように活かしていくかの企画、立案を行政（佐野市）や社会福祉協議会、介護者家族の会に働きかけ、連携調整を行い、協働で準備をすすめてきた。この実践の特徴は、オレンジカフェを住民力を育む機会として活かしていくだけでなく、機会的社会資源として機能させるための基盤づくりにある。すなわち「作用・調整的社会資源」であるソーシャルワーカーが次のような働きかけで、「機会的社会資源」を効果的に機能させる力を、数年に渡って育んできたことにもあると考える。

基盤づくり 人材づくり

「オレンジカフェ運営の重要な住民パワーとなる家族会メンバーへの働きかけ」

家族会メンバーの持ち味を活かした一般住民向けの認知症サポーター養成講座を企画、実施してきた。家族会メンバーは、自らの介護経験や、家族としての思いなどを率直に伝えた。そして、それに対する参加者からの反応は、家族会メンバーが自身の経験、考え方を客観的にみる機会となった。伝えることの難しさを実感したメンバーも多く、この機会を通して伝え方、聴き方の研修なども積極的に行うことになった。こうして養われた力がオレンジカフェに集う人々へのサポートに活かされていくことになます。

基盤づくり 「行政や社会福祉協議会との協働のきっかけづくり」

家族会メンバーの持ち味を活かした認知症サポーター養成講座を実施していくためには、民間や公的機関の力も必要である。特に地域性を活かした小地域単位（地区社協）を対象に、啓発を実施していくためには、市役所担当課と社会福祉協議会や地域包括支援センターの理解と協力が欠かせない。そこで家族会メンバーが、地域住民への働きかけの必要性を市役所、社会福祉協議会に伝えるための話し合いの場を設定。協力を仰ぎ、認知症サポーター養成講座を実施することができました。

基盤づくり 機会づくり

「住民力と民間、公的機関の協働から育まれる新たな機会づくり」

先のような取り組みを経て築かれてきた住民力と民間、公的機関との協働関係を活かした「機会的社会資源」の具体的な取り組みが始まる。家族会メンバーからも、「集うことが目的ではなく、集うことを通じて参加者各々が次に何をしたらよいのかを気づけることが大切だ」という意見が出され、「楽しむ、学べる、相談できる」を三本柱にカフェの内容が構成されていくことになった。また、内容は「認知症」だけではなく、「住民」「生活者」を主語として考えていった。「認知症」や「認知症の人」に関する啓発は広がってきているとは言え、多くの人が自分事としてとらえようとする状況には至っていない。「誰もが生活に役立つ知識や情報を得られる」「新たな人とのつながりが生まれます」「楽しみながら健康に役立つ」という目的で、活動のプログラムを構成していくことで、「自分にはまだ関係ない」と考えていた人にとっても、参加しやすい機会になると考えました。

3実践の結果及び考察

今年の7月から佐野市の施設を利用し毎週金曜日午前9時から午後3時までオレンジカフェの活動がスタートとした。「機会的社会資源」と「作用・調整的社会資源」の歯車が噛み合うように機能することで、集う人々に変化が見えてきている。普段は何の飾りもされていない施設は、家族会のメンバーを中心に参加者の力で、開催日にはほっと落ち着ける、あたたかい雰囲気を醸し出す場所へと変身した。活き活きとした家族会メンバーの様子を見て、一般住民参加者からも、「できることを手伝いたい」という意欲的な言葉が聞かれるようにもなってきた。そして、珈琲などを楽しみながら、午後には生活に役立つ学習や情報提供の講座が毎回開催される。地域性を活かした内容も多く取り入れることで、参加者にとっては「知って得する」耳より情報になり、口コミで新たな参加者が増えていっている。さらに、現役の家族介護者が少人数で集うプログラムも実施。自分が行っている介護を客観的に見たり、介護者自身の生涯発達の機会なっている。また、開始から2〜3ヶ月過ぎると、家族会メンバーや、ソーシャルワーカーに「実は家族のことで気になることがある。」と話してくる参加者がでてきました。カフェの参加で新たな人とのつながりが生まれ、学ぶ経験を通して、これまで躊躇っていた一歩を踏み出す力が湧いてきたようだ。そのような参加者には、家族会メンバーがその思いを伺い、ソーシャルワーカーは、状況、課題の整理や必要な社会資源に繋げる支援を行っている。相談の内容から、比較的早い段階の対応であることがわかり、「認知症」という生活課題を抱えていました人のエンパワメントを促進することにも役立つものと考えられる。このように、「オレンジカフェ」という機会的社会資源を活用して、そこに集う人々が、自身の力を引き出し始めている。つまり、その存在が創造的社会資源と言えるだろう。今後は、本実践の効果測定を行い、有意性を多くの人に分かりやすく伝えていくことを行っていきたいと考えている。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-312

COMMUNITY DEVELOPMENT FOR PEOPLE WITH EARLY ONSET DEMENTIA,THEIR FAMILY AND THE SUPPORTERS BY LOCALS IN KAKOGAWA

Masami Yoshida[*]

Objectives: 加古川市発、地域住民でつくる若年性認知症の人とその家族のためのまちづくり

はじめに

私たちの会、加古川認知症の人と家族,サポーターの会（以下,「当事者会」という）は,認知症に無知でこれから先,どうすれば良いか不安と悩みから2010年４月に発足しました。

以来,私たちの当事者会は,パーソンセンタードケアを理念に活動を進めている。公益社団法人,認知症の人と家族の会の理念である「ともに励ましあい助けあって,人として実りある人生を送るとともに,認知症になっても安心して暮らせる社会の実現」を目標にし,今以上に活動を拡充したいと考えている。そのために,国際会議で実践報告をし,全国そして世界につながれば,新しい時代における,私たちの当事者会として「出来ること」が見えてくると期待している。

１．当事者会の発足と組織の拡充

私の妻が63才の時に,初期認知症と診断され,進行を遅らせる薬を処方され,そして散歩を推しょうされたが,妻が認知症であることを他人に知られたくなかったので,当初,散歩には躊躇しました。加えて,認知症の医療や介護,福祉サービスなどについては,全く無知で,また,先々のことが不安で更には,隣人の妻への見下げた言動に感情的になったことが多々あった。認知症の医療や介護について勉強したい。つどいの場で心の底から打ちあけたい。そのような機会を作りたいと念じ家族会を立ちあげましたが,認知症本人を棚に上げての活動は本末転倒と気づき,認知症の人と家族,サポーターの会に改称し,そして,認知症本人が楽しく,参加できるようにサロン「楽遂」を２つめのグループとして併設した。運営は,認知症サポーターが分担している。

当事者会が軌道にのってきた頃,会員自らの希望から、語り合う時間が少な過ぎるので,別途,その機会を持ちたいということで,若年性部会が３つめのグループとして発足した。名称は,「たんぽぽ」。それには大きな理由があり若年性認知症の人と家族がかかえている課題は,高齢者の場合とは,質が異なり精神的にも経済的にも大きな負担となっている。心から悩みを語り会い,活気あるつどい場となっている。

2016年,国は新オレンジプランを発表し,そのひとつに認知症カフェを提案している。今まで,私たち当事者会は,自らにふりかかる課題にとらわれていたが,活動を通じて,地域のつながり,近所の力が必須であることに気付きました。そこで認知症にこだわらず,誰でも参加できるコミュニティカフェ「ノット」を４つ目のグループとして開店した。名称は,英語で「KNOT」日本語では,「結び目」「交流」を意味する。その運営は,会員自らが,地域の協力のもと進めている。

５つ目の組織は,2016年11月に,軽度認知障害や初期認知症の人に焦点をあてた初期寄り添い型の「つどい場」を新設した。名称は「楽」で,当事者会の会員が担当している。地域の病院や,地域包括支援センターと連携し,所期の目的に応えられると確信している。

以上のとおり,当事者会は,５つの組織に分化しつつそれぞれの目的にそって有機的に統合し認知症の人や家族がかかえている課題に応えようとしている。

２．活動の結果

（１）当事者会では,お互い全く初めての出会いであるものの,勉強会やつどいにより,本人や家族同士がつながりコミュニティが形成されるようになった。

（２）認知症について深く知ることや本人や家族の思いにふれることにより,共感しあえ,安心感が生れ,認知症であることを外に向かって言える切っ掛けとなった。

（３）新聞やテレビ,行政の広報誌で当事者会の活動が報道され,認知症は,市民が自分たちの問題でもあると理解されるようになった。

（４）本人や,家族だけでなく,行政の職員や民生委員,医療,介護の関係者,本人の友人などが学び,交流できる場となっている。

（５）介護で困った時,すべてを認知症の所為にし,諦めてしまっていたが改めて,その人らしさを深く考えるようになり介護に幅ができ,心に余裕が生れ優しく接することができるようになった。

（６）若年性部会の会員が,若年性認知症の人と家族の課題を自ら,県会議員との懇談会で発表するなど,行政の若年性認知症対策の推進役になっている。

（７）当事者会で,本人が得意とするハーモニカを吹いたり,サロンでは,本人が幼児と遊んだり,歌をうたったり,将棋をさしたりと認知症の本人ができることをやってもらうことで,本人が生き生きとされるようになった。

（８）コミュニティカフェは,青空の下で開かれ,認知症の人や家族だけでなく,障害者や地域の子供から高齢者まで平均して１回80人が参加されている。また,近くにある介護福祉施設に入所されている方が,家族と参加され,一家団らんの一日となっている。

（９）勉強会やつどい,カフェに認知症本人が参加されることにより,参加者にとって認知症が特別な病気でないことを知る場ともなっている。

３．今後の課題

これまで,私たちの当事者会のことについて述べてきたが,この項では,当事者会の活動を通じて学んだ社会全体で取り組むべき課題について述べる。

（１）認知症の人に優しいコミュニティづくり

遠距離介護家族,１人家族の増加や核家族化,そして地域の連帯感の希薄化などに伴ない,現行の施策だけでは対応は困難となってきている。より効果的な施策の推進には,近所がつながり,支え合うことなど近所の力の醸成が求められる。

（２）認知症観の転換

医療や介護の進展にあわせて,認知症の定義や考え方を見直す必要がある。認知症の課題は,高齢者の場合よりも若年性の方がより繊細な問題を多く含んでいること,そして,認知症の人は「何も解らない人」「役に立たない人」ではなくて,例え進行しても心は生きているし,人としての存在的価値は変わらない。

（３）認知症が原因でおこった事故・事件への取り組み

認知症の本人の動向について24時間常に寄り添うことは現実的には限界がある。認知症が原因でおこった事故や事件の対応は,当事者の枠を超え,関係する専門機関が横のつながりを深め,認知症本人の立場に立って救済、弁償等の制度化に取り組む必要がある。

（４）若年性認知症の施策充実

現状では若年性認知症の人が利用できるデイサービスなどが不十分であり,新オレンジプランの早期実現が大きな課題である。

以上

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-311

ACTIVITIES AND ROLE OF THE AAJ FUKUSHIMA-KEN BRANCH OF THE GREAT EAST JAPAN EARTHQUAKE.

Masanori Ashino*

Objectives: ○目的

2011年3月11日の東日本大震災での地震、その後に発生した東京電力福島第一原子力発電所の事故により福島県は甚大な被害を受けました。認知症の本人、介護家族や施設にも大きな影響がありました。その後も福島県内では東京電力福島第一原子力発電所の事故による放射性物質による影響（除染物質の処分、残留放射性物質の食品）や避難の長期化（県内：45,000人、県外40,000人）、震災関連死の増大(2016年10月現在：2,081名)、人口の減少（2016年10月現在：1,900,253人　震災前：2,024,401）、家族構成の分離、医師・看護職・介護職の不足等（有効求人倍率の悪化）、暮らしにくい面も多々ありますが、現在、避難地域以外では多くの方が以前と変わりない生活をしています。

震災から平成２９年で６年目を迎えます。震災当時から比べると、東京電力福島第一原子力発電所の状況はじめ、福島県の情報が日本国内でも報じられることが少なくなり、状況が伝わりにくくなっています。廃炉に向けた取り組みも進まず、今後のエネルギー政策もあいまいなまま、日々発生する汚染水や溶け落ちた核燃料の根本的な対応も明確にはなっていません。世間では東京オリンピックに向け都内を中心とした再開発事業などで盛り上がりを見せていますが、その陰で震災復興の歩みが停滞することも懸念されています。また、東日本大震災後も日本各地及び世界各地で大きな地震が発生し被害も生じています。

今回の国際アルツハイマー病協会国際会議の際に東日本大震災発生当時の記録や、現在の状況を伝えることができるよう、福島県の状況や認知症に関する動向、福島県支部会員の活動内容、声をお伝えし、震災の際に認知症の方や家族はどのような対応をとればいいのか、明確な答えを伝える事は出来ないと思いますが、参考としての経験を提示できればと考えます。

○内容

・東日本大震災・東京電力福島第一原子力発電所事故発生当時の状況、福島県の復興状況

・災害への備え、原子力発電所事故への備え

・事故が起きてからの対応（放射性物質との共存）

・IT化による震災時の対応・今後の備え

・社会的弱者の対応（家族の会の活動、家族の心構え、施設の対応等）

・家族の会の活動（震災後も継続して、つどいの開催、電話相談の継続、会報の発行を続けた。会員への安否確認、避難所での傾聴、施設への協力、全国会員からの支援）

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-303

WHAT MAKES A COMMUNITY DEMENTIA-FRIENDLY?

Sara Miles[*], Chris Roberts, Gina Shaw

Objectives: Alzheimer's Society asked people living with dementia '*How can the world become more dementia friendly*?' for a WHO panel of the same name at the G7 Health Minister's Meeting in Kobe in September 2016. Gina Shaw and Chris Roberts are two of our Alzheimer's Society ambassadors living with dementia who gave their opinion in our 'Getting it right for dementia' film for the event. "By listening to people with dementia and learning from them," was Gina's pertinent answer.

The world is waking up to the concept of dementia-friendly communities, with the UK and Japan in particular leading the way in working with communities to become dementia-friendly and sharing learning with other countries worldwide. As the movement for more dementia-friendly communities grows at pace, it's time to take stock and reflect on what makes a community dementia-friendly – how can we evaluate this activity, and how can we support more communities to help people to live well with dementia. At the centre of this analysis must be people living with dementia.

In this session Gina Shaw and Chris Roberts give their personal experience of working with dementia-friendly communities. Sara Miles, Alzheimer's Society's Dementia Friendly Communities Programme Manager, also discusses work underway via Alzheimer's Society's Dementia Friendly Communities Programme and partners to evaluate the success of Dementia Friendly Communities so far, what works, and why?

"The world can become more dementia friendly, with the emphasis on 'can' because it can be done, as long as everyone starts working together. We need to share information, we need to talk to each other and we need to make sure that no one ever feels left out and alone," says Chris. "If you get it right for dementia you get it right for everybody." Now that is surely a common goal the world can embrace.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-032

MEN WITH DEMENTIA IN KUMAMOTOEARTHQUAKE

Kenji Toyota*, Kenji toyota on behalf of kumamotogakuen Uni.

Objectives:

2016年４月14日と16日に、マグニチュード7.3の大地震が熊本地方を２回襲いました。多くの人命が失われ、建物や道路、橋、さらに重要な歴史的建造物が被災しました。なお、地震は６ケ月後の10月中旬までに、既に約4,000回に達し、過去の地震回数を更新しています。

さて本日、皆様に報告してお互いに記憶に止めたいことは、熊本地震に被災した認知症の人と家族の状況についてであります。なお、本報告は、学術研究を目的とした調査の結果ではなく、私自身が被災者として、避難所で見聞きしたこと、さらに認知症の人と家族の会において話題になったことなどから、構成されています。一言、お断りします。

認知症の人がどこで被災したのか、この点は大きな意味をもちます。つまり、自宅で被災したのか、グループホームなどの施設で被災したのか、その違いによって被災状況は大きく違います。また、施設には介護者や専門職が常駐していますから、震災直後から認知症の人に関わる様々な被災情報が伝えられています。しかし、認知症の人はその多数が自宅で生活しているのですが、住居の壁に遮られてその被災情報は漏れてきません。たとえば、甚大な被害を受けた地区において、ある認知症グループホームからの報告によりますと、利用者とスタッフは地震と同時に避難所に避難したのです。その際、利用者とスタッフはともに「落ち着いて」いた、というのです。馴染みのスタッフが居て、認知症の人は落ち着きそのことでスタッフも落ち着いたのだそうです。

ここでは、自宅で生活をしていた認知症の人の被災状況に焦点を宛てることにします。一回目、あるいは２回目の地震で多くの人が避難所を目指したようです。もっとも、地震の規模が大きく自宅には居れないとしても、地震直後から車中泊が増え続けました。あるいは避難所から自宅に戻らず、車のなかでの生活を続けるのです。車の中は狭く、食堂、トイレや浴室がないのですから、不自由で非健康的ではありますが、今回の熊本地震直後には空き地の多くが「車中泊」によって占められていました。

認知症の人の地震後の動向を、すべての人について正確に調査したわけでありませんが、その後の「困りごと」「混乱」などから、認知症の人と家族の足取りを推測することはできます。震災直後の避難所において、まず認知症の人はDPSD(認知症の行動・心理症状)を多発して、周囲の被災者との摩擦を引き起こしたことが推測されます。多くの人々のなかで、しかも見慣れぬ風景が落ち着きを失わせるのでしょう。それで、避難所からの退去が開始されます。課題はどこに居場所を求めるかです。

つまり、自宅か車中泊かの選択が迫られます。福祉避難所も置かれているのですが、ほとんど知られていませんし、この危急の際に選択できそうにありません。自宅が半壊であっても、水・ガス・電気などのライフラインが復旧すれば、認知症の人にとってはなじみの風景であり、落ち着くことができます。車中泊も自宅の庭に場所を定め、風呂や台所などを使用して、さらにテントを張って居住空間を拡大する工夫も見られました。

さて事例から、以下の３点を読み取りたいと思います。

１．認知症ケアは、認知症の人という当事者を中心とした介護と見守りを特徴としますが、そうしたケアには安心できる、なじみの住居が不可欠であります。したがって、こうした住居は耐震性はもちろんのこと、「落ち着く」（澄む＝住む）場であることが基本的に重視されるべきであります。

２．被災者には、認知症の人とその介護家族が含まれます。巨大地震と継続的な大地の震動は、絶え間なく、心身を不安に落とし込みます。認知症ケアにおいて大切なことは、ケアされる認知症の人とケアする介護家

族、その双方が当事者である、ということです。家族介護者の「ヘルプ」を聞き届け、ケアできる体制づくりが必要に思われます。

３．障害のある人にも妥当することですが、認知症の人が避難所においてそのBPSDにおいて人々に「不快感」を与えかねず、差別されかねないことであります。避難所では、被災した認知症の人は特別視されずに、他の避難者と同じように扱われることが強いられます。たとえば、食糧の配給において全員が並んで、そして一つの配給でなければなりません。そうした「同一化」が認知症の人を住みにくくします。避難所を退去する先の選択肢を示しうる、そうした相談機能、あるいはセンターの設置が望まれます。

日本の自然災害は、極めて過酷であり、地震・台風・集中豪雨など人間の操作を拒否し、人間に「無常」を突きつけるものでもあります。日本の文化はこうした荒ぶる「自然」に従順をもって良し、とします。この自然災害を防ぎえないとしても、可能な限り人命を救うこと、災害被害を縮小することは、準備と整備などによっては可能であります。

社会福祉学の領域では、こうした活動を「減災ソーシャルワーク」と呼んでいます。より具体的には、被災者の周りに、一重・二重・さらに三重の包括的にして、支援のネットワークを築くのです。この試みは災害時だけでなく、日常生活における支え合いに有効であると思われます。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-033

DEMENTIA FRIENDLY TOOLKIT FOR GP PRACTICES

Diane Smith*

Objectives: The Dementia Friendly General Practice Pilot co-produced, trialed and evaluated a toolkit for GP Practices, enabling them to become dementia-friendly, thereby improving experiences for people affected by dementia.

The aim of the project was to produce a set of standards/indicators for GP Practices to assess themselves against and from which a Dementia Friendly action plan could be produced. The toolkit was co-produced by people affected by dementia, practice staff, stakeholders and Alzheimer's Society.

Practice's carried out a checklist assessment against indicators spanning all areas of General Practice including systems, culture (staff training, diagnosis and care (early diagnosis, post-diagnosis support and care planning) as well as the physical environment. Action plans were then developed from the assessment. A walkthrough of the practice, carried out by a person affected by dementia, supported and enhanced the findings.

The project found that in most cases, simple and low resource actions produced significant improvements for the experience of people with dementia attending their GP Practice. The most common being the introduction of dementia-friendly signage. Other key improvements included: ensuring consent procedures were in place to share information with carers /family members early on in the patient's diagnosis, raising staff awareness of dementia through the delivery of Dementia Friends information sessions and ensuring care plans are carried out and reviewed annually.

Each practice carried out a checklist assessment against indicators spanning all areas of General Practice including systems (appointments, computer records and consent), culture (staff training, patient participation and respect for carers), diagnosis and care (early diagnosis, post-diagnosis support and care planning) as well as the physical environment.

The end result offers a set of indicators which can be assessed against, producing a Dementia Friendly Action Plan. Once the General Practice site has completed the essential criteria they are awarded the 'Working to become Dementia Friendly' recognition. Practices work on the desirable indicators over time; embedding a long lasting Dementia Friendly culture.

Key areas of change and positive impact:

- Dementia awareness and understanding for staff – Dementia Friends and information session specially aimed at General Practice workforce
- The environment is Dementia Friendly – orientation and signage
- Computer systems assist with the monitoring of people with dementia and carers
- Post diagnostic support – Improved care and support planning

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-020

ACTIVITIES OF INTEGRATED COMMUNITY CARE (ORANGENET AAJ) IN KOMAGANE-CITY NAGANO PREFECTURE

Keiko Yamanishi*, Noriko Miura[1], Hiromi Abe[2] and OrangeNet (AAJ Komagane)

[1]Nagano Prefectural Mental Wellness Center-Komagane, [2]Conprehensive Community Center, Komagane, Japan

Objectives: 『認知症と共に安心して暮らしていきたい』という思いをつないで

地域住民と地域包括支援センターが共に取り組む、おれんじネットの活動

1. はじめに

介護家族にとって、思いを共有できる集いの場が身近にあることは、大きな心の支えとなります。2015年当初、駒ヶ根市で「認知症の人と家族の会」の会員は2名のみであり、活動の場や集いの場が欲しいという切なる願いがありました。そこで、地域包括支援センターが「認知症の人と家族の会」の賛助会員となり「おれんじネット（認知症の人と家族の会　長野県支部　駒ヶ根地区）」を立ち上げました。現在は、認知症地域支援推進員が事務局を担当し、現役介護者・介護経験者・看護師・保健師・介護専門職・宅老所運営者など15名がおれんじネットに入会し、認知症の人と家族を地域で支える活動を始めています。

2. 駒ヶ根市の概要

駒ヶ根市は長野県南部に位置し、中央アルプスと南アルプスを臨む自然豊かな田園都市で、人口33,266人、高齢化率は29.2%です。市では、2011年に認知症対策の指針「駒ヶ根市認知症介護ビジョン」を策定し、認知症施策を推進してきました 。「物忘れ相談票」を活用し、かかりつけ医と4つのサポート機関（かかりつけ医をサポートする専門病院等）・地域包括支援センターが情報を共有する医療と介護の連携システムを開始し、2014年には　国のモデル事業として認知症初期集中支援チーム事業にいち早く着手しました。医師・薬剤師・看護師・介護現場職員・自治体職員などの多職種支援者が一堂に介して、ケアの質の向上を目指す事例検討会には100人を超える参加者があり、支援者の意識も確実に向上しています。また、駒ケ根市社会福祉協議会では地域の支え合いの活動を推進してきました。2000年の介護保険制度の施行によって、それまで地域に根ざしていたつながりが途切れてしまうのではないかという危惧感から、住民支え合いマップ作りやふれあいサロンなどに取り組み、2002年に住民参加の生活支援事業「こまちゃん宅福便」を立ち上げ、近所の底力を生かす支え合いの仕組みを、地域住民とともに作り上げてきました。

3. 認知症の人と家族を支える「おれんじネット」の４つの事業

1） 思いを共有できる集いの場づくり

介護家族の集い「みんなが“ほっと”なる語らいの場」を年4回開催しています。家族同士がざっくばらんに語り合える場で、認知症サポート医や認知症介護専門家との学びの時間もあります。手書きのお便りや、おれんじネット通信などを介護家族の方に郵送しています。介護者の方からお便りが届くこともあります。

認知症の人や家族、地域住民が集える場として、認知症カフェを定期的に開催しています。スナックを会場とした「かもめカフェ」では、カラオケ設備を活用して、唱歌を全員で歌ったり、参加者がお得意の歌を歌うなど、歌を通した交流ができる場となっています。デイサービスを嫌う男性も、会社勤めをしていた頃に通っ

たカラオケバーなどを思い出し、楽しく通える場となっています。「とまり木カフェ」は地区の集会所で開催し、介護家族がじっくりと日頃の介護の悩みや思いを共有できる場となっています。認知症カフェへの誘い出しや送迎はおれんじネットのボランティアが協力しています。また、新たな認知症カフェの立ち上げ支援や、様々な団体が主催している認知症カフェの情報発信も行っています。

2） 認知症サポート医に気楽に相談できる場　個別相談

市内の精神科クリニックの応接室を使わせていただき、毎月2回「認知症サポート医との個別相談」を実施しています。地域包括支援センターが予約の窓口となり、「認知症ではないか？」と思いながらも、病院受診は敷居が高くて行けないという方や、介護上の悩みや不安を抱える家族などを相談につなげています。コーヒーや紅茶を飲みながら気楽な雰囲気の中で医師に相談できた事で、その後の受診・治療につながっています。地域包括支援センター職員が同席し、医療・福祉・介護の関係機関と連絡を取ったり、認知症初期集中支援チームへつなげるなど認知症の初動支援の場ともなっています。

3）キャラバンメイトによる認知症サポーター養成講座の工夫

市内の行政地区ごとのキャラバンメイトが連携して、担当地区での認知症サポーター養成講座の開催や自主学習活動を行っています。地域住民の認知症の理解がより一層高められるように寸劇や紙芝居を取り入れるなど様々な工夫をしながら活動しています。また、市内の県立精神科病院の認知症看護認定看護師がおれんじネット会員に加わり、認知症サポーターステップアップ講座準備会（おれんじネット会員の勉強会）を定期開催しています。

4）地域を見守るネットワーク

おれんじネットは、住民や警察・消防・商店・金融機関・新聞配達等自宅訪問を行う事業者と協力して、地域を見守るネットワークづくりを進めています。「何か心配だ」「大丈夫かな？」といった気づきを地域包括支援センターに知らせてもらい、認知症の早期相談・支援につなげていきます。 おれんじネットスタッフは、市内の事業者を巡回し、見守りネットワークの趣旨を説明したり、見逃してしまいやすい「気づき」を聞き取り、地域包括支援センターにつなげる役割を担っています。個別に、事業所を訪問し聴きとった「気づき」や事業者からの連絡が、具体的な支援に結びついています。 子どもや障がい者を担当する市の他部署とも連携し、子どもから高齢者まで、地域を包括的に見守る地域の輪が広がっています。

4. 今後の課題と展望

地域の中で草の根的に活動してる「認知症の人と家族の会」の会員と行政が手を結び、「おれんじネット」の活動を進めています。行政主導で行う事業のみでは、急激に進む超高齢社会において、個々の状況に応じた多様なニーズに十分に対応することは難しいでしょう。多くの人々が認知症という病気について知識を持つようになっていますが、「自分がもし認知症になったらどうしよう」という不安は誰もが抱えている本音です。認知症になっても安心して年を重ね、住み慣れた地域で暮らしていけるためには、今まで行ってきた介護家族の「つどい」に加え、認知症当事者、専門職（医師・看護師・保健師・社会福祉士・警察等）、認知症サポーター、地域住民やボランティア、看取りを終えた介護家族など様々な立場の人達が参画した「地域ぐるみのつどいの場や活動」が必要だと感じています。『社会全体で認知症の人とその家族に寄り添い、見守り、支え合う』、そんなことがさりげなく当たり前に行われる地域づくりを、おれんじネットは目指していきます。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-310

EXAMINATION OF ISSUES IDENTIFIED DURING THE PREPARATION OF AN ADMINISTRATION MANUAL BY AN INDUSTRY-ACADEMIA-GOVERNMENT COLLABORATION PROJECT FOR LONG-TERM CARE INSURANCE FACILITIES

Akiko Kitagawa*, Tokiko Isowa, Mayuko Hiramatsu, Yuka Hattori

Introduction: In Japan, during past major disasters, elderly/infirm evacuation shelters have been established for people who require special care such as dementia and considerations. Most of were opened within long-term care facilities under an agreement with the municipality to act as elderly/infirm evacuation shelters. These facilities have been forced to balance their routine work of daily care of facility residents with managing the elderly/infirm evacuation shelter. To ensure the smooth operation, a manual required was considered necessary.

Objectives: The Purpose was to report on the issues that became the central focus of discussion whilst preparing the manual to support the preparation of such manuals for future facilities.

Methods: Thirty research collaborators representing municipal governments, long-term care nursing homes, universities and private enterprises participated. The project consisted from 2015 - 2016, two discussion workshops were held. The following elements were: (1) the issues associated with management, (2) examination of the intake conditions, (3) examination of the division of roles and projects, (4) determination of the spatial layout, (5) securing of materials and equipment; (6) following the development of a management training strategy. This project has been approved by the research ethic review committees of affiliated universities.

Results: .The focal points were as follows:(1) A system is necessary in which support staff are dispatched across prefectures. (2) Pregnant women and infants should be considered separately; those accepted to the facility are elderly people who require care, or people who are eligible for the Classification of Degree of Disability. (3) The division of roles and projects to ensure a successful management system, and the number of staff was determined. (4) The layout was determined. Upon viewing the facility, unusable spaces and private rooms were discussed. (5) Ensuring that the materials and equipment required for management was discussion about the method of organizing materials, storage location and budget, and it was to be subsequently discussed further within each department. (6) In implementing management training and subsequent review, after active training.

Conclusion: These issues is not only the facility housing the elderly/infirm evacuation shelter, but the organizations associated with management, that need to have open, continual discussions on shelter issues. This will enable solutions to be found and lead to further development in manual preparation.

References: Cabinet Office: Minister of State for Disaster Management: Ensuring and Management Guideline for an Elderly/Infirm Evacuation Shelter

(http://www.bousai.go.jp/taisaku/hinanjo/pdf/1604hinanjo_hukushi_guideline.pdf,2016.4)

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-309

MATCH OF “D-CAFE HEALTHY MEASUREMENT MEETING” IN SUZUKA-SHI NAGO AREA

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Objectives: 【はじめに】 鈴鹿市長太地区の高齢化率は22.4％と，約4人に1人が高齢者である．長太地区の特徴としては，田んぼと海に挟まれている町，また海の近辺は若い世代の移住者が増えている．医療と介護現場では，医療は内科・歯科ともに3箇所ずつあり，充実している．一方で介護現場では，事業所が3箇所あり，そのうち2箇所に通所介護はあるものの地域に開かれた活動がなされていない．そのため，長太地区の地域住民は自己の健康管理を医療現場に頼っていることが多い．以上のことをまとめると，長太地区の地域課題には，（1）移住者が多いため，横の繋がり（助け合いの精神）が希薄している，（2）認知症や介護の相談場所はあるが，開かれた活動がなされていない，（3）自助・互助を担う環境がない，がある．これらの課題を解決するため，長太の寄合所「くじら」では平成28年4月から月に一回「D-カフェ・健康測定会」を開催しているので，経過報告する．なお，発表の趣旨・個人情報に留意することを総合施設長に説明し，了承を得ている．
【内容】 平成28年4月から月に一回当事業所の休業日に「D-カフェ・健康測定会」を開催している．案内は，長太地区の地域住民の回覧・掲示板にて行った．D-カフェのDは「出会い」を意味しており，地域の憩いの場として活用していただき，横の繋がりの構築（例：地域住民同士，地域住民と専門職など）を目指している．時間は13時30分から15時30分の2時間．参加者は4月から10月までで延べ115名．参加者の内訳は，認知症当事者やその家族，民生委員，ボランティア，医療・介護の専門職，行政関係者が参加していた．会費は無料．スケジュールでは，（1）茶話会（13:30〜15:30），（2）健康測定会（14:00〜15:00），（3）昭和の遊びが体験できるお楽しみ会（15:00〜15:30），と3つのイベントがあり，自己選択・自己決定していただいている．健康測定会は作業療法士が担当し，心と身体の健康チェックとして，興味・関心チェックシートを用いて心の中に閉じ込めてある思い（してみたい事）を確認．また血圧測定などの他，握力や足首の柔軟性，片脚立位時間などの身体面の把握をし，自助・互助のきっかけ作りを行っている．
【今後の展望】 長太地区の地域住民の参加が少ないため，今後は医療と連携を図り，地域で安心できる居場所を目指していきたい．またボランティアの中には，認知症サポーター養成講座を受講しているが認知症をもつ人と関わったことが少ないとの声が多く聞かれた．そのため，当事業所と隣接しているグループホームとも協力して，認知症をもつ利用者と関わる環境をつくり，その後の認知症支援に繋げていきたい．

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-031

ALZHEIMER'S SOCIETY'S DEMENTIA FRIENDLY COMMUNITIES: CREATING MEANINGFUL SOCIETAL CHANGE

Emma Bould[*]

Objectives: Our work on the Prime Minister's Challenge 2020 is integral to creating a societal shift on dementia - ensuring people with dementia are included and empowered. In 2012 we had a target of creating 20 Dementia Friendly Communities by March 2015, but with a surge in demand and successful development we reached 98 communities. Our new target is to have half of the country recognised as dementia-friendly. So far, over 211 communities are recognised with a population of over 27 million people!

In Spring 2016 we introduced an evidence-based online recognition process to ensure that all communities are changing the things that matter to people affected by dementia. The communities are audited by regional and national teams to ascertain that impact has been demonstrated and the areas of action as outlined by the BSI Code of Practice are met. They can then be awarded with the *working towards becoming dementia friendly* status.

We provide supplementary sector guidance, as well as applicable examples to support our communities. Two sector areas we are currently developing:

Dementia friendly businesses pilot

Dementia costs businesses £1.6 billion per year (Centre for Economics and Business Research, 2014) with over 89% of employers believing that dementia will become a bigger issue for their organisation and their staff (Employers for Carers, 2014).

This pilot engages with 10 major businesses to test the viability of an action plan for businesses to become dementia friendly. At the end of the process an assessment was made on how they support employees, customers or clients in key areas including HR processes/procedures, training and awareness, customer and client support and physical environments. The outputs of the project include the development of a report with key recommendations on how to role this out nationally, and best practice case studies across different sectors.

Dementia-friendly retailer guide

Our recent survey showed that almost 80 per cent of people with dementia listed shopping as their favourite activity. However, 63 per cent thought shops were not doing enough to help people with dementia.

Along with industry experts we have created this guide to support retailers – stores, shopping centres, retail parks and high streets – to use it to enable people with dementia to continue shopping for as long as possible. This looks at four key areas that can be adopted by any retail establishment – large or small.

- Improving staff awareness and understanding
- Reviewing the physical environment of their store/premises
- Supporting staff who develop dementia or care for a person with dementia
- Supporting their local community

Much needs to be done to create a societal change towards dementia but we can enable people affected by dementia to carry on doing the things they enjoy; having the same human rights as we all expect.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-029

TOWN SQUARE, AN INTERNATIONAL MODEL: DESIGNING A DEMENTIA FRIENDLY IMMERSIVE REPLICA 1950S ERA URBAN ADULT DAY PROGRAM ENVIRONMENT

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[1]The George G. Glenner Alzheimer's Family Centers, Inc., [2]George G Glenner Alzheimer's Family Centers, [3]George G Glenner Alzheimer's Family Center, San Diego, United States

Objectives: Quality of life for people with dementia can be improved when environments are designed to compensate for deficits and support remaining cognitive abilities. Modifying physical design has been found to improve mood and social interaction, reduce agitation, increase orientation and maintain and improve cognitive function (Marquardt, Bueter, & Motzek, 2014). Reminiscence Therapy (RT) also has positive effects on people with dementia, particularly, spontaneous reminiscing (cued by context and visual, auditory, olfactory and/or tactile sensations), which does not require impaired abilities such as recall and language (Bruce & Schweitzer, 2014). As people age, there is a Reminiscence Bump, they are more likely to access autobiographical memories formed between ages 10-30 (Old & Naveh-Benjamin, 2008). These memories tend to remain intact for people with dementia and recent research indicates RT can improve recall of autobiographical memories and reduce anxiety and depression (Fromholt, Mortensen, Torpdahl, Bender, Larsen & Rubin, 2010; Lopes, Afonso, & Ribeiro, 2016). Creating an environment that is designed for people with dementia and set in the era of their youth, projects to maximize benefits to adult day program participants and their carers.

The primary objective is to create an adult day center for the community, for carers and for people with dementia where they are treated with dignity, feel respected and can find purpose. Objectives also include designing an immersive, safe environment that feels familiar, facilitates spontaneous reminiscing, improves mood and helps to maintain physical and cognitive function. To accomplish these objectives, an indoor, replica 1950s San Diego-themed city environment, known as "Town Square," has been designed by architect, Douglas Pancake. As participants enter the approximately 19,000 square foot building they will be transported to a familiar time and place. Six neighborhoods will have 23 stores with specific programs and opportunities for engagement, including a diner with juke box, garage with a 1959 Ford Thunderbird, pet store, fitness room, museum and art studio, school for intergenerational projects, fully-functional movie theater, park with putting green and raised gardening boxes and more. The storefronts are built by a community partner, the San Diego Opera. The Center will be open 7am-7pm with programming to accommodate carers with working schedules It will also be open evenings and weekends as a safe place where families can accompany loved ones and engage in activities together. Town Square is a transformational care model that is affordable and scalable and can be replicated throughout the world.

Disclosure of Interest: M. Baker Conflict with: Director of Education for George G. Glenner Alzheimer's Family Centers, Inc., S. Tarde Conflict with: CEO & Executive Director

Well-being

Dementia friendly communities

PO2-305

THE EFFICACY OF DEMENTIA CAFÉ USING OLD TRADITIONAL JAPANESE HOUSE (KOMINKA) FOR PERSONS WITH DEMENTIA AND THEIR CAREGIVERS

Motoharu Kawai[*][1], Setsuko Fuji[1], Noboru Takenaga[1], Keiko Tamura[1], Takako Harada[1], Junko Koshino[1], Chizuko Yamada[1], Ruriko Murota[1], Kyoko Yamane[1], Etsuko Kodama[1], Asako Matsumoto[1], Mitsuaki Eguchi[1], Sumiko Shiratsuti[1], Rie Yoshimoto[1], Shigeru Oda[1] and Yamaguchi Prefecture Branch of Alzheimer's Association Japan

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Objectives: In Japan, include support for the people with dementia and their caregivers as one of the main measures of "The Comprehensive Strategy to Accelerate Dementia Measures", so called "New Orange Plan" from 2015, the installation of dementia café has been promoted as a strategy for that. We have started the operation of dementia café in March 2015 to obtain a subsidy from Yamaguchi City. Once for two hours a month as held frequency, participation cost was 100 Japanese-yen (about 1 US Dollar). Utilizing the old traditional Japanese house that are older built more than 100 years （kominka） in the Yabara, Yamaguchi City, Yamaguchi Prefecture. There is The earthen floor（doma） in the place where entered the front door. And the open-timbered high ceiling is left beams made of pillars of the big tree, and left traces of smoked soot in the hearth, these structures to become a nostalgic feeling to enter the eye. In addition to the European-style room which prepared the chair and the table, the room of a dementia café has a straw-matted room (tatami room). Moreover, there is a piano in the next room, participants can be free to play whenever they want. The contents of activity in the dementia café centered on talking each other what the people with dementia and their caregivers feel usually, having drunk coffee, Japanese tea, etc. and eating sweets. In addition, it was considered so feel like visiting the home of acquaintance as an atmosphere making café is obtained. The participants are people with dementia, care family of dementia people and the caretakers of the Yamaguchi Prefecture branch of Alzheimer's Association Japan, a local residents, there has been a participant of every 10-20 people. The caretaker was included nurses and nursing care workers, medical staff of the experience is. In fact of the café, without being troubled in a conversation each time, how the people with dementia of the facial expression soften has been confirmed in real time, a good impression from the care family of dementia people not only the person with dementia. Not only that, the caregiver was often to be able to feel free to consult with the medical profession caretaker about the symptoms and medical treatment, care in need everyday. Although Japan had the day care service using public nursing care system, it was thought that the dementia café which can gather in the common place where the person with dementia, the care family of dementia people, and a local resident are could make the good situation which is not acquired from a day-care center. Moreover, it was suggested that the environmental management which utilized the kominka brought about influence good for elderly people with dementia and the care family of dementia people.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-427

IT IS ... FROM THE ACTION OF THE DEMENTIA CAFE IN ... KASAOKA-SHI, OKAYAMA ABOUT THE WAY OF THE DEMENTIA CAFE OF THE JAPANESE MODEL

Nozomu Takahashi*

Objectives: ヨーロッパで発祥した「認知症カフェ」。日本においても新オレンジプランの中で普及・推進が言われ、実際に日本国中に多くの認知症カフェが立ち上がっているが、認知症カフェの定義づけがなされていないこともあり、多種多様な内容・形態の認知症カフェがあることで、利用参加する認知症の当事者・家族や地域住民は認知症カフェの実体を掴めずに利用参加を躊躇している現状が散見される。

また、一方で日本においては現在テレビや新聞のみに留まらず様々な情報媒体を通じて認知症に関する情報が発信されている。そのため、認知症の本人や家族だけでなく普段の生活において認知症に関わることのない人々でも認知症の知識を得ることの出来る機会が増えてきている。しかし、知識の習得と認知症に対する偏見の解消は必ずしも比例しておらず、地域においては認知症に対する偏見がまだまだ根強い現状がある。

そのため、とりわけ地域の中で開催される認知症カフェが、新オレンジプランにおいて「認知症の人の介護者の負担を軽減するため、認知症の人やその家族が、地域の人や専門家と相互に情報を共有すること」を目的として地域の中で開催される認知症カフェが必要であると謳っていても、参加者の多くが偏見を拭いきれないままである場合、本当に認知症で悩んでいる本人や家族にとっては参加がしづらい現状がある。

そういった現状を踏まえ、日本において認知症カフェの取り組みを考えた場合、認知症カフェを分類化及び整理をすることで参加者の期待する内容をわかりやすくし、また、それぞれのカフェを体系的に開催し、連携作りをすることで複合化された日本型の認知症カフェを一体として形づくることが出来るといった仮説を立て、岡山県笠岡市において実践を試みた。

まず、認知症カフェの類型化を試みるにあたり、地域における認知症への偏見に対するいわば処方箋としての機能を大きく「相談型カフェ」「啓発型カフェ」の２つの分類にわけ、それぞれの類型化した認知症カフェを体系的に展開した。

２類型のうちの一つが「相談型カフェ」である。

開催場所は、プライバシーが確保できるよう不特定多数が行き交う商店街の一角の店舗を利用し、月２回の開催で特にプログラムは用意せず出入り自由のカフェスタイルで実施。参加対象者としては認知症の本人や家族に焦点をあてたカフェである。

主な機能としては、 認知症の本人や家族の日常的な悩みや不安などを語り合える場として公的サービスでは対応の困難な心情的な支えとしての機能。 地域包括支援センターや認知症疾患センターをはじめ多くの認知症の相談窓口が設置されているものの、認知症の症状の兆しを感じたからといって、すぐにそういった専門機関に相談に行くことは心情的に難しい本人や家族も多く、その為のハードルの低い相談場所としての機能。

上記２点に機能の重点を置いている為、スタッフもあえて専門職ではなく認知症の家族の介護経験者を配置しており、参加者との共感を得やすい工夫をしている。但し、相談内容によっては必要に応じ専門機関へのパイプ役になる場合もある。

また、認知症の本人や家族が参加しやすい環境についても考慮しており、機能の重点化を図っていることで、参加対象者の限定はしていないが、結果的に興味本位で参加する人が少なくなり、参加者同士が周りの目を気にすることなく語り合うことが出来ている。

２類型化の２つ目が、「啓発型カフェ」である。

開催場所は、身近で参加しやすい場所を選び地区の公民館や福祉施設の地域交流スペースを利用し、毎月の開催で認知症に関する講話を１時間、その後に専門職を含めた参加者同士の談笑の時間を１時間設け限定された時間の中ではあるものの認知症について自由に話が出来るスタイルで実施。

参加対象者としては特に限定はなく認知症に対し関心のある地域住民や専門職など誰でも参加でき、認知症の本人や家族も参加できる。

主な機能としては、 認知症のことを正しく知ることができ、参加者同士で認知症のことを気軽に話が出来る場としての機能。 企画から運営までを地域住民が主体となり取り組むことで地域づくりの一環としての機能。

この啓発型カフェではスタッフに専門職と地域住民を混在させることで、一般の参加者だけでなく運営側のスタッフにも地域の中でのアンテナ役としての啓発を意図した工夫をしている。このことは認知症の早期発見、早期受診に繋がることの効果をも狙っている。

また、誰でも参加できる環境により、認知症に関心のある多くの地域住民がカフェに参加することで、認知症に関する正しい知識を持ち、参加者同士が地域の中で顔の見える関係を築くことが出来ている。

以上の類型化したカフェを実施してきて、相談型カフェにおいては月２回の開催で毎回４時間の開催ながら参加者は認知症や認知症予備軍（MCI）の本人や家族を中心とした毎回平均７名程度の参加者がおり、リピーターとしての参加者もいることからその必要性が立証できた。

次に啓発型カフェだが、毎月の開催で立ち上げ当初から参加者数も増え続け、毎回平均して２０名程度の地域住民の参加があり今後も増え続けていく事が予想されていることから、こちらもその必要性が立証できた。

また、概ね参加対象者がそれぞれのカフェに対し意図した形で参加しており、併せてそれぞれのカフェ同士で連携が取ることで、参加者の参加動機に応じてお互いのカフェを紹介することが出来ており、参加希望者が不安を感じながら参加する事態を防ぐことが出来た。

今後は啓発型カフェの性質上において地域住民の身近に存在することが必要であることから設置個所を増やしていく予定であるが、相談型カフェにおいてはプライバシーの確保が重要であるため開催箇所を増やすのではなく必要に応じて開催回数を増やすことを検討していく必要がある。併せて今後の展望としては、認知症に対して関心のない地域住民においても、認知症に関心を持ち正しく理解してもらう機会を作り、地域の中にある偏見を解消することが認知症にやさしい地域づくりにおいて必要である。その為には類型化した２つだけではなく、今後は認知症の予防などの多くの人々にとって共通した関心の高い事柄をテーマにした「予防型カフェ」などの立ち上げも必要と考える。その際、今回の類型化同様にそのカフェの持つ機能を整理し、それぞれのカフェとの連携を築き、複合化を図ることで更なる完成形としての日本型の認知症カフェを作り上げることが出来ると考える。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-316

COMMUNITY BUILDING THAT PEOPLE WITH DEMENTIA CAN GO OUT WITH CONFIDENCE IN OMUTA-CITY

Rumiko Otani, Makoto Ryuen, Mayumi Miyata*, Sinpei Saruwatari

Objectives: はじめに

大牟田市は、福岡県の最南に位置し、かつては炭鉱で栄えた工業都市。閉山後急速に人口が減少し現在は約12万人、高齢化率は３４％を超えている。そんな中、この15年間、行政、事業者、地域が一体となって認知症になっても安心して暮らせる地域づくりに取り組んできた。その取り組みは「大牟田方式」とも呼ばれ、全国のモデルになっている。

地域認知症ケアコミュニティ推進事業

2001年11月、市内の認知症に携わる施設や医療機関の責任者レベルの専門職が手を携えて「大牟田市認知症ライフサポート研究会」が、大牟田市介護サービス事業者協議会の専門部会として発足。事務局を大牟田市の長寿社会推進課が担い、「意識改革」「ケアの実践力向上」「地域づくり」という3本の柱をたて、2002年より「地域認知症ケアコミュニティ推進事業」を進めてきた。この事業の目的は、「地域全体で認知症の理解を深め、認知症になっても誰もが安心して暮らし続けるまちをつくろう」というものである。

地域認知症ケアコミュニティ推進事業

全国に先駆けて、さまざまな取り組みを展開してきたが、それは2002年に実施した市内全世帯の大規模な実態調査結果が導いたもので。この中で「地域で認知症の人を支える意識やしくみが必要だと思うか？」という設問があり、その回答と市民から寄せられた約１５００の自由意見が、「地域づくりの提言」となっており、それらを実現する形で、認知症施策が進んできた。その1つが、地域で認知症の人を支えるためには、向こう三軒両隣、小学校校区の身近な地域のネットワークをつくる必要があるのではないか？そのためには自治会や民生委員や地域資源をもっと活用をしようというもので、これを受けて、2004年１つの小学校校区をモデルとしたネットワークづくりが始まった。

13年間に及ぶ認知症ＳＯＳネットワーク模擬訓練

駛馬南小学校校区で始まった地域住民ネットワークの名称は「はやめ南人情ネットワーク」という。その活動の柱は、 子供も大人も認知症の人も、みんなが集まる場をつくろう～集まり場づくり　認知症の人や家族を支え、行方不明にならないように日ごろから見守りや声かけができるようにＳＯＳネットワークをつくろう、というもの。その一環として、2004年、大牟田市で第1回目の模擬訓練を「はやめ南校区」が実施した。2007年からは市が主催し、７校区に広がり、ついに2010年には市内全校区へ広がった。2014年以降、3000人を超える市民が参加し、それぞれの校区の実情や課題に応じた訓練を、地域住民や商店、小中学校や高校生、等と協力して毎年実施してきた。模擬訓練とは、認知症の方の行方不明が発生したと想定し、その行方不明の外出役をした市民が、市内を歩いている中、警察や消防、行政が連携し、地域住民や生活関連企業、介護サービス事業者等に情報伝達を行い、その情報を得た住民らが、出来る範囲で探したり、声をかけ、無事に保護しようというものです。模擬訓練の目的は、一人でも多くの市民が認知症に関心を持ち、日頃から互いに声をかけ、気配り、見守り合うという意識を高めていくこと、またセーフティーネットとして実効性の高いしくみを構築することである。そのために、模擬訓練に先立ち、多くの小学校校区の身近な町内会レベルで、あるいはスーパーや郵便局、銀行など生活関連企業において認知症サポーター養成講座や声かけのロールプレイ等が、延べ100回を超える等、毎年活発に実施されている。そして回を重ねるごとに、校区住民の主体性や独自性が生まれ、自分たちの身近な暮らしの課題として、住民同士が議論し、学び合い、助け合う方法を導いてきた。2012年からは、小中学生が地域住民と一体となって取り組む校区も増えている。きました。子供たちが参加するこ

とは、地域住民にとっても、まちづくりを活性化する大きなチャンスになっている。セーフティーネットの構築としては、市内の安全・安心情報のメール配信システムである愛情ネットが構築され、約6300人の市民が加入し、メールにより行方不明の情報が配信されるようになった。2016年は、ICT（通信機能）を活用した実証実験にも取り組み、更に行方不明のリスクが高いケースの場合、事前登録、支援カンファレンス、支援マップの作成等、個々の安全を保持できる体制づくりをしている。

模擬訓練の成果

大牟田市全域に認知症の人が安心して外出できるための、市民の意識の向上と日常的な声かけ、見守り活動が浸透していきた。また 大牟田市ほっと・安心ネットワークのシステムとして、市内全域の校区住民組織や介護サービス事業者等の連絡体制、警察署・消防署を中心に生活関連企業で構成するネットワークへの連絡体制、愛情ネット（メール配信）のシステム及び周辺市町村との広域的な連絡・支援体制が構築されている。それらの拡充により、認知症による行方不明の保護数が大幅に増え、ネットワーク利用前に発見されたり、メール配信30分以内に発見される事例が増えている。周辺市町村へ、広域的なネットワーク化が進められ、福岡県においても、「福岡県認知症高齢者等徘徊SOSネットワーク推進連絡会議」を開催し、行政・医療・介護・福祉・交通・金融・商業・電気・ガス関連団体へのSOSネットワーク構築に向けた働きかけが行われ、大牟田市の取組が県全体に広がってきている。また毎年全国から多くの視察者が参加し、自分の地域に持ち帰り、模擬訓練を実施している自治体や地域が、2016年9月現在、約２２０ヶ所以上（当市独自調査）に上る。

今後の展望

11年間、「徘徊がノーではなく、安心して徘徊できるまちをつくろう」とスローガンを掲げ、通称「徘徊模擬訓練」と称していたが、2015年から当事者視点の重視、人権への配慮、認知症の正しい理解の普及促進の為に、訓練名称に「徘徊」という言葉を使わないこととした。校区によっては、模擬訓練を通して、住民同士の集まり場づくりや世代間交流、生活サポートまで、さまざまな地域づくりに展開していく校区も増えてきました。中にはＮＰＯ法人をつくり、地元の住民の生活の課題に向き合っている校区もあります。また防災や要援護者のサポート、あるいは子供の見守りにも活かしている。

【おわりに】

　認知症をきっかけに、まちづくりを進め、さらに地域の理解を促進し、認知症になっても安心して暮らせるように誰にとっても優しい町になるように活動を継続していく必要がある。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-304

SOCIAL INCIDENTS COMMITTED BY PERSONS WITH DEMENTIA AND "RATIONAL CONSIDERATION" AGAINST DISCRIMINATION OF LAW FOR PERSONS WITH DISABILITY

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Introduction: Increasing the incidents and accidents by persons with dementia in Japan, but its provision for criminal policy has delayed against the present conditions

Objectives: The purpose of my study is seeking the problems in criminal policy and to show the alternative.

Methods: I have used some judgements of trial for the person with dementia and some interview from families with dementia, and examine to analyze the cause and background.

Results: Serious incidents caused by persons with dementia are increasing. These persons and their families have discontented attitudes toward Police and criminal authorities.

There may be several reasons for this attitude. 1)They and their families think that dementia patients some social support from the government. 2) It is illegal to discriminate persons with handicap and this law clearly state that the handicap people should have a rational consideration. According to this law, the society should have appositive attitude for the patients with dementia.

Serious incidents caused by persons with dementia are increasing. These persons and their families have discontented attitudes toward Police and criminal authorities.

There may be several reasons for this attitude. First, dementia patients and their families think that dementia patients some social support from the government. Second, It is illegal to discriminate persons with handicap and this law clearly state that the handicap people should have a rational consideration. According to this law, the society should have appositive attitude for the patients with dementia.

Conclusion: Practically, dementia people should not get rational consideration when they seek help from the Police officer. Furthermore, at present, for dementia patients, there is a severe shortage of social health work, medical treatments and other health facilities. This has become a new topic in the criminal policy and social work practice today.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-025

RESPECT & CARE FOR OUR ELDERS - NIGERIA AND CULTURE OF CARE

Kikelomo Edwards*

Objectives: WE WHO CARE MEAN WELL. WE TEACH OURSELVES EVERYTHING THERE IS TO LEARN ABOUT THE CONDITIONS WE COME ACROSS. WE BECOME “PHARMACISTS, SPECIALISTS, DOCTORS, NURSES” OF THE PERSON FOR WHOM WE CARE. THIS IS ALL DICTATED BY THE NECESSITY TO UNDERSTAND THE ISSUES ENCOUNTERED DAY IN DAY OUT.DOES THAT MEAN WE ARE DOING A GOOD JOB? OF COURSE, WE BELIEVE WE ARE. BUT WE NEED TO QUALIFY THAT BY SAYING IT IS AS GOOD A JOB AS WE CAN DO WITH OUR LIMITED KNOWLEDGE AND RESOURCES.WE LAMENT THE FACT THAT SOME GOVERNMENTS IN LOW-MIDDLE INCOME COUNTRIES APPEAR TO TURN A BLIND EYE TO THE NEEDS OF THEIR PEOPLE LIVING WITH DEMENTIA. WHY SHOULD THEY BOTHER RECOGNISING THESE NEEDS WHEN THERE ARE PEOPLE TO DO THE JOB OF CARE WITHOUT COSTING THE GOVERNMENTS ANYTHING? OR SO THOSE GOVERNMENTS THINK. THEY DO NOT RECOGNISE THE IMPACT THIS HAS ON THE SOCIETY. TIME SPENT BY A PERSON WHO SHOULD BE IN GAINFUL EMPLOYMENT, THAT PERSON PUTTING THE NEEDS OF THE PERSON THEY CARE FOR ABOVE THEIR OWN NEEDS. THIS LEADS TO POOR HEALTH, DEPRESSION ETC IN THE PERSON DELIVERING THE CARE. WHAT HAPPENS WHEN THAT PERSON SUCCUMBS TO THEIR ILLNESS? THEY BECOME THE “CARED FOR” BY ANOTHER PERSON WHO SHOULD BE CONTRIBUTING TO THE ECONOMY OF THE SOCIETY. AND THE WHEEL OF CARE GOES ROUND AND ROUND....WHY ARE GOVERNMENTS THINKING THEY NEED TO BURY THEIR HEADS IN THE SAND ON ISSUES SURROUNDING DEMENTIA CARE? FUNDING! PLAIN AND SIMPLE. LOW-MIDDLE INCOME COUNTRIES HAVE PRIORITIES INCLUDING OTHER NCDs. FOR NIGERIA, THE TOP PRIORITY IS IN SECURITY AND IN TACKLING CORRUPTION.WHY SHOULD THEY WORRY ABOUT A RELATIVELY NEW ISSUE? THEY ONLY SERVE 4 YEARS, IF LUCKY 8 YEARS AND THEIR TERM IS UP. THEIR THOUGHTS ARE WHY WASTE TIME ON ISSUES THAT IS NOT AN IMMEDIATE VOTE EARNER?

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-024

COMMUNITY BASED CARE OF DEMENTIA IN THE SDA CHURCH

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Objectives: Introduction

Dementia is an important issue in the developing and developed country. In Taiwan, there are more than 20,000 patients diagnosed with dementia, and non-pharmacology therapy are supported by government and non-government organization.

Purpose/methods

“The Peaceful sea center ”was founded by Sungshan Adventist Church in 2015. Taiwan Adventist hospital （TAH） started “The Dementia Caregiver course” since July 2015.In this course with 10 topic on every Tuesday, we share the expertise of dementia care. Wednesday and Thursday will be arranged church activity course, with each week 3 half the time to teach excited and activities to prevent and deterioration and promote healthy living.

Caregiver can learn the skills about this disease, and also can get support and respite in this class.

Results

2015 July – 2016 December total have 160 students. Among 30 people referred by the students, and diagnostic to Mild Cognitive Impairment (MCI) has 6 (3.75%), Alzheimer’s disease has 3 people (1.86%), all current patient are regularly visit tracking also ongoing in parochial facility.

”The peaceful sea center” had been recognized as a dementia friendly church by Taiwan Alzheimer’s disease association (TADA) in 2015, and the course will be continued for at last 3 years.

Conclusions

Community based care mode in Taiwan is rare, however Taiwan Adventist hospital (TAH) succeeded. The Dementia carry course is focused on pharmacologic therapy. Maintaining an active social life and regular daily activity can slow down the function decline.

“The peaceful sea center” not only give lessons to people but also give the opportunity to dementia caregiver a respite place.

We follow the spirit of Jesus Christ in providing holistic care. That is TAH mission also is SDA church vision.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-314

REALIZING DEMENTIA FRIENDLY COMMUNITIES WITH “WORDS FOR A JOURNEY”

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Objectives: In this poster, we present cases of using “Words for a Journey” to realize Dementia Friendly Communities (DFCs). “Words for a Journey” is a pattern language for living well with dementia that contains positive and practical wisdom about daily life, which were extracted from interviews about experiences of people who are living well with dementia (Iba and Okada, 2015). By using this pattern language, we can share ideas and practical knowledge on living with Dementia and helps us to talk with others toward realizing DFCs.

Dementia is not a personal problem, but is a problem for the whole society. Therefore, various people should be involved in a social movement toward creating DFCs. We must work to create DFCs; places or culture in which people with dementia and their careers are empowered, supported and included in society, and where they can understand their rights and recognize their full potential (ADI, 2016).

Although we know many that already exist, it is difficult to create new DFCs. There are examples of DFCs that exist, but such communities are often hard to reproduce, as they are community-specific or location-specific. In order to create new DFCs, the people in the community must be involved in the process of creating it. We consider pattern language as an effective communication tool in involving various people. By using “Words for a Journey” as a communication tool, we can generate new ideas with other people to brainstorm ideas through examining patterns that mention the problems and solutions that people living with dementia face.

Presently, there are various DFCs emerging in Japan through using the “Words for a Journey”, such as a dementia cafe in Tokyo. This cafe is adjacent to a hospital and is usually open to the community as “Favorite Place”, and also hosts concert band “Mix-Up Event.” The ideas for this café were based on the ideas that were generated by reading the “Words for a Journey.” In elderly housing with supportive services in Chiba, a photo contest is generated by “Words for a Journey.” This contest is“Mix-Up Event” for person with dementia’s “Own Way of Expressing” and also local people. This contest was idea generated at staff training time, how person with dementia enjoy their daily life.

Now we were collecting these cases through a project called “A journey to find the Words for a Journey.” In this project, we go to communities and interview those using “Words for a Journey” to find out how and which patterns they use. We also hold workshops and events in many places. Our aim is to encourage more people to use “Words for a Journey” and generate new DFCs in many places.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-313

DEMENTIA FRIENDLY COMMUNITY IN TAIWAN

Li-Yu Tang* [1], Te-Jen Lai[1, 2], Huey-Jane Lee[1], Meng-Hua Chou[1], Ya-Chuan Chou[1] and Taiwan Alzheimer's Disease Association

[1]Taiwan Alzheimer's Disease Association, Taipei, [2]Chung Shan Medical University, Taichung, Taiwan, Republic of China

Objectives: Alzheimer's disease and other dementias affect more than 26 million individuals in Taiwan. The number of Taiwan people living with dementia is growing fast. More than ninety percent of people living with dementia continue to live at home and were cared by family caregivers. Besides, in 2016, the old-age dependency ratio in Taiwan was 20; by 2050, it is projected to hit 100. For every 100 working age adults, 100 will be dependents. We need a friendly community to support the growing population of dementia. We has developed dementia friendly stores, dementia friendly churches and dementia friendly clinics step by step to create a dementia friendly society since 2013.

How to build dementia friendly communities in Taiwan?

Components of dementia friendly community

The three key components are (1) dementia friendly individuals, (2) dementia friendly organizations and (3) dementia friendly environment.

Define target audience

A dementia friendly community, include local independent stores, chain stores, local clinics, churches, schools and borough chief.

Establish a partnership

A partnership from 2013 was established in the central and local government, especially Mioli County and New Taipei City Government. And we support for individuals to participate "Dementia Guardian Angel Program" to increase knowledge of dementia. TADA will keep collaborating with the central and local government.

Key activities

TADA encourage organizations to use the TADA Dementia Friendly Tool-kit to make staff to better understanding of dementia. TADA Dementia Friendly Tool-kit includes a booklet 'Introduction of Dementia', guideline of dementia friendly stores, logo sticker and standard operating procedure of dementia friendly stores. Besides, we promote guideline of dementia friendly community in Taiwan via the TADA website and provide a printed guideline for borough chiefs.

Until now there are more than 1600 dementia friendly stores, 300 dementia friendly clinics and 100 dementia friendly churches in Taiwan. Our future plans are to establish a partnership with the central government, provide counseling of dementia friendly community proposal for borough chief, develop on-line training programs and the Taiwan dementia friendly community website. We dream about creating local community version of De Hogeweyk in Taiwan!

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-022

DEMENTIA FRIENDLY COMMUNITY: THE ITALIAN EXPERIENCE OF ABBIATEGRASSO

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[1]Golgi Cenci Foundation, Abbiategrasso (MI), [2]Federazione Alzheimer Italia, Milan, [3]ASP Golgi Redaelli, Abbiategrasso (MI), [4]Associazione Italiana Psicogeriatria, Brescia, Italy

Objectives: Dementia is a big challenge for our time and Alzheimer's disease is the most common cause. 1.2 million people are living with this condition in Italy.

Transforming a city, a country, a neighborhood in a supportive and inclusive community means to make this place better to live for people with dementia and their carers.

Federazione Alzheimer Italia, the biggest national non-profit organisation for people living with dementia in Italy, chose Abbiategrasso, a town near Milan, as a pilot for the first "Dementia-Friendly Community" project in Italy.

The choice was driven both by the number of inhabitants (32,000 and about 600 living with dementia) and by the fact that Abbiategrasso is already a friendly city with a great culture of solidarity, as demonstrated by the large number of voluntary associations and initiatives.

Federazione Alzheimer Italia involved in the project the Golgi Cenci Foundation, the "Golgi Public Company for Service to the People" of Abbiategrasso, the Italian Psychogeriatrics Association, the Municipality and the Local Health Unit.

First of all we analyse the needs of the community. A multidisciplinary working group (psychologists, sociologists, geriatricians) was established with the aim to evaluate how people living with dementia and their carers look at the degree of inclusiveness of Abbiategrasso. Questionnaires were drawn in order to grasp different aspects of daily life and expectations about the DFC project. Before sending the questionnaires, focus groups with a selected group of people living with dementia and their carers evaluated efficacy and appropriateness of the different items.

In July 2016 97 questionnaires were sent to carers and 59 returned. The majority of carers are women, in particular daughters.

First analysis of data reveals that: a) the predominant feelings of carers are anxiety and loneliness; b) they need more information about help and support services available for them in Abbiategrasso; c) carers and the person living with dementia would like to being more involved in the city daily life (i.e. participating in gym class, going to the marketplace or local shops, meeting friends in public places); d) most of them reported obstacles to full participation in community life because of problems of urban infrastructures, social stigma towards persons living with dementia, lack of perceived safety.

In October 2016 a team of neuropsychologist started interviewing the persons living with dementia to understand expectations, desires and needs concerning their involvement in Abbiategrasso community.

At the same time some initiatives like informative events for the whole population, training courses for local police or small traders and civil servants are scheduled.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-315

PROPOSAL FOR A DEMENTIA FRIENDLY TRANSPORTATION

Ryoichi Maeda* [1, 2] and Dementia Friendly Japan Initiative

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Objectives:

【背景】

日本では認知症の当事者が 認知症の外出に関しては大きく２つの考え方がある。ひとつはリスクを回避することであり、もうひとつは環境を整備することである。いずれも認知症当事者の安全な外出を促進することを目的としている。しかし、当事者の状況を本人の意向のもとに適切に判断しないと活動を抑制してしまうものともなりかねない。

外出に関して、社会の中には危険だとし社会的責任を求められることもあり、否定的な風潮がある。一方で軽度認知症の方をはじめ、社会生活をおくるうえで交通機関利用をはじめ外出を行なっており、多くの困難を感じている。社会と当事者の中で矛盾を感じている。新オレンジプランや神戸宣言では生活環境整備が求められているが、実際はそのような風潮のもと外出しやすい「まちの機能」に関しては育ってはいないように思われる。

そこで今回は安心して外出できるまちづくりの第一歩として多職種と共にバスの指標づくりのセッションをDFJS（Dementia Friendry Japan Summit）2016にて実施した。その活動報告を行い、今後の方向性を示したい。

【DFJI交通プロジェクトの紹介】

DFJI（Dementia Friendly Japan Initiative）は2013年11月に発足した企業、行政、当事者、NPO、医療介護など多くのセクターが認知症にやさしいまちづくりのアクションを起こしていくためのゆるやかなネットワークである。メンバーはプロジェクトを登録し、仲間を募り対話を通してアイデアを試し、課題解決へむけたアクションを行なっている。現在は13のプロジェクトが進行している。

その中で交通プロジェクトは2015年12月に発足した。前述の通り、当事者の想いと社会の風潮のギャップに違和感を感じ、課題の整理と解決方法のアイデアを考えてきた。メンバーは作業療法士、介護福祉士だけでなく、交通系シンクタンク、企業、NPO従事者などで構成されている。これまでにオープンセッション、当事者・交通事業者へのヒアリング、当事者と共に交通利用した外出などを行なってきた。

調査を進める中で各セクター間の意識や認識の大きな違いを感じた。まずはそこで「やらなければいけない」行動目標ではなく、「私にとってもあったらよい」まちのイメージ作りを共有することとした。

そこでDFJIプロジェクトの１つである指標づくりプロジェクトのコラボという形で企画を行った。この指標プロジェクトでは認知症にやさしい地域づくりの評価指標（フィデリティスケール）を作成し、各地の先進的な実践を促進するためのツールとして活用をしている。厚生労働省の研究事業としても報告されている。フィデリティスケール作成のプロセスではまず認知症にやさしい基準となるテーマの軸を決定する。その中で5段階の行動目標を対話より作り出していく。それにより軸における自治体の取り組みの段階が明らかになり、次のステップに向けて関係者が共通認識をもてるようになっている。

【取組み1：DFJSでの指標作成セッション】

DFJS2016とはDFJIの登録プロジェクトや関連プロジェクトによるセッションが年1回開催されており、のべ200名前後の来場者との対話の場となっている。今回のセッションは指標づくりプロジェクトの河野禎之さん（筑波大）の司会によりすすめられた。企業、医療・福祉、大学・研究、メディアなど様々な職種の方が約60名の方が参加した。

今回の想定は最も地域差が少ないと思われるバスの利用をテーマとして、自宅から目的地まで安心して出かけられるまちのあり方について話し合いを行った。ワークは第一段階として、まず困りごとの軸を発見することから話し合った。次にその軸に対して、認知症にやさしい解決策を段階付けて指標化をしていく。「行き先がわかりやすいバス」「正しいバスに乗ることができる」「ひととのつながりがあるバス」な様々な視点での多様な指標が完成した。

「認知症にやさしいバス」の軸として、運転手、バス停、車掌、バス内の表示、乗客間のコミュニティの5つがあげられた。段階付をまとめると、最低層の1段階では「関心が低い」、第二段階「気づきをえる」、第3段階「アクションを始める」第4段階「アクションを同業者内で広げる」、第5段階「業界以外の人と共にすすめる」といった傾向が伺えた。

【取組み2：東広島市での市バスを対象にした認知症サポーター養成講座】

芸陽バスの管理者を中心にした認知症サポーター養成講座が行われた。DFJSに参加された作業療法士 牛尾氏が東広島市からの要請により開催された。企画段階よりDFJI交通プロジェクトと共同で打合せを行った。

プログラムでは「認知症の症状や社会的背景などの概要」「認知症にやさしいバスの指標の紹介」を行ない、それをもとに意見交換を行った。認知症にやさしいバスの認証を得るためのワーキングがスタートし、具体的なアクションについての検討が始まった。

【考察】

認知症の方の外出を支援に関する意識は交通事業者や地域住民の中で高いとは言えず、まずは理解を求めていく必要性がある。

具体的なアイデア創発には地域やセクターを越えた対話を促すことが有用であり、具体的な活動の知見に関する意見交換を行うなど知識の創造・拡散の場としてDFJIは役割を担うべきであると考える。

実践を行なう段階では地域単位での取組みを行う必要がある。各自治体の認知症キャラバンメイト等地域に根付くセクターと連携を行ないながら対話の場を作り、理解や行動を促していくことは有用に思えた。

以上のように活動を進める際に知識の創造・拡散のサブシステムと知識の適用・活用のサブシステムを具体的に整理し、各地域の取組みを支援する体制づくりが重要である。

【謝辞】

本プロジェクトをすすめるにあたり、ご指導をいただいたDFJI交通プロジェクト・メンバー（交通エコロジーモビリティ財団の松原淳さん、花王株式会社の横須賀道夫さん、マルホ株式会社の河上崇陽さん）に感謝いたします。また、指標作成セッションの企画・進行に協力をいただいた筑波大の河野禎之さん、富士通研究所の岡田誠さん、認知症サポーター養成講座での企画・実施に協力をいただいた老健ゆうゆうの園の牛尾容子さんに感謝いたします。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-023

CONSIDERATION OF THE DEMENTIA DEVELOPMENTAL APPROACH PROGRAM FOR ENJOY LEARNING

Mari Miyake, Seiko Masuda*

Introduction: 我が国では、高齢者の5人に1人が認知症になると予測される2025年1) に向けて、地域特性に応じた見守りの仕組みづくりが喫緊の課題2) である。K市H区のA地区では、平成21年度より、岡本バラ公園ネットワークを形成し、A地区の開業医、地域包括支援センター、コンビニエンス店長、交番の警察官、薬局薬剤師を中心に認知症高齢者の見守りおよび早期支援を行ってきた。2016年度より、中心メンバーが認知症地域支援推進員の兼務となったことから、地域全体で高齢者の見守りを行うために、小学生と保護者が認知症高齢者を正しく理解し、偏見なく対応できる力(認知症高齢者支援力)を育成する活動を始めた。認知症高齢者と触れ合う機会が少ないと考えられる小学生と保護者を対象に、A地区で認知症の学習会を継続的に開催し、認知症高齢者に対する理解を深めるためには、参加者と企画者双方が楽しめる工夫が必要である。そこで、今回、小学生向け認知症啓発プログラムにコミュニケーションロボットの活用を検討した。

Objectives: 参加者と企画者双方が楽しめる小学生向け認知症啓発プログラムを作成するために、プログラムにおけるコミュニケーションロボットの活用方法を検討する。

Methods: 対象：K市H区のA地区の小学生向け認知症啓発プログラムを企画する岡本バラ公園ネットワークメンバー

企画会議：2016年4月から1～2か月に1回開催、参加者は、A地区の認知症地域支援推進員、医師、認知症研修者、コンビニエンス店長、薬剤師、社会福祉士等であった。

Table: 討議内容：

日時	内容	参加者
2016年4月14日 15:00 ～ 18:00	5月12日「岡本バラ公園ネットワーク会議」の打ち合わせ	認知症地域支援推進員、認知症研究者、社会福祉士
2016年5月12日 13:00 ～ 14:30	岡本バラ公園ネットワーク会議の資料準備	認知症地域支援推進員、 認知症研究者、社会福祉士
2016年5月12日 15:00 ～ 16:00	岡本バラ公園ネットワーク会議 （小学生向け認証高齢者支援力育成プログラムご協力のお願い） プログラム内容 対象者 実施計画	医師、認知症地域支援推進員、薬剤師、コンビニ店長、 認知症研究者、交番警察官、 社会福祉士

2016年7月12日 14:30　〜　17:00	5月会議の振り返り 9月15日「岡本バラ公園ネットワーク会議」の打ち合わせ	認知症地域支援推進員、認知症研究者、社会福祉士
2016年9月15日 13:00　〜　14:30	岡本バラ公園ネットワーク会議の資料準備 設営(Pepper準備)	認知症地域支援推進員、認知症研究者、社会福祉士
2016年9月15日 15:00　〜　16:00	岡本バラ公園ネットワーク会議 教材について Pepperの活用についての意見交換	医師、認知症地域支援推進員、薬剤師、コンビニ店長、認知症研究者、交番警察官、社会福祉士

Results: コミュニケーションロボットPepperを小学生向け認知症啓発プログラムに取り入れることで、多くの企画メンバーから、「楽しい」、「面白い」との声が聞かれた。また、A地区の小学生をもつ保護者や関係機関の関心は高く、参加者募集前から10数名の「参加したい」との問い合わせがあった。しかし、実際にPepperと触れ合い、具体的にPepperと対話するためには、タイミングがあることや、質問方法に工夫が必要であった。そのため、企画メンバー間で話し合いの結果、Pepperの役割は、認知症の学習を進める上での進行役として活用した。

Conclusion: コミュニケーションロボットPepperは、現在、様々な分野で活用方法が検討されている。今回、Pepperを小学生向け認知症啓発プログラムに活用する試みは、企画メンバーにとって、新しい試みを実現化するモチベーションとなったと考えられる。また、参加者にとっても、認知症の学習会に参加する動機となる可能性がある。プログラムの作成に関しては、小学生向け認知症高齢者支援力育成プログラムに企画段階から参加させることで、Pepperの効果的な活用を具体的に考えることができた。

今後、認知症啓発プログラムの開催を通じて、Pepperの進行役によって、参加者と企画メンバーのモチベーション維持や学習効果について検討をしていく予定である。

References: 1. 厚生労働省：認知症施策推進総合戦略～認知症高齢者等にやさしい地域づくりに向けて～(概要)，http://www.mhlw.go.jp/file/04-Houdouhappyou-12304500-Roukenkyoku-

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2. 厚生労働省：地域包括ケアシステム，http://www.mhlw.go.jp/stf/seisakunitsuite/bunya

/hukushi_kaigo/kaigo_koureisha/chiiki-houkatsu/(2016.10.20アクセス)

Disclosure of Interest: M. Miyake: None Declared, S. Masuda Conflict with: Seiko Masuda

Well-being

Dementia friendly communities

PO2-299

TOWARD THE PERSON WITH DEMENTIA TO MIMAMORERU REGION

EFFORTS OF SAKYO WARD, IWAKURA SPHERE

Shigeo Matsumoto*

Objectives:

京都市左京区岩倉圏域においてこの5年間(2011～2016)“認知症は誰にでも起こりうる病気であること”。また、“認知症にだけはなりたくない”というイメージを変えるため“認知症サポーター養成講座”や“声かけ訓練”“交通機関との訓練”“地域における認知症普及啓発の取組”等を継続して行ってきた。果たして、我が街が認知症にやさしい町となりえたのか?今後の課題も検証したい。

【認知症サポーター養成講座　&　高齢者声かけ訓練】
<5年間の推移>

年度	オレンジリング配布数	訓練参加者数
2011	085	090名
2012	116	090名
2013	475	300名
2014	596	600名
2015	600	800名
2016	650	1000名

【次世代の担い手を対象に含めた声かけ訓練の実施】

当初、2年間(2012～2013)声かけ訓練の参加舎は100名足らずであり、ごく一部の支援者のみで行われていた。そこで、次世代の担い手が集まる地域のイベントに訓練をコラボレーションすることで、2014年以降、参加者を増やすことに成功。さらに、同伴している親(サポーター養成講座受講がもっとも低い年代20-40代の世代)へ普及啓発につながっている。

年度	対象	イベント	人数
2014	家族対象	里山ハイキング	300名
2015	児童対象	学区ふれあいまつり	500名
2016	児童対象	児童館まつり	500名

【交通機関との訓練】“認知症になっても安心して外出が続けられる地域へ”

認知症の方が行方不明となり、バス・鉄道・タクシー等の交通機関を利用することで、都道府県をまたぎ発見が遅れ、捜索も困難となる事態が生じている。そのため岩倉(京都市左京区)において毎年、訓練を実施する中で、交通機関と行政・医療・介護従事者とのネットワークを構築している。2016年度は、交通機関側からの要望もあり3機関で訓練が実施できた。また、本年度は「認知症になっても外出をあきらめない」をテーマに“ヘルプカード”を使用した訓練を実施。

年度	訓練実施　交通機関
2013	アオイタクシー
2013	叡山電鉄株式会社
2014	京都バス
2015	京都市市営地下鉄烏丸線
2016	叡山電鉄株式会社・京都バス・京都市バス

“ヘルプカード”

私は若年性認知症です。あなたの支援を必要としています。私が困った様子でしたら、やさしく声をかけて下さい。

I am a juvenile dementia. We need your support. When it was the state that I was in trouble, please over the gently voice.

【行方不明者発見協力者SOSネットワーク】

2014年度から認知症サポーター養成講座受講者、医療、介護事業者、商店等メール登録による協力者のネットワークを開始。

2016年9月末時点で224名の登録者の仲間が増えた。警察より早く見つけ出せることもあり、徘徊を散歩に変える地域づくりを目指している。

内訳:介護保険事業所83、地域住民92、医療機関30、店舗11、その他8

【考察】

当地域では、“声かけ訓練”という手法を活用し、“認知症にはなりたくない”というイメージを変える取組みを行ってきた。ここでできたネットワークは、何も“認知症”だけに限ったことではなく、子供や災害、“地域づくり”といったすべてに関わるネットワークに代用できる有効なアイテムである。

【結論】

私たちが目指す社会“認知症の方にとってのユニバーサルデザイン”とは…交通機関を例に挙げると、バリアフリーや手すりの設置等のハード面をより整備することだけでなく、たとえば、公共交通機関の職員に対する教育として、認知症サポーター養成講座の受講を推奨する等、ソフト面の両輪で支えていく必要があるのではないか。

認知症の方にとってのユニバーサルデザインとは、“やさしく声をかけ・見守る”という私たちが明日からできることで、決して難しいことではない。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-034

EXPERIENCES FROM THE FIRST HOUSE OF CAREGIVERS AND DEMENTIA-FRIENDLY CITY IN COSTA RICA

Norbel G. Roman*, Alicia Borja on behalf of municipality of Curridabat

Objectives: Experiences from the First House of Caregivers and Dementia-Friendly City in Costa Rica

Costa Rica is a small country located in Central America; the region is estimated to have one of the highest prevalence of dementia of any kind by 2050. In addition, Costa Rica has a one of the highest life expectancy at birth rates in Latin American, and also a high rate of aging, which may affect an eventual epidemiological change, especially with an increase in chronic non-contagious diseases. Against such a background, our country became the first country with a low or middle-income to have an Alzheimer Plan, developed through the efforts of the Alzheimer's Association of Costa Rica, and the extraordinary support from the Government of the Republic of Costa Rica.

The Alzheimer's Association has been working for 25 years with different projects of which "The Home of Caregivers" has become one of its main objectives, considered the benefit and projections it may have for the population, but also trying to provide support to the caregivers, as well as their training and other personal needs.

After two years of work, the results have been very satisfactory and we believe, such efforts have contributed to the welfare of caregivers and of people with some kind of dementing illness.

In 2015, the local government council of the Municipality of Curridabat established an agreement with our partnership, and later a resolution declaring the city friendly towards people with any cognitive impairment of Latin America was signed.

Nowadays, we are developing multiple actions for this shared effort between the Alzheimer Association and the Municipality of Curridabat. Among these we are about to implement a Project for Evaluators, which aims to train all primary-attention doctors in the area of dementia and in the utilization of screening tools. We also completed the first home-to-home screening in order to detect elderly people at risk. This screening is important in helping us define the cognitive risk and fatigue in the caregiver. We also aim to utilizing GPS techniques and better utilization of the available resources. We also plan to build a house for the caregivers, a project led by the Alzheimer Association with collaboration from different universities and other associations.

By further developing this concept of Dementia-Friendly City, such as the one in Curridabat, the Alzheimer Association of Costa Rica, wants to help the community by sharing efforts and taking advantage of multiple associations for the welfare of the elderly, always following ASCADA´s motto "Sharing Efforts".

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-035

EFFORTS OF SAKYO IWAKURA SPHERE TOWARDS THE AREA MIMAMORERU THE PEOPLE OF DEMENTIA

Matsumoto Shigeo*

Objectives: 左京区岩倉圏域においてこの5年間(2012～2016)認知症は誰にでも起こりえる病気として、認知症にだけはなりたくないというイメージを変えるため“サポーター講座”や“高齢者声かけ訓練” “交通機関との訓練” “認知症普及啓発”等を継続して行ってきた。果たして、我が街は認知症にやさしい町となりえたのか、今後の課題も検証したい。

【認知症サポーター養成講座　&　高齢者声かけ訓練】

<5年間の推移>

年度	2012	2013	2014	2015	2016	2017
リング配布数	085	119	475	596	600	650
訓練参加数	090	090	300	600	800	1000

【次世代の担い手に向けた声かけ訓練】

当初、2年間(2012～2013)は、声かけ訓練の参加舎は100名未満であり、ごく一部の支援者のみで行っていた。そこで、次世代の担い手が集まる地域のイベントに訓練をコラボレーションすることで、2014年以降、参加者を増やすことが可能となり、認知症のことを知る普及啓発につながっている。

年度	対象	イベント	人数
2014	家族	里山ハイキング	300名
2015	児童	ふれあいまつり	500名
2016	児童	ふれあいまつり	500名

次世代の担い手を対象とする地域のイベントにコラボレーションすることで、同伴している親(サポーター講座受講のもっとも低い年代と言われている20-40代の若い世代)への普及啓発につながっている。

【交通機関との訓練】“認知症になっても安心して外出が続けられる地域へ”

認知症の方が行方不明となり、バス・鉄道・タクシー等の交通機関を利用することで、都道府県をまたぎ発見が遅れ、捜索が困難となる事態が生じている。そのため岩倉、左京区において毎年、訓練を実施する中で、交通機関と行政・医療・介護従事者とのネットワークを構築している。

年度	声かけ訓練実施	交通機関

2013	アオイタクシー
2014	叡山電鉄
2015	京都バス
2016	京都市営地下鉄烏丸線
2017	叡山電鉄・京都バス・京都市バス

2017は、交通機関側からの要望もあり3機関で訓練が実施できた。また、2017年度は「認知症になっても外出をあきらめない」をテーマに“ヘルプカード”を使用した訓練を実施。

“ヘルプカード”

私は若年性認知症です。あなたの支援を必要としています。私が困った様子でしたら、やさしく声をかけて下さい。

I am a juvenile dementia. We need your support. When it was the state that I was in trouble, please over the gently voice.

【行方不明者発見協力者SOSネットワーク】

2014年度から認知症サポーター養成講座受講者、医療・介護事業者・商店等メール登録による協力者のネットワークを開始。

2017年9月末時点で224名の登録者の仲間が増えた。警察より早く見つけ出せることもあり、徘徊を散歩に変える地域づくりを今後も目指したい。

内訳:介護保険事業所83、地域住民92、医療機関30、店舗11、その他8

【考察】

当地域では、“声かけ訓練”という手法を活用し、認知症にはなりたくないというイメージを変える取組みを行ってきた。ここでできたネットワークは、何も“認知症”だけに限ったことではなく、子供や災害、地域づくりといったすべてに関わるネットワークに代用できる有効なアイテムである。

【結論】

私たちが目指す社会“認知症の方にとってのユニバーサルデザイン”とは…交通機関を例に挙げると、バリアフリーや手すりの設置等のハード面をより整備することだけでなく、ソフト面のサポートを忘れてはならない。

認知症の方にとってのユニバーサルデザインとは、“やさしく声をかけ・見守る”という私たちが明日からできることで、決して難しいことではない。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-302

‘IT’S GOOD TO SEE NATURAL GROUND’ - EXPLORING THE ROLE OF CREATIVITY, BILINGUALISM, CULTURALLY SPECIFIC MEMORY AND AN ORAL TRADITION IN ADDRESSING THE NEEDS OF PEOPLE LIVING WITH DEMENTIA IN THE OUTER HEBRIDES

Jonathan Macleod*, Paula Brown[1]

[1]An Lanntair, Stornoway, United Kingdom

Objectives: The paper examines the role of creativity, bilingualism, culturally specific memory and an oral tradition in addressing the needs of people living with dementia in the Outer Hebrides, putting forward the notion that cultures that use orally generated information storing and disseminating processes may offer an insight into finding new ways of looking at ageing, dementia and memory loss

Through the establishment of an award winning* person centred, bi-lingual (Gaelic/English) dementia friendly community based around the arts centre An Lanntair we have explored the potential for combining language, culture and creativity as tools for addressing the needs of people living with dementia, keeping minds alert and restoring the value of the elderly in the community.

The paper also analyses the following aspects of an oral tradition and ceilidh culture looking at their potential application in dementia research:

Face to face communication

Mnemonics as part of everyday life

Intergenerational cohesion

Bi-lingualism

Hand skills/Hand memory

We also explore the use of oral histories collected from reminiscence sessions as a valuable knowledge based resource for historians, academics and researchers, using the collaboration with St.Andrews University ‘Woven Communities’ project as an example.

http://lanntair.com/education/education-projects/

http://ssscnews.uk.com/2016/09/22/scotlands-leading-dementia-projects-celebrated/

*An Lanntair’s ‘Arora’ project won the best Dementia Friendly Community category at Scotland’s Dementia Awards 2016

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-030

SMALL JUNIOR HIGH SCHOOL STUDENT SUPPORTERS

Katsuhiro Tanaka*

Objectives: 「相手の立場に立って、相手の事を思いやれる優しい人になりましょう！」

～認知症キッズサポーター養成講座をきっかけに～

　学校で長年の活動実績のある「絵本読み聞かせサークル」のメンバー（主に児童の保護者で構成）をキャラバン・メイトとして養成、自作の紙芝居も使いながら語りかけてもらう。

グループワークでは他のメイト（専門職、地域のボランティア等）とともにファシリテーターを務めてもらう。

　講座のメインである「グループワーク」においては、単に対応方法を教えるのではなく、「優しいひとになりましょう！」をテーマに、たとえ、メイトから見たら間違った答えを出したとしても、その中にある子供たちの心や思いをしっかりと受け止め、「それはそれでＯＫなんだよ。その他人を思いやる『優しい心』が大事なんだよ。よく頑張ったね。」ということを褒めてあげる。

・(どんな答えが出ても)

『まず今日皆で一生懸命考えてくれた事に感謝を述べる。』

⇒これだけの時間を使って一緒に考え、私も皆に近づけたし、皆も認知症の人や家族の人の気持ちに近づく事が出来たと思う。

『これって認知症の人だけでなくお隣の人のことを考えてあげることにもつながるよね。』

⇒例えば、ケガをした子がいた。転んだとこをみてハッと思う子、かけよってあげる子、　　　　いろいろいると思うが、皆がその子のことを思う気持ちが大事。『気にする。』って事が大事。

⇒例えば、今日は先生がイライラしてる。

「怒ってるなぁ。」でなく、「先生、今日はどうしたんだろう？」とまで思う。

などの例で伝える

・上記を伝えること＝「優しい人になること」の重要性を伝えることにより、今は言葉として出てこなくても、実際、彼らが今後遭遇するシチュエーションにおいて、

「そうだ、あの時に教えてもらった『他人を思いやり、他人のことを考え』て行動しよう！」となることを期待している。

要は、『正解』を教えるのではなく、『（今じゃなくても）「ここぞ！」って時に、あるべき（正しい）対応が自然に出来るよう』導いてあげている。

・上記コンセプトを、講座開始前までに参加するメイト全員と共有する。

講座実施前に、担任の先生他、全校の先生対象に「認知症サポーター養成講座」を実施し、その中で「キッズサポーター養成講座の意義」を説明、理解を得る。

また、「キッズサポーター養成講座」の最後に、担任の先生から「今日の感想」として想いを語りかけてもらう。

４年生で「キッズサポーター養成講座」、５年生で「フォローアップ講座」、６年生で「『特別養護老人ホームでの体験学習』＋『体験学習後のフォローアップ授業』」という一貫したプログラムを実施し、高学年を対象とした「こころの教育」プログラムを実施。”

さらに進学先の中学校では、「精華町が暮らしやすいまちになるには何が必要？」をテーマに話し合ってもらい、様々なアイデアを出してもらう。

出てきたアイデアについては、行政相談員を通じて関係行政機関へ伝えるとともに、

関西文化学術研究都市立地を生かして、学校近隣の最先端研究所に意見を聞く。

実際に行政機関により、中学生のアイデアが実現した例がある。

認知症キッズ・ジュニアサポーター養成講座開催をきっかけに、将来を担う子どもたちが「やさしい心を持ったやさしい人」になること、そして高齢者から子どもまで町民全員が一体となって関わりながら「認知症になってもならなくても安心して暮らし続けられるまち・精華町」実現を目指す。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-021

SHONAN ORANGE PLAN – DEMENTIA FRIENDLY COMMUNITY IN KANAGAWA, JAPAN-

Kazumi Ota* [1], Hirofumi Ono[2], Miho Kondo[2], Hirotake Uchikado[1]

[1]Shonan Inaho Clinic, [2]Shonan Kenko Daigaku, Kanagawa, Japan

Objectives: In Japan, the number of people with dementia is increasing rapidly and is expected to be over 7 million by 2025. In 2015, Japanese government adopted the new national dementia strategy called "New Orange Plan" which was formulated through cross-ministerial collaboration. One of the themes of the strategy is to raise awareness and understanding of dementia. In order to promote it in a community-level, SHONAN ORANGE PLAN was announced on International Alzheimer's Day (September 21) in 2016. Shonan area in Kanagawa prefecture is located in south of Tokyo by the Pacific Ocean, and SHONAN ORANGE PLAN was proposed to make this area dementia friendly community. SHONAN ORANGE PLAN has three themes; Thinking about dementia, Supporting dementia, and Living well with dementia. One of our projects is fundraising. We declare September as Alzheimer's disease Awareness Month, and we asked shops, restaurants and clinics in the community to put a collection box to raise funds for Alzheimer's Association Japan. We also collaborate with local designers for raising awareness about dementia. For instance, we made organic cotton T-shirts with the original prints in front and made banners and posters which can be put up in the restaurants and coffee shops. Another project is to open a Dementia Café where people with dementia, their family members, and local people can get together and interact with each other. Because it is placed in a local coffee shop, the environment is open, pleasant, laid back, comfortable and friendly, and people can have healthy drinks and meals while chatting with others. Healthcare professionals specialized in dementia visit the Dementia Café to give them suggestions for their conditions, provide resources, and to listen to their needs. Dementia Café has positive impact on not only those with dementia and their family members but also volunteers and healthcare professionals who are involved (Nakamura, 2014). SHONAN ORANGE PLAN launch meeting in September 2016 was featured by a Japanese website for medical/health information.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-301

LET'S JOIN IN "ANE CAFE" WITH A LOT OF JOYNESS AND SMILING

Jiro Nagahashi*

Objectives: 楽しく出会う　姉カフェの現状と課題　抄録

Let's join in "ANE cafe" with a lot of joyness and smiling

はじめに

姉カフェは２０１３年３月、認知症になっても安心して暮らせる地域づくりを目指して始まった。当初は隔月で開催していたが、２０１４年１月より毎月開催している。当初より、とにかく長く続けられるカフェにしようと思っていた。認知症カフェとしての目指すところは大切にしながらも、細かいところには拘らず、楽しく続けられるカフェを目指そうというのが共通認識だった。今は参加者にとっても、私たちスタッフにとっても毎月の姉カフェが当たり前に存在している。準備等にそれ程大きな労力を使うことなく、毎月第２木曜になると姉カフェに集まり、楽しい時を共に過ごしている。姉カフェの現在の到達点を確認し、「認知症になっても安心して暮らせる地域社会」はどうやったら実現できるのか考えていく。

姉カフェ概要

姉カフェには大体１０人前後の参加者と１０数人のスタッフが参加している。参加者には毎回参加の人もいるし、時々参加する人もいる。認知症初期の人が多い様に思うが、はっきりした診断を受けていない人もいる。すでに介護保険のサービスを利用している人もいる。夫婦での参加もあるし、介護者のみの参加もある。認知症ではないが、地域の中に居場所を求めている人の参加もある。

笑いヨガ

１時半から姉カフェの一番の特徴である笑いヨガが始まる。椅子を円座に並べ、お互いの顔が見えるように座る。笑いヨガは「笑いの体操」と「ヨガの呼吸法」を組み合わせた運動法。笑うことで気持ちが元気になる事が目的だ。初めは作り笑いでも、皆で一緒に笑うことでいつの間にか心から笑っていることに気づく。姉カフェの常連の人は最初から笑顔全開。初めて姉カフェに参加した人も、楽しい雰囲気の中で自然に笑顔になっている。

笑いヨガのプログラムは大きく分けて２つのパートに分かれる。前半の動きの多いパートと後半の静かなパート。前半で沢山笑い、後半では呼吸を整え、瞑想の時間の後、テーマに沿った思い出を全員に話してもらう。自身の子供の時の事、子が小さかった頃の事、最近の事と話す内容は色々。それぞれの話に聞き入り、懐かしかったり、可笑しかったり、しんみりしたりと、静かに心を動かす時間だ。

笑いヨガの後は丸いテーブルを囲んでカフェタイム。スタッフ手作りのお菓子と紅茶やコーヒーで話が弾む。話の中から困っていることなどを聞き出すことも大切にしているが、参加者は純粋にカフェと会話を楽しんでいる。

姉カフェ到達点

地域の中に居場所を創るという意味では、姉カフェは認知症カフェの一つの目標に近づきつつある。笑いヨガで気持ちが明るくなり、楽しい気持ちでカフェタイムを過ごすことで、居心地のよい場所と感じてもらえている。笑いヨガは認知症予防の体操と捉えることも出来るが、姉カフェではむしろ認知症になっても安心して過ごせる居場所つくりのためのプログラムと捉えている。

スタッフの成長

姉カフェを心地よい場所と感じているのは参加者だけではない。スタッフもそれぞれ姉カフェに参加することで意味ある充実感や喜びを感じている。それが自身のスキルアップへの意欲だったり、他の地域での活動に繋がったりしている。

ケアマネや介護職もスタッフとして参加している。普段介護保険のサービスに関わっている者にとっても姉カフェは刺激になっている。誰もが自由に参加できる認知症カフェは、介護サービスに従事する者の仕事に対する考え方、姿勢を大きく変える可能性を持っている。

地域からの参加

姉カフェには地域の町内会長や、学区の民生委員、社協委員の参加もあった。行政からのも何人かの人が見学参加している。複数の地域包括から頻回に参加がある。それぞれに姉カフェを楽しんでいた。学生が実習の一環として見学参加することも数多くある。私たちスタッフもそうだが、参加した人は一様に、参加者の生き生きした様子を見て、認知症に対するイメージが多少なりとも変わっていると思う。

まとめ

今の姉カフェの到達点をまとめてみる。

２０人くらいの地域の参加者と、同じくらいのスタッフにとって、とても意味ある居心地のよい居場所が作れている。地域や行政からも一定の評価を得ている。参加者には認知症に対する良いイメージを持ってもらっている。何よりも無理なく継続出来ているし、これからも続けていける。

長く続けられるカフェにしようという最初の想いは実現できている。しかし、「認知症になっても安心して暮らせる地域を創る」という目標に向かっては、まだ最初の一歩を踏み出したに過ぎない。地域からの参加や、地域に住むボランティアスタッフの数が足りない。姉カフェの楽しい雰囲気の中で、地域に住む認知症の人と出会い顔見知りになる事はとても意味のあることだ。普段の生活の中でも気軽に声を掛け合い、緩やかな見守りやサポートができるようになれば良いと思う。

姉カフェに沢山の人が来ることにはもう一つの大切な意味がある。姉カフェの楽しい雰囲気の中で認知症の人の生き生きした様子に出会うことは、認知症に対するイメージを変える力になる。認知症に対する社会の誤った見方の根は深く、認知症の人と家族の置かれている現状は厳しい。そこから少しでも前に進むためには、特に初期の認知症に対する正しい理解を持ち、「認知症になっても大丈夫。支えてくれる人が沢山いるから。」と思える人を少しずつでも増やしていく必要がある。姉カフェを発展させることで、社会の認知症に対する見方を変えていけると思う。

もちろん、姉カフェの発展がすぐに「認知症になっても安心して暮らせる地域」に繋がるわけではない。むしろ、姉カフェや認知症カフェの取り組みから、認知症の人に対する社会全体のサービスのあり方を変えていく事が重要だ。そのためにもっと多くの介護サービスに関わっている人に参加して欲しいし、行政の参加や医療関係者からのサポートも必要だと思う。

おわりに

誰が来ても笑顔になれる場所。それが姉カフェ。楽しいから繰り返し何度も参加してもらえるし、私たちスタッフも楽しいから毎月続けていける。楽しく出会うことはとても大切なことだと感じている。これからも認知症カフェとしての役割を意識しながらも、楽しむことを大切に続けていきたいと思っている。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-026

DEMENTIA FRIENDLY COMMUNITIES- ARE WE SPEAKING THE SAME LANGUAGE? A THEMATIC ANALYSIS OF MODELS ACROSS DEVELOPED AND DEVELOPING COUNTRIES

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Introduction: Dementia friendly communities (DFC) campaign has succeeded in gaining the attention of the government, policy makers and funding bodies in many countries. However the responses have not been promising across the board especially in developing countries due to lack of recognition of dementia care as a priority and lack of a viable strategy.

Objectives: This presentation attempts to compare the directional approaches the campaign took across nations (developed and developing) and propose the guiding principles of models which seem to be effective.

Methods: A thematic analysis of DFC models across several countries in the world focusing on the effectiveness, feasibility and acceptability was done for the purpose of this presentation.

Results: Understandably the focus and implementation methods do differ across countries though the objective of improving the quality of life of people with dementia and their families remain universal. Innovative ways in partnership working seem to be a common strategy of many successful campaigns. Sustained public awareness campaigns and specific guidelines for health professionals have seen an increase in the rate of dementia diagnosis in certain parts of the world. At the public level, understanding that learning a bit about dementia and willing to help those affected has strengthened the campaign in many places. Community level solutions are crucial in taking the movement forward. Organisations large and small can make significant contributions. Dementia friendly hospitals play a major role in dementia friendly community. While large scale environment planning may not be feasible in many low resource settings there are examples of good practice models across many settings.

Conclusion: It is clear, though the objectives remain the same, the direction the DFC campaign takes has inherent differences across settings largely determined by resources available and competing needs. However there is an universal language of care and compassion in the DFC approach.

References:

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-308

DEMENTIA FRIENDLY COMMUNITY ASSESSMENT AND REACTION MANUALS: DEVELOPMENT AND UTILIZATION OF A COMMUNITY-BASED, BOTTOM-UP APPROACH

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Objectives: To promote action for Dementia Friendly Communities (DFC), evaluative indicators have a crucial requirement. Although a standardized top-down approach is important for indicator development, a community-based bottom-up approach is necessary to build a DFC with people with dementia (PWD) and residents in local communities. We propose the following two types of bottom-up approach: 1) analyzing the action of leading communities and developing assessment and reaction manuals (ARMs) identifying action elements and action steps and 2) launching workshops (WSs) with multi-sectoral stakeholders (MSSs) including PWD and their family members in local communities and developing ARMs by building consensus on the elements and steps. We have developed and utilized these two types of DFC ARMs. Here, we focus on type 2.

We held five type 2-WSs on DFC ARMs. The first one (Aug 2015) was at the Dementia Friendly Japan Summit 2015 (DFJS2015). In this WS, participants (MSSs engaged in DFC actions in Japan) created the elements and five action steps (level 1: first step; level 5: desired goal) of ARMs about specific theme in each group. The second (Jan. 2016) and third (Mar. 2016) WSs were held in Machida, Tokyo. In these WSs, we selected the ARM theme (Dementia Café and Dementia Supporters, respectively), and participants (including PWD, their family members, and Machida residents) to create the elements and five steps of ARMs together, based on a theme. In the fourth WS, as a part of DFJS2016 (Sep 2016), we focused on "Dementia-Friendly Buses" and discussed the creation of ARMs. The fifth WS (Sep. 2016) also took place in Machida and was based on past individual ARMs to design a framework for Machida city.

We confirmed that the development of DFC ARMs as a community-based, bottom-up approach enables the following: 1) setting and sharing the vision and outcomes of MSSs actions among themselves, including PWD living; 2) sharing current conditions and issues experienced by MSSs in their communities; 3) sharing necessary actions for proceeding to the next step. The Machida initiatives grew from projects of specific theme to projects of the entire community theme. This model case suggested major possibilities for the utilization of DFC ARMs. By involving MSSs, including PWD and family members, in the initiatives for DFC, a sustainable process can be created. The development and use of DFC ARMs through a bottom-up approach are effective tools to promote initiatives in local communities.

ACKNOWLEDGMENTS: We thank all participants in our workshops and interviews for their cooperation, and all members of DFJI for their contributions.

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Well-being

Dementia friendly communities

PO1-028

WALK MORE FEEL THE DIFFERENCE – SUPPORTING WALKING FOR HEALTH GROUPS IN SCOTLAND TO BECOME DEMENTIA FRIENDLY

Carl Greenwood*, Kayleigh Sinclair

Objectives: Paths for All is the champion of everyday walking in Scotland. We want to create a happier, healthier Scotland, where increased physical activity improves quality of life and wellbeing for all. We were founded as a Scottish charity in 1996 and we are a partnership of 28 national organisations who share our vision for a happier, healthier Scotland. For 15 years we have supported, developed and managed the national Walking for Health network. Our health walk groups deliver short, local, volunteer led walks that are inclusive and welcoming. There are currently over 140 walking projects and more than 8,000 trained volunteer walk leaders and we have approximately 20,000 people participating in the Walking for Health programme. We want to ensure that everyone living with dementia and their family, friends and carers can engage in walking activities. It's estimated that there are 90,000 people living with dementia in Scotland, 3,200 of which are under the age of 65 (Alzheimer Scotland). Research shows that people living with dementia exercise and leave the house less (Building Dementia Friendly Communities, The Alzheimer's Society 2013). Our Walking for Health groups offer an ideal way for people living with dementia to enjoy physical activity, fresh air and friendship in a safe and supported environment. Through our Dementia Friendly Walking project we are supporting our Walking for Health network to become dementia friendly. To provide a standard of quality and reassurance we have created a Dementia Friendly Walking Accreditation scheme. The accreditation involves Walking for Health projects developing an evidence portfolio demonstrating the changes that have been put in place to make their health walks more accessible to people living with dementia. Typically this has included; making local partnerships with relevant dementia organisations, providing training to volunteers, consultation exercises, identifying safe and appropriate walking routes, developing marketing strategies and carrying out evaluation. To further support our projects we have created a programme of small grants, Dementia Friendly Walk Leader training, resources and opportunities for walking project coordinators to share experiences and learning. We welcome this opportunity to share our knowledge and experience of establishing Dementia Friendly Walking groups with researchers, policy makers and practitioners. The Dementia Friendly Walking project is a three year programme funded by the Life Changes Trust whose mission is to drive transformational improvements in the quality of life, well-being, empowerment and inclusion of people living with dementia in Scotland.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-307

DEVELOPMENT OF A DEMENTIA-FRIENDLY COMMUNITY PROGRAM FEATURING CONVENIENCE STORES

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Introduction: In 2025, dementia will affect an estimated 7 million people in Japan. To support this large number of people with dementia (PwD) in communities, a wide range of stakeholders should be involved. We focused on convenience stores (CVS) as an important stakeholder. In previous studies, however, we identified the following problems that CVSs experience in support of PwD: (1) limited knowledge about dementia, (2) limited access to consultation about attending to PwD, and (3) structural dilemmas related to conflict between safety and privacy/profit.

Objectives: We developed and evaluated a group learning program to solve these problems.

Methods: The program is composed of a lecture on dementia, a game session based on the method developed by Kikkawa et al. (2007), and the following reflection: In the game, participants choose yes/no decisions for hypothetical situations. These hypothetical situations were based on the actual cases collected through interviews to CVS staff. For example, “Suppose you are a CVS manager. One of the regular customers is at the store with his daughter. The daughter asks you not to sell anything to her father because he has dementia and diabetes requiring dietary restriction. Do you promise not to sell?” Then, we implemented the program with 18 participants from CVSs, 11 from the Community General Support Center (CGSC), and 9 from other long-term care and medical institutions. CGSC is a public agency in which social workers and nurses provide advices for elderly support and are the supposed appropriate consultant for CVSs. For the evaluation, background knowledge about community resources and attitude toward PwD were measured before and after the program. An open-ended questionnaire was also conducted for subjective evaluation.

Results: Among the 18 participants from CVSs, only 20.0% recognized the role of the CGSC and 4.2% knew the contact point of the CGSC. Before the program, the CVS participants' attitude toward PwD was worse than that of other participants ($p = 0.051$). In all the participants, no difference in attitude was found before and after the program ($p = 0.74$). Based on their responses to the questionnaire, many participants from both the CVSs and CGSC valued the effectiveness and informativeness of the program.

Conclusion: Before the program, only few CVS participants recognized the presence and role of the CGSC as a consultant for older adult support. Our program, which involves the use of a gaming tool for evoking communication among CVS and CGSC staff members, may contribute to link CVSs and social/healthcare professionals. Although the participants seemed to find the program useful, its quantitative effect is limited. The methodologies and parameters of the evaluation tool and the program itself need further refining.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-306

ROLE OF DEMENTIA CERTIFIED NURSES IN THE COMMUNITY: THROUGH THE CASE STUDY

Yuki Nakamura[*]

Objectives: わが国は,2016年に国家戦略として認知症施策推進総合戦略～認知症高齢者等にやさしい地域づくりに向けて～（新オレンジプラン）[1] が策定され,認知症の人が住み慣れた地域の良い環境で自分らしく暮らし続けるために必要としていることを的確に応えていくことを旨とし,施策を総合的に推進していくこととなった.

筆者は,専門性を発揮した認知症ケアの提供をしたいと考え,認知症看護認定看護師（以下DCN）となり,認知症高齢者が自宅で暮らし続けられるよう, 地域密着型通所介護施設及び指定通所予防介護施設「宅老所花うた」を2016年6月に開設した. 開設してまだ5か月ではあるが,利用者22名（平均年齢83.8歳）で,1か月に延べ157名利用している.そのうち認知症高齢者は,15名（平均年齢84.4歳）と利用者の7割を超えており,今回,アルツハイマー型認知症の女性,2事例にDCNとしてどのように関わったかを振り返るとともに,地域におけるDCNとしての役割を考察した.

事例1では,通所してもらう事の難しさを感じた.ともすれば,通所することは,本人の意思に反し苦痛を感じることになるため,宅老所がA様の居場所であると感じられるような環境作りを考えた.事例2では,介護者の都合によるケアによりBPSDが引き起こされていることがわかり,B様の不安の除去に努めた.またどちらも,教育課程での学びに立ち戻りながら,その人にとって居心地の良い環境になるようアセスメントし実践した.2事例とも,共通していたことは,在宅生活を送る認知症高齢者にとって家族の存在が大きく関わっていることである.家族が負担を感じると在宅生活の継続は困難になる. DCNのいる宅老所であるからこそ,身近な存在であり,日常の困りごとを相談できることが介護負担の軽減になり在宅生活の継続に繋がるといえる.

しかし,現状は,認知症高齢者は困りごとのような存在であることが多く,地域で安心して暮らしていけるような環境ではない.認知症高齢者を全人的に捉え,意図的に関わり,在宅での生活が安心できるものに構築していくことがDCNの役割として重要であると感じた. また,当施設の利用者の約7割が認知症であることから,DCNの存在が認知症高齢者の在宅を支える何らかの希望を見出せるのではないかと感じているのではないかとも思える. DCNの所属施設の内訳は,2016年10月19日現在で,病院勤務が85.8%に対して介護保険施設等の勤務はわずか6.2%である.[2] 認知症高齢者が自分の居場所だと感じられるような,宅老所の創造を目指し,認知症高齢者の生活のしづらさや関わり方など,周囲で支えている人々に今後,発信することが地域におけるDCNの役割であり,地域で活動するDCNが今後さらに増加することを期待するものである.

【文献】

1）厚生労働省（2012）：「認知症施策推進５か年計画（オレンジプラン）,平成25年から29年までの計画」

2）日本看護協会：ホームページ,分野別所属施設別登録者数

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-318

HOW A RURAL DEMENTIA FRIENDLY COMMUNITY SUPPORTS DEMENTIA FAMILIES

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Objectives: How a rural dementia friendly community was established in the Scottish Highlands with the aim of becoming not only financially self-sustainable, but also providing the kind of community support that dementia families really need.   Case studies will be used to illustrate:

How social therapeutic interventions - something the medical profession doesn't always appreciate, especially in the early stages of the disease - can be effectively used to keep dementia families on a self-management pathway at home for much longer.

How the community Well-being Hub is run as a socially inclusive activity club rather than a dementia specific meeting place with activities centred on creativity, cognitive work and exercise, using not only trained support workers to oversee the programmes, but also taking advantage of 5 interactive screens linking 5 rural villages to combat loneliness and isolation by encouraging engagement with old and new friends while sharing, amongst other things, onscreen activities around dance, music and art.

How programmes like *Bridge over Troubled Water* (which bridges the gap between a problem and its solution by providing immediate short term assistance to carers at times of stress), *Dinner to your Door* (providing home cooked meals and 'chatting time' to vulnerable adults), *Men's Shed* (providing a safe haven for men to meet on a regular basis) and *Community Home Care* (how local workers opted out of public schemes to provide private local home care) allow carers to keep their loved ones on a self-management pathway at home for much longer while at the same time giving them a life of real quality.

How all these programmes can be individually and jointly financially self-sustaining thus enabling the community to look after their own.   Moreover how a local online shop can further support sustainability while ensuring dementia families are at the heart of any circle of care.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-317

DEMENTIA FRIENDLY WEST DUNBARTONSHIRE

Brian Polding Clyde*, Wendy Jack, Selina Ross and Brian Polding- Clyde

Objectives: West Dunbartonshire has a population of 90000 people; many living in economic and social poverty. Evidence suggests the number of people with a diagnosis of dementia over the next 20 years will increase; especially those with mild to moderate dementia. By creating dementia friendly communities to support and sustain people in their neighbourhoods we support a key workstream lessening the impact for older people of age related issues. Dementia Friendly West Dunbartonshire (DFWD) is a local initiative creating a population of empowered/active citizens by improving the levels of dmeentia awareness and increasing the levels of local support offered to those living with dementia and their carers. The programme is delivered by a Strategic Management Group; West Dunbartonshire HSCP; WDCVS (local third sector interface body), Scottish Care (representative body for private sector providers), West Dunbartonshire Council, Police Scotland, West College Scotland and RNIB. 22 natural communtiies within West Dunbartonshire are being targeted over a three year period, Each differentiated by local need and circumstance. The replicated method of approach involves a process of community launch events; targeted neighbourhood level engagement with key local organisations and services; accredited training sessions for professionals/staff; distribution of promotional literature; visits to local traders and businesses and a series of up to 20 local awareness raising sessions. These sessions are delivered via our network of trained Dementia Ambassadors drawn from across the statutory, private and third sector; the sessions are supported by a dedicated website and active social media presence. The positive citizenship model adopted supports a culture of change in personal behaviours, at work and everyday activity level, towards members of the community living with dementia and their carers to support improvements in quality of life. We are monitoring the impact of the DFWD approach using the ISM (Individual, Societal and Material) tool developed by Southerton et al 2012. Active citizens of DFWD must make a personal or work based pledge in support of creating a dementia friendly community. Pledges are recorded, categorised and mapped across the ISM framework. Pledgers are re-contacted within 3-6 months of engagement and asked to complete a short survey to illustrate any behaviour change impacts. Early evaluation over the first year of the initiative has recorded 1402 pledges with 82% of respondents able to identify a positive behaviour change instance on re-contact; with a large majority of those who pledge both living and working in their dementia friendly community.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO1-027

DEMENTIA AWARENESS ACTIVITIES AT SHOPPING SPACES, USING COMICS AND GAMES: IN COLLABORATION WITH FAMILY CARERS, OCCUPATIONAL THERAPIST, AND OTHER PROFESSIONALS

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Objectives: 【背景】

認知症が始まると、同じものを幾つも買ってくる、お金が上手に払えない、目を離したら居なくなってしまった等の様々な買い物トラブルが起こる。認知症の人と家族の会愛知県支部の調査結果では、介護家族の約4割が買い物でのトラブルを経験していた。また、専門職の約8割が買い物に関するトラブルを経験したり、相談を受けたりしていた。お店や地域の人に認知症の人の買い物トラブルを知って、理解して、協力して欲しいという切実な介護者の声がきっかけとなり、「買い物」を通して店員や地域住民に認知症を理解してもらうことで、地域の中で認知症の人を見守る支援の輪を作っていく取り組み「認知症買い物セーフティーネット」の活動を平成20年より開始している。

【目的】

地域の中で認知症の人を見守る支援の輪を作ることを目指し、大型スーパーにおいて、家族介護者と作業療法士及び地域包括支援センター職員が協働して、一般客に対し漫画やゲーム等を使って認知症の啓発活動を行った。この内容及び専門職としてのかかわりについて報告する。

【活動の内容】

平成23年より、大型スーパー店舗内のフードコート前や催事場など、人の集まる場所で年6回程度、様々な地域で認知症の啓発イベントを開催してきた。実施者主体はNPOで、家族介護者や医療・介護専門職の他、地域のボランティアスタッフが参加することもある。内容は大きく分けて ゲーム、 紙芝居、 アンケート、 資料配布である。 の対象者は主に子どもで、 は子どもの保護者をはじめとしたすべての人々である。

活動にあたり、たこ焼き屋のおじいちゃんとその家族をキャラクターとして設定し、認知症が理解できる漫画冊子を作成している。 の「たこ焼きゲーム」「買い物ゲーム」はこの漫画を元に作業療法士がゲーム内容の原案を考え、家族会メンバーと共に道具を作成した。 の紙芝居は上記キャラクターを用いて、作業療法士と家族介護者が共に内容を考えて作成した。 ではアンケート用紙を用いるが、自記式ではなく聞き取りとし、話のきっかけとして利用している。身近に認知症の人がいるかどうかの他に、認知症になるとレジでうまくお金が払えないことや店の中で迷うことを知っているかという項目を入れ込み、これらが認知症の症状であることの説明をして、見守りや店員への声かけを依頼している。アンケートは家族介護者が実施するのみならず、地域の包括支援センターの職員がボランティアで実施することもある。 アンケート回答者には資料をまとめて手提げに入れて配布している。また、自由にとってもらえるよう机に並べている。資料の内容は前述の漫画冊子（外国語版あり）や電話相談のパンフレット、家族会の案内、地域の資料等である。

【活動の結果と考察】

活動の参加者全員が楽しい雰囲気を大切にしており、子どもたちが楽しんで参加できるよう作業療法士が調整しているため、保護者の受け入れもよく、多くの方に足を止めてもらうことができている。スーパーからも更なる実施を期待されている。店舗により地域性があり、外国人の多い地域では外国語の漫画冊子が手に取られることも多い。アンケートでは、しがらみのない人の方が話しやすいということと、介護経験者が共感を持ってより深く話を聴くことができることにより、専門職につながらない事例の発掘にもつながっている。家族会や電話相談の紹介のみならず、その場で、その地域の包括支援センター職員へつなげられることは有用である。

当事者である介護家族と、生活や機能、楽しみ等を考えることができる作業療法士や、地域の包括支援センター職員等専門職とが協働し、地域の生活の場で直接住民に触れる啓発活動を行うことは大きな意味があると考えられる。

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-319

LIFE EXPERIENCES OF OLDER ADULTS WITH DEMENTIA IN TAIWAN

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Objectives: Background: Dementia is a slowly progressing disease that must be cared for using different service models to meet patient needs. The life experiences of older adults differ due to cultural disparities; therefore, these life experiences must be understood in order to provide appropriate care.
Purpose: This study explored the life experiences of older adults with dementia in Taiwan to discuss how they view daily issues with impaired cognitive function. After compiling their life experiences, analysis of care needs for local older adults with dementia can help develop a suitable health care plan.
Methodology: Descriptive phenomenology and purposive sampling were used to select four participants for this study.Data was collected from March to June 2014.
Results: Data analysis of the life experiences of older adults with dementia in Taiwan revealed five issues: (1) limitedactivity influences life; (2) impaired memory and functions; (3) increasing care and respect from others; (4) currentsatisfaction; and (5) apathy towards life and death.
Conclusion: Given the traditional Chinese concepts of “having children willing to look after elderly parents” and”accompany and care,” being respected and not feeling wronged are significant sources of comfort and happiness forolder adults. Therefore, aside from considering how to relieve complications caused by cognitive problems, future care forolder adults with dementia must consider that they have the same failing physical functions as all other older adults toprovide holistic care and not simply treatment for a disease.

Disclosure of Interest: None Declared

Well-being

Dementia friendly communities

PO2-320

DEMENTIA FRIENDLY COMMUNITIES; LESSONS FROM WALES UK

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Objectives: Increasing consideration worldwide is being given to the design of communities that are dementia friendly. Several initiatives are well established in the UK and this paper highlights the work in Wales, a devolved country of the UK. With the context of the ‹Ageing Well in Wales› initiative and several policy strategies spanning the last 15 years the Welsh Government›s expert group on housing for older people was established to develop a housing strategy for the next 10 years. The paper will report on how they considered the needs of older people with Alzheimer›s Disease in developing the housing strategy, how older people were consulted and provide case study examples within Wales of good practice in housing for older people with AD. It also considers the implications for scaling up local initiatives to a national level in an attempt to become a nation that is age and dementia friendly. In conclusion the paper draws out lessons for policy makers, planners and designers as well as older people with AD.

Judith is interested in the environmental and social aspects of ageing, particularly in aspects of designing the built and retail environments for people with AD.

Disclosure of Interest: None Declared

Well-being

Dementia friends or supporters

PO1-037

THE ROLE OF TELEPHONE SUPPOUT SYSTEM FOR “THE FAMILY AND PEOPLE WITH DEMENTIA”

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Objectives: はじめに

認知症の人と家族の会岡山県支部は、1998年の結成以来、「家族の会」の三本柱である「つどい」「会報発行」「相談活動」を実施して来た。それに加え電話による相談「コールセンター」を開設し、本人・家族の相談に対する対応を行っている。都道府県支部が運営している「コールセンター」の多くは「家族の会」の会員、世話人等が電話相談を受けている。しかし、岡山県支部では、介護経験者であり、介護・医療の専門職である介護支援専門員・介護福祉士・社会福祉士・認知症ケア専門士・保健師等の有資格者が、その専門性を発揮して、傾聴・助言・情報提供・社会資源へ繋げる役割を担っている。

おかやま認知症コールセンターの発足時からの経過等を振り返り、電話サポートシステムの意義及び今後の役割を述べる。

経　過

厚生労働省は、2008年に「認知症の医療と生活の質を高める緊急プロジェクト」

報告の中で、本人・家族支援として「コールセンター」を都道府県及び指定都市ごとに１か所設置する考えを示した。岡山県支部は、2011年から岡山県と岡山市より委託を受け、電話相談活動を開始し現在に至っている。2000年の介護保険制度施行により、認知症の人及び家族に対する相談窓口は数的には確かに増加したが認知症の病気の特殊性から相談窓口の敷居が高い、気軽に相談がし難い、匿名性が保障されないのではないか、時間の制約があり窓口に出向く事が出来ない等々の理由で相談する事を躊躇している人も多いと考えられる。その点「コールセンター」は、公的機関や周囲の人間に相談できず、社会の中で孤立して困っている本人やその家族からの電話相談に匿名性を重視し、守秘義務・公正中立的立場に徹して対応している。

電話サポートシステムについて住民への周知の為に、地域包括支援センター、保健所、病院、クリニック等にパンフレットの配布やポスターの掲示を行った。

今後の役割

厚生労働省は、2013年に65歳以上の高齢者のうち、認知症の人は推計15%で、2012年時点で約462万人に上ると調査結果を公表し、関係者のみならず、一般住民にも衝撃を与えた。高齢化の進展に伴い加齢が関連すると言われる認知症の人の増加は、社会問題となり、2015年1月に認知症施策推進総合戦略（新オレンジプラン）が策定された。その基本的な考え方は「認知症の人の意志が尊重され、できる限り住み慣れた地域のよい環境で自分らしく暮らし続けることができる社会の実現を目指す」と示されている。

認知症の人とその家族が持つ悩みや不安は、多種多様であり、「コールセンター」の対応も傾聴と共感が基本的なスキルであるが、相談内容によっては、助言、情報提供、専門機関等へ繋げる役割も担っている。特に、複数の問題を抱えている家族や緊急を要するケースは、専門機関と連携して、迅速に対応する事も大切となる。また、実際の相談でも医療機関や介護事業所への不満を訴える相談者も多く、医療と介護の連携不足を実感する事もあり、相談員として医療、福祉、介護に関する知識の習得も必要になる。

「家族の会」が毎月各地で実施している「つどい」や行政の相談窓口等に出向けない人が、気軽に相談できるツールとしての電話相談は、認知症の人と家族を支える手段として、今後も重要な役割を果たすと考える。

一人でかかえこまないでください
まず私たちがお聴きします
あなたはもう一人ではありません

Disclosure of Interest: None Declared

Well-being

Dementia friends or supporters

PO1-040

DEMENTIA VOLUNTEER WORK MODEL IN FINNISH LAPLAND FOR DISPERSED SETTLEMENT

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Objectives: DEMENTIA VOLUNTEER WORK MODEL FOR DISPERSED SETTLEMENT IN FINNISH LAPLAND AT THE ARTIC CIRCLE. DEMENTIA ASSOCIATION OF LAPLAND ORGANISED LOCAL DEMENTIA VOLUNTEER WORKERS. 162 DEMENTIA FRIENDS AND 62 DEMENTIA SUPPORTERS. MODEL STEP 1: LOCAL 16 HOURS DEMENTIA VOLUNTEER COURSE LEARNING THE BASICS OF WORKING WITH PEOPLE WHO LIVING WITH DEMENTIA. MODEL STEP 2: CHANNELING OF LOCAL DEMENTIA VOLUNTEER. LOCAL LAPPLISH DEMENTIA NURSERS AND COORDINATORS LINK THE DEMENTIA VOLUNTEER WORKERS TOGETHER WITH DEMENTIA FAMILIES. MODEL STEP 3: SUPPORT FOR LOCAL DEMENTIA WORKERS. EMPOVERMENT DAYS FOUR TIMES A YEAR TO INSPIRE AND GUIDE THE VOLUNTEER WORK. CONTINUING TRAINING AND PEER SUPPORT OFFERED FOR EXAMPLE THROUGHT ANNUAL EMPOWERMENT SEMINAR. THE ONLY INDIGENOUS PEOPLE IN THE EUROPEAN UNION ARE THE SÀMI PEOPLE WHO LIVE IN NORTHERN LAPLAND. SOME OF THE VOLUNTEER WORKERS OF DEMENTIA ASSOCIATION OF LAPLAND ARE SÀMI PEOPLE AND THEY HELP OTHER SÀMI FAMILIES WHO LIV WITH DEMENTIA.

Disclosure of Interest: None Declared

Well-being

Dementia friends or supporters

PO1-038

A STUDY OF SELF-HELP GROUPS OF ELDERLY PEOPLE WITH DEMENTIA:

BASED ON ACTIVITIES BY A PREFECTURAL CHAPTER OF THE ALZHEIMER’S ASSOCIATION JAPAN

Chizuru Fukuzaki*

Introduction: セルフヘルプ・グループは，1935年にアメリカで成立したアルコール依存症のグループAlcoholics Anonymousが始まりとされている。セルフヘルプ・グループは，1960年代の人権・市民権運動などの影響を受け，1990年代後半から広がってきている。

カッツとベンダーは，「セルフヘルプ・グループとは，相互扶助並びに特有の目的を達成するためのボランタリー集団（心理集団）」と定義している。中島（1989：21-32）は，「共通の問題をもっている者同士が支え合うことを目標にして連合したボランタリー集団」と定義している。窪田（1991：151-163）は，「対面関係を基調とした相互交流と相互援助，他者を援助することが自らの問題解決に繋がるメカニズム，自発的な発生と平等な関係，自立的な組織，経験的な知識・情報に基づく相互教育を通して問題の認識と対処行動の変化等がセルフヘルプ・グループの機能である」と述べている。

いくつかの文献に共通することは，「相互扶助」や「特有の目的を達成する」という点であり，小集団に限定していない定義も存在する。セルフヘルプ・グループ活動への参加は，新たな価値観や文化，社会資源を創り出している。そして，セルフヘルプ・グループの機能は，社会変化の影響を受け，セルフヘルプ・グループの成長とともに変化してきていると思われる。セルフヘルプ・グループ活動がどのような新たな価値観や文化，社会資源を創出してきたのか，具体的に示した研究は少ない。C・H・クーリー（1984-1929）の理論は，『社会組織』における「第一次集団（the primary group）が知られている。また，他者は，個人の姿を映し出す鏡であり，他者の存在の近くが自己意識に先行するという「鏡の中の自己（鏡映的自己）」とよばれる理論を示している。鏡映的自己は，部分的な概念にとどまっており，具体的に示した研究は少ない。

Objectives: 公益社団法人認知症の人と家族の会（以下「家族の会」と略す）は，1980年に結成され，結成時より成長を続けているセルフヘルプ・グループである。

本研究は，認知症の人と家族の会（以下「家族の会」と略す）の取組みを参考に認知症高齢者のセルプヘルプ・グループの機能について考察する。

Methods: 2015年2月から3月にかけて家族の会会員10名に，半構造化面接調査を行なった。調査対象は， 結成当初から家族の会に関わってきた人， 現在家族の会で役員として積極的に関わっている人， 現在介護中の人， 体験を活かし積極的に家族の会の活動に関わっている人， ソーシャルワーカーなど専門職として家族の会に関わっている人に焦点をあてて，面接協力をお願いした。

データの分析は，QDAソフトによる分析と，修正版グラウンデッド・セオリー・アプローチを参考に概念化を試みた。

Results: 本研究におけるカテゴリーや概念の記載方法は，コアカテゴリーは【　】，カテゴリーは〈　〉と標記する。M－GTAによる分析の結果，1つのコアカテゴリーと，6個のカテゴリーが生成された。

（1）調査協力者の概要

　調査協力者は，男性2名，女性8名であった。10名中6名が保健・医療・福祉職の経験者であり，7名が家族介護経験者であった。

（2）セルフヘルプ・グループの機能

認知症高齢者のセルフヘルプ・グループは，A県支部への調査では，少人数の集団から巨大組織に成長し機能も変化していた。そして，〈鏡映的自己機能〉〈サポートシステムの機能〉〈社会改良的機能〉〈教育および研究機関としての機能〉〈情報発信の機能〉〈ボランタリー機能〉がある。つまり，認知症高齢者のセルフヘルプ・グループは，社会の影響や成長とともに，【セルフヘルプ・グループとしての機能と，サポートシステムの機能を有する集団組織に変化】していた。

セルフヘルプ・グループ結成時の機能は，〈鏡映的自己機能〉，〈ピア・サポーター機能〉，〈情報発信機能〉，〈ボランタリー機能〉である。セルフヘルプ・グループ発展後の機能は，〈鏡映的自己機能〉，〈ピア・サポーター機能〉，〈サポートシステムの機能〉，〈社会改良的機能〉，〈教育および研究機関としての機能〉，〈情報発信機能〉，〈ボランタリー機能〉と，セルフヘルプ・グループとしての機能は変化していた。

Conclusion: 認知症高齢者のセルフヘルプ・グループは，成長とともに機能も変化していた。これらの成長や機能の変化には，結成当初より，専門職を含む様々な背景の人が関わり，それぞれのストレングスを活かして活動に参加していることが，セルフヘルプ・グループの成長と機能の変化に影響していた。

認知症高齢者のセルフヘルプ・グループは，〈鏡映的自己機能〉〈認知症高齢者と家族介護者のサポートシステムの機能〉〈社会改良的機能〉〈教育および研究機関としての機能〉〈情報発信機能〉がある。また，社会の影響や成長とともに，【セルフヘルプ・グループの発展とともに機能も変化】していた。家族の会では，対面関係や電話や手紙など様々な手段で，相互交流や相互援助を行っていた。そして，他者への援助を通して，鏡映的自己により客観的に認知症の人と家族介護者の関係を受けとめていることが示唆された。

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Well-being

Dementia friends or supporters

PO1-036

KIKIGAKI –PRIVATE ORAL HISTORY

Michiko Kanzaki*

Objectives: その人との出会いは突然でした。　担当者から、自宅で引きこもり生活をしている独り暮らしの女性で、親族は関西に住んでおられ、「通帳がない、泥棒がはいった」と何度も警察に電話される。　認知症が疑われるが、関西の親族は高齢や病気のため対応できず、甥御さんに連絡している。その人は、地域の人達の見守りの中で、買い物は近所の人がされ、今は何とか食べておられる様子だが、今後のことが心配で、訪問すると家の中には入れてくださるが、何か解決の糸口はないだろうか、との話でした。私にできることは、独り暮らしで、話す相手もいないと思われる女性の話を、聞かせていただく位しかできません。仕事が休みの日、担当者と二人で、彼女の家を訪ねたのは、十月末でした。　庭は雑草に覆われていましたが、花や野菜作りが好きだったようで、植木鉢や肥料が庭の隅に沢山置かれていました。　部屋に入れていただきましたが、部屋は品物であふれ、座る場所がありません。　　さんは八十代前半、小柄で上品な女性で「すみませんね、散らかっていて」と品物を横に移動し、私の座る場所を作ってくださいました。　世間話の後、時々お話を聞かせてもらいに伺っていいですか、と了解をもらいました。　それから、私は「聞き役ボランティア」として、さんの元へ週一回通い始めました。　自分の名前の由来や亡くなったご両親のことや地域のこと等、質問すると鮮明に話してくださり、記録や地図で残しておきたいと思い始めました。現実生活は、ご主人の形見の品物をバックの中や引き出し等にしまい込み、忘れてしまわれる様でした。部屋の壁には、「泥棒さん、お願いです、　を返してください」と書かれた紙が、あちこちに貼ってありました。また、家訓十ヵ条が書いて貼ってあり、「素晴らしい言葉ですね」と言うと、「お母ちゃんは賢かったねー」と嬉しそうに、話をされました。「大事な赤い靴が無くなった」と言われていて、次の週に行くと、「洗濯機の中にあった、私が張り紙していたから、泥棒さんが返してくれた」など、物がいろんな所から出てくる様でした。　関西の甥御さんが見えた時に合わせ、情報交換の場が設けられ、甥御さんは、「関西に家を準備してあるので、連れて帰りたいと思いますが、四〇年近くこちらで生活しているので、本人の幸せを考えると迷います、暑くなる前に迎えに来たいです」と言われ帰られました。一月末、大雪が降った朝、電話で「大丈夫ですか」と言うと「あまりに雪景色がきれいだから、携帯電話で写真をとっているよ」の返事で、 さんの感性と、携帯電話で写真を撮る発想に驚きでした。　二月初め、私は大阪府と和歌山県の境にある、 さんの故郷へ行ってみました。　話の中に出てくる、七十年前の賑やかな街は、今は商店も人通りも少なくなり、大きなお寺や商家が残っているだけの街に変わっていました。話の中に出てくるお菓子屋があり、二代目の店主は、 さんの家族のことを覚えておられました。　私が、 さんの故郷へ行ってきたと、故郷のお菓子を手渡すと、お菓子にまつわる思い出を嬉しそうに話されました。　熊本地震の翌朝、電話すると「地震は怖いことない、空襲警報の方が怖いなー」と笑っておられました。　ある朝、 さんの庭に咲く紫色の「アヤメ」の花が、私の職場に沢山届きました。　地域のお花見会に参加した さんは、持参しないバックを、「持って行ったバックを、　さんから盗られたらしい」と話され、「バックを盗って行った人、バックを返してください」と書いた紙を、会場の桜の樹に結び　付けておられ、バックは自宅から出てきました。近所の人は心配され、調理ができているだろうかと、配食で弁当が届くようになりました。弁当が一日一回、配達されるようになり、「このお弁当で本当に助かるわ、二回にわけて食べるから丁度いい」と感謝の言葉をいつも言われる さんでした。　五月になり、暑い日が続く日、牛乳がテーブルの上においてあり、「腐るといけないので、冷蔵庫に入れておいた方がいいですよ」と声かけすると、「冷蔵庫に入れると泥棒に盗られる」と言われ、暑くなる季節に食中毒や熱中症の心配が出てきました。自宅に医師や看護師が訪問しても、 さんは外出することもなく、地域との交流はできませんでした。　六月初め、心配した甥御さんが二人で、荷物の整理と迎えに見えました。　さんは、関西に帰るのをためらっておられる様子で、私達が「一度帰ってみられたらどうですか」と勧め、「帰ってみようか」と本人がその気になられ、三人を最寄りの駅まで送りました。　駅で今まで さんが話してくださったことをまとめ、「聞き書き」として、紫色の表紙をつけた冊子にして渡しました。　次の朝、関西の自宅に電話すると、「狐につままれたよう、誘拐されてきた」と言われて、甥御さん達と関西の自宅まで行った記憶が、すっぽりと抜け落ちている様でした。　「紫色の本を読んでるよ」と私のことは覚えておられました。　お話を聞かせてもらいに、私が訪問するといつも笑顔で迎えてくださり、「昨夜も泥棒が入ってね」の話が始まり、「大変でしたね」と返事する私。そして、「二人で大笑い出来るキーワードの話をする」のが、私の目標。 さんの話を、事実や真実には

関係なく、ノートにメモしていきました。　聞き取れない時や難しい方言は、「すみません教えてください」とお願いしましたので何回も同じ話が聞けました。　自宅に帰ると さんの話を、パソコンに打ち込み、本人の気持ちになって話言葉で書くのです。　後日　甥御さんから、「叔母の話を聞いて書いてくださりありがとうございます、親族が集まった時に、話の『種』ができたと喜んでいます。とお礼がきました。　小さい頃の話をされる時は、認知症の人ではありません、楽しそうな笑顔でした。　認知症は脳の病気ですから、言葉や身体が不自由になる時がいつか来ると思います。　その時、介護者に「聞き書き」冊子を読んでもらい、 さんの人生を知って欲しいのです。　「聞き書き」をしたことで、物忘れがあっても人間の価値は変わらないこと、同じ話の中に本人の強い想いがあること、認知症を持つ人も新しい人間関係が築けること、甥御さんと私の間に信頼関係が築けたことで、 さんに対する甥御さんの態度に変化を与えたこと、電話する度に「紫色の本を読んでいるよ」答える さんに、沢山の贈り物を頂きました、本当に感謝です。十月末に、赤い表紙の「聞き書き」冊子と地図を持って、 さんに会いに行こうと計画しています。

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-048

JOIN DEMENTIA RESEARCH IMPROVING PUBLIC ACCESS TO RESEARCH IN THE UK

Adam Smith*, Piers Kotting[1]

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Objectives: Join Dementia Research (JDR) was launched in the UK in February 2015. The service is a collaboration between the National Institute for Health Research (NIHR), Alzheimer Scotland, Alzheimer's Research UK, Alzheimer's Society and UCL Partners, and has been funded by the Department of Health, and NHS England through the SBRI Healthcare Programme.

So far the service has attracted over 24,000 volunteers, and has recruited to over 6,000 people into more than 80 dementia studies.

As part of registration, volunteers provide information about themselves and their health status. This information is used to match them to recruitment sites by study inclusion and exclusion criteria.

In July 2015 volunteers were surveyed to better understand the impact of Join Dementia Research. At the time is showed that the service had made a significant impact = 86% of volunteers stated that before Join Dementia Research came along they did not know how to get involved in research - 81% said that the service had improved research awarenss and 73% said it had made it easier for them to get involved in research studies.

The survey also included questions around how much information they were happy to share with researchers, and how they would like to access a service, it total it include over 40 questions around access to services, opinons on research.

The survey is being re-run in in October 2016, early indications show that the results have continued to improve across a larger sample size.

This presentation will share the results of the October 2016 survey and volunteer evaluation.

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-049

COOPERATION IN THE DEMENTIA POLICIES BETWEEN IKOMA CITY AND THE MEDICAL INSTITUTIONS.

Akemi Tanaka*, Tomo Maeda

Objectives: 【はじめに】

認知症施策推進総合戦略（新オレンジプラン）の中の認知症の容態に応じた適時・適切な医療・介護等の提供の政策として、認知症初期集中支援チームがある。

平成28年6月より、生駒市と隣接する大和郡山市にある、やまと精神医療センターと連携し、認知症初期集中支援チーム（通称：生駒市オレンジチーム。以下、支援チーム）として稼働する運びとなった。以下に報告する。

【市の状況】

奈良県生駒市は奈良県の北西端に位置し、東西約8.0メートル、南北15.0キロメートルと南北に細長い形をしている。自然環境の良さや交通の利便性から人口は伸び、平成2年に県下3番目の10万都市となり、平成22年末には12万人を突破した。

同市は坂道が多い地形であることから、一度膝や腰に痛みを抱えた高齢者は閉じこもりがちな生活を余儀なくされる傾向にある。

同時に高齢化の進行とともに認知症高齢者の増加が課題としてあり、認知症に対する住民理解を促進していくことや認知症予防への取り組み、早期発見の仕組みづくりが急務である。

平成28年4月現在の高齢化率は25.8%、地域包括支援センターは6カ所委託設置している。

【チーム構成】

認知症サポート医・福祉職：やまと精神医療センター

チーム員：生駒市役所（保健師）

平成28年6月～平成28年10月末現在、対象者3名、訪問回数2回、チーム員会議開催2回。支援期間2か月半。

【事例】

80歳代　男性

妻と長女の3人暮らし。隣県に長男がいる。

理解力・判断力の低下がみられ、同じ説明を何度も繰り返し聞くことや、排泄の失敗・歩行バランスの低下も

生じてきており、簡易ベッドでの転落や自宅内での転倒を繰り返していた。同居の妻もアルツハイマー型認知症であり、既に中等度に差し掛かる状況。

夫婦2人きりの日中の生活が不安に感じられたため、支援チームが介入することとなった。

自宅訪問（6月6日、17日）

訪問時は第一に対象者との関係づくりに努めながら、生活歴をはじめ、生活状況や環境の確認を中心に行った。

本人・妻同席。以下、アセスメント。

住居：集合住宅の2階で生活。「階段昇降はしんどいし、不安。」

自宅で新聞を取りに行こうとして玄関で転倒。左前腕打撲。どこで躓いたかは覚えていないと話す。

食事：週5日、配食サービス利用。食事時、度々むせこむことがあるが水分でむせこむことはあまりない。水分量は1日にジュース湯呑3杯程度、その他水分2杯程度飲用している。

入浴：浴室に手すりを設置している（2ケ所）。シャワーチェアと踏み台、浴槽内には滑り止めマットを敷いて対応。

入浴動作はなんとか自分で可能だが、平成28年5月23日には自宅の浴槽内につかった状態で出ることができなくなり、股関節脱臼。救急搬送で入院加療となり、同年6月6日退院。

本人は浴槽を跨ぐ動作に不安と恐怖心が強い。（特に浴槽に入る際）

排泄：自立だが、ベッドサイドは尿臭あり。排便は硬便気味。

前立腺肥大もあり、トイレ動作が間に合わないことも課題だが、トイレに行きたくないことで水分制限している可能性もうかがえた。

立位：自力で可能だが、やや後方への反り返りあり。前屈みになることを意識する必要がある。

移動：屋内は杖歩行（両手）。屋外ではシルバーカーを使用。

睡眠：ベッドをギャッジアップしている。夜間は19時頃から就寝するが、トイレのため5回程、目が覚める。眠りも浅いため、昼寝をすることが多い。

外出：週2回、総合事業（通所型）利用と週１日買い物のため、自宅から10分程度の距離にあるスーパーへ行っている。

嗜好：タバコ・飲酒ともにしない。

口腔ケア：自歯を毎食後歯磨き実施。

趣味：野球。10年ぐらい前まで審判をしていた。書字が好きだったが、今はペンを握りにくくなり、書けなくなった。振戦はない。

認知機能検査：HDS－R　16点　MMSE　20点

平成28年6月21日　第1回チーム員会議開催では現状と課題を整理した。

（参加者：認知症サポート医・保健師2名・精神保健福祉士）

余生を「どのように過ごすか」を重点に、今後の在宅生活の継続にためのアプローチ方法について検討。同居している長女は仕事をしているが、介護負担を感じていない。

現在の歩行状態やこれまで転倒を繰り返してきたことから、神経内科の疾患が疑われるため、神経内科へ受診

勧奨していくこととなった。介護保険の申請については、総合事業を利用しており、リハビリもサービス利用するよりも充実していることから、申請は一旦保留。隣県で生活する長男にはチーム員から一報入れ、協力を依頼することとなった。

その後、長男に受診勧奨していたが、連絡がうまくいかず、受診に至らない状況であった。後日、市役所職員と理学療法士が自宅を訪問。自宅で転倒し、腕に15 大の表皮剥離ができていた。長女・長男に連絡し、救急で受診し、神経内科への受診に繋がった。

診察の結果、「進行性核上性麻痺」の疑いがあるとのことで、血液検査とMRI施行。

9月13日には、第2回チーム員会議にて経過を共有し、介護保険申請に至り、ケース終了となる。

【考察】

今回、支援チームとして本ケースに関わったが、「物忘れや理解・判断力の低下」等、一般的な認知症状を有していたことや転倒履歴が多かったことなどから、廃用性の進行と考えられがちであった。

しかし、チーム員会議等を通して専門の医師から助言を仰ぐ場を通して、あらゆる可能性を探ることができた。

本ケースは、家族に状況の説明を行い神経難病の可能性を伝え、専門病院への受診につながったことで、早期に治療につなぐことができた。支援チームは、認知症に関する早期発見・早期治療のみならず、類似する症状から他の病気の発見にも寄与することができる。チーム員会議を通して、多職種の専門性を高めることにもつながるものであり、人材育成にも活きる活動である。

認知症になっても住み慣れた地域で自分らしく暮らし続けることができるように、適切な医療・介護の提供の政策として、続けていきたい。

【課題】

生駒市は2015年から2025年までの10年間に後期高齢者の伸び率が全国1.32倍に比し、1.7倍と推計されており、今後、ますます認知症の高齢者が増える見込みである。支援チームの稼働が高齢者数の伸びに比し、ますますニーズが増えていくことがないよう、本人自身が認知症状の出現に気づき、早期に受診ができる体制づくりや家族や地域が認知症に対する理解が進むよう普及啓発や認知症予防への取り組みに力を入れていきたいと考える。

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-044

DEMENTIA TRAINING AND EDUCATION FOR PROFESIONALS IN JAPAN

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Introduction: The number od dementia in2025 is estemated 7 million in Japan. It is expected care burden and social burden to japanese future sosiety. To understand dementia and treat well dementia is very important for doctors.

Objectives: We studied the trends and data of dementia support doctors, primary care doctor, and staff in hospitals. And collaboration with medical sustem for dementia and care services. Since 2000 long term care system is impremeented and developed a lot.

Methods: We studied the history and number of dementia support doctor, and primary care doctors. Also we studied the number of staffs in hospitals , senior narses, dentist and pharmaceutics. And we studied about system of collboration system in the community.

Table:

Results: There are over 6,000 dementia support doctor, and over 40,000 primary care doctor educated about dementia medical care. There are ober 18, 000 staffs in acute hospitals in Japan. We also studied about careworkers education system.

Conclusion: The data and trends of education are expanding year by year. The education for medical staffs are very efficient to treat and take care. Still we need to contenious and advanced education for staffs. We wiil show medical system and integrated community care system in this presentation.

References: !) Yeat report form government in 2015.

2)Washimi et al.,Dementia support doctor, GGI 2014

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-042

THE DEVELOPMENT AND THE PRACTICE OF DEMENTIA SCREENING QUESTIONNAIRE IN PRIMARY CARE FIELD 〜SCREENING IN THE REGION AND THE APPLICATION INTO ROBOTICS〜

Yoshimasa Takase*, Mikio Sakakibara, Ataru Igarashi, Yoriyoshi Kumagai, Akihiko Nagumo, Makio Ogiwara, Takeshi Orimo, Nobuo Aoki, Chiaki Kudoh and Dementia Research Group, Ota Medical Associations (Denenchofu, Kamata, Omori), Tokyo.

Objectives: プライマリ・ケア領域で適応可能な認知症スクリーニングアンケートの開発と実践

〜地域でのスクリーニング及びロボティクスへの応用〜

認知症は早期発見・診断・対応が重要であるが、プライマリ・ケアの場でも適用可能な診断方法は少ない。

本研究の目的は、受診の必要性の有無を簡便に判定できる家族でも実施可能な診断ツールを開発し、実際に使用することとした。

東京都大田区の三医師会 (蒲田・田園調布・大森) 加盟のクリニックで検診を受診した高齢者 (65 歳以上) に対し、2013 年 7 月から11 月にかけて調査を実施した。本人への「改訂・長谷川式簡易知能評価スケール (HDS-R)」の評価と、家族や介助者への15問の「家族アンケート」を同時に実施した。

293 人の受診者のうち、217 人 (74%) から有効回答を得た。単変量のカイ二乗検定では、15 問の回答すべてが要検査状態の有無に有意に関連していた ($p<0.01$)。単変量の解析のみでは、認知症疑いの有無への影響を正確に補足できないため、多変量解析として変数増減法を用いたステップワイズ法によるロジスティック回帰を実施した。ロジスティック回帰の結果、Q1「複数の作業を同時に行えない」Q3「お金の計算ができない」Q4「季節に合う服が選べない」Q7「同じものを何度も買ってくる」以上 4 つの行動が有意な因子として抽出された。 (Wald 検定 ,$p<0.05$) また加齢・性別（男性が高リスク）も、有意に影響していた。Q1,3,4,7 の回答により、認知症疑いの有無を判定する。Q1・Q3 については単独でも「疑いあり」となるが、Q4・Q7 については年齢・性別によっては YES でも「疑いなし」になりうる。開発したアルゴリズムを用いて評価した場合と、単純に 15 問での"Yes" の個数で評価した場合、さらに抽出した 4 問 (Q1,Q3,Q4,Q7)の "Yes" の個数で評価した場合の 3 手法について、検査の感度・特異度を ROC 曲線を描画して比較した。適当なカットオフ値を選択した場合いずれも感度は 93.9% となるが、今回のアルゴリズムを用いた場合の特異度が最も高く、82.1% となる。ROC 曲線の曲線下面積 AUC は、今回のアルゴリズムが 0.945, 4 問が 0.913、15 問が 0.900 の順で、開発したアルゴリズムが有用であることが示唆された。

プライマリ・ケアの場での早期診断・早期発見に資する、簡便に実施できる認知症・MCI の診断ツールを開発できた。この結果を利用して、「要検査」を簡単に判定できるアプリケーションソフトを開発し、運用の検討に入った。行政とも連携し、大田区内に21箇所ある地域包括支援センターの相談窓口や、地域福祉課、高齢福祉課で職員が相談を受けた時にソフトを利用することを決定。認知症の疑いがあると判断されれば医療機関などを紹介、無くとも任意後見制度などを説明し、認知症に備える支援を行う。また、今後ソフトバンク社のPEPPERなどのロボットにも展開、AIによる認知症の早期発見への応用も目指す。

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-045

FEAR OF DEMENTIA: IMPLICATIONS FOR POLICIES ON AWARENESS CAMPAIGNS, SCREENING AND DIAGNOSIS.

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Objectives: Studies of attitudes towards dementia show that people who have experience of caring for a person with dementia are more likely than those with no direct caring experience to fear developing dementia themselves.That is, increased dementia awareness does not result in reduced fear. In addition, there is wide variation in attitudes towards dementia in people from different cultural backgrounds. Whereas some cultures fear the stigma of dementia, the greater concern for others is a loss of ‘self’ in the future. The prevailing cultural attitudes towards dementia have implications for policy on raising awareness, promoting screening and improving diagnostic rates. The aims of this paper are: to consider cultural variation in fear of dementia; highlight the potential unintended adverse consequences of current policies for awareness raising, screening activity, and diagnostic initiatives, and; to demonstrate the importance of raising a population’s confidence in the potential to live well with dementia prior to introducing intensive screening and diagnostic initiatives. Examples will be drawn from literature and policy review, models of health promotion, consideration of the ‘social imaginary’ of the 4th age, and qualitative interviews carried out with people across the dementia trajectory as part of the PRIDE workpackage on social and psychological constructs of dementia.

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-041

EVALUATION OF THE KOREA DEMENTIA COPING PATHWAY(KDCOP) USING THE KOREA DEMENTIA INDICES(KDI)

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Objectives: Dementia is increasingly becoming a major health and social care issue worldwide, and governments are rushing to address the issue with various policies. The development of such policies need to be preceded by the precise evaluation of previous policies and the formation of a comprehensive framework to build upon. Therefore, during development of the 3rd National Dementia Plan, we constructed the Korea Dementia Indices (KDI) for the evaluation of previous policies, and the Korea Dementia Coping Pathway (KDCoP) as a framework for the 3rd national dementia plan, jointly with the Ministry of Health and Welfare. Based on the KDCoP, we categorized dementia-related services, including service resources and care utilization, into three sectors; "prevention and management", "convenient and safe diagnosis", "treatment and care". Then we evaluated the services using the KDI, and compared the results between urban and rural areas. There were three key findings. First, performance of the "prevention and management" sector was generally good, and was especially high on development and dissemination of the 3-3-3 rules of preventing dementia and dementia prevention exercises through senior community centers and senior welfare centers. On the other hand, services tailored for high-risk groups (hypertension and diabetes) and preventive contents for healthy older adults were still insufficient. Second, in the "convenient and safe diagnosis" sector, screening for dementia was expanded and funding for the National Dementia Early Detection program (NDeED) was increased. During 2014, the proportion of the older population that received screening increased by 15.9%, and funding for the NDeED program increased by 41.6%. However, dementia detection rates in the NDeED program were lower than predicted. Among people screened for dementia in 2014, 2.1% were diagnosed with dementia, which was only 1/5 of the national prevalence of 9.6%. Third, in the "treatment and care" sector, the number of day- and night- care centers was expanded. The total number of day- and night- care centers has grown from 1,331 in 2012 to 1,829 in June, 2015. However, there were still not enough centers in rural areas. Furthermore, at-home dementia care services were also insufficient in such areas. This study suggests that previous policies have generally been appropriate. Future policies should focus more on efficiency, and rural discrepancies.

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-047

INTRODUCTION TO GOVERNMENT PROGRAMS FOR MISSING PERSONS WITH DEMENTIA

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Objectives: More and more dementia patients are getting lost. The number of missing persons reports filed concerning dementia patients increased from 7,650 cases in 2012 to 9,046 cases in 2015, which means one patient was reported missing every hour. To cope with this problem, the Korean government now offers four services; the missing prevention ID tag service, the fingerprint registration service, GPS locator supply service, and the DNA search service.

Through the missing prevention ID tag service, the government provides ID tags, free of charge, that include a distinct number for each person. The tags are attached to clothes, and so 80 tags are provided for each applicant, to ensure all clothing items have one attached. A system linking public health centers, the police, and the National Institute of Dementia has been constructed, so applications can be submitted at over 300 public health centers nationwide, and inquiries can also be made anywhere. 20,692 people received ID tags between 2012 to 2015.

The fingerprint registration service makes it possible for patients to register their fingerprints in advance, so they may be used for identification when needed. 20,692 people registered between 2012 to 2015.

GPS tracers are further available to policyholders of the Long-term Care Insurance system who have been deemed eligible for the service through an evaluation process. All major cellphone operators have agreed to cooperate, and thus missing patients using the tracer can be tracked nationwide.

The DNA search service enables family members to match their genetic characteristics with unidentified dementia patients in care facilities and unidentified corpses. DNA samples are collected at police stations, and then sent to the National Institute of Dementia, which passes them on to the National Forensic Service for analysis. Personal information is coded to maintain privacy. 298 people applied between 2012 to 2015.

All these services have been widely used, and more than 300 dementia patients were found between 2015 and 2015. However, the number of missing dementia patients is still increasing quite rapidly. Thus, to further enhance their effectiveness, the National Institute of Dementia and the police have constructed a real-time database link, and have improved cooperative systems, streamlining the report filing and search process. For further enhancement, a strong legal basis for such cooperation will be needed.

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-050

THE KOREAN DEMENTIA MANAGEMENT CONVEYANCE SYSTEM

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Objectives: Korea has been experiencing a rapid increase in the number of people with dementia. The number of people with dementia rose from 474,066 in 2010 to 648,223 in 2015, and is projected to rise to 2,710,000 by 2050. To cope with this, and the ensuing social and economic costs, the Korean government has implemented various policies. And to ensure that these policies are executed properly, the government has also constructed the Dementia Management Conveyance System (DMCS), which is a multi-level hierarchical administrative system focusing on the management of dementia.

The DMCS was constructed based on the Dementia Management Act (DeMA), and consists of the Ministry of Health and Welfare (MHW), the National Institute of Dementia (NID), the Metropolitan/Provincial Dementia Centers (MDC/PDCs) and Dementia Counselling Centers (DCCs). The NID is considered the control tower of the DMCS, and is responsible for planning national dementia management projects, and providing support for MDC/PDCs. The MHW provides funding for the NID, as well as monitoring its performance. The MDC/PDCs are regional control towers that modify government policies to suit regional needs, and implement those policies in collaboration with regional dementia councils. Thirteen centers were built in 2015, and an additional four are planned to open in 2016. Under each MDC/PDC are DCCs that have been installed in all public health centers. They play the role of “end-service” organizations that provide direct services to dementia patients and their caregivers. In addition, there are two committees that oversee the system. The first one is the National Dementia Executive Committee (NDEC), which includes the MHW, and lays out the vision for long-term national dementia plans. The second one is the Central Dementia Executive Committee(CDEC), in which the actual plans are deliberated and discussed.

WIth the installation of the last four MDC/PDCs in 2016, the construction of the DMCS will be completed and it is hoped that the system will enable more efficient and appropriate implementation of dementia policies.

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-043

WHAT THE MOST APPROPRIATE ACTIONS OF HEALTH PROFESSIONALS, FAMILY AND EMERGENCY SERVICES WHEN A PERSON WITH DEMENTIA WANDERS AWAY FROM THEIR PLACE OF CARE AND BECOMES LOST? LEARNING LESSONS FROM CASE STUDIES

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Objectives: Background: Wandering is a behaviour experienced by many people with dementia. For the majority of people with dementia this would be an activity that is regarded as meaningful and therapeutic and should be encouaged with the least amount of restriction. However when a person with dementia manages to leave their place of care without being witnessed doing so they are vulnerable to becoming lost. This can result in them becoming a Missing Person requiring an immediate search and rescue by Emergency Servies, some who may not be aware of the complexities of a dementia diagnosis

Objectives The study wished to explore if there was adequate risk assessment of wandering as a behaviour that could potentially lead to a person with dementia getting lost and which interventions were most likely to deter the person from leaving. The study then wanted to look at if wandering is deemed as an activity that should be managed within health services or if it is led and understood by Emergency Services. The study looked at the incidents within an acute hospital over one year and then the number of incidents that were referred to the local police service.

The findings from the study were that wandering as a risk to people with dementia was largely misunderstood by health professionals but also by local emergency services. Without understanding the actions of Health and Emergency Services were unco-ordinated and chaotic often resulting in a delay in finding the invidual. There was no agreed training package which covered how to assess wandering but also which covered legislation relating to restricting liberty. Equally there was a lack of awareness about how an environment and staff interactions can lead to keeping people with dementia safe

The resulting package is a short film initially outling the care of a person with dementia and the experience of their family as wandering becomes a risk. The film is accompanied by a set of learning materials designed to encourage multi agency staff discussion and learning. The learning package also has a Missing and Absent Person Policy which outlines the actions that health professionals and emergency staff should undertake to facilitate the efficient and prompt return of an individual including actions that may be relevant to particular forms of dementia

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-052

PRODUCING A CARERS CHARTER

: ENACTING A CARERS ACT AS PROPOSED BY THE AICHI CHAPTER OF THE ALZHEIMER'S ASSOCIATION JAPAN

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Objectives: Background

We have been supporting carers using *Tsudoi (meetings)*, telephone consultations, and family support programs since its establishment in 1980, and it has always emphasized the importance of support for carers. While Japanese laws, such as the Long-Term Care Insurance Act, provide essential support for the elderly, no proper laws that support carers exist. Other countries such as England and Australia have a "Carers Act" which forms the basis of such support systems.

Objective

It is necessary for Japan to enact laws that will be the foundations of carer support systems. The "Carers Charter" in Australia, created by various carers' groups, was vital in the enactment of the Carers Act. Therefore, we think that it is important to consider support details such as aims, contents, and direction and subsequently produce a Carers Charter in Japan.

Method

The situation of Japanese carers was examined using documents searched using the keywords "Carers Act" and "carer support." Furthermore, documents on England were used to find the outcomes and challenges of enacting a Carers Act. Australian government pamphlets and websites about the Carers Act were also used to investigate the essentials of establishing a Carers Act in Japan, such as the Act's objectives, its aims, contents, and the ideal direction. The Charter, which was based on this research, was produced by members of a 2003 research group in the Aichi chapter (including researchers, family caregivers, and professionals).

Results

The following six-article Charter was produced in October 2010 to assist family carers to broaden their horizons and recognize the value of their own actions, that is, to encourage them to think that "I need support as well."

1. Carers are individuals and have a separate existence to the care-receiver.
2. Carers can decide how care is to be provided.
3. Local communities can protect carers' health and happiness.
4. Carers' experience and knowledge is a valuable asset for the local community.
5. Children and young people involved in caregiving look forward to enjoying their own lives and pursuing their own potentials.
6. The support required by carers should be appropriately provided.

Investigation

Of the 8500 home carers who responded to the 2005 "Survey regarding the state of caregiving" conducted by the Ministry of Health, Labour and Welfare, one in four were depressed, and 30% of those above 65 years of age said "I sometimes want to die.". An employment status survey from the Statistics Bureau of the Ministry of Internal Affairs and Communications revealed that 487,000 people quit their jobs due to caregiving/nursing between October 2007 and September 2012. The promotion of this Charter in Japan will help carers to live fuller lives.

Disclosure of Interest: None Declared

Policy

Dementia policies

PO1-051

ALZHEIMER'S SOCIETY – EFFECTIVE WAYS OF ENGAGING AND CHAMPIONING THE RIGHTS OF PEOPLE AFFECTED BY DEMENTIA

Gavin Terry*, Martina Kane

Objectives: Alzheimer's Society's new 5 year strategy sets out how the organisation will be the rallying point for all those who want to make change happen, as well as how we will stand with people affected by dementia, to tell their story and campaign for their rights. One of the key ways of enabling this is through innovative and detailed evidence gathering that can help us to really understand and communicate what life is like for people affected by dementia, and through helping people with dementia to be able to articulate their experiences.

Since 2010, many organisations in England, including government departments and Alzheimer's Society have been using the National Dementia Declaration to set the direction of their work on dementia. Commonly known as the 'I' Statements, these are statements which people with dementia and carers want to see as outcomes in their lives. Each statement begins with the personal pronoun 'I', for example 'I have personal choice and control or influence over decisions about me' or 'I know there is research going on which delivers a better life for me now and hope for the future'.

The policy landscape on dementia in England has changed extensively since 2010. This, along with feedback from people with dementia and carers had led to concern that the 'I' statements needed to be updated. Alzheimer's Society is now leading an ambitious review, aiming to conduct the widest ever consultation of people with dementia whilst still ensuring that the statements remain useable and relevant to the organisations that rely on them.

This large scale consultation, entitled State of the Nation, aims to capture the real life experiences of as many different people affected by dementia as possible from across England, Wales and Northern Ireland. Through in depth interviews and surveys of people affected by dementia, we will benchmark what life is like for people, in order to follow up on these throughout the lifetime of our strategy, tracking how the work we do makes a difference to people with dementia.

This presentation would outline the process of the I Statements review, early findings of the review including the impact that the original statements had on the policy landscape and dementia practice in England. It will also outline the wider work of the State of the Nation project, and what people with dementia and carers have said is important to them which will be included in the new statements and to inform our wider strategic aims.

It will conclude with what will happen next to agree and launch refreshed statements to ensure their continued use, and an overview of the future plans for the activity around the State of the Nation project and opportunities for wider evidence gathering.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

PO1-062

LONGITUDINAL STUDY OF CORRELATION BETWEEN BRAIN VOLUME AND COGNITIVE FUNCTION IN PEOPLE AT BANGKOK HOSPITAL PHUKET

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Introduction: Alzheimer' disease(AD) is the most common form of dementia, which currently has no curative treatment. Several potential biomarkers have been studied to detect early stages of AD including brain structural imaging. Magnetic Resonance Imaging(MRI) is a noninvasive techinque for brain visualization. Many studies have shown that shrinkage in specific brain areas such as the hippocampus is seen in AD patients.

Objectives: Our study aimed to evaluate the brain volume including hippocampus compare to cognitive function and other variables in Phuket population.

Methods: All volunteers completed the questionnaire (which contained the demographic, physical data and history of medical condition), neuropsychological testing and brain MRI at the baseline evaluation. Brain MRI and volume analysis were derived by 1.5 Tesla MRI scanners with FreeSurfer software (version 5.3).

Results: The total 57 volunteers (39 Healthy control versus 18 patients) were observed in the study. There were a negative correlation between left hippocampus total volume and age in patient group ($p<0.05$). This pattern cannot be seen in control group. In contrast, positive correlation can be detected between body surface areas and total hippocampus on both side in control group ($p<0.05$), but not in patient group. Education level did not affect hippocampus total volume in patient group, in contrary education level in control group influneced the size of the hippocampus total volume of both left and right ($p<0.05$).

Conclusion: These preliminary results are the data set for the Phuket population. It might be indicated that the medical conditions might affect the left hemisphere more than the right side and high education is associated with larger hippocampal volume as in other previous studies.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

PO1-059

UTILITY OF CEREBROSPINAL FLUID BIOMARKERS FOR THE DIAGNOSIS OF ALZHEIMER'S DISEASE IN KOREAN POPULATION

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Introduction: Laboratory-specific reference values for cerebrospinal fluid (CSF) Alzheimer's disease (AD) biomarkers are necessary.

Objectives: To apply well-known CSF biomarkers and redetermine their diagnostic cutoff values for AD in a Korean population the study was started.

Methods: CSF samples from matched control subjects ($n = 71$), patients with AD dementia (ADD, $n = 76$), and other neurologic disorders with cognitive decline (OND, $n = 47$) were obtained from six Korean dementia clinics according to a standardized protocol. CSF biomarker concentrations were measured using enzyme-linked immunosorbent assay.

Results: CSF biomarkers differed significantly between the ADD and control groups ($p < 0.001$ for all), and between the ADD and OND groups ($p < 0.001$ for all). The areas under the curve in differentiation of ADD from control subjects were 0.97 for Aβ42, 0.93 for tTau, 0.86 for pTau, and 0.99 for both tTau/Aβ42 and pTau/Aβ42 ratios. Our revised cutoff value for Aβ42 was higher than our previous one, whereas the values for the Tau proteins were similar. The tTau/Aβ42 ratio had the highest accuracy, with 97%.

Conclusion: Our findings highlight the usefulness of CSF AD biomarkers in Korean population, and the necessity of continually testing the reliability of cutoff values. Grant support: Korea Health Technology R&D Project through the Korea Health Industry Development Institute (KHIDI), funded by the Ministry of Health & Welfare, Republic of Korea (HI14C1942).

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

PO1-057

ATYPICAL VERBAL MEMORY RECOGNITION PATTERN IN PATIENTS WITH SUBJECTIVE COGNITIVE DECLINE

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Introduction: Subjective cognitive decline(SCD) is concerns about cognitive decline without any objective evidence of cognitive impairment. Patients with SCD showed normal neuropsychological performances. Thus, cued recall, recognition is typically superior to free recall. However, sometimes we faced with the opposite results that recognition is worse than free recall.

Objectives: Hence, we investigated whether the atypical recognition pattern is related to other potential cognitive dysfunction or neuropsychiatric symptoms.

Methods: SCD was clinically diagnosed by an experienced neurologist when a patient who visited memory clinic because of subjective memory decline was in the absence of objective cognitive deficit on evaluation. We performed a retrospective review of patients with SCD, who underwent neuropsychological test, Seoul Neuropsychological Screening Battery(SNSB), at memory clinic of Seoul St. Mary's Hospital between July 2015 and September 2016. Demographic data, neuropsychological test results, APOE genotyping, neuropsychiatric data were collected.

Results: Total 226 SCD patients underwent neuropsychological test. 106 (46.9%) patients were classified as typical recognition pattern and the other 120 (53.1%) patients were atypical pattern. Demographic features including age, education level, MMSE, Clinical dementia rating-Sum of box score, APOE4 carriers, and geriatric depression scales were not significantly different between two groups.($P>0.05$) However, female predominance was noted in atypical recognition group.($P=0.024$) Atypical recognition pattern group showed poorer performance in digit span backward test. ($P=0.023$) In verbal memory test, patients with atypical recognition pattern showed better immediate and delayed recall performances. ($P=0.001$, $P<0.001$, respectively). Especially, among SCD patients with better verbal memory delayed recall (>50%ile), patients with atypical recognition pattern showed significantly lower scores in digit span backward and animal-controlled oral word association test. They also showed significantly higher CDR-SOB score. (0.5 ± 0.3 vs. 0.7 ± 0.4, $P=0.037$) However, SCD patients with worse verbal memory delayed recall(<50%ile) it did not show any significant difference of variables between typical and atypical recognition groups.

Conclusion: Our result revealed that patients with SCD who scored atypical recognition pattern showed significantly poorer working memory task. It means that this poorer recognition pattern can be related to frontal dysfunction. Future studies for the correlation between recognition pattern and structural magnetic resonance imaging and longitudinal follow up will be needed for the clinical significance of atypical recognition pattern in SCD.

Disclosure of Interest: None Declared

PO1-063

FACILE QUANTIFICATION OF ALZHEIMER'S DISEASE AMYLOID-B BASED ON AGGREGATION-INDUCED EMISSION

Takaya Hoshikawa*

Introduction: Alzheimer's disease (AD) is the most common type of dementia. AD pathogenesis is believed to be triggered by the formation of toxic aggregation of amyloid beta peptides (Aβ). Thus, there is a great need for rapid, simple, cost-effective, and noninvasive Aβ detection method.

Objectives: Here we report the combenient method for the detection of Ab amount and/or the degree of Ab aggregation using "Aggregation induced emission (AIE)" dyes as the fluorescent probes.

Methods: We have planned to detect the Ab aggregates using fluorescent dyes. Fluorescent dyes are actively used as the highly sensitive visualizing probes in the biological, chemical, and medicinal fields. However, there are two problems to detect the aggregation of Aβ with fluorophore. First, the fibril formation of Aβ is typically very slow process. Second, the popular fluorescent dyes exhibit aggregation-caused quenching (ACQ). As the countermeasure to the first problem, we chose the use of "Aβ Fibrillization Promoting Peptide (AFPP)" (DAEFRHDKLVFFYEVHHQK). As to the second problem, AIE-dyes are potential candidates to prevent ACQ. We constructed a quantitative application conjugated AIE dye with AFPP to detect Aβ.

Results: Since the fluorescent signal intensity was increased with increasing of Aβ(1-40), this AIE-based prove was applicable in principle to quantify of Aβ (1-40).

Conclusion: This method can provide a simple, rapid, sensitive and cost-effective assay for Aβ. Thus, we believe that this novel Aβ detection method will be valuable for convenient diagnosis AD.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

PO1-061

THE EXPLORATORY STUDY ON COGNITIVE IMPAIRMENT OF THE ELDERLY IN SOUTHERN TAIWAN

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Introduction: In Taiwan, according to an investigation by the Taiwan Alzheimer Disease Association (2012), 10–15 % of MCI cases develop into dementia each year. MCI is thus widely considered as a precursor symptom of dementia, and particularly of Alzheimer's. Mild cognitive impairment (MCI) is a state of mild impairment in cognitive function, although some people with MCI revert to normal cognitive function, most are at a high risk of degradation to dementia. According to the Ministry of Health and Welfare in Taiwan, the prevalence of MCI in the population aged over65years old had reached 16.04 % in 2013. If not attention,these symptoms can lead to dangerous situations and the increased use of social and medical resources.

Objectives: To Understand the Cognitive Function of the Elderly in Southern Taiwan.

Methods: Convenience sampling was used to screen subjects from the senior citizens learning camp' students in southern Taiwan. The instruments were administered through face-to-face interviews. Data analysis was performed using SPSS version 20.0. The frequencies, percentages, means and standard deviations were used to analyze the subject's demographic data and cognitive functions. The Saint Louis University Mental Status Examination was developed by Morley and Tumosa (2002). The SLUMS has been shown to have sensitivity(100%) and specificity(98%), The Chinese version of SLUMS was translated and published by Hu (2010).

Results: There were 37 participants in the study. The average age was 64.49 years (SD=4.81), There were more female(86.5 %) than male.In education level, high school education of higher for the majority (56.8%). The scores for the cognitive functions, as obtained with SLUMS, with an average of 23.81 points (SD=4.33). Among the 37 participants,19(51.3%) were normal cognitive function, 11 (29.7%) were mild cognitive impairment and 7 (18.9%) were dementia. The high school of higher had a mean score of 23.61 (SD=4.37). On the other hand, the cognitive function scores of male were higher (24.67,SD=4.22) than female. In the age group, the best average scores of cognitive function were 50-59 years(24.52, SD = 4.27). Regard to the cognitive domains, participants performed the best in the figure identification domain (100% correct). In contrast, participants performed the worst in the immediate paragraph recall (27% correct).

Conclusion: The findings of this study show that, more work is needed to examine this using an more robust study design. However, the results obtained in this work with regard to each cognitive domain for community health care planners or providers when designing health- care services for this group of older adults.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

PO1-055

MULTIFACTOR DIMENSIONALITY REDUCTION FOR ANALYZING MULTIPLE PROTECTING FACTORS ASSOCIATED WITH CEREBRAL WHITE MATTER CHANGES IN PATIENTS WITH ISCHAEMIC STROKE

Shyh-Jong Wu[*], Yuan-Han Yang, Hsueh-Wei Chang

Introduction: White matter changes (WMC) are commonly found in patient with ischaemic stroke and have been associated with increased risk cognitive decline and dementia. Though WMC are at least partly mediated by vascular dysfunction as suggested by clinical studies showing an association with hypertension, diabetes, and history of cardiac disease, the underlying relationship to changes in white matter is incompletely understood.

Objectives: We aims to introduce multifactor dimensionality reduction (MDR) to investigate whether those vascular risk factors play independent or dependent roles in association with the white matter changes in periventricular WMC (PVWMC) and deep WMC (DWMC) separately.

Methods: The data were collected between January and December 2013 from a medical centre in southern Taiwan. In total, 527 patients who had experienced ischaemic stroke were included. Every patient underwent a cerebral MRI scan, and WMC was separately rated as PVWMC and DWMC by using the modified Fazekas scale. We subgroup all patients as the low WMC (Fazeka's Scale 0&1) and the high WMC group (Fazeka's Scale 2&3). Eight factors of vascular risk factors (age, gender, blood pressure, DM, hyperlipidemia, coronary artery disease, atrial fibrillation, and smocking) were included. MDR was used to detect the potential multiple factors interaction.

Results: After the unbalanced function based on MDR analysis, the younger age is the same protective factor associated with both PVWMC (OR=0.37; 95% confidence interval (CI) 0.25~0.56; P <0.001) and DWMC (OR=0.27; 95% confidence interval (CI) 0.19~0.40; P <0.001). In addition, the younger subjects without hypertension will increase the protective effects on the changes in both periventricular and deep white matter (OR=0.17 and P <0.001 for both). Interestingly, the gender of female is the third factor interacting with the age and blood pressure factors in increasing protective effect for DWMC (OR=0.08 and P <0.001). However, the ischaemic stroke patients without DM is the third factor interacting with the age and blood pressure factors in increasing protective effect for PVWMC (OR=0.15 and P <0.001).

Conclusion: We first provide the evidence that multiple factors interaction may play an important role in predicting the changes in different area of white matter.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

PO1-056

EFFECT OF APOE4 ON AMYLOID BURDEN AND CLINICAL FINDINGS IN MILD COGNITIVE IMPAIRMENT

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Introduction: Mild cognitive impairment (MCI) is a state with objective cognitive decline with spared activity of daily living. Apolipoprotein E genotype, especially e4 allele, is a well-known risk factor for the conversion from MCI to dementia.

Objectives: We investigated the interaction between APOE4 allele and cerebral amyloid burden in MCI patients

Methods: We retrospectively reviewed patients with MCI who visited the memory clinic at Seoul St. Mary hospital, from August 2015 to August 2016. Total 88 patients with MCI were selected. Age, Sex, education level, comprehensive neuropsychological test results, Mini-Mental State Examination, Clinical Dementia Rating - Sum of Box, Neuropsychiatric Inventory score, Geriatric depression scale, apolipoprotein E genotype, medical temporal lobe atrophy on MRI, and 18F-Fluorbetaben amyloid PET scan data were collected.

Results: Among 88 patients, 25(35.7%) were APOE4 carrier, the remainder were noncarrier (45, 64.3%). Patients with ApoE4 allele had higher amyloid positivity than the noncarrier group.(20 (80.0%) vs. 7 (15.6%), $P<0.001$) Age, sex, education level, CDR-SOB, IADL, GDepS, total NPI, and medial temporal lobe atrophy using Scheltens scale were not significantly different between two groups.

MMSE score was significantly lower in the APOE4 carrier group.(P=0.007) On Seoul Neuropsychological Screening Battery, verbal memory delayed recall performances were significantly lower in the APOE4 carrier group.(P=0.024, 25.3±29.5 vs. 7.9±8.1) Other neuropsychological functions were not significantly different between groups. In patients with amnestic MCI only, overall results were similar. MMSE score were significantly lower in the APOE4 carrier group.(26.0±2.6 vs. 23.8±3.1, P=0.007) In neuropsychological test, verbal memory delayed recall were insignificantly more impaired in the APOE4 carrier group.(16.9±23.2 vs. 7.9±8.1, P=0.221)

Conclusion: Our study reported that APOE4 carrier had more chance to have positive amyloid PET finding. Verbal memory delayed recall was significantly more impaired in the APOE4 carrier group. APOE4 allele had harmful effect on cognition and Alzheimer's pathology in MCI patients. Apo E genotyping in MCI may give us useful information for clinical judgement.

Disclosure of Interest: None Declared

Science

Diagnosis and imaging

PO1-054

A VALIDATION STUDY FOR THE HONG KONG VERSION OF THE ADDENBROOKE'S COGNITIVE EXAMINATION III (HK-ACE-III) IN HONG KONG

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Introduction: The Addenbrooke's Cognitive Examination Revised (ACE-R) is a five sub-domain screening test assessing orientation/attention, memory, verbal fluency, language and visuo-spatial functions. It incorporates Mini-Mental State Examination (MMSE) into it as well but overcomes the deficits inherent within the latter.

A newer version of Addenbrooke's Cognitive Examination-III (ACE-III) was developed recently for copyright issue and MMSE specific items were removed or replaced. Validation study of ACE-III confirmed that the total scores of the ACE-III are highly correlated to the ACE-R with similar sensitivity and specificity values. However, this screening tool is not locally validated among Chinese population.

Objectives: To validate the Addenbrooke's Cognitive Examination-III Hong Kong version (HK-ACE-III) in detecting mild cognitive impairment (MCI) and dementia among the Hong Kong Chinese elders

Methods: A total of 168 subjects (dementia, n=57; MCI, n=71; normal controls, n=40) aged 60 years or above were assessed using HK-ACE-III. The HK-ACE-III scores were validated against expert diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders (5th ed) criteria for dementia and Petersen's criteria for MCI. Statistical analyses were performed using receiver operating characteristic (ROC) and regression analyses. Additionally, comparison was made with the Cantonese version of MMSE (C-MMSE), Chinese version of ACE-R (C-ACER) and Global Deterioration Scale (GDS).

Results: The optimal cutoff score for the HK-ACE-III to differentiate cognitive impaired persons (MCI and dementia) from normal controls was 72/73 after adjustment of education level, giving a sensitivity of 0.961, specificity of 0.700, and area under the curve (AUC) of 0.944. Moreover, the cutoff to detect MCI was 72/73 with sensitivity of 0.930, specificity of 0.700 and AUC of 0.907. At cutoff of 63/64, it identified dementia from controls with sensitivity of 0.965, specificity of 0.975 and AUC of 0.991. The Pearson correlations between HK-ACE-III and C-MMSE, C-ACE-R and GDS were highly significant at 0.884, 0.997 and -0.730 respectively.

Conclusion: The HK-ACE-III is a useful cognitive screening instrument for use in Chinese older adults in Hong Kong. A score of less than 73 should prompt further diagnostic assessment.

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Disclosure of Interest: None Declared

Science

Diagnosis and imaging

PO1-053

REGIONAL VARIATIONS IN THE DIAGNOSIS OF COGNITIVELY IMPAIRED PATIENTS

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Introduction: Georgraphic varations exist in the indentification and treatment of cogntively impaired (CI) patients.

Objectives: To understand regional variations in the diagnostic pathway of suscepted CI patients.

Methods: Data were drawn from the 2013 Adelphi Dementia DSP, a cross-sectional survey of physicians and their CI patients in 5 major EU markets, the US and Japan. Physicians completed a record form detailing patient's demographics and their journey from onset of symptoms to formal diagnosis, including healthcare professionals involved, MMSE scores, tests/scales and scans/imaging conducted and durations between visits. Descriptive statistics were used to report the data and all results were stratified by region. Statistical significance was assessed using Kruskal-Wallis tests and Chi-squared tests.

Results: Data were collected from a total of 3,893 EU patients, 1,164 US patients and 727 patients from Japan where current CI stage could be defined.

The duration (weeks) from initial symptoms to first consultation was longest in Japan(35.0) compared to the EU (33.4) and the US(28.3) ($p<0.001$). EU and US patients were more likely to have seen a PCP at first consultation(76.3%, 64.6%) compared to patients in Japan (36.3%) who were more likely to have seen a neurologist(38.6%)(all $p<0.001$). Patients in Japan had lower MMSE scores at first presentation and formal diagnosis (18.2, 18.0) compared to EU (21.3, 20.6) and US(22.8, 22.4) patients (both $p<0.001$).

Time from first consultation to formal diagnosis was longer in Europe (12.8) compared to the US (8.0) and Japan (7.1) ($p<0.001$). Neurologists were the most frequently diagnosing physician across all regions (41.7% - 45.9%; $p=0.014$), but PCPs remained more involved in the US (37.0%) compared to Europe (26.2%) and Japan (27.7%) ($p<0.001$).

Japanese patients were less likely to have had a psychological exam (25.9%), MMSE (63.8%), Clock Draw Test (12.3%), Thyroid (34.7%), B12 (22.8) or Blood test (50.5%) compared to EU and US patients who had much higher utilization of tests/scales. 13% of Japanese patients were diagnosed without any scales or tests.

The Japanese were more likely to have been diagnosed with the aid volumetric (49.5%) and diffusion MRI (32.4%) compared to EU (40.7%, 13.2%) and US patients (38.8%, 16.0%) (both $p<0.001$). Almost 19% of Japanese patients were diagnosed with the aid of SPECT, which was much less common in EU (5.7%) and US patients (0.2%) ($p<0.001$).

Conclusion: Regional variations exist in the diagnostic pathway of suspected CI patients. The time between onset of symptoms and first consultation was longer in Japan compared to the EU and the US; however patients in Japan experienced the shortest time between their first consultation and diagnosis.

Disclosure of Interest: None Declared

Science

Early Intervention

PO1-069

THE POTENCIAL USE OF MENTAL MAPS FOR PEOPLE WITH ALZHEIMER'S DISEASE

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Objectives: Alzheimer's disease (AD) is the most common cause of dementia and many different aspects of disease may be approached by mental maps. Mental maps provide a schematic display information through words, sentences, symbolic icon or drawings that have certain meaning. In the middle of map is a keyword or topic, and around radially are branching other information and ideas. All these pieces are interconnected graphically, semantic and form one whole.

The mental maps may be applied: 1) for early diagnosis of AD (mental maps about getting around – spatial orientation; 2) as part of cognitive training and what to do diagram for people with dementia (PWD) in early stage of disease; 3) as a tool for psychoeducation of students, other medical and non-medical professionals; 4) for psychoeducation of family members/informal care givers; 5) for problem solving situations (e.g. what to do when certain behavioural and psychiatric symptoms occur) and decision making process.

Mental maps may have role in early diagnosis, rehabilitation and making/carrying on with treatment plan for PWD. It is valuable graphic technique that may improve learning and coping strategies for care givers of PWD, as well as enhance performance of care givers and professionals together, through the improvement of understanding the Alzheimer's disease and other dementias.

Disclosure of Interest: None Declared

Science

Early Intervention

PO1-065

FACTORS THAT PROMOTE CONTINUATION OF USE OF THE DEMENTIA CONSULTATION CENTER SERVICES: COMPARISON BETWEEN SINGLE-USER AND REPEATER GROUPS

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Introduction: The Community Consultation Center for Citizens with MCI and Dementia (CCCMD) offers free consultations to all citizens. We encourage clients with decreased cognitive function to visit a hospital and consult their family doctor. However, not only people who are suspected to suffer from dementia but also people with preserved cognitive function should check in CCCMD (Nomura T et al., 2012). We give such clients preventive advice and suggest them to come again half a year later. Although these clients are sent letters to remind them to come for the second consultation, many of them (single-users) never do that.

Objectives: We compared the background information of continuous users (repeaters) with that of single-users to establish what kind of person is more likely to become a single-user.

Methods: The sample included 3456 (mean age 74.8 years, 1149 men) people who were admitted to the CCCMD with complaints about forgetfulness from December 2007 to September 2016. We collected information about their age, sex, hobbies, family doctor and family structure. A screening tool with touch-panel type computer (TP) and MMSE were used to assess their cognitive function. All participants signed an informed consent.

Results: There were 1531 repeaters (44.3%) and 1925 single-users (55.7%). The mean number of consultations was 2.26 (*SD*=2.44, Max: 26 consultations). Apart from 1497 clients who had received a letter encouraging them to see their family doctor, there were 991 single-users (mean age 71.0 years) and 908 repeaters (mean age 73.4 years). Single-user's mean age was significantly lower than repeater's. There were significantly more people who didn't have any hobbies in the single-user group. The number of female subjects who lived with their family and had no hobbies was greater in the single-user group, while the number of female subjects who lived alone and had hobbies was greater in the repeater group.

Conclusion: Single-users were younger than repeaters and had fewer hobbies. In particular, the results suggest that the female subjects who lived with their family and had no hobbies were more likely to be single-users.

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Disclosure of Interest: None Declared

Science

Early Intervention

PO1-066

IMPACT OF ACUTE EXERCISE ON NEUROCOGNITIVE PERFORMANCE IN OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT

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Introduction: Notwithstanding previous studies have demonstrated that acute exercise is positively related to cognitive performance in older adults, thus far, no research has yet been conducted on the effects of an acute bout of different exercise interventions on neurocognitive performances in older adults with mild cognitive impairment (MCI).

Objectives: The study aimed to explore the effects of acute aerobic and resistance exercise on neuropsychological and neurophysiological performances in older adults with MCI when performing a cognitive task involving executive functioning.

Methods: Forty-five older adults with MCI were recruited and randomly assigned to an aerobic exercise (AE) group (n=15), resistance exercise (RE) group (n=15), and non-exercise-intervention (NEI) group (n=15). The neuropsychological [e.g., accuracy rate (AR) and reaction time (RT)] and neurophysiological (e.g., P3 amplitude) indices were simultaneously measured when individuals performed a flanker task at baseline and after either an acute bout of 30 minutes of moderate-intensity AE or RE or a control period.

Results: Although the acute AE and RE interventions could not improve the ARs performance in the older adults with MCI, both exercise modes could decrease their RTs and increase the P3 amplitudes in the AE and RE groups after acute exercise interventions.

Conclusion: The findings suggest both acute AE and RE exercise interventions could improve the time efficiency of the central processing of cognitive functions and facilitate the attentional set that makes it possible to better evaluate and process the stimulus in older adults with MCI when performing the cognitive task involving executive functioning.

Disclosure of Interest: None Declared

Science

Early Intervention

PO1-064

THE FACTORS OF DELAYED DIAGNOSIS AND INTERVENTION OF PRIMARY CARE SERVICES FOR PEOPLE WITH DEMENTIA

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Introduction: 認知症の早期検出、早期対応は、患者や家族、介護者にとって、幅広い利益が考えられる。適時の診断は薬物治療を含む治療やケアの早期開始を可能にし、それにより住み慣れた良い環境で暮らし続けられることは、その進行を緩和し、ＢＰＳＤの発生を抑制し、さらには介護施設への入居を予防し遅らせるだろう。しかしながらいくつかの研究では、軽度から中等度のステージでの診断率は50%程度に留まっている。

Objectives: 「認知症初期集中支援」は、日本の認知症対策の5カ年計画（オレンジプラン、2013–2017）における具体的なサービスの1つ。認知症が疑われながらも医療やケアに未接触である方に対して、家族の訴えなどにより、看護師や作業療法士など複数の専門職チームがその方の自宅を訪問し、アセスメントや家族支援などの初期支援を包括的集中的に行い、自立生活のサポートを行う。その実践の中で、「これらのケースが認知症状や生活の困難さを抱えながら、なぜ医療や介護支援にアクセス出来ていなかったのか？」という疑問を持った。そこで早期介入を阻む要因について、得られた情報に基づき、後向き分析を行ってみた。これと併行して、同様のテーマの先行研究の文献レビューを行い、それらの知見やエビデンスの収集により多角的な検証を行った。

Methods:

この研究に際して、プライマリケアにおける認知症診断や支援的ケア介入の遅れに関する先行研究論文を検索し、文献レビューを行った。私はMedlineを用いて、early-stage, dementia, diagnosis, delay, primary careやbarriers, refuse, use, care services　のキーワードの組み合わせで検索し、システマティックレビューやオリジナル文献を中心に、非英語、薬物的介入やスクリーニングツールについての研究、プライマリケア以外の領域のものは省いた。

さらに、初期集中支援のデータ分析を行った。認知症初期集中支援チームの対象者は、明らかに認知症状が出現しているにも関わらず、何らかの理由で医療や介護サービスにつながっておらず、生活に支障を来し、家族や介護者が困っているケースである。よってこの対象者群を、診断やケアへの接触が遅れたケース集団として、今回の介入で得られている情報を分析し、その特徴を抽出してみた。今回は後ろ向き研究のため、収集されているデータが限られており、比較対照群もないため、前述の文献のレビューの結果から得られた要因と今回のデータの比較を行った。

この研究に際して、プライマリケアにおける認知症診断や支援的ケア介入の遅れに関する先行研究論文を検索し、文献レビューを行った。さらに、初期集中支援のデータ分析を行った。認知症初期集中支援チームの対象者は、明らかに認知症状が出現しているにも関わらず、何らかの理由で医療や介護サービスにつながっておらず、生活に支障を来し、家族や介護者が困っているケースである。よってこの対象者群を、診断やケアへの接触が遅れたケース集団として、今回の介入で得られている情報を分析し、その特徴を抽出してみた。今回は後ろ向き研究のため、収集されているデータが限られており、比較対照群もないため、前述の文献のレビューの結果から得られた要因と今回のデータの比較を行った。

Results: 過去の研究論文のレビューによると、診断やケア介入の遅れの要因は、疾病、患者や介護家族、かかりつけ医、社会システムによる４つのカテゴリに整理された。認知症の方は病識が乏しく、また他者との接触や介入を拒む傾向があり、自身の問題に気付かないこと、認知症へのスティグマや誤解が診断やケアへのアクセスを遠ざけること、またプライマリケア医はそのスキル不足から認知症診断や告知を避けたがること、研修の機会の不十分さや地域リソースへのコーディネート能力の低さなどが挙げられた。

初期集中支援の対象者からのデータ分析では、認知症の程度がより重い群の方が医療介護サービスの導入が得られやすい傾向があった。しかし介護者の負担の大きさは、サービス導入の成否に影響を及ぼさなかった。またこの対象者群においては、独居の方より同居家族がいる方のほうが、認知症診断が遅れる傾向にあり、かかりつけ医への受診頻度は認知症検出に寄与していないという結果であった。

過去の研究論文のレビューによると、診断やケア介入の遅れの要因は、疾病、患者や介護家族、かかりつけ医、社会システムによる４つのカテゴリに整理された。認知症の方は病識が乏しく、また他者との接触や介入を拒む傾向があり、自身の問題に気付かないこと、認知症へのスティグマや誤解が診断やケアへのアクセスを遠ざけること、またプライマリケア医はそのスキル不足から認知症診断や告知を避けたがること、研修の機会の不十分さや地域リソースへのコーディネート能力の低さなどが挙げられた。初期集中支援の対象者からのデータ分析では、認知症の程度がより重い群の方が医療介護サービスの導入が得られやすい傾向があった。しかし介護者の負担の大きさは、サービス導入の成否に影響を及ぼさなかった。またこの対象者群においては、独居の方より同居家族がいる方のほうが、認知症診断が遅れる傾向にあり、かかりつけ医への受診頻度は認知症検出に寄与していないという結果であった。

Conclusion: 本研究の対象者は、独居や社会性の無い方の割合が多かった。認知機能の低下や抑うつ状態に伴う対人拒否や社会的活動の低下に、独居や老老世帯という状況が重なることで、検出の遅れや介入しにくさに強く影響していると思われる。また家族の認知症に対する理解不足から起こる誤解や偏見も早期診断への障壁となっている。よって、認知症の方には、自宅に訪問して生活環境や家族関係を把握しつつ、その不安を和らげ、出来るだけその方の希望に添うようなケアを継続的に提供することが望ましい。また日本では、様々な理由でプライマリケア医による認知症診断やマネジメントが行われている割合はかなり低いと推測された。日本は認知症500万人という時代を迎え、プライマリケア医は今後の認知症診療やマネジメントの中心的な役割を期待されている。そのため国でもかかりつけ医認知症対応力向上研修や専門医への紹介をスムーズに行うためのケアパスの構築など、オレンジプランを実現するための様々な取り組みがあり、今回の研究でもその重要性が強調された。これらのサービスには今後の費用対効果の検証も必要である。

Disclosure of Interest: None Declared

Science

Early Intervention

PO1-068

A COMBINATION OF DIMETHYLGLYCINE (DMG), CREATINE, VITAMIN B1, B6, B12 AND VITAMIN C: EFFECTS ON COGNITIVE FUNCTIONS IN SUBJECTS WITH EARLY COGNITIVE IMPAIRMENT

Patrizia Bruno[*], Caterina Francone on behalf of Amnesia, Antonella Santillo on behalf of Amnesia, Andrea Fabbo on behalf of Amnesia, Laura Guidi on behalf of Amnesia and Amnesia-Alzheimer Unit Italy

Introduction: Use of molecules stimulating formation, maintenance and operation of synapses in subjects with early cognitive impairment is an important scientific goal.

Objectives: Aim of this preliminary study is to evaluate the therapeutic efficacy of a food supplement with Dimethylglycine (DMG) hydrochloride(200mg), Creatine(400mg), Vitamin B1(1.65mg), B6(2.1mg), B12(3.76mg) and Vitamin C(240mg) (ALTOP®), in subjects with early cognitive impairment. DMG improve cellular metabolism, enhance oxygen utilization and produce Sulfuradenosylmethionine. Cognitive profile of each subjects was evaluated in order to exclude blown cognitive impairment and identify comorbility through administration of the CIRS scale.

Methods: 17 subjects (11 women, 6 men; mean age of 75.5 years, average schooling 8.7 years) underwent to neuropsychological tests for cognitive performance, such as memory, attention, visuospatial abilities and executive functions, at T0 (start therapy) and at T1 (two months administration of DMG). Inclusion criteria: age>60, Mini Mental State Examination score>23.8 and a deficient score at least one of the neuropsychological tests. Subjects showing changes in the cognitive performance from T0 to T1 were estimated and the relative 95% Confidence Intervals (C.I.) were computed using the exact PearsonClopper method.

Table:

From [0,1] to>1 N; % [95% C.I]

SPANCORSI EQ 13; 7.65

SPANFIGURES EQ 4; 23.53

SPANWORDS EQ 5; 29.41

SHORTSTORY EQ 4; 23.53

FIGREY IMMED EQ 1; 5.88

FIGREY DELAY EQ 4; 23.53

FAS EQ 2; 11.76

STROOPTIME EQ 5; 29.41

STROOPMISTAKE EQ 4; 23.53

TRAILMAKING A EQ 2; 11.76

TRAILMAKING B EQ 5; 29.41

TRAILMAKING B-A EQ 3; 17.65

Results: Table shows the percentage (95% C.I) of subjects with a clinically relevant improvements (a change from an equivalent score of 0 (impaired) or 1 (borderline) to an equivalent score greater than 1) in cognitive functions after treatment with DMG. The highest percentage of improvement rate within the range of equivalents scores from [0-1] to>1 is related to the performance of the tasks which are investigating the inhibitory control skills, both verbal and visuospatial long-term memory, and short-term verbal memory.

Conclusion: Despite small sample size results shows that ALTOP produce positive effects on cognitive performance in subjects with early cognitive impairment and suggest that food supplements could be useful to fill a therapeutic void, exspecially for asymptomatic stages of disease.

References: Roger V. Kendall & John W. Lawson. Recent Findings on N,N-Dimethylgycine (DMG): A Nutrient for the New Millennium: Part 1

Capitani E, Laiacona M (1988) Aging and psychometric diagnosis of intellectual impairment: some considerations on test scores and their use. Dev Neuropsych 4(4):325–330.

Disclosure of Interest: None Declared

Science

Early Intervention

PO1-067

CROCUS SATIVUS VS COGNITIVE TRAINING IN MILD COGNITIVE IMPAIRMENT. WHICH IS MORE EFFECTIVE?

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Introduction: Crocus sativus seems to be an effective way for the management of cognitive deficits in Mild Cognitive Impairment (MCI). Cognitive training also optimizes the cognitive functioning of MCI.

Objectives: To assess if the combination of crocus along with cognitive training, is more effective than the single intervention (either cognitive training or crocus), in amnesic and multi domain MCI, during one year period of time.

Methods: Fifty two elderly with MCI were classified in four groups matched at baseline in age, gender, education, cognitive, functional and emotional performance. The first group consisted of 10 participants under crocus treatment, and a second group of 7 participants under combination treatment with both crocus and cognitive training, both for one year. A third group consisted of 18 participants, who attended 24 sessions of cognitive training, and a fourth group included 18 persons who didn't take part in any cognitive or pharmacological intervention. Neuropsychological assessment was performed at baseline and one year later.

Results: At the end of the study, there was a difference between the four groups in general cognitive function (MoCA) ($p=0.033$). According to their mean performance, the group with the combined intervention had the best performance followed by the cognitive training group, the crocus group and the control group.

Conclusion: The combined treatment with crocus or the cognitive training is the best choice for the management of aMCImd.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-072

IMPROVING CARE QUALITY THROUGH EDUCATION AND TRAINING: THE DEVELOPMENT OF TWO EDUCATION PROGRAMS TO IMPROVE THE CAPACITY OF THE AGED CARE WORKFORCE TO ASSESS, RECOGNISE AND REPORT CHANGES IN RESIDENTS' HEALTH STATUS.

Michael Bauer*, Deirdre Fetherstonhaugh[1], Margaret Winbolt[1], Christine While[1], Joanne Rayner[1]

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Objectives: The increased acuity, co-morbidity and incidence of dementia in Australian aged care facilities requires a skilled workforce to manage residents' often complex care needs. It is therefore essential that nurses and personal care workers/nursing assistants are able to recognise and respond to changes in the health status of residents. A pilot implementation of evidence based standardised care processes in areas of clinical risk for older people, and interviews and consultation with nurses working in residential aged care services, have indicated that (1); nurses need to be taught how to undertake comprehensive health assessment of the older person (2); there is a need for further training of personal care workers/nursing assistants who provide the majority of direct care to older people living in aged care homes and whose standard of education is highly variable. This presentation will showcase the training materials and discuss the development, delivery and evaluation of two innovative and evidence based interactive workshop programs aimed at enhancing the knowledge and skills of the aged care workforce.

An eight module three day 'assessment of the older person' workshop aimed at nurses has been delivered to 1700 nurses who provide care to older people. Extensive evaluation focusing on participants' knowledge, confidence and attitudes at three time points has reported on how the education has impacted on their practice. The majority of participants had never received education and training in comprehensive health assessment of the older person and the education was successful in improving and sustaining knowledge and skills and boosting confidence to undertake assessments. Reported impacts included the identification of new potential risks and care needs related to falls, functional decline, hydration and nutrition, infections, pain and respiratory symptoms.

The education for personal care workers comprises a ten hour eight module program covering: communication; well-being; movement and mobility; skin; breathing; eating, drinking and elimination; mental awareness; and end of life. The program is pitched at the learning needs of this workforce and how to recognise and report changes in residents' health. Development followed consultation with the aged care workforce and piloting and evaluation occurred in three residential aged care facilities. The program is flexible in how it can be delivered and can be facilitated by nurses. Evaluation highlights the value of, and need for, the on-going reinforcement of knowledge and skills in the recognition of changes to residents' health status and the importance of reporting and documenting these changes to nursing staff.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-092

HOW AND WHY WE HAVE DEVELOPED STIMULATING INTERACTIVE BOARD GAMES WITH CARERS AND PEOPLE WHO HAVE DEMENTIA, WHAT WE LEARN ABOUT KEEPING OURSELVES AND OTHER PEOPLE SAFE, AND WHAT HAPPENS WHEN WE PLAY THE GAMES.

Maggie Bennett [*], Marion Lynch[1] and Mrs Jane Lesley Hughes (designer)

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Objectives: We have created a person centred interactive learning event which promotes collaboration between the humanities, medical sciences and healthcare workers. This has been designed by people who have dementia, their carers and education leaders. The approach facilities storytelling in a safe space enabling carers and clinicians to reflect upon their own needs and experiences and relate these to the world of their patients clients and colleagues. The games support carers and clinicians to do their job well by enabling participants to develop their senses and sensibilities around safeguarding.

Child and adult safeguarding training is one of many mandatory duties for people who work in care institutions. However safeguarding has become a process rather than an approach with people perceiving it as onerous and threatening and so seeking to do the minimum level in the minimum time. This minimalist approach is a survival mechanism with clinicians and carers viewing safeguarding as a module to do rather than a model of care. A minimalist approach to minimising harm embodies defensive and dismissive attitudes towards such training, Participants guard against participation. It is safe for the clinicians and carers but not for those who need our care most.

Bleakley suggests that creativity can be gleaned from learning to experience (in contrast to learning from, or through experience). The ‘My Life and Let’s talk about Safeguarding’ games have been developed to do this. They provide a creative, stimulating and interactive way of encouraging people to have conversations about keeping safe. Such personal reflection on and for learning supports deep learning, emotional connection and therefore enables changes in beliefs, attitudes and behaviours. The games are utilised in training programmes, community meetings, care settings and have been used by the public too. They are for all those working in health, social care and voluntary sector.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-086

THE INTERSECTION OF CULTURE IN THE PROVISION AND RECEIPT OF DEMENTIA CARE: A REVIEW OF THE LITERATURE

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Introduction: Healthcare is provided by a culturally diverse workforce. The healthcare workforce has become more diverse due to the nature of global immigration and recruitment strategies (Yong and Manthorpe 2016). Consequently, cultural values of illness, disease and care need to be understood by healthcare providers (Nichols et al. 2015). Cultural values and beliefs regarding dementia and older person care are particularly diverse. People with dementia require care and support for their physical, behavioural and psychological symptoms, which respects their cultural beliefs and maintains their personhood. However, currently there is a lack of clarity regarding the intersection of culture in the provision and receipt of care within dementia.

Objectives: To understand the intersection of culture and healthcare professionals' provision of person-centred care for people with dementia.

Methods: A search of the databases including Medline, CINAHL, Psychology and Behavioural Sciences, PsycINFO and PubMed were searched from 1st Jan 2006 to 31st July 2016.

Results: A total of seven studies met the eligibility criteria for inclusion in the review. All explored the impact of culture in dementia care. A meta-synthesis from these qualitative studies identified four themes: cultural perceptions of dementia, illness and older people, impact of cultural perceptions on service use, acculturation of the workforce, and cross cultural communication.

Conclusion: The intersection of culture and the provision and receipt of care for patients with dementia includes the understanding of dementia, care and family roles. Acculturation of migrant healthcare workers to the culture of the host country, as well as workplace culture and support with the new language is especially import to support them to provide person-centred care.

The systematic review found limited evidence of the impact of the cultural heritage of the healthcare dementia workforce. Open access education and training regarding language is required, alongside further work to understand the process of acculturation that supports migrant healthcare workers to provide culturally competent person-centred care for patients with dementia.

References: Nichols P, Horner B, Fyfe K (2015) Understanding and Improving communication processes in an increasingly multicultural aged care workforce. *Journal of Aging Studies* 32, 23-31.

Yong OW, Manthorpe J (2016) The experiences of Indian migrant care home staff working with people with dementia: a pilot study exploring cultural perspectives. *Working with Older People* 20(1), 3-13.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-094

EVALUATION OF AN ONLINE DEMENTIA-SPECIFIC EDUCATION INTERVENTION IN A BACCALAUREATE COLLABORATIVE NURSING DEGREE PROGRAM

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Introduction: First year nursing students will interact with people experiencing dementia during clinical placements in long-term care homes. These students will have limited professional knowledge of communication and behavioural management strategies that help to reassure individuals who exhibit the behavioural and psychological symptoms of dementia (BPSD). Limited understanding in this area contributes to student anxiety and avoidance of working with older adults experiencing BPSD when choosing subsequent clinical placements and making career decisions. This lack of preparedness is problematic given the growing incidence of dementia.

Objectives: This study was an evaluation of the effectiveness of exposing over 750 first year undergraduate nursing students and their clinical instructors to the 3 hour, online version of a dementia-specific BPSD education intervention, Gentle Persuasive Approaches (GPA). Study participants were recruited from the 2014-15 and 2015-16 cohorts of the three sites of a collaborative nursing degree program.

Methods: A mixed methods approach was used. Quantitative measures included: 1) a 10-item self-efficacy scale, 2) a 17-item competence in dementia care scale, 3) an 8-item multiple choice knowledge test all completed online pre- and post-intervention, and 4) an 8-item satisfaction measure completed online immediately post-intervention. Qualitative measures consisted of themes extracted from open-ended questions collected online immediately pre- and post-intervention and group interviews conducted six weeks post-intervention. Bandura's social learning theory (1995) underpinned the study, whereby self-efficacy increases motivation and role performance.

Results: Participants demonstrated significant improvements in self-efficacy ($p<.001$) and competence ($p<.001$) in dementia care, and knowledge ($p<.02$) about dementia care after completing the intervention. Qualitative findings revealed that participants successfully applied person-centred and relational care strategies during clinical placements. Post-intervention, participants were able to explain, apply and critique theoretical principles behind dementia-specific communications and person-centred care strategies. Participants reported greater interest in working with older adults experiencing BPSD post-intervention.

Conclusion: Results provide evidence from two cohorts that the online version of the GPA curriculum is an appropriate and effective intervention for undergraduate baccalaureate nursing programs. The intervention allows broad and engaging dissemination of standardized, dementia knowledge useful for student practice settings.

References: Bandura, A. Editor (1995). *Self-Efficacy in Changing Societies.* New York: Cambridge University Press.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-082

THE BACHELOR OF DEMENTIA CARE:

EDUCATION AS AN ESSENTIAL INTERVENTION IN BUILDING DEMENTIA LITERACY

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Introduction: The educational programs of the Wicking Centre address the recognised knowledge deficit in public understanding of dementia and evidence-based capacity-enhancing care. To build dementia literacy, there is a need for coordinated, quality, and accessible online educational programs that target the variety of adult learners involved in dementia care. Such educational programs comprise an essential intervention strategy and public health initiative to meet the needs of carers, case managers, administrators, allied health and medical professionals, family members, legislators, and all others involved in dementia prevention and care.

Objectives: The purpose of this paper is to document the impact of the 24-unit, fully online Bachelor of Dementia Care (BDC) developed by Wicking Centre specifically to support mature-age, non-traditional students who provide direct care to people with dementia. The degree is organized into two vertical and integrated streams: “Understanding Dementia” and “Models of Healthcare.” There are two early completion points at the Diploma (8 units) and Associate Degree (16 units) level. All students have access to daily, tailored student support services and a variety of interactive teaching and learning strategies to facilitate success.

Methods: Quantitative and qualitative data were obtained from students’ grades and responses to surveys.

Results: The BDC has 1,200+ students from multiple countries; 64% enrolled after completing the Understanding Dementia MOOC; 92.7% are female with 83% over 40 years of age; 64% have completed high school or a diploma, the completion date ranging from 1993-2010; 67% work in aged care, with 42% in residential care; 83% are studying part-time. Six students have graduated with a Bachelor degree with 109 set to graduate in 2016/17; 38 have obtained an Associate Degree; and 166 have completed the Diploma. There is a statistically significant ($p < .05$) difference between the Grade Point Average of Bachelor and Diploma students, but not between Bachelor/Associate Degree or Associate Degree/Diploma students. Students’ primary reason for study was to learn more about dementia and effective care for people with dementia (88%); 54% sought to obtain a qualification for career advancement; 28% to achieve more workplace recognition; 78% agreed/strongly agreed that their learning was relevant and applicable to their workplace. Students’ comments on discussion boards and reflective assignments document the impact of their learning in their translation of knowledge into evidence-based care.

Conclusion: The number of students in the BDC program highlights the scale of unmet need for quality and in-depth education about dementia understanding and care. The academic achievements of non-traditional students support the design and inherent student support that characterise the BDC program.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-078

INTERPROFESSIONAL EDUCATION IN AGED CARE IPEAC TOOLKIT – SUPPORTING STAFF TO FACILITATE INTERPROFESSIONAL STUDENT PLACEMENTS

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Objectives: The primary objective of this study is to evaluate the development, implementation and dissemination of a toolkit for residential aged care staff to facilitate interprofessional student placements and support interprofessional education and practice. The aim of the toolkit is to assist in creating a workforce culture in aged care that has interprofessional practice as the foundation for delivering care to better support the care needs of people with cognitive and functional decline.

The study consists of three overlapping phases: development, implementation and dissemination, to ensure the toolkit will be transferrable to different aged care settings. The 'Consolidated Framework for Implementing Research' (CFIR) that used both qualitative and quantitative methods was used to guide all three phases. Three groups compiling 'experts', 'implementers' and 'end users' from aged care and educational providers were invited to review the toolkit as part of the development phase. Five aged care organisations in Australia will participate in the implementation phase of the study, staff at these selected facilities have completed surveys and those involved in implementation have completed interviews.

The Interprofessional Education in Aged Care (IPEAC) Toolkit is currently in implementation phase following extensive review of the draft toolkit by the working groups. Surveys of 131 facility staff across six aged care facilities indicated a moderate to high level of existing confidence; an average score of 7 on a scale of 1-10 (1-low confidence and 10-high confidence) in facilitating student placements and interprofessional student placements with a high variance between sites. The most common barriers identified were low knowledge of Interprofessional Education (IPE), reluctance to change, time restraints and inconsistent student placements and numbers at facilities.

Preliminary findings show that aged care staff are confident in facilitating student placements but one of their main barriers is knowledge of IPE. It is anticipated that through utilisation of the IPEAC Toolkit the aged care sector can enable more support for IPE student placements and interprofessional care ultimately enhancing the quality of care to older adults with cognitive and functional related decline living in residential aged care.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-102

CHALLENGES OF EXPERIENCED NURSES IN LEARNING DEMENTIA NURSING: INTERVIEWS WITH NURSING EDUCATORS

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Introduction: In Japan, the number of dementia patients who visit hospitals is increasing with a growing elderly population. Thus, nurses working at hospitals are recommended to learn dementia nursing. We have previously conducted a questionnaire survey targeting nurses who had attended programs following the curriculum for certifying nurses in dementia nursing. The results showed that many respondents had difficulty in completing practical training, particularly assessment process, during the programs.To investigate the reasons for their difficulty, we implemented this study.

Objectives: This study aimed to identify challenges of experienced nurses in learning dementia nursing form the perspectives of educators who had taught them.

Methods: We interviewed 7 educators who had taught experienced nurses about dementia nursing. All interview dialogues were dictated verbatim. Descriptions regarding challenges of learners were extracted, organized, coded, and categorized according to similar themes. This study was carried out with the approval of the ethics committee.

Results: In the interviews, the participants mentioned many items regarding learning within the curriculum for certifying nurses in dementia nursing. They described many challenges associated with instructing learners in practical training.

Dementia nursing requires patient-centered care or care through the eyes of patients. Because care for daily living also needs to be provided in the same manner, nurses are required to have communication skills and coordination ability to build relationships with staff members and others. However, "the lack of ability essential for basic nursing skills" was identified as a challenge. Another challenge was "stumbles in the nursing process." This challenge included the tendency to apply knowledge or conventional way of thinking and the lack of ability to perform assessment based on proper observation, cause investigation, and organization and integration of information.

As keeping records for review is important in the learning process, "inability to keep records" was identified as a challenge. This challenge included not only their writing ability, but also problems with thinking such as inability to perform objective observation helpful for recordkeeping.

While learning dementia nursing, learners must overcome these challenges. By doing so, they can overcome a challenge of "transforming themselves."

Conclusion: Because of the gap between nursing practiced at work in acute-care hospitals and that taught in the programs, learners may perceive that their challenges to overcome are substantial. Educators need to understand this condition and support learners.

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Care research and practice

Education and training of the workforce

PO1-103

EDUCATIONAL SUPPORT METHODS OF ENHANCING NURSING CARE COMPETENCIES FOR NEWLY EMPLOYED NURSES IN ELDERLY CARE FACILITIES

-ENHANCEMENT OF COMPETENCIES FOR GERIATRIC SYNDROME OF THE ELDERLY WITH DEMENTIA-

Michiko Hasegawa* [1], Mayu Akisada[2], Yaemi Kishigami[3], Yoko Sugihara[4], Momoko Kotaki[5], Keiko Tsuboi[2]

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Introduction: In the rapidly aging country of Japan, it is vital to develop nursing competencies of newly employed nurses for supporting the elderly with dementia in elderly care facilities. Especially, it is difficult to care the elderly with geriatric syndrome / dementia.

Objectives: The purpose of this study is to develop educational support methods for enhancing nursing care competencies which newly employed nurses (1 to 3 years) in elderly care facilities need to enhance for geriatric syndrome of the elderly with dementia.

Methods: Cases of educational support which the joint researchers provided to newly employed nurses at general hospitals and long-term care facilities were recorded in "Educational Support Case Sheet.It was analyzed the geriatric syndrome 10 cases, "presbycusis", "dysphagia", "anxiety", "delirium", "chronic pain", "pruritus senilis", "urinary incontinence", "fecal incontinence", "dehydration", " fall". The educational support methods were categorized and sorted out according to similarities and the joint researchers gave consideration to the applicability thereof to elderly care facilities.

Results: Eight categories were extracted: "Respect for spontaneous attitudes which promote initiatives for taking actions," "Realization of palliative care based on the ability for imagining pain," "Raising awareness for perceiving subtle changes in daily life support," "Advice for assessing BPSD as signs of pain," "Advice for support which utilizes the power of the elderly," "Cultivation of attitudes to check the intentions of the elderly and the families," "Confirmation of the role for maintaining the elderly's dignity and supporting their wishes," and "Establishment of relationships based on recognition of the significance of team care."

Conclusion: For developing nursing care competencies to be provided for geriatric syndrome of the elderly with dementia, it is important to enhance the ability to imagine the pain of the elderly and realize palliative care as a team through daily life support performed by newly employed nurses. The study suggested that the principle could be applicable to elderly care facilities.

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Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-077

FIRST HAND EXPERIENCE OF OBSERVING MEDICAL CONSULTATION IN A DEMENTIA CLINIC FOR COMMUNITY CARE PROVIDERS

Mei Ling Lau*, H S LI, Y Y TAM , N L Tang , C Y Yung , C C Chan

Objectives: Community service in dementia is expanding significantly in Hong Kong. As to improve the quality provision, Hong Kong Alzheimer's Disease Association (HKADA) has been organizing a Certified Dementia Care Planner (CDCP) course to provide an all-round comprehensive training to interested personnel. Continuing evaluation has been performed to optimize the program and one gap identified lied in the on-site observation of medical consultation process in a specialized clinic.

Integrated Cognitive Assessment Clinic (ICAC) of United Christian Hospital (UCH) is a well-established clinic providing one-stop assessment and diagnostic service to clients with suspected dementia.

From early 2016 onwards, ICAC has been collaborating with HKADA to provide the CDCP students first- hand experience of the medical consultation process. We Hoped that CDCP students can enhance their knowledge, skills and attitudes in the diagnostic process of dementia and understand one-stop dementia service in specialized dementia clinic.

At the beginning of 2016, we collaborated with HKADA to provide a clinical visits for the students. We introduced about our service, provided related information such as assessment tools and had them participating in the whole consultation process. In order to meet the learning objectives, the clinical visit was arranged in small group (i.e. 2-3 students each time). We also prepared a questionnaire for them to collect their feedback and evaluate in the effectiveness of these clinical visits.

We arranged clinical visits for the students of 7th and 8th CDCP course. A total 56 students participated .The rates of returned evaluation forms were 69% and 97 % respectively in the 7th and 8th CDCP course. They gave excellent (83.3% and 69%) and good (16.7 % and 31%) rating for overall impression of the visits. They all agreed that these visits enhanced their understanding of the diagnostic process of dementia in multi-disciplinary approach. They expressed that it was a good chance to know how to assess patients, make diagnosis and care planning practically.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-081

THE CARE OF THE ELDERLY WITH DEMENTIA IN THE SHELTER AT THE TIME OF A LARGE-SCALE NATURAL DISASTER: DEVELOPMENT OF EDUCATIONAL MATERIALS AND PROGRAMS

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Objectives: 本発表では、大規模自然災害時の避難所における認知症高齢者に対して適切なケアを提供するための、看護師に対する教育プログラムと教材の開発過程と内容を紹介する。

日本は世界有数の自然災害大国であり、地震だけでなく台風や集中豪雨による風水害や雪害など様々な災害に遭遇する機会が多い。一方で、日本の高齢化率は2016年で26.7%であり、災害時に被害に遭う高齢者も多く、その中には認知症高齢者が含まれる。高齢者は災害時要援護者として位置づけられており、被災後は様々な健康問題だけでなく生活問題を抱えることが多く、災害関連疾患や災害関連死に至るケースも少なくない。そのため災害急性期だけではなく中・長期的かつ継続的な看護支援が必要とされ、看護職に対する災害支援教育や研修をしていくことが求められる。

特に、認知症高齢者は、災害に伴う混乱や喧噪の中で状況判断ができずに不安やストレスを受けやすく、また避難所への避難などのリロケーションダメージによって、ますます混乱状態が増して行動・心理症状や他の健康状態が悪化する傾向がある。そのため避難所内での生活が困難となり、家族や知人と離れて暮らさざるを得ないことも少なくない。しかしながら周囲からの適切な支援があれば、認知症高齢者も避難所内で穏やかに過ごすことができる可能性はある。

そこで日本老年看護学会災害支援検討委員会では、災害急性期・亜急性期の避難所で過ごす高齢者とその家族に焦点を当て、看護師を対象とした災害研修プログラムと教材開発を行ってきた。災害研修プログラムの内容は、災害時の高齢者ケアに関するガイドラインと、認知症高齢者とのコミュニケーションに関する基礎的な知識に関する講義に加えて、実際の避難所場面を想定したロールプレイによる演習である。演習の具体的な内容は、避難所で暮らす認知症高齢者が落ち着かずに帰宅しようとしているところを嫁が制止している場面を想定したスキット（寸劇）を見た後に、災害派遣看護師としてどのように対応するのかについてグループでディスカッションをし、その後、同じ場面を想定したロールプレイを実施して評価するという内容である。

災害研修プログラムの第1回目の試行は2016年7月に実施済みで、その際にスキットを撮影しており、今後DVD教材として活用する予定である。2017年2月には、第2回目の災害研修会を実施して、災害研修プログラム全体の評価を行う予定である。

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-073

ACTIONS OF NURSES TO IMPROVE THE QUALITY OF CARE FOR PERSON LIVING WITH DEMENTIA -PROCESS OF NURSES' ACTION AND WISHES OF PERSON LIVING WITH DEMENTIA NURSES CONCERN WITH-

Yoshiko NAKASUJI*

Introduction: 認知症有病者数が約439万人と推定される我が国において、認知症者への質の高い医療・介護サービス整備は喫緊の課題である。そのため、認知症看護に携わる看護師の実践力や看護の質向上をめざした実践教育・研究推進について、活発な検討が行われている。しかし、複雑な臨床症状を呈するという認知症の特徴から、実践教育や介入の効果・活動の継続性には課題が残っている。

Objectives: 本研究の目的は以下の2点を明らかにすることである。

1)急性期病院で働く看護師が、認知症看護の質を高めるための活動に取り組むプロセス

2)プロセスを辿るなかで、看護師が認知症者のどのような願いに関心を向けていたのか

Methods: 研究デザイン：質的帰納的研究

研究期間：2015年11月～2016年2月

研究対象者：研究対象者は、看護師経験が5年以上で、地域の中核を担う急性期病院に所属し、かつ自施設の認知症看護の質を高めるための活動（例；職員研修の企画）に取り組んでいる者、計6名とした。

データ収集・分析方法：対象者に対して、認知症看護の質を高めるための活動に至った経緯を振り返るかたちでインタビューを行った。インタビューには、半構造化面接法を用いた。インタビューを録音したものから作成した逐語録をデータとして、質的帰納的に分析を行った。

倫理的配慮：研究協力者に対して、辞退に伴う不利益は生じないこと、個人情報の保護を説明し、協力の同意を得た。なお、本研究は所属機関の研究倫理委員会の承認を得て行った。

Results: 対象者は、看護師6名、全員女性だった。看護師経験年数は10～20年未満の者が3名、20年以上の者が3名いた。

1）看護師が認知症看護の質を高めるための活動に取り組むプロセスについて

対象者は、最初は【活動の必要性を自分なりに感じていた】、もしくは【認知症看護によい印象・興味があるわけではない】という状況だった。そこから【認知症看護の質を高める活動を始めるきっかけをもらう】という経験をし、活動を始めていた。その活動は3つの局面【認知症看護について学んだことをもとに、認知症者とかかわる】、【認知症看護の質を高める活動の難しさに直面する】、【認知症看護の質を高める活動に対する動機が高まる】を行き来するものだった。その後、【認知症看護の質を高める活動を主体的に続ける】ようになり、再び【認知症看護の質を高める活動を始めるきっかけをもらう】という経験をし、次の活動に移る、というプロセスをたどっていた。

2）プロセスを辿るなかで、看護師が関心を向けていた認知症者の願いについて

プロセスを辿る中で、対象者は次に示す認知症者の願いに関心を向けていることが分かった。対象者が関心を向けていた願いは、 入院生活のあり様に関するもの；【安心感をもって過ごしたい】【体が回復してきたら、他者から指示されるのではなく、自分が思うとおりに行動したい】と、 他者とのかかわりに関するもの；【行動だけでなく、私が伝えようとしている思いに、耳を傾けてほしい】【私が体験していることをふまえて、かかわって欲しい】【私自身に関心を寄せてくれている人にかかわって欲しい】【いつでも・何度でも、穏やかに、楽しみながら会話してくれる人とかかわりあいたい】であった。

Conclusion: 本研究により、「認知症看護の質を高める活動を始めるきっかけをもらう」という外発的動機で活動を始めた者であっても、看護実践を通して内発的動機が高まり、活動に対する主体性をもち得ることが明らかとなった。また、そのように主体性をもって活動する看護師は、認知症者の“安心して過ごしたい”、“自由に過ごしたい”、“他者と一緒に、楽しみながらかかわりあいたい”という願いに関心を向けていると考えられた。以上から、急性期病院においては、看護師が、認知症者の身体的ニーズだけでなく、心理的ニーズに関心を向けてかかわろうとすることで生じる認知症者との相互作用が、看護師の内発的動機をより高める体験となり得ることが示唆された。

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-093

APPLICATION OF "WORDS FOR A JOURNEY" IN EDUCATION OF NURSING UNDERGRADUATE PROGRAM

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Objectives: We present how "Words for a journey" was applied to the education of Nursing Undergraduate Program. "Words for a journey" is a collection of tips to live well with dementia, for people with dementia, their families and any other people in the society to live well together (Iba and Okada, 2015). It consists of 40 different tips to improve their daily life. These tips can be put into practice, as well as used for talking about their experience and future.

This new way of describing practical knowledge is called Pattern Language, which consists of patterns, each of them explains clearly, what kind of problem is likely to occur in what context, and how people can solve the problem. "Words for a journey" is the first pattern language created in the area of medical welfare.

In our project, the "Words for a Journey" was applied to the educational programs for nursing students, where the most of second year undergraduate students have never communicated with people with dementia, and they tend to focus on understanding only the mechanism of this disease, not the life with it. Our aim is for the students to understand more about the life of people with dementia, so that they would be able to support the dementia-friendly community.

In the class, students made groups of 6 to 7; each member read the tips carefully, chose the favorite one, and shared why he/she liked it with others; they came up with the idea of holding some small events to practice the tips they chose.

After the class, we got the following reactions and reflections from the students: "We could plan some events to interact with people with dementia"; "'Words for a journey' allowed us to re-realize how important it is to tell people 'thank you' in daily life, so that they can strongly feel the connection with someone else and a joy of living"; "It is really important to make a `Special Day,' dressing up and going out. People should not forget making such days just because they have dementia"; "People in general still think dementia is a negative thing, but I learned that we could make the life with dementia happier and brighter."

In conclusion, "Words for a Journey" allowed students to understand more about the people with dementia, and gave them an opportunity to think about how they can live well with people with dementia and their families. We expect them to make use of this experience in the actual training at a nursing home.

In addition, we came up with the new ideas about the way of applying "Words for a Journey" in this area of education. We could introduce it to the fourth year students who have already experienced the trainings at hospital and patient's home, and see how they are going to react. We will continue challenging with nursing students to support the dementia-friendly society.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-074

DIFFICULTIES IN EDUCATING NEW NURSING-CARE WORKERS FACED BY ADMINISTRATORS OF GROUP HOMES FOR ELDERLY PEOPLE WITH DEMENTIA

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Introduction: 認知症高齢者グループホーム(以下GH)は、認知症に特化したケアを担う地域の拠点として重要な役割を担っている。現在、日々認知症高齢者のケアに当たる介護従事者の資格要件は定められていない。そのため、GHの新人介護従事者に対する支援対策や教育指導は、その施設の管理者に委ねられている。GH管理者は、新人介護従事者の教育体制を構築し、入職早期より新人介護従事者が対人的サービスに携わる専門職として成長できるように支援していくことが求められている。

Objectives: GHにおける新人介護従事者の教育の困難を明らかにし、新人介護従事者の教育体制の構築に向けて示唆を得る。

Methods: 対象:全国GH30407施設より、層化無作為抽出法(県、設置主体)により4,039施設を抽出し、熊本県を除いた3,963施設の施設長に無記名自記式質問調査用紙を送付した。調査期間：2016年5月～6月.調査内容：管理者の属性、事業所について(設置主体、運営母体・日本認知症GH協会加入・各地域GH協会加入・看取り・看護職員・調理職員の有無、平均介護度)、職場環境8項目・医療ニーズ9項目・新人介護従事者の教育7項目の有無、教育体制10項目・日常生活援助技術の教育内容12項目・高齢者と認知症に関する教育内容12項目の実施・必要性・事業所以外での教育の希望の有無、新人介護従事者の教育の困難28項目.分析方法:記述統計、^{2}検定、t検定、一元分散分析、因子分析を行った。有意水準$p < 0.05$とした。倫理的配慮：対象者には文書にて、研究の主旨、調査内容は研究目的以外に使用せず責任をもって保管すること、プライバシーの保護を厳守することを明記した。また、調査票の回答をもって同意とみなすことを記載した。本研究は、久留米大学倫理委員会の承認(研究番号16007)を得て行った。

Results: 1.　回収数 768(回収率19.4%)、有効回答数730(有効回答率95.1%)だった。属性は、男性250名(34.2%)、女性480(65.8%)、平均年齢49.5±11.1歳、勤務月数90.6±61.4ケ月、管理者経験月数67.3±57.4ケ月だった。資格では、資格無・実務者研修・初任者研修73名(10.0%)、介護福祉士533名(71.6%)、准看護師・看護師・保健師85名(11.6%)、社会福祉士・精神保健士・理学療法士・栄養士49名(6.7%)だった。設置主体は医療法人120(16.4%)、社会福祉法人150(20.5%)、営利法人315(43.2%)、NPO法人103(14.1%)、その他42(5.8%)だった。また、運営母体有522(71.3%)、日本認知症GH協会加入有294(40.2%)、各地域GH協議会加入548(74.9%)、看取り実施438(59.8%)、看護師常勤有158(21.6%)、調理員の配置有71(9.7%)、入居者平均介護度2.64±0.9ケ月だった。

2.　新人介護従事者の教育について、新人研修有509(69.5%)だった。新人介護従事者の教育についてとても思う・思うは、「重要性」705(96.6%)、「現在の教育は十分」288(39.5%)、「組織が小さいため新人教育が困難」360(49.3%)、「事業所以外の機関での研修の必要性」629(86.2%)、視覚教材等の利用希望569(77.9%)だった。現在の新人の教育体制10項目のうち7項目において約7割以上が実施していたが、新人スタッフに対する年間教育計画有333(45.5%)、他のGHとの連携や協力有284(38.8%)、新人個々の合わせた指導有225(30.7%)だった。

3.　新人介護従事者への教育内容では、日常生活援助技術14項目のうち11項目において約8割以上が実施していたが、片麻痺の高齢者の食事介助390　(53.3%)、ベッド上での全身清拭433(59.2%)、耳のケア467(63.8%)あった。高齢者・認知症に関する教育内容は、12項目のうち8項目は約7割以上実施していたが、介護従事者自身のストレス対処法371(50.7%)、認知症高齢者のリハビリテーション404(55.2%)、高齢者に必要な栄養460(62.8%)であった。

4.日常生活援助技術、高齢者・認知症に関する教育の必要性では、全ての項目について約8割以上の管理者が必要と感じていた。また、事業所以外での教育において、日常生活援助技術では約半数、高齢者・認知症に関する教育では約6割以上の管理者が希望していた。

5.　設置主体と教育実施との関連では、口腔ケア、高齢者の身体的特徴、食事の調理方法について有意な差がみられた(P<0.05)。管理者資格と教育実施との関連では、片麻痺の高齢者の食事の援助、臥位での更衣の援助に有意な差がみられた(P<0.05)。また、管理者資格と教育の必要性において、耳のケア、高齢者に必要な栄養、認知症高齢者のリハビリテーション、認知症の疾患・症状、レクレーションの方法、困難事例のケアの検討に有意な差がみられた(P<0.05)。管理者資格と事業所以外での教育希望では、高齢者の精神的特徴、高齢者に必要な栄養、食事の調理法、認知症高齢者のリハビリテーションにおいて有意な差がみられた(P<0.05)。

6.　管理者が抱える困難は【認知症ケアの教育指導】、【若い世代の未熟さ】、【教育管理能力の不足】の3因子が抽出された。各因子のCronbachの 係数は、【認知症ケアの教育指導】0.93、【若い世代の未熟さ】0.96、【教育管理能力の不足】0.88であり、全体の 係数は0.93であり内的整合性が確認された。下位尺度得点と設置主体の関連では有意な差はなかったが、管理者資格と【認知症ケアの教育指導】の関連において、において資格無・実務者研修・初任者研修の管理者は、介護従事者の管理者より低かった(p=0.010)。

Conclusion: 1.約9割のGH管理者は新人介護従事者への教育の重要性を認識していた。しかし、新人介護従事者に対する教育を実施していたGHは約7割であり、約6割の管理者は、現在の自施設における新人教育を十分ではないと感じていた。

2.新人介護従事者に対する日常生活援助技術や高齢者・認知症に関する教育内容について、約8割の管理者は全ての項目について必要性を感じ、約5〜6割の管理者は、事業所以外での教育を希望していた。

3.新人介護従事者に対する日常生活援助技術や高齢者・認知症に関する教育の実施、必要性、事業所以外での教育の希望において、設置主体と管理者資格が関連していた。

4.管理者は、新人介護従事者の教育において【認知症ケアの教育指導】、【若い世代の未熟さ】、【教育管理能力の不足】の困難を感じていた。また、管理者が抱える【認知症ケアの教育指導】の困難は、管理者の資格が関連していた。

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-096

ENHANCING HEALTHCARE EDUCATORS' COMPETENCE IN INTERVENING WITH FAMILIES OF PATIENTS WITH DEMENTIA

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Introduction: Clinic is a place where has most accessibility and availability for providing health education but family caregiver often can't satisfy with the health education provided from the staff. Therefore, in order to promptly and effectively help family caregiver to manage the care problem, the dementia educator needs to provide an individualized education to family caregiver for their needs. However, there is no any training curriculum and health education program for dementia educator in 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 an experimental 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 behavioral 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. **Setting:** The Neurology clinics of two hospitals in northern Taiwan. **Participants:** Elders with dementia and their family caregivers (N=126) lived in the communities of northern Taiwan and were randomly assigned to the interventional group (n=62) or control group (n=64). **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, 6 months and 12 months afterward. The difference in outcomes change between the interventional and the control group, and within 12 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.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-095

DCRC: NEW SUPPORT FOR CLINICIANS AND FAMILIES WITH THE MANAGEMENT OF BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD)

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Objectives: The Dementia Collaborative Research Centre (DCRC) was funded by the Australian Government to develop the document *Behaviour Management, A Guide to Good Practice, Managing BPSD*[1] in 2011. A systematic review of academic and grey literature was undertaken to examine the evidence for psychosocial, environmental and biological interventions for managing BPSD. Intervention studies were critically evaluated to determine the strength of the evidence. Extensive consultation was also undertaken with experienced clinicians, researchers and industry representatives throughout Australia. The document provides guidance for the Australian Government funded Dementia Behaviour Management Advisory Services (DBMAS) which support those caring for persons with BPSD in all care contexts. Additional considerations for Aboriginal and Torres Strait Islander peoples and those from Culturally and Linguistically Diverse (CALD) backgrounds are incorporated. Demand for the *BPSD Guide* subsequently extended far beyond DBMAS. Training packages support the implementation of the evidence and practice-based principles of the *BPSD Guide*.

‘Travel size’ summary versions were later developed: *A Clinicians’ Field Guide to Good Practice, Managing BPSD* and *A Guide for Family Carers, Dealing with Behaviours in People with Dementia* for family carers. Electronic resources followed with the *BPSD Guide* App for clinicians and the *Care4Dementia* App for family carers and frontline staff. Both Apps incorporate practical information and strategies in a concise, easily accessible format. Evaluation of the effectiveness of the *BPSD Guide* App indicated that it does have the capacity to support clinicians by making evidence based recommendations more accessible for use in clinical practice.

In collaboration with Northern Territory DBMAS and others working with Aboriginal communities, DCRC developed a set of eleven BPSD posters to assist Aboriginal health workers and other clinicians supporting those with dementia and their carers in remote Aboriginal communities. A national knowledge translation (KT) project with the Australian Government funded Dementia Training Australia supports the implementation and evaluation of the DCRC resources based on the *BPSD Guide*. A project to develop and evaluate an eLearning resource highlighting additional considerations for those managing BPSD in lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people is currently underway.

[1]***Behaviour Management – A Guide to Good Practice: Managing Behavioural and Psychological Symptoms of Dementia***; 2012 Burns K, Jayasinha R, Tsang R, Brodaty H., The Dementia Collaborative Research Centre at UNSW Australia

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-085

THE PROBLEMS OF THE CARE PLAN TO A DEMENTIA ELDERLY IN THE NURSING HOME --FROM THE CARE PROCESS BY THE TRAINEE STUDENTS

Michiyo Hirose*

Objectives: 【研究背景と目的】介護福祉士制度の施行から現在に至るまでの高齢者介護や障害者福祉を取り巻く状況の変化に伴う介護ニーズの変化を踏まえ、介護福祉士養成におけるカリキュラムが2009年に抜本的に改正された。また、「求められる介護福祉士像」を実現していくことが最終的な目標であるという姿勢を基本とすることが掲げられている。この介護サービスにおける中心的役割を担える人材養成の項目中、1番目に挙げられている項目が、「尊厳を支えるケアの実践」である。　　　　　まず、この「尊厳」に関しては、日本国憲法13条には「すべて国民は個人として尊重される。、、（中略）公共の福祉に反しない限り、、最大の尊重を必要とする」とある。また、介護保険法の基本理念として、第一条に「加齢に伴って生ずる心身の変化に起因する疾病等により要介護状態となり、（中略）これらの者が尊厳を保持し、その有する能力に応じ自立した日常生活を営むことができるよう、、」と謳われている。また、尊厳そのもの自体の説明に触れているものとしては、社会福祉士の倫理綱領の「人間の尊厳」の項目には「社会福祉士は、すべての人間を、出自、人種、性別、年齢、身体的精神的状況、宗教的文化的背景、社会的地位、経済状況等の違いにかかわらず、かけがえのない存在として尊重する。」というような文言がみられる。　一方、介護福祉士養成のカリキュラムにおいては「人間と社会」の領域に「人間関係とコミュニケーション」や「社会の理解」といった教育内容に先んじて「人間の尊厳と自立」の項目が組み込まれている。また「尊厳」は介護における「人間の尊厳と自立」「介護における尊厳の保持」という概念と共に、介護場面における倫理的課題について対応できるための基礎能力を養うことが学習のねらいとして求められている。

これらの教育内容を概観するに、単にその意味を理解するのみにならず、要援護者に対するケアの倫理観を養い、実習でその態度を体現することでその感覚が養われるといえる。さらに、実習先である多くは特別養護老人ホームやグループホーム（認知対応型共同生活介護）であり、その利用者が認知症を患っている割合が年々高まる一方である。このような背景から、「尊厳の保持」という極めて抽象的な言葉を学生に理解させ、さらに自身の意思表示や認知機能が低下した対象者にいかに高い倫理的態度で接することができるか、といった課題は養成校教員にとっての重要な課題ともなる。そこで本研究では尊厳ある介護実践の基準として認知症高齢者本人に対するケアプランをいかに作成するかに関して、実習生の介護過程の理解と実施の様子からこのことを検討することを試みる。

日本の高齢者施設に入居中の認知症高齢者に対するケアプランの課題点を抽出することを目的とした。

【方法】　特別養護老人ホームやグループホーム等への実習を経験した学生に対して、アセスメントシートとケアプランの記述内容を項目に分類し、検討した。

【倫理的配慮】対象者には研究目的と方法を説明したうえで、調査協力による不利益を被らないこと、プライバシーの保護などについて口頭で説明し、学会における発表への同意を得た。また、個人情報を含む文言には対象者の主旨に影響が出ない程度に修正を施した。

【結果と考察】それぞれの対象者に対するアセスメントは相違しているものである。つまり、実習生はその特性を身体、心理、社会的側面から発見していこうとするが、抽出された長期目標や短期目標は、「不安を軽減する」「安心して過ごす」「人とかかわる」「自分でできることを増やす」など、どれもアセスメントした項目に沿わない、曖昧な目標設定となっていた。このことから、介護福祉士養成課程の実習においては、実習生の描くアセスメントとケアプランには不一致が見られ、「介護過程」の教授、理解、実施において多くの解決すべき課題があることが確認された。

【結論】限られた時間内において、知識の伝達と思考過程の包括的な教授法や実際の認知症高齢者への支援法にさらに細部にわたり、合致する点を模索していくことが介護教員には求められるといえる。

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-088

INTERPROFESSIONAL HEALTH EDUCATION FOR IMPROVED DEMENTIA CARE: READINESS TO COLLABORATE AND BARRIERS TO ENGAGEMENT IN JAPAN AND AUSTRALIA.

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Objectives: The World Health Organisation promotes interprofessional education (IPE) as a means for improving health professional collaboration and enhancing patient outcomes. Experiences of IPE must be engendered early on in clinical training to ensure that students are sufficiently prepared to work effectively as part of multi-professional teams to confront the health care challenges of the 21st century, such as the projected increase in Alzheimer's disease and other dementias that is congruent with population ageing.

Mixed methods data were collected in Australia ($N = 127$) and Japan ($N = 155$) between 2014 and 2016 with cohorts of undergraduate nursing, medical, and paramedic students. Students completed validated measures of readiness for interprofessional learning (including the international RIPLS and UWEIPQ measures) and provided subjective interview feedback concerning their perceptions, attitudes, and experiences of working with students from closely aligned professions in the care of vulnerable older adults as part of dementia care clinical placements in teaching aged care facilities.

RIPLS and UWEIPQ scale results indicated that students displayed favourable sentiments towards collaborations with their interprofessional peers as part of their undergraduate and dementia care training. This sentiment was reinforced by subjective reports that showed that students valued IPE as a mechanism for improving quality of care through shared decision making, improved clinical oversight, and greater understanding of professional role scope. In both Japan and Australia, commonly articulated barriers to IPE included perceptions of hierarchy across health disciplines, lack of formal opportunities to engage in collaborative practice within undergraduate curricula, and limited support for IPE from clinical mentors in aged care and university faculty members.

Health students are captivated by the possibilities of IPE for improving their clinical practice and outcomes for people with dementia in high care settings, but there are significant challenges to the implementation of such educational experiences in Australian and Japanese universities. Opportunities for facilitating IPE in university curricula are discussed with reference to the use of evidence-based protocol documents and embedded educational interventions as part of dementia care clinical placement experiences.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-091

EFFECTS OF SIMULATED ELDERLY EXPERIENCE ON CARE FOR ELDERLY WITH DEMENTIA BY MEDICAL STAFF

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Introduction: Simulation refers to the activity of producing conditions similar to real ones, for example, to test interventions. We recently developed a program for simulated education for the care of elderly with dementia.

Objectives: This study aimed to evaluate the effects of a simulated elderly experience on care for elderly with dementia by medical staff.

Methods: We developed a program that allows nursing students and caregivers to simulate an elderly individual as part of their dementia care education. “Simulated elderly experience” was achieved by having participants wear equipment developed by Sanwa SEISAKU-SHO Company that allowed them to experience the physical constraints felt by an elderly individual aged about 80 years.

Participants performed the following activities after putting on the equipment: use of toilet, going up stairs, line drawing, and use of chopsticks. We approached nursing staff supervisors at hospital wards and explained the objective of the study. Supervisors at two hospitals agreed to participate, giving us a sampling pool of 38 medical staff. We developed a 26-item questionnaire (“scale of attitudes toward elderly with dementia”) based on a scale previously developed by Kogan (1961). Participants were administered the questionnaire before and after the simulation. Data were analyzed by the paired t-test. Ethical considerations: Anonymity was ensured, and the study was approved by the ethics committee of Tottori University.

Results: A total of 38 medical staff participated (males, 9; females, 29). Attitudes toward elderly with dementia changed for 9 of the 26 items after simulations ($p<0.05$; paired t-test).

Conclusion: Medical staff were able to better appreciate the physical changes that result from aging through the simulations, suggesting that our elderly simulation program may be useful for medical staff who care for elderly with dementia.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-101

WHY SHOULD WE HAVE DEMENTIA CARE IN THE ENGLISH CURRICULUM? THE CASE OF UNDERGRADUATE PARAMEDIC STUDENTS

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Objectives: In the United Kingdom, as a response to the Prime Ministers Challenge on Dementia 2020, the National Health Service and Heath Education England are supporting the development of an informed and effective workforce for people living with dementia. They aim that all health and social care staff involved in caring for people who may have dementia should have the necessary skills in their role and settings through effective basic training alongside professional development. In response to this, at the University of Bradford, we have introduced dementia training into the BSc Paramedic Science curriculum. Before the two hour course, students were asked to record what they think of when they hear the term dementia and after completion of the course, what do they know now that they did not before. The 38 students' initially viewed dementia in terms of forgetfulness, confusion, older people and negative emotions such as lonely, worried and upsetting. After training, students had knowledge of the physiology of dementia and its types, greater focus on person centred care, how to effectively communicate with someone with dementia and reflections about how to alter their own practice. This small pre and post questionnaire highlights the immediate benefit of dementia training for practitioners. We would support the integration of dementia training across all Paramedic training courses.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-083

FACTORS THAT HOSPITAL NURSES MAKE UP THE IMPORTANCE OF RECOGNIZING DEMENTIA CARE

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Introduction: The number of elderly inpatients with dementia is increasing, and nurses are faced with difficulties in responding to symptoms of dementia.

Objectives: This study aims to determine how nurses view the importance of dementia nursing care in the care to provide for inpatients with dementia by explanatory factor analysis, and also to obtain ideas to provide appropriate dementia nursing care.

Methods: Participants: 1,200 nurses working in 24 hospitals (excluding psychiatric hospitals).

Survey: a questionnaire survey, with the questionnaire comprised of two sections: a demographic question section and a draft check list for dementia nursing care (37 items, four-point Likert scale). The draft check list for dementia nursing care was comprised of nursing care items important in dementia nursing care based on the content analysis of interviews related to dementia nursing care. Having conducted pre-tests twice, the content validity and construct validity of the questionnaire have been established.

Data collection period: from September to December, 2014

Data analysis: factor analysis using SPSS Ver. 21

Ethical considerations: with the approval of the Ethics Committene of Nagano College of Nursing.

Results: The mean age and years of clinical experience were 34.6 years of age (SD = 9.5) and 11.8 years of experience (SD = 9.1), respectively. After examining the data using Item-Total Correlation Analysis, the factor analysis yielded 29 items and the following five factors (KMO, 0.952, cumulative proportion, 51.8%): 1st, ''relationship with patients and families (6 items, = 0.86); 2nd, "physical assessment and ensuring autonomy (10 items, = 0.91); 3rd, "accepting patients and evaluation of other physical conditions" (8 items, = 0.87); 4th, "ensuring the safety of patients" (3 items = 0.67); and 5th, "team care with other employed staff" (2 items, = 0.79). For the mean scores, the question "2. I pay attention to the safety of patients" was the highest, 3.9 points (maximum score 4.0).

Conclusion: This study showed the structure of important nursing care elements in dementia nursing care, and showed the degree of importance nurses place on dementia nursing care. Overall, the study may serve as a guideline for nurses to reflect on their own practices.

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Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-099

EFFECTIVE LEADERSHIP SKILL DEVELOPMENT IN DEMENTIA SETTINGS

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Objectives: The objective of the systematic review of literature was to identify and analyse the effectiveness of interventions for the development of leadership skills.

The term ‘Leadership’, as used in the literature, is ambiguous and may cover a range of ideas and people in various roles. From a synthesis of the literature it is recognised that leadership is an abstract concept which requires a context to give it more specific meaning, therefore in this review, it is defined by this author within an organisational context, as: the influence of others by inspiration, encouragement and direction, to willingly follow in the pursuit of objectives.

2629 studies on leadership development were reviewed, with a number highlighting the growing trend in many countries towards systematic frameworks for leadership skill development, signifying a bias towards a formal and structured approach for leadership development. Leadership development interventions are reported in a number of health care organisations, established in an effort to develop a sustainable platform of increased capacity, and to instill the skills they require for succession, growth and change. Findings demonstrated that leadership performance is frequently dependent on the leaders ability to solve complex, ill-defined or novel problems, which again supports a paradigm change to relational leadership, and the importance of emotional intelligence for the new age leader of dementia services. In this paradigm, effectiveness elements of self-awareness, self-management, social awareness, and relationship management were viewed as critical to successful leadership performance.

In Summary

An engaging presentation of research on leadership skill development across the world, delivering the lessons from 2 years of PhD research into proven effective leadership development. Inclusive of a broad range of leadership contexts and practice settings, this presentation of recently published research will be of interest to everyone across the health sector, especially those engaged in dementia care. Highlighting the proven ways for developing the behaviours and skills needed to lead our dementia care teams and organisations to achieve consistent success in service and care outcomes.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-076

THE TAIWANESE VALIDATION OF THE KNOWLEDGE AND BELIEFS ABOUT PAIN IN PEOPLE WITH DEMENTIA QUESTIONNAIRE

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Introduction: A major barrier in pain assessment and management for patients with dementia is lack of education and training in staff. Lack of knowledge regarding pain in patients with dementia increases likelihood of pain under-treatment.

Objectives: The purpose of this study was to evaluate the reliability and validity of the Taiwanese version of the Knowledge and Beliefs about Pain in People with Dementia Questionnaire (KBPPDQ-T) among hospital nurses.

Methods: The original English version of the questionnaire was translated into a Traditional Chinese version by a translator. The content validity of the KBPPDQ-T was evaluated by experts, nursing teachers, and managers. A cross-sectional design was employed to validate the KBPPDQ-T. All 17 items of KBPPDQ-T were rated on a 5-point scale (1 = completely disagree, 2 = disagree to some extent, 3 = no opinion, 4 = agree to some extent, and 5= completely agree). Participants were recruited through the purposive sampling of nurses in a hospital in Northern Taiwan. Internal consistency assessment was conducted using Cronbach's alpha. Construct validity was examined using principal components analysis. The study protocol was approved by the Institutional Review Board.

Results: A total of 305 nurses were enrolled. Their mean age was 30.8 ± 5.8 years and the mean work experience was 8.6 ± 5.7 years. The content validity index for all items was 0.94 for content equivalence and 0.88 for semantic equivalence. The Cronbach's alpha value for the internal consistency analyses of the questionnaire was 0.86. The 4 components (gain medication, pain and pain treatment, knowledge about pain experience of older compared to younger people, and pain management at the ward) accounted for 55.2% of the total variance. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.86. Bartlett's test of sphericity significance was < 0.001.

Conclusion: This preliminary validation study indicated that the KBPPDQ-T was had acceptable reliability and validity. The KBPPDQ-T is an effective tool to assess and evaluate knowledge at pre- and post-intervention of educational nursing training.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-098

THE EFFECTIVENESS OF USING THE CHINESE VERSION OF THE PAIN ASSESSMENT IN ADVANCED DEMENTIA (PAINAD-C) SCALE IN LONG-TERM FACILITIES

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Introduction: The Chinese version of the Pain Assessment in Advanced Dementia Scale (PAINAD-C) is useful in pain assessment for people with advanced dementia. Some studies indicated the need to give pain education and training to nurses for caring people with dementia.

Objectives: The purpose of this study was to compare the differences in knowledge of and attitudes toward pain in institutionalized residents with dementia between nurses who received education and training of pain care and the use of the Chinese version of the Pain Assessment in Advanced Dementia Scale (PAINAD-C) and those who did not.

Methods: The study was conducted using the quasi-experimental study design, with one experimental group and one control group. Prior to education and training, the polled nurses were administered a pre-test and interviews using the scale of knowledge and attitudes about pain in institutionalized residents with dementia. After completing the training course, the experimental group nurses were allowed to use the PAINAD-C. After two months of using the PAINAD-C, a post-test and interviews regarding nurses' knowledge and attitudes were then conducted again.

Results: The results of the post-test showed significant differences between the experimental group (52 nurses) and the control group (48 nurses) with regard to the knowledge of differences in pain experience between the elderly and the young, pain management in the unit, pain-relieving medications, and knowledge and attitudes about pain and related treatments in the elderly. The nurses who had the experience of using the PAINAD-C reported it being a viable option for assessing pain in residents who were unable to communicate verbally.

Conclusion: The study findings indicated that the education and training of pain care and the use of the PAINAD-C not only effectively improved nurses' knowledge of and attitudes toward pain in institutionalized residents with dementia but also provided nurses a simple, easy to use assessment tool. We suggest that nursing administrators should continuously arrange in-service education and training programs and provide the PAINAD-C for use in facilities.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-087

MEASURING GLOBAL DEMENTIA KNOWLEDGE AND EDUCATION NEEDS AMONG HEALTH PROFESSIONALS AND TRAINEES TO IMPROVE CARE: DEVELOPMENT, DEPLOYMENT, AND FINDINGS FROM A VALIDATED CROSS-CULTURAL SCALE.

Michael Annear*

Objectives: In the absence of curative treatments for Alzheimer's Disease and other common dementias, it is important that measures are available to evaluate health professional knowledge about the syndrome to establish baseline awareness, conceptualise deficiencies in understanding, and inform development of educational interventions. Strategies to support higher levels of knowledge about dementia arguably have the potential to facilitate better quality of care for people who are living with the condition when they engage with the health system. The Dementia Knowledge Assessment Scale (DKAS) has been administered with both English (*N* = 1,767) and Japanese (*N* = 185) speaking cohorts and has undergone extensive psychometric testing and refinement. The DKAS has proven to be a reliable and valid measure for conceptualising baseline and post-education knowledge among cohorts of nurses, care workers, health students, allied health workers, and members of the general adult population with established face, content, construct, and concurrent validity as well as acceptable test-retest reliability and internal consistency. The DKAS also performs comparably better that other commonly used measures, including the Alzheimer's Disease Knowledge Scale (ADKS), by overcoming ceiling effects and providing fine-grained data at both the item and subscale level that permit detailed analyses within and between cohorts. The DKAS has identified prevalent knowledge deficiencies among international and Japanese samples, which can potentially affect care quality for people who live with Alzheimer's Disease and other dementias. Commonly identified knowledge deficiencies among diverse populations include misunderstandings about behavioural symptoms reflecting unmet needs, difficulty eating and drinking in late-stage dementia, the efficacy of medications for treating behavioural symptoms, the life-limiting nature of common forms of dementia, and distinguishing between dementia, depression, and delirium. The value of valid and reliable dementia knowledge scales lies in the potential to increase understanding about the educational needs of health professionals and trainees and provide an evidence base to inform the development more effective institutional degree programs, open online courses, and workplace training. Development, deployment, and recently published findings from the international administration of the DKAS are discussed.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-079

THE DESIGN, DELIVERY AND IMPACT OF A TIER 1 DEMENTIA AWARENESS TRAINING PACKAGE DELIVERED IN THE THAMES VALLEY REGION IN ENGLAND, UK.

Peter Zaagman*, Melsina Makaza, Alison Ward, Jane Youell

Objectives: As part of Health Education England's (HEE) response to the 2014 Mandate, Health Education England Thames Valley (HEETV) commissioned four universities to undertake a multi-phase project. The University of West London, Oxford Brookes University, University of Bedfordshire and University of Northampton became partners in the Dementia Academic Action Group (DAAG). **Phase 1** of the project consisted of a Scoping Review, reported through a poster at the 2016 ADI. This poster will focus on **Phase 2** (design and delivery of the training package) and **Phase 3** (evaluation of the impact of training).

The DAAG has developed evidence based and quality assured training package based on recognised National UK standards such as Skills for Health Dementia Training Standards (2015). It has also been validated by the Alzheimer Society as meeting the standards for Dementia Friend's training, and participants are eligible to register as a Dementia Friend on completion of the training. The package is mostly delivered in a 2 hour session, but can also be taken through 8 separate units of learning.

A total of **1471** people attended the standard 2 hour training, delivered through **84** different sessions in **34** different venues across the region. Attendees represented a wide range of professionals, from porters, cooks and cleaners to nurses, pharmacists, therapists and doctors. Some sessions were uni- professional but, most had a professionally mixed audience. The number of trainees per session varied from 3 to 112.

Subsequent to the training, quantitative and qualitative data was collected through evaluation questionnaires, combined with follow up online questionnaires and individual face to face or telephone interviews 6 weeks after the event. Over **85%** of respondents to the follow up questionnaires and interviews reported improved skills, attitudes and confidence in working with people with dementia following the training. **70.2**% indicated that they had been able to transfer some of what they had learned in the training to practice.

Sustainability was ensured through the development of a trainers guide and 'train the trainers' events. The Tier 1 dementia awareness training package is now available for free from the Health Education England website, and it's ongoing use is subject to continuing evaluation.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-071

IMPROVING RESIDENTIAL DEMENTIA CARE THROUGH STAFF: A SYSTEMATIC REVIEW OF THE EVIDENCE

Katrina Anderson*, Mike Bird, Sarah MacPherson, Annaliese Blair

Introduction: For people with dementia in residential care, staff can be the most prominent part of their social world. Research and commonsense suggests that what staff do and the way they do it affects resident well-being and behaviour, and what residents do affects staff well-being and behaviour.

Objectives: Despite this symbiotic relationship, we do not have a coherent, evidence-based picture of these relationships: which variables are important, the relative importance of each variable, and where best to intervene in order to increase quality of life (QOL) for people with dementia.

Methods: We conducted an exhaustive search of the peer-reviewed evidence from the last two decades, and included in two systematic reviews studies that explored: (1) the relationships between staff variables, quality of care (QOC) and QOL, or (2) staff intervention targeting QOC and/or QOL. Thirty-five studies were included in the review examining associations between staff variables, QOC and QOL for residents. Forty-six studies meet the inclusion criteria for the associated review on interventions in long-term facilities helping staff to develop their capacity to provide better care and/or QOL.

Results: In the main, we were able to provide collective evidence to suggest there are relationships between potentially adjustable staff variables and QOC on to QOL. When staff treat and interact empathetically and humanely in care, there is a relationship with better mood for residents, delayed functional dependence and better food intake. Where staff are more skilled and educated, there is less psychotropic medication use. In terms of the effectiveness of interventions with staff, a number of studies failed to measure effects on QOC or QOL and only half assessed effects after the project team withdrew limiting conclusions about mechanisms underlying change. There were, however, excellent studies which produced change over the medium (3–4 months) or longer term, including reduction in changed behaviours and restraint use but this applied only to a minority.

Conclusion: Confidence in the indicative links between staff variables, QOC and QOL is weakened by a lack of high-quality prospective longitudinal studies focusing on potentially adjustable staff variables, with a bias towards cross-sectional studies including only variables that are fixed or unlikely to change. In general, the level of intervention required to produce benefits depended on the target, with more complicated issues requiring detailed, supportive, on-site interventions. Improvements in restraint and staff/resident interactions were the most promising findings.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-090

ASSOCIATION BETWEEN WORKPLACE TRAINING SYSTEMS FOR CERTIFIED CARE WORKERS WORKING IN DAILY LIFE CARE IN COMMUNAL LIVING FOR ELDERLY WITH DEMENTIA AND THE STATE OF DEMENTIA CARE FOR ELDERLY PEOPLE WITH SEVERE DEMENTIA IN JAPAN

Yukari Sato*

Introduction: Certified care workers are professionals who primarily provide dementia care in Japan. The provision of such care influences the quality of the lives of the individual concerned and their family members.

Some studies1) were undertaken, however there were no indicators established to evaluate the actual practice of basic dementia care, and associated factors remain unclear. Furthermore, few studies have previously been conducted that focus on the staff at daily life care in communal living for elderly with dementia (dementia group home [GH]) who carry out a major role in community care.

On the other hand, to improve the quality of care, the importance of training[2] has been pointed out.

Objectives: We explored the state of dementia care practices provided by certified care workers to elderly people with moderate dementia and its association with workplace training systems.

Methods: In this cross-sectional study, anonymous self-administered questionnaires were distributed to certified care workers employed in dementia GH, and 329 completed questionnaire were collected by mail.

With regards to dementia care provided for elderly people with severe dementia (daily life independence level), the questionnaire included 25 items in 5 areas, to determine the situation regarding care provided.

As ethical considerations, the present study was performed with the approval of the ethical review board of Okayama prefectural university (approval no. 467).

Results: The internal consistency and structure of five factors and 25 items for dementia care practices were confirmed for construct validity. The mean subordinate factor score was the highest at 12.9±2.3 points for stability, safety, and environmental improvement, and was the lowest at 7.6±3.5 points for social interaction, family support, and community care.

Structural equation modeling was used to examine the association of dementia care practices with workplace training systems. Analysis produced acceptable model fitness to the data (CFI = 0.92, RMSEA = 0.07). The path coefficient for dementia care practice from workplace training was 0.25

Conclusion: These findings suggested that the establishment of workplace training systems is associated with better dementia care practices among certified care workers in Japan.

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Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-089

A PROCESS EVALUATION OF A FEASIBILITY STUDY OF A STAFF TRAINING PROGRAMME TO REDUCE ANTIPSYCHOTICS AND INTRODUCE PSYCHOSOCIAL INTERVENTIONS IN MEXICO: QUALITATIVE FINDINGS OF A FIRST NATIONAL STUDY

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Introduction: Mexico is developing a National Dementia Strategy Plan (1). One of its aims is to improve the quality of life of people affected by dementia in long-term care. UK-based studies have identified staff training as psychosocial interventions to decrease depression and behavioural problems in patients in residential and nursing homes (2, 3).

Objectives: This study aims to develop a staff training package called PROCUIDA-Demencia and to explore a set of interventions to promote psychosocial activities and optimise the prescription of antipsychotic medication. In addition, we aim to obtain results in staff measures to improve their well-being.

Methods: Focus Groups across three groups: staff, residents and relatives through cross-interconnected stages. Data will be analysed with the framework analysis.

Results: Themes and sub-themes of the participants' experiences and views of PROCUIDA-Demencia will complement the quantitative analysis of the feasibility study.

Conclusion: This qualitative study will provide views and perceptions from residents, staff and family members on the staff training model, commitment and participation in activities and reduction of antipsychotic medication use across urban Mexican care homes.

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Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-080

GROWING A POST DIAGNOSTIC SUPPORT WORKFORCE

Jan Beattie*

Objectives: The Scottish Government's guarantee that every person diagnosed with dementia is offered a minimum of 12 months post diagnostic support, from a named link worker, remains a key priority of Scotland's national dementia strategy. The commitment is based on Alzheimer Scotland's five pillar model which sets out a person centred approach to support people with dementia and those who care for them after a diagnosis of dementia. It aims to support people to achieve their own personal outcomes, to live well for longer with dementia and to prevent more costly often avoidable crisis interventions.

Alzheimer Scotland's post diagnostic support link workers are a substantial part of the workforce, which delivers the national guarantee in Scotland They are a key component of how we transform the lives of people with dementia and make better more preventative use of resources.

Post Diagnostic Support Link Workers come from a broad range of health and social care backgrounds and professions, but are essentially a new workforce. To enable them to deliver high quality post diagnostic support effectively our Dementia Link Workers needed to be developed and supported.

This presentation will detail how Alzheimer Scotland has developed and supported the post diagnostic workforce through a tailored learning framework that prepares our Dementia Link Workers to work in complex operating environments, ensuring the delivery of high quality post diagnostic support.

Key elements of the framework include:

- Role specific induction programme
- Action learning
- Action research
- Co-production with people with dementia and their carers

The presentation will also consider how this framework can support the wider network of post diagnostic support link workers across Scotland as well as how the learning from our approach in Alzheimer Scotland is relevant or applicable to other countries.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-070

PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS: REFERRALS TO AND RESPONSES FROM THE DEMENTIA BEHAVIOUR MANAGEMENT ADVISORY SERVICE VICTORIA: IMPLICATIONS FOR TRAINING, SERVICE PROVISION, AND POLICY ADHERENCE.

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Introduction: The Dementia Behaviour Management Advisory Service Victoria (DBMAS Vic.) is committed to being a culturally responsive service that is respectful of and relevant to the health beliefs, practices, culture, and linguistic needs of diverse communities and service users. This study aimed to identify quality improvements to DBMAS Vic. service provision, clinical practice, or staff training related to culturally appropriate care by identifying any gaps in DBMAS Vic. service to people from CALD backgrounds and their carers in need of support to manage behavioural and psychological symptoms of dementia (BPSD).

Objectives: This study answers three questions:

'What are the characteristics of people from CALD backgrounds referred to the Dementia Behaviour Management Advisory Service Victoria (DBMAS Vic.)?' 'Are there differences between them and Australian-born referrals?' And, 'How adequately did DBMAS Vic. meet the needs of CALD persons with dementia and their carers?'

Methods: Retrospective data from documentation of care over one year were analysed, a post-coding audit compared populations of Local Government Areas (LGAs) with numbers of referrals. A clinical audit sought evidence of best-practice, culturally appropriate, dementia care.

Results: CALD clients comprised 26% of all referrals; 74% of whom lived in Melbourne. Languages included English (32%), Italian, (21%), Greek, (10%), and other diverse, predominantly European languages (18%). Only 14% of CALD clients needed Interpreters. Some languages were over- or under-represented (e.g., Arabic and Asian respectively). Women outnumbered men by 10% in both language background groups of clients, but those from CALD backgrounds were older, had 14% more Alzheimer's disease, half as much Vascular or Mixed dementia, and 16% more agitation, than their English speaking counterparts. No differences were found in severity or other types of dementia, primary BPSD, or risks. No difference in carer stress was identified, although people from CALD backgrounds required lower service intensity. The audit found no evidence of 'cultural awareness', one of four key elements of best-practice, culturally-appropriate, dementia care.

Conclusion: Results demonstrate that the DBMAS Vic. should improve its service provision and enhance diversity policy adherence with regular staff education about best-practice, culturally appropriate dementia care, and improved service promotional activities within target LGAs, and regular auditing.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO1-084

HISTORY OF THE SOCIETY FOR ELDERLY CARE AND NURSING

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Objectives: The Society for Elderly Care and Nursing was founded in 2003 with the purpose of improving the quality of care provided by nurses working in facilities for the elderly. In this, its 13th year of operation. Multidisciplinary collaboration has become increasingly important. Therefore, in addition to nurses, society members include certified care workers, nutritionists, care managers, dentists, dental hygienists, as well as other professionals, with the aim of improving the quality of care provided to the elderly.

The society's activities include two semiannual workshops and the annual issuance of an information magazine. The first workshop was held in 2003 and 27 workshops have been held subsequently. The content of the workshops includes modern topics such as strategies to improve the palliative care skills of nursing staff at nursing homes, skin care, stress and stress management of nursing staff, assessment and measures of barriers in the lifestyle rhythm of elderly residents in facilities, oral care, discussions from the perspective of family members caring for dementia patients, introduction of facilities for the elderly and care provided at these facilities in countries with advanced welfare systems such as Sweden and Austria, in addition to topics in which participants express interest. Group work is incorporated to facilitate positive information exchange between participants of different professions and working at different facilities. The information magazine is titled *Yawarakai Kaze* and presents the content of the workshops. Seventeen issues have been published to date.

Complete a nurses certified in dementia nursing from the Certified Nurse Education Curriculum at the Nagano College of Nursing joined us in 2014. With this incorporation, we hope to further learn about caring for elderly and dementia patients from a more specialized perspective. We believe that this will contribute to the development of all professionals working in elderly care facilities.

Current elderly care is needed not only at facilities for the elderly, but also in homes and hospitals. The elderly have a wide range of needs; thus, it is important that care includes the cooperation of different professionals and facilities. This society will continue to strive to further improve the quality of elderly care, with the goal of enriching the lives of elderly patients.

Disclosure of Interest: None Declared

Care research and practice

Education and training of the workforce

PO2-428

THE FEASIBILITY OF TRAINING ELDERLY VOLUNTEERS TO PROVIDE PLAY INTERVENTION FOR ELDERLY WITH DEMENTIA

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Introduction: Play intervention requires facilitators to provide sensory, mental, language, executive functions stimulations through playing with toys; encourage creativity; observe and respond sensitively to the people with dementia (PWD).

Objectives: This study aims to explore the feasibility of using elderly volunteers to provide cognitive stimulating play intervention with interventionist's continuous support and guidance, and the perception of the participants and the professional staff.

Methods: The feasibility of using elderly volunteers was evaluated by examining the proportion recruited, training, and their retention and attendance in the 12-week programme. A content analysis of the log sheets collected after each session was completed. The acceptability of the PWD to the elderly volunteers was evaluated by analyzing the video taken during the sessions. The acceptability to staff was assessed through interview.

Results: Four retired volunteers were recruited out of 16 applicants after advertising in an elderly institute for two weeks. Their attendance in the sessions ranged from 83.3% to 100%. All of them were retained in the programme. The volunteers generally considered the experience positive by (1) enriching their life; (2)equipping with useful knowledge and skills for interaction with PWD, and (3) providing with altruistic satisfaction. The volunteers demonstrated increased self-efficacy and innovation, and they have developed more positive and appreciative perceptions of this population. The PWD showed increasing engagement, pleasure, creativity and expressiveness during the intervention. The PWD also expressed their support to future volunteer-led play programmes. A close rapport was built between the elderly volunteers and the PWD, and the play sessions turned into sharing and communication. Staff at the day care center reported observable positive changes of the PWD in terms of mood and interpersonal interaction.

Conclusion: Conventionally, volunteer-led group activities are guided by strict protocols, and thus creativity of volunteers is largely compromised. This study has shown that volunteers in their early retirement, with their lived experience of aging, comparatively sufficient time and strong passion for social contribution, can play an important role in providing interventions for the PWD. In this programme, with adequate space and support, they demonstrated their experience and creativity. Earlier working experience of these volunteers can shackle their understanding and delivery of interventions, but such barriers can be overcome by collaborative reflection. The results of this study have considerable implications for development of community-based dementia interventions.

Disclosure of Interest: None Declared

Keywords: Dementia, Play, Psychosocial Interventions, Volunteer Training

Policy

Building alliances and collaboration

PO1-214

FACT-FINDING SURVEY ON THE IMPORTANCE OF THE VIEWPOINTS OF PEOPLE WIYH DEMENTIA AND THEIR FAMILIES IN 33 MUNICIPALITIES, I.E.CITY,TOWNS AND VILLAGES,IN IWATE PREFECTURE

Yukimi Uchide*

Objectives: 認知症の人や家族の視点の重要性に関する岩手県内33市町村に対する実態把握調査」

Ⅰ．調査の背景と目的

2015年1月、認知症対策の国家総合戦略として新オレンジプランが策定された。その7つの柱の一つとして、“認知症の人やその家族の視点の重視”が掲げられ、認知症施策の企画・立案・評価にあたり、認知症の人やその家族などから幅広く意見を聴取することが示された。筆者らは、このことを当たり前ではあるが今までなおざりにされていた観点であったと痛感した。そこで、総合戦略を推進する岩手県内全市町村(33)の担当課に対して当支部世話人が出向き、認知症の人を取り巻く現状、それに対する取組み、そして当事者の意見が重視されているのか否か等について聞き取り調査を実施し、その実態を把握することを目的とした。

Ⅱ．対象及び方法

1. 対象…岩手県内33市町村の認知症関係の担当者（福祉課、地域包括支援センター等）

2. 調査方法…半構造化面接法による聞き取り調査を2016年9月～10月に実施した。聞き取り調査は、担当者の窓口、相談室、会議室等で行い、要した時間は30分から60分程度であった。質問項目は、①認知症の人と家族の会を知っているか、②認知症にまつわることで困っていること、③力を入れていること（施策等）、④地域での支え合いの方策、⑤新総合事業について、⑥当事者が認知症施策の企画・立案に参加しているか、⑦当会支部に望むことの7つである。

3. 倫理的配慮…対象者には本調査の趣旨、匿名性の保持を口頭で説明し同意を得た。

Ⅲ．結果及び考察

1. 当支部への認知と期待

30市町村(90.9%)は知っていた、と答えた。知らないと答えた3市町村担当者は4月から転属したばかりだった。15市町村では当支部と協働してつどいの会を開催していた。また世話人を研修会の講師として活用し、つどいの持ち方、若年性の就労相談など多岐にわたる相談がなされていた。それを裏付けるように、当支部に対して「研修会等で介護経験がある人に話してもらうと心に響く、住民も身近に感じる、介護経験者の想いを発信してもらいたい」「つどいは癒しだと思う、その立ち上げ支援や運営助言をしてもらいたい」「メンタルサポートとして家族会に携わってほしい」「家族の生の声を聞いて、次の事業につなげたい」等の要望が32市町村(97%)からあった。当支部の活動を重要視していることが示された。

1. 認知症にまつわることで困っていること（取り巻く現状）

33市町村の全ての担当者は、とにかく認知症に関連する相談が急増しており内容が深刻だ、と答えていた。震災の影響もあり、独居世帯が増加。認知症の人を支える家族がいない、いても遠方。内容も複合化されている。介護サービスや公的サービスでは補えない部分がある。また、本人、家族、地域、事業者等の認知症への理解不足も多く聞かれた。「ひどくなってからの相談だと早期受診に繋がらない」「家族がオープンにしない」「地域では住み慣れたところで過ごすという認識が低い」「軽度の人や若年性の場合、居場所が無く、結局デイサービス利用となっているがうまくいっていない」「かかりつけ医から専門医に繋がらない」「そもそも地域で今

起こっていることを把握しきれていない」と訴えていた。

これらほとんどは、行政からの視点の実態であり、当事者たちが感じている本音や生きづらさ等は聞かれなかった。

1. 市町村の取組み

各市町村の考え方、力量によりアプローチが大きく異なっていた。しかし、どの市町村も認知症にまつわるいろいろな問題を解決すべく、短期間でそれぞれユニークな事業を多彩に創出していたことは驚きであった。特に民間業者を巻き込んだ見守りのネットワーク体制は多くの市町村で地域の力を活用していた。一方、「新しい事業を展開していくというよりは、今まで培ってきた“お互いのつながり”を深めていくことをしていきたい」と話された担当者もいた。

その中で、28の市町村（84.8%）では認知症カフェに取り組んでいた。しかし、その実態は、対象者をどう考えるべきか、運営の担い手やどのような内容にするか等で迷走状態のところが多かった。カフェの運営は多種多様であるべきではあるが、カフェで認知症の人がどうなることがより良く生きることなのかを捉えていないとカフェありきの事業となり継続性に陰りがみえてくると感じられた。認知症の人を客として捉えるだけでなく、希望する人にはその運営に参画してもらい、地域の人たちとのつながりを築いて本人が生きがいを感じられるような支援のあり方が重要になってくると考えれる。

1. 認知症の人や家族の認知症施策等の会議への参加（意見反映）

24の市町村（72.7%）では認知症関係の会議のメンバーには入っていなかった。「当事者の参加は必要だと思っても、誰に頼むか思い浮かばない」「会議のメンバーは長が多いので家族の会があれば」との意見があった。当事者の意見を反映させる場が少ないことが明らかになった。

Ⅴ. 結語

岩手県内の33市町村に対する聞き取り調査の結果、担当者レベルでは認知症問題が深刻であるにも関わらず、認知症の人やその家族の意見を十分に聴いているとはいいがたい現状であることが明らかになった。また、その大前提として、本人や家族が感じる「生きづらさ」「本音」「どうありたいか」等、当事者でしか知り得ない事実を適正に把握することが市町村に求められている。

当支部としては、つどいの会、研修会等を通じて市町村との連携を密にし、意見反映ができるように積極的に啓発活動を続けていく役割を担うということが明確となった。

Disclosure of Interest: None Declared

Keywords: None

Care research and practice

End of life care

PO2-321

PERSONALIZED END-OF-LIFE CARE FOR OLDER ADULTS WITH DEMENTIA LIVING IN GROUP HOMES - BASED ON FOCUS GROUP INTERVIEW FOR GROUP HOME MANEGERS -

Michiyo Yanagisawa*, Naoko Hara, Misako Koizumi, Yuki Okura, Noriko Shimizu, Naomi Kawarabata

Introduction: 認知症対応型共同生活介護（以下，GH）は小規模で家庭的な雰囲気のもと“その人らしい”暮らしの継続性や，認知症の人の個別の状態や全人生など，一人ひとりの尊厳を支えるケアという本人本位のケアを実践してきた．その慣れ親しんだ生活の場での終末期を希望する本人，家族が増えている．認知症高齢者の“その人らしい”終末期を支えるケアについての捉え方や実践内容は未だ明確にされていない．看取りケアへの意識が高いグループホーム管理者にフォーカス・グループインタビューのテーマとしてディスカッションしてもらい，内容を質的に記述することは，グループホームならではの看取りケアの特徴を明らかにする意義がある

Objectives: 認知症高齢者の“その人らしい”生活をささえてきたＧＨにおいて“その人らしい”終末期を管理者がどのように捉え、実践しているかについて明らかにする．

Methods: フォーカス・グループインタビューによる質的帰納的研究とした．対象者はＡ県内で看取りケアへの意識が高く，直近の過去5年間で年平均1事例以上の看取りケアを行っているＧＨの同意を得られた管理者4名を対象とした．フォーカス・グループインタビュー内容の逐語録を作成し，その人らしい看取りケア，支援について語られた部分を抽出し質的に分析を行った．分析内容は老年看護学の専門家にスーパーバイズを受け，妥当性の確保に努めた．

倫理的配慮：研究者の所属する大学の倫理審査委員の承認と学長の許可を得て実施している．参加者の自由意志による研究参加を保証し実施した．

Results: フォーカス・グループインタビューから内容の類似性に着目して分類整理を行った結果，【本人・家族の看取りに関する意思決定を支援する】，【看取りを充実させるために家族や医療を巻き込んだ連携をしている】，【ＧＨの生活と育んだ関係性の延長に看取りをしている】，【ＧＨで看取りをする経験は次のケアへの原動力になる】の４つの大項目が抽出された，それらの項目から〈終末期の意思決定を支えるにあたり、利用者は思いを表出できることがあるので，聞けるときに聞くことが大事〉，〈ＧＨでの看取りを支える医療との連携が必要〉，〈ＧＨでも自宅でも長年の習慣，環境，こだわりなど思い通りの生活を支え続けることがその人らしい最期を迎えること〉，〈ＧＨの職員としてその人の最期に関われたことは職員自身にとっても意義深いことである〉，などの13の中項目が抽出された．

Conclusion: 今回の結果は，兼田（2011）によるGH等小規模多機能型居宅介護施設の管理者に対し，「豊かな看取り」についてのインタビュー調査を行った結果と，【本人・家族の看取りに関する意思決定を支援する】，【看取りを充実させるために家族や医療を巻き込んだ連携している】については類似していた．

しかし，【長年の生活と育んだ関係性の延長上に看取りをしている】【ＧＨで看取りをする経験は次のケアへの原動力になる】の中には，GH管理者や職員のその人らしい終末期を支える思いや，看取り後に起こる心情が際立って現れていた．

GH管理者は利用者の長年の習慣，自分だけのこだわりのようなゆずれないものを守り続け，思い通りの生活を続けることがその人らしい最期を迎えることだと捉え，最期までその人を愛しみ，家族の思いを汲み後悔しない看取りができるよう支援していた．また看取りケアで直面する現実の中での気づきや後悔が職員同士のチームワークの強化につながり，それが職員の介護観を高め次のケアへ続く原動力となっていた．

以上のことからその人らしい終末期を支えるケアをGH管理者，職員が日々模索しながら実践していることが分かった．今後も事例の蓄積を行いGHらしい個別性のある看取りで涵養されていく職員の意識の向上が期待されている．

References: 兼田美代：グループホーム等小規模多機能型居宅介護施設における看取りの実態　インタビュー調査から「豊かな看取り」を模索する、甲南女子大学研究紀要、5,119-127、2011

Disclosure of Interest: None Declared

Care research and practice

End of life care

PO2-327

SUPPORT FOR ELDERLY'S DECISION-MAKING ABOUT THEIR END-OF-LIFE CARE

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Introduction: Caregivers are skeptical about whether their support for older people are in line with their wishes.

Objectives: To find a method of caregiving that is in line with the wishes of elderly people, nurses and caregivers shared their experiences and determined how to best support for aged people's decision-making about their end-of-life care.

Methods: The subjects were three older persons using the services of elderly facilities. The realities of caregiving as seen through these individual cases (including material such as the subjects' backgrounds and their caregiving situations) were shared and discussed, enabling us to identify issues and visualize what appropriate care should look like. This study was approved by the research ethics committee of Gifu College of Nursing.

Results: Subject A: A female in her seventies hospitalized due to cancer. Communication was possible, but mild dementia made her anxious about many things, and the views she expressed were inconsistent. To help her think about the future, caregivers created opportunities within their daily interactions to explain her medical condition and ask for her thoughts, deliberately attempting to grasp her wishes. However, they were unable to involve a doctor in these efforts or have a proper end-of-life conversation before she was discharged from the hospital.

Subject B: A female in her eighties with repeated worsening of her condition due to pneumonia accompanying swallowing dysfunction. Severe dementia made meaningful communication difficult. The responsibility for making decisions on her behalf put a burden on the family, so caregivers attempted to read her wishes in her expressions during their day-to-day interactions with her, and maintained frequent communication with the family. Caregivers wished they had been able to discuss end-of-life care with the elderly before her condition worsened to this degree.

Subject C: A female in her nineties with severe dementia and repeated worsening of her condition due to pneumonia accompanying swallowing dysfunction. Since all facility staff members recognized and shared the needs of the subject, i.e., her desire to eat, over the long course of her care, those in each occupational category could use their special skills to the greatest effect toward that common goal, and they could develop care that supported the needs of the subject. Moreover, they could also share her needs and care plan with the family, and successfully implement care.

Conclusion: We believe that in ideal care, caregivers must try to sense and confirm elderly's wishes during their day-to-day interactions. The characteristics of the elderly and family should be grasped, and caregivers also need to involve a doctor while coordinating the timing of interventions, such as explaining the situation and following up.

Disclosure of Interest: None Declared

Care research and practice

End of life care

PO2-322

ADAPTATION OF THE QUALITY OF LIFE IN LATE-STAGE DEMENTIA (QUALID) SCALE FOR USE WITH JAPANESE SAMPLES

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Introduction: Dementia is a leading cause of death and its recognition as a "terminal illness" has increased Although quality of life (QoL) is necessary in evaluating the effects of interventions, there have been no instruments to measure the QoL of patients with dementia in Japan. The Quality of Life in Late-stage Dementia (QUALID) scale was originally developed by Weiner (2000).

Objectives: The purpose of this study was to evaluate the adaptation of the QUALID scale for use with Japanese samples.

Methods: The QUALID scale was translated using standard procedures with the permission of the original author. The scale's 11 items consist of observable behaviors, which are rated on a five-point scale by their frequency of occurrence during the previous week. Participants were hospitalized patients, diagnosed with dementias according to the DSM-5 criteria. The patients were assessed using the QUALID scale by their caregivers or occupational therapists with whom they had had contact for at least two days during the previous week. Based on a study by Garre-Olmo (2010), we obtained three subscale scores, using the QUALID scale, for each participant: "behavioral signs of discomfort," "behavioral signs of social interaction," and "negative affective mood." We also assessed participants using the Mini-Mental State Examination (MMSE), the Cognitive Test for Severe Dementia (CTSD), the Neuropsychiatry Inventory-Nursing Home version (NPI-NH), the Cornell Scale for Depression in Dementia (CSDD), the Physical Self-Maintenance Scale (PSMS), the Pain Assessment in Advanced Dementia (PAIN-AD), and the Clinical Dementia Rating (CDR). We examined the correlations among the three subscales and the other scales. Each participant's proxy provided written informed consent.

Results: The number of participants was 57 (46 women, 11 men), their mean age was 88.4 ± 6.7 years, and their mean score on the QUALID was 29.9 ± 7.6. The subscale scores for "behavioral signs of discomfort" and "behavioral signs of social interaction" correlated significantly with the subscale score for "negative affective mood." The "behavioral signs of discomfort" score correlated significantly with the NPI-NH, CSDD, and PAIN-AD scores. The "behavioral signs of social interaction" subscale score correlated significantly with the MMSE, CTSD, PSMS, and PAIN-AD scores. The "negative affective mood" subscale score correlated significantly with the NPI-MH, CSDD, and PAIN-AD scores.

Conclusion: It should be noted that all three of its subscales correlated with the PAIN-AD. If we can control discomfort and pain in patients with severe dementia, their QoL should improve. A future study is needed to examine a factor analysis of the Japanese version of the QUALID scale in a larger sample.

Disclosure of Interest: None Declared

Care research and practice

End of life care

PO2-323

WHAT WE NEED TO LET PATIENTS WITH DEMENTIA APPROACHING END-OF-LIFE DIE IN PEACE

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Objectives: 【はじめに】

大学病院の臨床倫理委員会に持ち込まれる相談で、解決が難しいケースの一つに、認知症患者の医療の意思決定をどうするかという問題がある。患者は同意能力が不十分であり、ほとんどは、事前指示書を有していない。このため、終末期の延命治療に対する希望もわからず、同意能力が失われた場合に代理で意思決定する人も指定されていない。また、身よりがなく、代理人となる人が誰もいない場合も多い。全身の機能が低下し、延命治療が必要となった患者に、呼吸器などをつけるかどうかを決めなくてはならない時は、誰が何を根拠に、どのように決めるのか、病院として何をすべきか、悩むことになる。事例をもとに、終末期にある認知症の患者が安らかに旅立つために、何が必要かを検討する。

【事例】

92歳の女性、重度の認知症があり、全身の臓器機能もかなり低下していてほぼ寝たきりの状態で、60歳の娘が世話をしている。誤嚥性肺炎のために大学病院に入院したが、回復して小康状態になったため退院することになった。担当医は、女性が慢性の呼吸器疾患を持っていることもあり、今後呼吸困難を起こす可能性があるので、心づもりをしておくようにと説明した。それを聞いた娘は、「母にはできる限り長生きしてほしい。呼吸管理ができるように、気管切開して呼吸器を装着してほしい」と希望した。担当医は、呼吸困難があるわけではないので呼吸器を装着することはできないと説明したが、娘は了承せず、臨床倫理委員会に相談した。

臨床倫理委員会では、担当医へのインタビューや患者の病状や経過を調査して、気管切開による呼吸器を装着するかどうかを検討したところ、現在呼吸器を必要としているわけではないこと、気管切開をして呼吸器をつけることは余計な負担をかけること、終末期にあり無理な延命はしない方がよいことなどの理由から、呼吸器の装着はしない方がよいという判断となった。

担当医は、委員会の判断を患者の娘に説明したが、娘は了承せず、担当医との話合いも拒否し、問題は膠着した。

【問題解決に必要なもの】

この場面を打開するには、まずは、医師と患者・家族の双方の意見と根拠を聴き、患者の利益を最大にする方策を考えて提案し、ステークホルダーの納得が得られるまで調停する第三者（臨床倫理メディエータと仮称する）が必要と考えられる。臨床倫理委員会は、医師ー患者に直接介入することはないが、本事例のように医師と家族の意見が平行線であったり、関係性が破綻していて話合いができない場合は、第三者が介入しない限り解決しない。臨床倫理メディエータは、娘の気持ち（母親に長生きしてほしい）を理解して共有した上で、呼吸器の装着はしない方がよいという勧告を、根拠すなわち、呼吸器の装着は患者に不要な負担をかけること、患者は終末期であり無理なことはしない方がよいことなどを説明し、了承を得るように努める。

なお、何が患者の利益/不利益になりうるかの判断を臨床倫理委員会が検討する際、メンバーが病院に所属する者だけで構成されていれば、意識的にせよ無意識的にせよ病院の利益から離れることは難しい。したがって、院外の患者の利益を代弁できる人（弁護士、患者会の代表者など）にも参加してもらって共同体を構成し、協働で判断することが必要と思われる。

そして、病院として、認知症の患者や終末期の患者にどう対応するのかという方針ならびに、医療方針の決定の方法を策定し、明示しておくことも、患者や市民の了解を得るために重要である。

今後、高齢者の増加とともに、様々な合併症を持った認知症患者も増加することが予想されるため、患者の利益を守るのと同時にステークホルダーの納得がいく決定をする仕組みを構築しておく必要があると思われる。

Disclosure of Interest: None Declared

Care research and practice

End of life care

PO2-329

AN ASSESSMENT OF FAMILY CARE FOR A FAMILY MEMBER WITH DEMENTIA

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Introduction: Members of the general public think about spending their final days at home, living the life they want in familiar surroundings, and people with dementia share the same thought. As individuals with dementia approach their final days, however, they have difficulty expressing their wishes, and family members must make various decisions for those individuals in light of their wishes.

Objectives: The aim of the current study was to assess family care for a family member with dementia.

Methods: A self-administered questionnaire was given to families that had cared for a family member with dementia. The questionnaire included questions about the respondent's characteristics, symptoms at the end of life (Comfort Assessment in Dying with Dementia (CAD-EOLD)), the family's level of satisfaction with care, and an assessment of care (Satisfaction With Care at the End of Life in Dementia (SWC-EOLD) 10 items). SPSS was used for analysis. Analysis was performed with a ^{2} test and ANOVA. [Ethical considerations] The purpose and methodology of the study and ethical considerations (voluntary participation, no penalty for refusal to participate, protection of privacy, etc.) were explained in writing to potential participants, and potential participants were deemed to have consented to participation by returning a consent form and the questionnaire.

Results: Valid response rate is 66.7%. Average age of 65.6±9.3 years and 80% were female. About 50% of the participants had cared for a biological parent while 30% had cared for a spouse. The condition of individuals with dementia at the end of life: Some individuals had dysphagia, uneasiness, or difficulty breathing, but about 50% of the individuals with dementia approached their final days in a relatively good state, e.g. they were calm, quiet, and at peace. While providing care, about 85% of participants requested "a hospice," "a gastrostomy," or "parenteral nutrition" for their ill family member. Families that cared for an ill family member at home had a significantly better (P<0.05) appraisal of care compared to families that cared for an ill family member in the hospital.

Conclusion: Families that cared for an ill family member at home had a better appraisal of care than did families that cared for an ill family member in the hospital. This is presumably because the former feel a sense of accomplishment, i.e. they were able to care for a family member at the end of his or her life, they understand that family member's condition, and they provided the best care they could.

Disclosure of Interest: None Declared

Care research and practice

End of life care

PO2-326

FACTORS ASSOCIATED NURSES PROVIDING ADVANCE CARE PLANNING FOR RESIDENTS WITH DEMENTIA IN LONG-TERM CARE FACILITIES

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Introduction: Nurses play an important role in advance care planning. However, few studies have examined factors affecting advance care planning for residents with dementia among nurses of long-term care facility.

Objectives: To explore the factors related to nurses providing advance care planning for residents with dementia and their families in long-term care facilities.

Methods: This is a cross-sectional and correlational study. A stratified random sampling was conducted, and self-administered questionnaires were mailed to registered nurses who work in long-term care facilities with accreditation rank $\geq$ grade A in Taiwan. Data collection was used structural questionnaires that include Scale on Advance Care Planning for Residents with Dementia and Their Families, Confidence in End–of-Life Care and Communication Skills Scale, Perceived Facility End–of-Life Care Support Scale.

Results: Questionnaires were returned by 388 participants. Fewer than 10% of nurses reported often providing advance care planning for residents with dementia and their families. The frequency of nurses providing advance care planning for residents with dementia was predicted by having more continued education hours for end of life care, more confidence in end-of-life care skills for residents with advanced dementia and greater perceived facility support.

Conclusion: Most nurses did not frequently provide advance care planning for residents with dementia and their caregivers. Advance care planning in long-term care facilities should be promoted by enhancing professionals' knowledge and confidence in providing end-of-life care and creating a supportive environment for end-of-life discussions and care.

Disclosure of Interest: None Declared

Care research and practice

End of life care

PO2-325

PALLIATIVE CARE FOR RESIDENT WITH DEMENTIA IN LONG-TERM CARE FACILITIES: A SWOT ANALYSIS

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Introduction: The population of dementia is a high risk group to be placed into institution. The long-term care facilities should face the issues about rapidly raising the need of end-of-life care for residents with advanced dementia. However, the care models and researches on the palliative care for residents with advanced dementia are still deficiency in Taiwan.

Objectives: To identify the barriers and facilitators in the development of palliative care for resident with dementia in long-term care facilities.

Methods: his study was conducted by action research. Two long-term care facilities that have dementia special care unit were invited into this study. A Total of 38 facility workers were recruited, including facility managers, directors of nursing, nursing head, directors of social worker, and other care staffs. Data collection involves 8 focus groups and 13 individual interviews, participant observation, and documentary analysis. Content analysis was used to categorize responses in a SWOT (Strengths, Weaknesses, Opportunities, and Threats) framework.

Results: The study findings show that the strengths of internal facility involved awareness regarding the necessity of palliative care in facility, increasing palliative care and advance care planning education in facility. The weaknesses of internal facility involved manpower shortage, lack of skills of management behavioral problems and end of life care in dementia, family and resident with dementia did not well recognition in dementia disease course and palliative care. The Opportunities of external facility involved social structure change and increasing demand on palliative care in long-term care facilities, community palliative care resources; palliative care for dementia was covered by National Health Insurance, as a competitive advantage. The threats of external facility involved legal concern, public misunderstanding and cultural barriers, no consensus regard dementia palliative care among healthcare professionals.

Conclusion: SWOT framework was used to demonstrate the barriers and facilitators when facility faces the raising need of palliative care. These findings will help these facilities to establish the culture fitting and practicable palliative care model for residents with advanced dementia in their own long-term care facility.

Disclosure of Interest: None Declared

Care research and practice

End of life care

PO2-328

SUPPORTING FAMILY MEMBERS OF PEOPLE LIVING WITH ADVANCED DEMENTIA IN MAKING FEEDING-RELATED DECISIONS: AN INTEGRATIVE REVIEW

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Introduction: Swallowing difficulty is a profound problem signifying end of life among people with advanced dementia. While artificial feeding and hydration has been widely used, sometimes its risks may outweigh benefits and family members often have ambivalent feelings.

Objectives: To identify interventions for supporting family members in making feeding-related decisions

Methods: Searching was performed in various databases, including Academic Search Premier, British Nursing Index, CINAHL Plus, Cochrane Library, Embase, MEDLINE, Ovid MEDLINER (R). Articles were included if they were experimental studies, published between 2000 and 2014, and written in English.

Results: Initially, 360 papers were found. After reviewing, only six met the inclusion criteria. They were based on three randomized controlled trials, one quasi-experimental study and two cohort studies conducted in either hospital or old age homes. Five studies were conducted in the North America, except one in Japan. Two types of interventions were used in these studies, they were consultation service and decision aid. They were delivered in different formats, including written information, audio-visual means, telephone support and meeting. The studies generally found that these interventions were effective in improving the family members' knowledge about feeding options, decreasing decisional conflict and increasing discussions .

Conclusion: Decision aid is a cost-effective means to provide informational support for family members in making feeding-related decision. However, its acceptability and feasibility in non-Western culture is unclear.

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Disclosure of Interest: None Declared

Care research and practice

End of life care

PO2-324

CHARACTERISTICS OF END-OF-LIFE CARE IN GROUP HOMES FOR THE ELDERLY WITH DEMENTIA IN JAPAN

– BASED ON QUESTIONNAIRE SURVEYS OF MANAGERS –

Mayuko Hiramatsu*, Naoakira Niino

Introduction: In Japan, systematic measures have been promoted to strengthen end-of-life care in facilities for the elderly in the last part of their lives. Group homes are expected to provide possible end-of-life care, unlike hospitals, other facilities, or their homes.

Objectives: In the present study, we intended to clarify the characteristics of end-of-life care in group homes as seen from employees who work there and collect ideas on ways to realize end-of-life care practices of a higher quality.

Methods: We conducted a self-recording questionnaire survey of individuals in managerial positions (regardless of job types) at 1,000 business sites randomly selected from group homes registered with the prefectural long-term care service information disclosure system across Japan. The survey was conducted in March 2014, and mainly consisted of questions about the attributes of respondents, profile of the business site, and free descriptions about the characteristics of end-of-life care in group homes. As a method of analysis, we created codes to represent the characteristics of end-of-life care in group homes, using one sentence for each meaning in the collected responses. Subsequently, we grouped codes with similar meanings into subcategories, and then further abstracted the subcategories for classification into categories. We obtained approval from the Ethical Review Board of the researcher's university.

Results: The scope of analysis included 297 respondents. The mean age (SD) was 47.8 years (10.7), and female respondents made up 66.3% of the total. Out of 196 codes, eight categories were extracted as characteristic of end-of-life care in group homes. Among them, "the possibility to live continuously and to maintain the dignity of the elderly as humans" and "the availability of specific care that suits the intentions of the elderly" had positive implications. On the other hand, the other categories ("living with familiar relationships, places, and staff", "care similar to home care," "relationships with families," "continue leading everyday life," "relationships with other users," and "diverse requirements for specialists who can relate to the elderly") had positive, neutral, and negative implications.

Conclusion: Comparing positive and negative views of the characteristics of end-of-life care in group homes, some regarded the close relationships with families positively, while others regarded them negatively. Similarly, some regarded minimized medical interventions as a negative aspect (i.e. lack of capabilities), while others regarded them as a strength that enables a natural lifestyle. These results suggest that it would be important to nourish the philosophy of care based on a broader, more open mindset about end-of-life care, so that flexible options can be presented to the elderly and their families.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-351

OUR OWN TREEHOUSE: SYNCHRONOUS PEER VIDEO CONFERENCING IN NEUROCOGNITIVE DISORDER

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Objectives: A treehouse is where many children go to hide, dream, play and then come out ready to face the world again. This presentation will briefly explain the significance of the dynamics and education that evolve in regularly scheduled, professionally guided Synchronous Peer Video Conferencing sessions. Anecdotal data will be gathered and analyzed from regular participants using online tools such as: Anonymous surveys, Syntheses of statements gathered and video excerpts from interviews. The goals are to show how to show those diagnosed with a form of dementia and their caregivers how we can with internet connectivity and any device - phone, tablet, netbook, computer - connect with others who share the diagnosis around the world. In DAI for example, our sessions have trained facilitators and firm parameters of what may and may not be discussed. This session will attempt to show how this tool can facilitate treatment, improve quality of life and provide hope and caring to our peers - in our treehouse, where we fight battles, dream dreams, share love and laughter, and climb out smiling and refreshed.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-331

THE SUPPORT AND SERVICE NEEDS OF PEOPLE WITH DEMENTIA LIVING IN A RURAL COMMUNITY IN VICTORIA, AUSTRALIA: A DELPHI STUDY

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Introduction: Around 70% of people living with dementia reside in the community but there is little available evidence on rural community service provision to these people and their carers.

Objectives: This study aimed to: identify the primary support needs of people living with dementia, their family carers and health professionals living in a rural region in Victoria, Australia; build a systematic consensus on those support and service needs; and identify any existing evidence-based services available to respond to those needs.

Methods: Focus groups, a Delphi survey technique and review of the literature.

Results: Key needs identified included: earlier diagnosis; local businesses and services knowing how to interact with people with dementia and provide support; carers having someone to talk to about concerns; education, training and teaching of empathy to health professionals and; the training and knowledge available to carers and information about the availability of services and how to navigation them.

Conclusion: Identifying the priority service needs of carers and people with dementia in the rural region has highlighted a number of touch points where service provision can be optimised and service responses targeted where they are most needed.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-350

INTERGENERATIONAL BOARD GAME DESIGN: ENGAGING COLLEGE STUDENTS THROUGH COMMUNITY NURSING PRACTICES WITH ELDERLY ALZHEIMER'S PATIENTS

Shu-Ying Li*

Objectives: Most board games are designed rarely for special groups on the market.We expect forward to game designing and playing that was an effective strategy to eliminate the elderly and the young generation stereotype, enhance understanding and supported each other. First of all, ten students who have been local community assessment by windshield survey, social survey, key information interview, and participant observation from Alzheimer›s disease care center located in North Taiwan were sampled purposively. Second, six elderly Alzheimer›s patients experienced more than one hour to play the board game in leisure time. The board game designed that combined of students for community assessment and card design, including local features, traditional culture, and creative games.

This game tends to have a theme in order to provide the Alzheimer's elderly keeping with compute, a story telling, social ability, to develop a new Monopoly-like table game. We found that Chinese temple culture to increase language expressive, like throwing divining blocks; voluntary donations can be given to the temple. This program provides us for a possible beneficial effect of board game playing on dementia center could be mediated by cognitive decline and less depression in Alzheimer›s players. Moreover, creative board game combined community nursing studying for college students, to promote appropriately communication ability by interactive.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO1-104

POST DIAGNOSIS SMALL GROUP MEETING FOR PEOPLE LIVING WITH DEMENTIA AND THEIR FAMILY MEMBERS

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Introduction: Most educational meetings about dementia are held for care partners in Japan. Some people living with dementia (PwD) desire educational opportunities after diagnosis.

Objectives: To investigate the effect of educational meetings on PwD after diagnosis.

Methods: We invited recently diagnosed people with mild cognitive impairment (MCI) or mild dementia, and their family members, to a round-table meeting. A clinical psychologist and a doctor gave a mini-lecture about the characteristics of both conditions, about well-being and finding ways of living with dementia, then, were questioned by PwD. We asked for them to fill in a questionnaire before and after the meeting. It contained 11 questions; 2 about the meaning of dementia, 3 about well-being, and 6 about future plans. Each consisted of 4 grades.

Results: Nine PwD (2 Alzheimer disease (AD)-MCI, 3 AD and 4 vascular dementia; 2 males, mean age 82.1 y, mean Clinical Dementia Rating 0.7, mean Mini-Mental State Examination 22.3) and ten family members participated in three meetings. The PwD's answers for the questionnaire before and after the meeting remained unchanged, however the family member's answers changed. The family members changed their opinion on PwD's challenges with memory ($p = 0.011$) and comprehension ($p = 0.034$), emotion ($p = 0.023$) and value of living ($p = 0.034$) in PwD significantly. Some PwD gave thanks for holding the meeting in their subsequent visit to the clinic, so the results might indicate it takes a bit of time for PwD to acquire the means to live with dementia.

Conclusion: This small group educational meeting was effective for family members to understand well-being in PwD. We need further ways to improve communication and relationship for PwD.

References:

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-349

LOSS AND RECONSTRUCTION IN WHAT MAKES LIFE WORTH LIVING FOR A PERSON WITH EARLY ONSET DEMENTIA

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Objectives: 若年性認知症の人は、人生で最も生産的で社会の中核をなす時期に発症するため、認知症疾患の診断の影響の大きさははかりしれない。特に仕事は最も大きな社会的役割でもあり、生きがいの１つである。しかし認知症疾患の診断がその生きがいを奪ってしまうことも多い。若年性認知症の人の就業支援については、いくつかの実践モデルが紹介されてきたが、未だに日常生活の中では浸透しておらず、仕事ができる状態にも関わらず、不本意ながら退職する場合が多い。本報告では、認知症疾患の診断を受けた後のピア・サポートを本当に地域に根付かせるため、若年性認知症の人と立ち上げた「若年性認知症とともに歩む ひょうごの会（以下、ひょうごの会）」の活動を紹介する。さらにその会のメンバーが、認知症疾患の診断後に退職に追い込まれ、仕事という生きがいを失い、生活を再構築するまでの過程をその本人と共に紹介する。

ひょうごの会は、認知症になってからも、希望をもって暮らし続けることができるように、認知症を現に体験している本人だからこそ気づけること、試行錯誤したことを共有し、共に歩む仲間とのつながりを築き、ケア・社会のあり方を提案、よりよく生きていける社会を創り出していくことを目的として、2015年に県の社会福祉協議会の中に発足した。構成員は若年性認知症の当事者、学識経験者、社会福祉協議会のスタッフ総勢30名程度である。その内、若年性認知症の人は10名程度である。ひょうごの会では、当事者には若年性認知症の人だけでなく、パートナーも含めている。パートナーという名称としたのは、一方的な支援関係ではなく、協力・協働関係を大切にしているためであり、パートナーは、友人、サロン等でのサポーターや職員、家族、職場の上司等が担っている。

ひょうごの会の若年性認知症の人の年齢は50才代から60才代前半である。ひょうごの会では、前述の目的に則りレクリエーションなどはせずに、会議という形をとっている。会議は全体会と地域会からなり、全体会は通常の会議で、地域会は全体会に参加できない若年性認知症の本人や全体会のメンバーの住む地域にメンバーで出向いて会議を開催するものである。あくまで、当事者の暮らす地域でのよりよい生活支援を主眼に置くためである。

ひょうごの会の会議は年に3，4回実施している。そこで議論されたことは、これまでの暮らしをどのように継続してきたか、また継続できなかったことは何か、新たに獲得したものは何かということであった。その中でも、特に就業への関心は高く、深刻である。休職中や就業中のメンバーにとっては、不安が大きい。メンバーの中には、定年退職まで勤め上げた人もおり、その人達にとっては、一定の達成感が得られている。一方で、中途退職したメンバーからは、口惜しさが語られる。仕事とは、生きがいであり、社会との繋がりであり、自己実現の場であると再認識させられる。それがある日突然奪われるのである。「職場に迷惑かけると思い退職したが、もう少し背中を押してくれる人がいたら、やれることも多いので、就業継続できたのに」、「（病院で就業している者に対して）、病人が病院で働けるのかと言われ、半ば強制的に退職させられた」などの体験を話す人もいた。

このような厳しい状況の中で、「病気に負けずに、毎日を楽しみたい。」「『認知症で大変やね』とか言われるけれど、普通に暮らしている。何の違和感もない。相手は変と思うかもしれないけれど、個性として考えたら。」「みんなで勇気を出して偏見のない街になるよう頑張っていきたい。」「認知症でも、何かできる。卑下せずに、私でできることを考えたい。」との発言もあった。実際に認知症になっても新たに獲得したものもある。今回、その体験報告を下記のような内容で紹介する。

【体験報告】家にこもりたくない!　退職から新たなる希望へ

私は、医療器具などの洗浄の仕事をしていましたが、段取りが少しわかりづらくなっていったので、病院に行ったところ、2014年５月、軽度認知症の診断を受けました。仕事が好きな私は、何とか仕事を続けたかったのですが、「病院は病人を助けるところ。病人が病院で仕事をするのは、いかがなものか。」と、自主退職を求められ、辞めざるを得ませんでした。

仕事を辞めてからの私ですが、毎日の時間を持て余していました。仕方がないので、決まったコースを歩くのを日課にしていました。

楽しみは、趣味のハイキングでした。仲間が集合場所や時間をメモに書いて渡してくれるので、月３回ほど行っています。仲間には、以前の職場の人もいます。

それから、同じ病気の人との交流の場にも参加するようになりました。ひょうごの会のほか、月１回開かれる若年性認知症交流会「おひさま」に、最近では、若年性認知症サロン「カフェもぐもぐ」にも参加しています。また、若年性認知症就労支援施設「コアネクション」に月３回通うようになりました。そこは、ポーチなどの革製品を作成していて、私は、完成品にロゴマークを押印するのを担当しています。

でも、毎日通える場所、仕事ができる場所がないかなあと思っていました。ところが、ある日突然、見つかったのです。いつものようにウォーキングをしていると、人だかりができているので、何だろう興味津々覗いてみると、就労支援施設「誕生日ありがとう」の前でした。月曜日から金曜日までの週5日通える場所でした。即、実行です。母親を連れてきて、手続きをしてもらいました。「誕生日ありがとう」では、毎日、施設長が仕事の割り振りをしてくれます。決まった仕事があるというのは励みになります。施設の中の仕事もあれば、外での仕事もあります。全国から寄せられる使用済み切手をはがして、図案に貼っていく「切手アート」にもみんなで取り組んでいます。

でかける私に、夫が毎朝お弁当を作ってくれるようになりました。彩りを考えながら作るのが楽しいようで、私より上手に作れるようになったと言っています。夫が私のことを理解し、支えてくれるようになって、とても嬉しいです。

認知症の本人が苦労の末に見つけた仕事を、今後できるだけ長く続けられるように、関係各所で認知症の症状の変化も見据えた本人と共にあるくチームができつつある。本報告では、実際にチームが工夫してきたことも含め、今後の展開について、認知症の本人と共に報告する。

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-337

TECHNOLOGY TO SUPPORT GROUP ACTIVITIES FOR PEOPLE LIVING WITH DEMENTIA

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Introduction: CIRCA (Computer Interactive Reminiscence and Conversation Aid) is an interactive, multimedia system to support conversation between people living with dementia and care partners (Astell, et al., 2010). CIRCA is supplied with photos, music and videos and is easy to use and requires no preparation by staff. The potential of CIRCA to support group-based activities in day and residential care settings has not been explored.

Objectives: To examine the impact of an 8-session group programme using CIRCA, on cognitive funcition and quality of life of people living with dementia. To validate a new web-based version of CIRCA against the existing standalone device.

Methods: One hundred people living with dementia are being recruited from 11 sites across Sheffield, UK. Half are using the existing standalone CIRCA device and half will use a new web-based version. Pre- and three month post-intervention primary outcome measures: Addenbrookes Cognitive Examination-III (ACE-III; Hodges 2013), scored out of 100 and QOL-AD, scores between 13-52 (Logsdon, et al., 2003). All sessions are videorecorded.

Results: The first 54 participants have completed the 8 session programme using CIRCA as a standalone device. They are aged between 70 and 100 years, with ACE-II scores between 6-84 (mean 45.37) and QOL-AD scores between 21-41 (mean 30.73). Post-intervention assessment to date (n=37) shows maintenance of cognitive function (ACE-II mean 45.162) and slightly higher QOL-AD (mean 32). Sample recordings illustrate the efficacy of CIRCA in facilitating group sessions.

Conclusion: The data support the utility of CIRCA as a tool for facilitating group social activities for people living with dementia, including those with significant cognitive impairment (lower ACE-III scores). The web-based version willl be available for people to populate with materials from any culture, language or country, along with guidance on how to run group sessions for people living with dementia.

References: Astell, A. J., et al. (2010). Using a touch screen computer to support relationships between people with dementia and caregivers. Interacting with Computers, 22, 267-275

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Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-353

LET’S CONNECT – DIGITAL GAMES FOR PEOPLE LIVING WITH DEMENTIA

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Introduction: Digital technologies can provide stimulating, independent activities for people with dementia, potentially lessening demands on family caregivers (Astell, 2013). The challenge is to provide skills for people with dementia without extra demands on families.

Objectives: To develop a community-based programme – Let’s Connect - for people with dementia, caregivers, volunteers and students to connect through games on touchscreen tablets. To provide people living with dementia with new skills to support independence and community engagement. To look at transfer of skills from the day program to home, to benefit people living with dementia and family caregivers.

Methods: The study was conducted in a specialized adult day program over a period of 6 months. The Let’s Connect training program was developed for student volunteers (n=13) to support and coach the participants to play in a 1:1 setting. A total of 21 clients (19 with a diagnosis of dementia) were invited to play a selection of pre-existing digital games available on Android and Apple tablets. Data collection included: participant observations, caregiver interviews, and pre-post surveys for clients, caregivers, and volunteers.

Results: Participants learnt to play a wide range of games, with people expressing their preferences for different apps. Volunteers reported improved perceptions and understanding of dementia. Families observed their relatives playing independently and 18/21 purchased tablets. Feedback from families indicated the benefit to them and their relatives of using the tablets.

Conclusion: People with dementia can be supported to learn and play digital games on tablet computers. Family caregivers need training to include choosing, purchasing, downloading, and settibg-up games for clients. People living with dementia mastered new skills, family caregivers benefited from their increased engagement and volunteers experienced improved perceptions of the abilities of people living with dementia.

References: Astell, A. J. (2013). Technology and fun for a happy old age. A. Sixsmith, & G. Gutman (Eds). Technology for Active Aging. Springer Science: ISBN: 978-1-4419-8347-3.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-332

BUILDING AND UTILIZING A WEBSITE TITLED "EXPERIENCES OF PEOPLE WITH DEMENTIA AND FAMILY CARERS NARRATED THROUGH VIDEO AND AUDIO INTERVIEWS"

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Introduction: According to a study by Asada (2013), an estimated 15% of elderly people aged ≥65 years were thought to have dementia in 2012. Moreover, the study reported that if those with mild cognitive impairment were included, one in four people aged ≥65 years should be considered to have dementia or the potential for dementia.

Objectives: In this study, the authors built a website of "narratives of people with dementia and their families" with guaranteed content reliability and validity that can be used by ordinary people including people with dementia and their families, as well as healthcare and welfare professionals.

Methods: The people with dementia and family carers interviewed were chosen by maximum variation sampling of different sexes, ages, areas of residence, types and degrees of progression of dementia and other factors to ensure the diversity of participants. Interviews were conducted in regions across Japan where the study participants lived and were recorded by video camera and voice recorder with the consent of participants and their proxies (in the case of people with dementia). The interviews took place between February 2010 and October 2012 and the website was published in July 2013. As for ethical concerns, the study was approved by the institutional review boards of the University of Toyama. (Approval no.21-39).

Results: A total of 49 people participated in the interviews, among which 12 were persons with dementia and 37 were family carers. Of these participants, 10 persons with dementia and 35 family carers (a total of 45 subjects) agreed that their data could be published in the website. The cumulative length of the interviews was 3,500 min (approximately), and each individual interview lasted an average of about 1 h and 20 min. Twenty-nine topics were produced, such as "onset of symptoms", "differences in the type and symptoms of dementia", and "supporting daily living," illustrating the concepts extracted from the "one sheet of paper (OSOP)" methods. For these 29 topics, a total of 477 clips were extracted, and were published in the website in the form of video, audio and text (as of August 2016).

Conclusion: The website built in this study was aimed to provide information and emotional support necessary for people with dementia and family carers to face the condition . The website was also intended as an information support tool to deepen understanding of "the experience of living with dementia" among people involved in the treatment and care of dementia. The diversity of the content published to the website could be guaranteed to a certain extent through interviews with 45 different participants.

Disclosure of Interest: T. Takeuchi Conflict with: JSPS Grants-in-Aid for Scientific Research (JP21390598, JP25463542)., E. Okamoto: None Declared, K. Ozawa: None Declared, R. Sakuma Sato: None Declared, K. Goto: None Declared, N. Iba: None Declared

Well-being

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PO2-352

THE COMMUNITY REHABILITATION PROGRAM TO ENHANCE THE EXPERIENCE OF INTERACTION BETWEEN THE PEOPLE WITH MILD DEMENTIA AND THEIR FAMILY MEMBERS IN TAIWAN

Yuying Chu*, PO-SHOU YEH on behalf of the multi-disciplinary team of dementia, JUNG-CHEN YANG on behalf of the multi-disciplinary team of dementia, I-CHIN TSAI on behalf of the multi-disciplinary team of dementia

Objectives: Abstract introduction

All caregivers are worried that one day our dear family forget me. Therefore, few people would think this is an opportunity to create another section of parent-child interaction time. We try to added family course and to create a different interaction between people with dementia and their family members.

Purpose

Hospital outpatient referrals diagnosed cases of mild cognitive impairment and their families. Every course a total of 12 times, once a week for three hours, contains nostalgia, cognitive training, singing and exercise. When the last class, we invited people with dementia and their caregivers participate together. Arrange kara ok, golf umbrellas and balloons, etc. are required to cooperate together with their families, so that family members participate together.

Results

2015 There are 45 families enrolled, including 11 continuous participation in the secondary. Satisfaction increased from 99.2% to 100%. Qualitative data show that a male caregivers: “Originally, I don’t like this kind of activity, particularly in group activities, but I didn’t expect to grow up with my mom can also play games together, feel very different. “ A woman with mild dementia : “ Give us a happy experience! Good fun, come back next time!”

Conclusions

Through the design of the Program, family members are able to participate in some activities together. Some family members mentioned that they fell in negative emotions when facing the condition changes of the life changing, but they found the new motivation and motivate to keep doing caregiving via the Program and related activities.

Disclosure of Interest: None Declared

Well-being

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PO2-338

THREE CASE STUDIES IN DEMENTIA CARE IN THE COMMUNITY IN JAPAN: FROM COMMUNITY NURSE'S PERSPECTIVES

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Objectives: Background : It is estimated that one in four people aged 65 and over have either dementia or mild cognitive impairment in Japan. A new Japanese national dementia strategy in 2015 has introduced a nationwide scheme called the "Initial-Phase Intensive Support Team" (IPIST). It aims to provide support for those with dementia through collaborative multidisciplinary teams, including general practitioners, specialists, nurses and social workers. Aims and objectives: This study aims to outline a local IPIST in Setagaya, Tokyo, Japan, to present three case studies to illustrate current situations surrounding people with dementia, and to examine the effects of the IPIST, particularly from the community nurse's point of view, on people with dementia. Methods: The IPIST provides assessment and interventions for people with dementia or with suspected dementia over a 6-months period. Three cases presented in this study are a 80 year-old female with Alzheimer's disease who had a hoarding issue, a 85 year-old female with Alzheimer's disease who showed aggressive behaviours towards her son, but also received some domestic violence from him, and a 83 year-old female with Alzheimer' disease who lived alone, and had an issue with wandering and troubles with neighbours. These cases are common ones that the IPIST encounters. The IPIST typically deals with complicated, difficult cases. Findings: Three cases demonstrated how difficult the lives of people with dementia and those around them could be and how the IPIST could help them to go through their journey with holistic approaches. There are three common factors in the cases: holistic, assessment, individualised interventions based on assessment, and multidisciplinary team approach. Conclusion: Community nurses can play a key role in dementia care in Japan. As part of the multidisciplinary team, they can provide expertise in nursing while working closely with other healthcare and social care professionals. They are involved with dementia care not only for those with dementia, but also for people who care for those with dementia. It is vital to work in a collaborative multidisciplinary team in the community to fulfil the role of community nurses in dementia care. When they work as part of the multidisciplinary team, community nurses can be more effective in enabling those with dementia live in their familiar environment as long as possible and helping to developing dementia friendly communities in the community.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-333

JURONG COMMUNITY HOSPITAL DEMENTIA CARE PROJECT: AN INNOVATIVE APPROACH IN INPATIENT REHABILITATION TO ENGAGE PEOPLE WITH DEMENTIA

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Objectives: Jurong Community Hospital (JCH) of JurongHealth Services, Singapore's latest Regional Healthcare Cluster, started to serve the Western Population of Singapore since 2015. The prevalence and incidence of people with dementia (PWDs) are expected to increase rapidly in the near future and there is a challenge is to care for frail PWDs who are in need of rehabilitation after an acute illness. PWDs are often denied a chance of rehabilitation because of their frailty, cognitive impairment and "perceived" poor rehabilitation potential. Hence, JCH embarked on a multidisciplinary inpatient model of care to engage these PWDs for physical rehabilitation and caregiver empowerment.

The Dementia Care Project aims to enhance care and cater to the needs of PWDs through the concerted efforts of a multi-disciplinary team comprising of doctors, nurses, therapists, social workers and volunteers. The team put together the following activities to support the model for inpatient care as well as community outreach.

This include communication improvement with the use of an individualised Patient Information Board and will shift the focus from "patient-centred care" to "person-centred care". Engagement activities include screening of old movies for reminiscence, sing-a-long sessions and art therapy and use of a healing garden. These engagement activities will help alleviate stress, anxiety and fear to the PWD when encountering to a new environment.

The model also include integration to home and community. JCH has a purpose built Mobility Park and a typical full scale three-room HDB public housing home setting environment. This allows PWDs and their caregivers to simulate taking public transport and prepare PWDs to live safely at home. As a fully interactive learning environment, PWDs and caregivers benefit from learning the best practices over home care solutions and mobility safety.

Community outreach is part of the effort to empower healthcare staff and caregivers. Dementia awareness talks are conducted regularly to provide resources on dementia care, services and assistive technology to support and advise dementia care.

Disclosure of Interest: None Declared

Well-being

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PO2-334

OBJECTIVES OF COUPLE-CENTRED INTERVENTIONS IN DEMENTIA: A SCOPING REVIEW OF INTERVENTIONS WHERE COUPLES JOINTLY PARTICIPATE

Therese Bielsten*

Introduction: It is estimated that 47 million people worldwide are living with dementia. Most people with dementia lives in their own home with support from a family member, usually their partner. The importance of sustained relationship quality among couples living with dementia has been emphasized, however accessible support for couples living with dementia tend to focus either on the person with dementia or the caregiver.

Objectives: The purpose of this scoping review is to map interventions where couples living with dementia jointly participate, including the objectives of the interventions.

Methods: A five-step framework used for scoping reviews guided the procedure (Arksey & O´Malley, 2005). We searched Academic Search Premier, Cinahl, PsycInfo, PubMed, Scopus, and Web of Science to identify relevant studies.

Results: Preliminary results: A high proportion of interventions referred to as couple-centred or dyadic, separated the couple throughout the intervention and was therefore excluded. We included 23 articles in the review. Analysis revealed that the most common outcomes of couple-centred interventions were care partners level of depression and burden, and cognitive function of the person with dementia.

Conclusion: Although there are many interventions aimed at people with dementia and their care partners, there seems to be a research gap regarding joint interventions and interventions with the objective of improving or sustaining relationship quality for couples living with dementia.

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Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-345

“ALZHEIMER’S CAFÉ” IN JAPAN: PRACTICE AND ISSUE

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Objectives: Background

In coordination with Regional Support Center B in City A, Nara Prefecture, we organized Alzheimer’s Café 15 times over 2 years between September 2014 and October 2016. When first organizing Alzheimer’s Café, we did activities including lectures on dementia, such activity care as making picture-letters, and health and long-term care consultations. However, people who actually came out to the events were all healthy elderly individuals, and they participated because they were interested in learning about health-related issues we face. In fact, there were hardly any participants who had dementia or family members with dementia.

Purpose

To summarize the details of Alzheimer’s Café organized in City A and to discuss the outcomes.

Ethical Considerations

By giving them verbal explanations at the time of participation, we obtained consent from all participants of Alzheimer’s Café for (1) individuals not being specified; (2) participation being voluntary; (3) rights to withdraw at any time; and (4) results to be published in academic conferences.

Results

We organized Alzheimer’s Café by the name of Cafe WAKACHIAI twice a day with different addenda in the morning and afternoon sessions. At first, many people left after listening to the lecture about dementia in the morning, with only three people participating in the discussion on dementia care held in the afternoon. However, toward the end of the café project, we had approximately 20 participants come out to both the morning and afternoon sessions. [A1] At the discussion on dementia care, people involved in dementia care for a family member would talk freely about difficulties, confusion and worries related to long-term caregiving and receive advice and opinions from care managers, regional comprehensive support center staff and university professors. They could also receive words of support thanking them for their hard work. There was a man, for example, who was having trouble conducting dementia care for his wife, saying with a smile “I feel better now that I have talked about it. I will come to this café again.” Depending on the content of discussions, care managers were sometimes referred in order to lessen the burden of care. Care managers also favorably evaluated the cafés, which led to increased motivation in people involved in dementia support.

(Alzheimer’s Cafés received support from KAKENHI Grant-in-Aid for Scientific Research in 2016 (Budding Challenge) No.16K15979)

Disclosure of Interest: None Declared

Well-being

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PO2-336

EXAMINATION OF THE USEFULNESS OF THE ODAYAKA (WELL-BEING) SCALE FOR DEMENTIA ELDERLY PEOPLES (DEOS) IN LIVING HOME IN JAPAN

COMPARING THE EVALUATION OF THE FAMILY AND THE NURSE

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Introduction: 高齢化社会の急速な進行とともに、認知症高齢者も急激に増加している。認知症ケアの方向性としては、本人のできないことでなく、できることやその人らしさを大切にすることが求められている。私たちは施設や在宅で療養されている認知症を抱える高齢者のその人らしさやおだやかさを評価するスケールを開発している。このスケールは、周囲の方との交流やその人らしさ、感情の表出などの良い状態を測定するスケールである。認知症を抱える人の良い状態を活かすことによって、その人らしさを尊重し、看護や介護に役立てたいと考える。本研究におけるおだやかとは、認知機能などの低下があって、単に静かで落ち着いているということだけでなく、周囲との交流やその人らしさが発揮されている状態である。

Objectives: 看護師と対象者の家族が、筆者らの開発した認知症高齢者のおだやかスケール（18項目版DEOS：Dementia elderly ODAYAKA Scale）を用いて評価を行い、在宅における本スケールの信頼性と妥当性を検証した。

Methods: 在宅で療養する95名の認知症高齢者を対象とした。対象者1名につき、対象者の家族1名と看護師2名が、対象者の日常生活の様子を18項目版DEOSを用いて2週間のインターバルをおいて2回調査した。分析方法としては、看護師と対象者の家族の調査結果について、因子分析による因子構造や内的一貫性について検討した。

Table:

Results: 対象者は男性が約３割、女性が約7割であった。年齢は83.7±9.1であった。CDRは２と３が最も多く、ともに30%であった。看護師と対象者の家族のデータを別に因子分析した結果、高齢者施設で行った先行研究の結果と同様に３因子が抽出された。また、下位尺度においても同様な因子構造を確認した。それらの内的一貫性は、高いことが明らかになった。看護師と対象者の家族における２評価者間の総得点の相関係数は、１回目が0.69（ｐ＜0.01）、２回目は0.64（ｐ＜0.01）であった。

Conclusion: 看護師と対象者の家族の分析結果において、本スケールにおける一定の信頼性と妥当性が確認できた。認知症高齢者のおだやかさを把握するための18項目DEOSの有効性が示唆された。

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-355

SOCIAL ENGAGEMENT – VIEWS OF PEOPLE WITH YOUNGER ONSET MEMORY DISEASE

Marjut Karlsson[1], Virvatuli Ryynanen[*,1]

[1]Alzheimer Society of Finland, Helsinki, Finland

Objectives: Social engagement can be manifested in various ways: people may work, have hobbies, act for their local community and spent time with family and friends. The foundation however is the sense of belonging and belief in one's own possibilities to influence. For working age population one of the most notable aspects of social engagement is employment, but if a person should get a diagnosis of memory disease at working age, staying at work becomes a rare alternative. People's lives may change dramatically after receiving a diagnosis of memory disease, but does it have an influence on the sense of engagement as well? In order to better understand the emotions and views that people with younger onset memory disease themselves have on these aspects, the Alzheimer Society of Finland launched in spring 2016 an internet-based survey (n= 50) that addressed ten themes such as employment after diagnosis, role in family, feelings of social exclusion, independent decision-making opportunities and one's own possibility to make an influence when it comes to improving rights for persons with memory disease. Responses made both alone or in co-operation with another person were accepted. According to the results most of the respondents felt that life with memory disease wasn't that much different as it has been before the diagnosis. Throughout this trend could been seen for most people felt for example that their role in family, right for independent decision-making or possibility to have hobbies hadn't changed when compared to time before the diagnosis. In comparison almost all of the respondents answered that they weren't able to continue working after diagnosis and only half of them reported receiving services that ease their engagement or everyday life. When examined in turn the additional open answers given to each of the themes, negative experiences also emerged. For instance when asked which are the matters that no longer are in respondents power to decide they mentioned financial issues and keeping up working. Even though 60 % of the respondents estimated that attitudes towards people with memory diseases are in order in many open answers given to this question they emphasized the importance of awareness raising when it comes to younger onset memory diseases. Because of the small amount of responses the results of this survey aren't generalizable, but nonetheless they offer knowledge of real life experiences from a group whose views hasn't been visible enough so far. These results indicate that in the field of social engagement the main concerns to address are the difficulties to continue working after diagnosis, securing sufficient service level and raising awareness of memory diseases that start at younger age in order to change the prevailing attitudes.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-346

HAVING FUN AND ENJOYING LIFE - A COMMUNICATION AID

Belinda Black*

Objectives: The aim of this project is about utlising technology to enhance the lived experience for people living with dementia. The project is part of a wider European Research Project 20/20 which involves partners around Europe looking at the way technology can be utilised to support older people living with cognitive impairment to have a healthier more enjoyable and productive life. The UK part of the project involves working with a communication aid to support and enhance communciation which is designed to be enjoyable and fun. This is acheived throught the use of an ipad or similar touch screen technology which has video, pictures and music from different eras to stimulate conversation and reminiscence. Our role as a charity is about using the technology within our care homes and day care centres. The focus being on using technology for fun and enjoyment. This is opposite to the current focus on technology for people living with dementia which focuses essentially on safety and compliance.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-341

SUNDOWN SYNDROME, SLEEP QUALITY AND WALKING AMONG COMMUNITY-RESIDING WITH ALZHEIMER'S DISEASE

Yen Hua Shih[*], Shih-Ping Huang, Jing-Jy Wang

Introduction: Sundown syndrome manifests itself in agitation or/and aggressive behaviors around evening to night time, and contributes significantly to patient and caregiver suffering. Sleep disturbances may also be associated with sundown syndrome, which causes even more burdens for caregivers. Some studies have indicated that physical exercise could have a positive impact on sundown syndrome, yet no research has ever explored the relationship between walking and sundown syndrome.

Objectives: The aims of this study were thus to examine the relationship between sundown syndrome and sleep quality, and determine whether the severity of dementia, sleep quality and weekly length of walking influenced sundown syndrome, and to assess differences in sundown syndrome and sleep quality in relation to the accompanying walker and weekly length of walking among people with AD living in the community.

Methods: A cross-sectional observation study was conducted. 184 participants were recruited from dementia out-patient clinic of several hospitals and Long-term care resource management centers in southern Taiwan. The Chinese version of the Cohen-Mansfield Agitation Inventory, Community form (CMAI-C) was used to assess sundown syndrome, and the Chinese version of the Pittsburgh Sleep Quality Index (CPSQI) was used to measure sleep quality. Pearson correlation, multiple regression and one-way ANOVA were performed for data analysis.

Results: The results indicated that sundown syndrome was significantly correlated with sleep quality (r=0.374), while severity of dementia, sleep quality and weekly length of walking were influencing factors of sundown syndrome and accounted for a total of 24.8% of the variance (adjusted $R^2 = 0.222$, $F_{6,177}$=9.709). In addition, PwD who walked with relatives showed less sundown syndrome ($F_{3,180}$= 4.435, p=0.005) and better sleep quality ($F_{3,180}$= 3.565, p=0.015) compared to those walking with non-relatives. Besides, longer walking time led to less sundown syndrome ($F_{4,179}$= 4.351, p=0.002) and better sleep quality ($F_{4,179}$= 3.592, p=0.008).

Conclusion: More advanced dementia, poorer sleep quality and shorter weekly length of walking were the influencing factors of sundown syndrome. Walking with relatives and regular longer walking time could improve sleep quality and alleviate sundown syndrome. It is suggested that a well-designed walking intervention considering these factors could be an appropriate strategy to manage sundown syndrome and sleep quality for PwD and their caregivers.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-348

SMELL-A-MEMORY - A SMALL GROUP INTERVENTION FOR PERSONS WITH DEMENTIA

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[1]Special Projects, [2]Family of Wisdom, [3]Volunteer, Alzheimer's Disease Association, Singapore , Singapore

Introduction: 'Smell-A-Memory' was conducted as a small-group intervention involving male persons with dementia (PWD) and their care partners, who were attending a "Family of Wisdom" programme at ADA Singapore.

Objectives: The aim was to invoke memories through the use of scents, created by Givaudan © (Vernier, Switzerland) as a means of improving well-being of PWDs, care partners and reducing impact of caring for PWDs. Previous studies and positive results from our pilot study provided justification for this intervention with scents.

Methods: 6 small-closed group sessions were held. Each session lasted 45 minutes involving 12 PWDs - 6 mild, 4 moderate and 2 moderate to severe stage dementia, staging confirmed by the Functional Assessment Staging of Alzheimer's Disease (FAST) scale. Each PWD was accompanied by their respective care partner, either spouses, children or in-laws.

Male PWDs were chosen as the use of scents would increase the range of activities for them. Activities such as embroidery and cooking do not appeal to the Singapore male population.

A range of scents were used based on the theme set for the week. The most frequently used scents were 'smells' that reminded group of popular drinks e.g. Hainanese coffee; of childhood items e.g. my first pencil.

Outcomes were assessed pre and post using Well-Being Individual Profile sheet, Zarit Burden Interview, Quality of Life (AD) and Feedback Questionnaires from the care partners. At each session, PWDs and their care partners' mood were also rated using emoticons.

Table:

Results: 93 percent of PWDs and 94 percent of care partners reported that they felt an improvement in their mood after each group session based on the emoticons. 60 percent of the care partners felt the group sessions were useful. The main reasons reported were that the care partners saw the PWDs demonstrate behaviours which had been thought lost and care partners were able to learn new details of their PWDs lives through them recalling richer and more intimate memories. This allowed care partners to formulate a series of implementable strategies to cope with BPSD.

The care partners who did not find the group useful correlated with those looking after PWDs with more severe levels of FAST stage of dementia, as PWDs were unable to properly articulate their memories fully. However, the project did raise awareness amongst all care partners, of the impact of supporting someone with dementia. This was expressed mainly by the spouses and not the children nor in-laws.

There was no significant change in other assessment tools.

Conclusion: Smell-A-Memory as a small group intervention is a possible complementary therapy and useful for PWDs with mild dementia and their care partners, via improving mood, stimulating behaviour and memories. More large scale studies need to be conducted to confirm the value of this intervention.

References: Perry, E 2013; Poster Presentation - Pilot project, Perth 2015

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-335

A NEW APPROACH TO LIFESTYLE - WOW | WORLD OF WELLNESS

Peter Bewert*, Sharon Callister

Objectives: The submission outlines a lifestyle program which has been implemented to improve social participation, engagement and communication through the provision of purposeful and meaningful activities within a residential care setting. WoW (or World of Wellness) is an application based activities program that delivers physical, cognitive and social activities for persons with dementia (PWD) with the primary focus being on improved quality of life and mood.

Social engagement and connectivity is a very important factor within care and treatment programs provided for older persons. Addressing a range of holistic needs, it can provide a positive diversion from losses associated with the ageing process. For many people, engagement, relationships and connections with others is an integral part of life and an important source of pleasure, enrichment, inspiration and motivation. The elderly can benefit from social programs grounded in a holistic nature based on meaningful engagement and these have been and/well documented, however there is a need for this to be grounded in a theoretical framework for maximum effect.

WoW was structured around monthly themes which ensured a consistent communication of thematic programming which assists with memory loss associated with dementia. The development of themes was based on **engagement** with resident and representative feedback and analysis of specific interests. To ensure we fully understood resident cognitive needs, we undertook a series of clinical assessments. This further allowed us to appreciate and allow for diversity within the resident cohort. Based on the research undertaken, it was identified that social participation and creativity in leisure and lifestyle design was imperative for increased beneficial clinical outcomes for residents.

Specifically the WoW program focuses on mood levels, participation or engagement, enthusiasm and attentiveness. This approach has demonstrated improved outcomes not only with social participation, community integration and engagement, but has also improved mobility, provided cognitive stimulation and reduced falls rates within the home.

Measurable outcomes were an increase in positive mood, concentration (participation and attentiveness) and energy (enthusiasm) via improved quality of verbal communication skills; conversational phrases learnt through the various applications using modern information technology; increased neuromuscular control and co-ordination resulting in improved mobility; improved cognitive-perceptual skills; decreased attention-seeking and/or behaviours of concern; rehabilitation of morale and motivation; and increased interaction instead of isolation.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-347

ENGAGING PEOPLE WITH EARLY-STAGE DEMENTIA IN RESEARCH

Diana Schack Thoft*

Introduction: The aim of the study was to develop a participatory research model drawing from qualitative research about the lifeworld perspectives of people with early-stage dementia.

Objectives: Twelve participants with early-stage dementia were recruited from a compensatory adult school in Denmark. They were trained in research skills to enable them to conduct a participatory research project in collaboration with the researcher.

Methods: A combination of participant observations, interviews and focus groups were used with observations and interviews being conducted before the research skills' training to enable the researcher to plan the training and the participatory project in accordance with the participants´ competencies and challenges. Data were analysed from a hermeneutic phenomenological perspective. The focus groups were used during the training and the participatory research project and video data from these were analysed by a thematic analysis.

Results: The participatory research model illustrates the importance of recruiting and gaining consent from people with early-stage dementia which takes into consideration the needs of the participants. It is necessary to adjust the recruitment strategy and the consent form. In order to allow them to be involved as active research participants, it is essential to plan and establish a research project which reflects the participants´ individual cognitive challenges. To simplify the project and establish small project groups can be supportive. Also role agreements are vital. It is essential to train and support them throughout the research process and, among other strategies; it is useful to have an errorless inspired learning environment with a structure that is repeated. Furthermore, it is important to evaluate continually to ensure a constructive process throughout and focus groups can prompt more in-depth answers. The participants also need support and structure provided by the researcher in any dissemination phase.

Furthermore, the researcher needs to invest in the interaction with the participants to establish trusting committed constructive research collaboration. It is also important that the researcher balances the roles of being a researcher and a supporter together with being a teacher and a learner when collaborating with people with early-stage dementia. Furthermore, the researcher has to support the participants own peer-learning and -support together with creating a relaxed atmosphere.

Conclusion: The participatory research model *Engaging people with dementia in research* takes these considerations into account, with the result that more people with early-stage dementia are able to be involved in future qualitative participatory research.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-342

HEARING THE VOICE OF THE PEOPLE WITH DEMENTIA AND THEIR FAMILY

ARZHEIMER ASSOCIATION JAPAN TOKYO BRANCH

Kyoko Ohno* and AAJ Tokyo branch

Objectives: 「認知症の人と家族の思い」に関する調査

公益社団法人　認知症の人と家族の会人と家族の会　東京都支部

１調査の目的

2015年１月の認知症施策推進総合戦略（新オレンジプラン）では，７つ目の柱として「認知症の人やその家族の視点の重視」が打ち出され，これまで以上「認知症とともに生きる」という視点が大切に考えられるようになっている．認知症の人と家族の会東京都支部は，本部立ち上げ直後の1980年に結成され，今年で36年を迎えた．「つどい」，「会報」，「認知症てれほん相談」を活動の３本柱としてきたが，本国際会議にあわせ，改めて会員一人ひとりの思いを広く伝えるため，本人，家族，専門職を対象としてアンケートを実施した．また，今回の特徴は本人への聞き取りとアンケートを行い，本人の思いがより明確になるようにした点である．本調査は，今後の家族の会の活動に役立てるとともに，行政の認知症施策や民間の幅広い活動に役立てていただくものである．

２ 調査対象

公益社団法人認知症の人と家族の会東京都支部会員 約400人（本人・家族・専門職）及び　世話人が関わる家族会，介護事業所等で協力いただける方

３ 調査方法

郵送によるアンケート調査（本人用・家族用・専門職用の調査票を配布）本人については同じ調査項目での聞き取り調査も実施した．

４　調査項目

本人調査〕これから大切にしたいこと，家族，専門職，近所の人に対する思い，伝えたい気持ち．

家族用・専門職用〕フェイスシート，認知症ご本人について，介護の内容について，介護を通した出会いについて，認知症介護に関する思い，家族会への希望．

５ 調査時期

アンケート調査／８月～9月　聞き取り調査／10月～11月

６ 調査協力への配慮

調査は無記名であり，家族の会会員には会報と合わせて調査票を同封した．聞き取り調査については事前に本人と家族に，調査の趣旨や調査結果の活用について説明し，同意が得られた方にのみ実施した．

７結果

2016年10月末現在まだ調査実施中のため，本抄録では暫定的な分析結果を示す（最終報告では変更を予定している）

（１）回答者

本人は50人から回答があり，平均年齢は80.5歳だった．家族調査には122人から回答があり，平均年齢は62.3歳だった．専門職調査には49人から回答があり，平均年齢は53.9歳だった．

（２）介護の状況

家族が大変なこととして挙げたのが，「自分の時間がとれない，自分のことができないこと」であった．ついで「見守りや介護を手伝ってくれる人がいないこと」，「介護の費用がかさむこと」の順であった．よかったこととしては「自分の老後を考えることができたこと」，「同じ経験をする仲間と交流できたこと」「ご本人とコミュニケーションができたこと」などが挙げられた．

（３）これから大切にしたいこと

本人が今後，また介護家族が自ら認知症になったとき，どのようなことを大切にしたいか尋ねた．上位項目をみると，本人の回答では「いつまでも住み慣れた自宅で生活できること」が最も多く，「家族との関係を良く保つこと」，「できるだけ家族などの世話にならず過ごすこと」が続いていた．専門職では「家族との関係を良く保つこと」が最も多く，「自分のことを自分で決めること」が続いたが，家族では「できるだけ家族などの世話にならず過ごすこと」と「家族との関係を良く保つこと」が続き，家族の揺れ動く思いが伺えた．

（４）これからどのように暮らしたいか

これからどのように暮らしたいか尋ねた．本人の回答は「家族と一緒に暮らしたい」が半数を超えており，自由回答からもこれからの暮らし方として，「生活のありかた（穏やかに，今までどおり）」，「健康」のほかに「家族の絆」が挙げられていた．以上からも認知症の人を支援するうえで，家族とのつながりが大切であることが示唆された．

（５）認知症の介護での出会い

認知症の介護を通した出会いについては，家族・専門職ともに，「あった」が「なかった」を大きく上回った．家族が出会いとして多く挙げていたのが「家族会，交流会」「介護看護の専門職」であり，具体的な変化の内容として，「自分の気持ちが変化した（仲間が増えた，心の支えになった，思いが変化した）」，「本人との関係が変化した」，「介護知識が得られた」「地域・社会とのかかわりが変わった」などの回答があった.専門職が出会いとして挙げたのは「本人」が多く，具体的な変化の内容として，「認知症の見方が変わった（認知症の人の気持ちを想像するようになった，本人の視点で考えるようになった）」などが挙げられ，「地域，社会とのかかわりが変わった」も多かった．

８　まとめ

本人と家族の思いからは，認知症の人と家族がいつまでもおだやかに暮らせる関係づくりと環境づくりが必要であることがわかった．また認知症の介護は身体的・精神的な負担が大きいが，大変なことばかりではなく介護を通して，課題を共有できる仲間やつながりができた人が多い．また本人・家族の関係を改めて見直す機会にもなり，それによって介護者が成長を感じられることが示唆された．

以上から，認知症の人と家族の伴走者として，家族の会が果たす役割はこれからも大きいものと考えられた．

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-344

IS A VISUAL ARTS PROGRAMME BENEFICIAL FOR THE QUALITY OF LIFE AND WELL-BEING OF PEOPLE LIVING WITH DEMENTIA? FINDINGS FROM DEMENTIA AND IMAGINATION

Gill Windle* and Karlijn Joling, Peter M. van de Ven, Bob Woods, Teri Howson, Catrin Hedd Jones, on behalf of the Dementia and Imagination Research team

Introduction: There is substantial interest in the role of the arts in dementia care, both in terms of the potential to improve quality of life and opportunities for social participation. This presentation introduces some of the results from Dementia and Imagination, a large arts and science research collaboration.

Objectives: Do well-being, quality of life and communication improve when taking part in a visual art programme? Are any effects purely ‘in the moment’ or do they persist over time? How do the participants perceive the impact of taking part?

Methods: A mixed-methods longitudinal single-arm intervention study. N=125 participants living with dementia were recruited from residential care homes, NHS wards and communities in England and Wales. A visual arts intervention developed for the purpose of the research was delivered as 1 x 2 hour weekly group session for 3 months. Quantitative (including the DEMQOL, Holden Communication Scale) behavioural observation of well-being and qualitative data (participants’ perceptions, memories and experiences) were collected at baseline, follow up and longer term follow-up. Changes over time were examined with linear mixed-effects models.

Results: The study successfully recruited and delivered 11 x 3 month blocks of the visual arts intervention in residential care facilities, NHS hospitals and community venues. The participants’ mean age=81.4 (*SD*=8.5), 58% were female and CDR scores ranged from 0.5 (questionable) to 3 (severe). Improvements from baseline over time were found for observed well-being (interest, attention, pleasure, self esteem, negative affect and sadness) and the DEMQoL carer. There was no change over time for the DEMQOL. However this was contradicted by qualitative reports of well-being and inner strength, feeling valued and included, and social connectedness.

Conclusion: Dementia and Imagination is one of the largest investigations of the benefit of visual arts for people living with dementia. This study gives indications that people participating in a visual art programme improve on certain domains. However there are methodological limitations, which we discuss in relation to these findings and the future.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-339

LITERATURE REVIEW OF CURRENT LONG-DISTANCE NURSING CARE IN JAPAN

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Introduction: Nursing care for elderly people in Japan is provided by a family member in approximately 70% of cases, and in one seventh of these cases a family member living separately with the elderly individual is responsible for care (2013 Comprehensive Survey of Living Conditions, Ministry of Health, Labour and Welfare, 2014). The number of long-distance caregivers is also expected to increase in the future as a result of a declining birth rate, a growing elderly population and more nuclear families. However, studies of "long-distance caregivers" in Japan are only at the starting stage.

Objectives: We therefore clarified research trends based on Japanese literature regarding long-distance caregiving to obtain suggestions for future studies.

Methods: We conducted a search of the literature on June 2, 2015 using the online version (version 5) of the Japan Medical Abstracts Society, the Japan Sociological Society Bibliography of Japanese Sociology (Ver. 9.81), and the academic journal and paper information database of *magazineplus*. The search terms and search formula were "([Nursing care] & [Long-distance or Outpatient]) or (Long-distance nursing care)".

Results: Of the 104 publications identified, 14 original papers conforming to the research purpose were subject to analysis.

The following three suggestions for future studies were obtained.

1. Due to the vague definition of "long-distance nursing care", a fact-finding survey that uses definitions that reflect the true picture of changes in family values, the situations of care recipients, and other factors is needed.

2. The definition of "long-distance nursing care" needs to be considered not only in terms of absolute criteria such as travel time and transportation costs, but also in terms of relative criteria such as caregiver free time and disposable income, and in terms of the physical and mental burden associated with long-distance care.

3. The nature of interventions that reflect the needs of long-distance caregiving families must be investigated based on longitudinal studies and recruitment methods with minimal selection bias in order to continue verifying the effects of these interventions.

Conclusion: The impact of comprehensive community care systems under current initiatives on long-distance nursing care and the differences with short-distance nursing care need to be clarified in light of the impact that the content of long-distance nursing care has on laws and systems.

Disclosure of Interest: None Declared

Well-being

Engaging people with dementia and carers

PO2-340

PATTERNS AND CHARACTERISTICS OF A UNIQUE COMMUNICATION: TALKING WITH A LOVED ONE WHO IS LIVING WITH DEMENTIA

Daniella Arieli* [1]

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Introduction: Maintaining meaningful relationships with a loved one who is diagnosed with dementia and hospitalized, is extremely significant, both for the person with dementia and for his/ her relatives and friends. Nevertheless, the process of dementia poses great challenges and obstacles for communication, and the interaction is often perceived only in therapeutic terms.

Objectives: This paper approaches the communication between people living with dementia and their loved ones as a mutual “eye to eye”, meaningful and fruitful communication, for both partners to the conversation. Its aim is to explore the challenges and characteristics of this unique communication.

Methods: The paper is based on a qualitative auto-ethnographic approach. The data are taken from concrete interactions I held with a relative who was hospitalized in an institution for persons with dementia.

Results: Four patterns of this unique communication were identified: 1. mutual attempt to understand the experience of dementia; 2. search for sequence and its absence; 3. sliding between reality and illusion; 4. creating mutual space in/against the institutional space.

Conclusion: The quality of life of people living with dementia, as well as their loved ones can be improved by recognizing the unique challenges and characteristics of communication and by re-adjusting their interaction and conversation in the light of these new challenges.

Disclosure of Interest: None Declared

Well-being

Environment and design

PO1-111

A STUDY OF HOME ENVIRONMENT MODIFICATIONS FOR THE ELDERLY WITH DEMENTIA LIVING ALONE

Chiho Oshima*

Introduction: 我が国では認知症高齢者の半数が在宅生活を送っていると推計されている。生活の基盤となる住まいの環境整備が重要であると考えられるが、在宅生活を送る認知症高齢者の居住環境整備に関する研究は、施設環境に関する研究の1割にも満たず1)、実態が十分に把握されていない状況である。特に、今後増加が見込まれている単身で生活する認知症高齢者の居住環境整備に着目し、その実状を明らかにした研究は、ほとんど見られない。

近年実施された大規模な認知症高齢者の居住環境整備に関する調査は、大島が実施した2014年に全国の居宅介護支援事業所に勤務する介護支援専門員を対象に認知症高齢者への居住環境整備の実施状況と効果を明らかにするアンケー調査である2)。本研究では、2014年の調査結果のうち、単身で生活する認知症高齢者のデータを取り上げる。

Objectives: 本研究では、居住環境整備の実施状況や効果について明らかにすることで、単身の認知症高齢者への居住環境整備の方策について検討することを目的に研究を行う。なお、本研究では、居住環境整備について、住宅改修や福祉用具などに限定せず、小物や家具による工夫レベルの居住環境整備なども含めたものと定義し、これを「住まいの工夫」と表記する。

Methods: 2014年2月に、居宅介護支援事業所8283事業所にアンケート調査を実施した。居宅介護支援事業所の介護支援専門員の担当ケースのうち、何らかの住まいの工夫を行っている事例について回答を求めた。

また、本研究は、日本社会事業大学研究倫理委員会の承認を受けたのちに実施した。調査依頼書に、研究倫理に関する説明を記載し、回答者からの調査票の返送をもって本調査に同意したものとみなした。

Results: 本研究で取り上げた調査では、1463通を回収し（回収率17.7%）、有効回答は1459通であった。これらの回答者のうち、本研究では、世帯類型が単身世帯である者516名を研究対象とした。

性別は女性が408名（79.0%）を占め、平均年齢は84.6歳であった。認知症高齢者は要介護2が30.0%、ついで要介護1が28.2%であった。認知症高齢者の日常生活自立度判定基準は、Ⅱbが182名（35.4%）、Ⅲaが175名（34.0%）となり、多数を占めていた。認知症の診断を受けた409名のうち、308名（74.0%）がアルツハイマー型認知症であった。過去1ヶ月の間に何らかのBPSDが見られた者は309名（60.2%）であった。

住まいの工夫の実施状況を見ると、実施率の高い住まいの工夫は、「物の置き場所はできる限り変えないようにしている365名（71.7%）」「スケジュールがわかるよう予定表を作成している358名(70.3%)」「居室や居間に家族の写真や自作の作品、賞状などを飾っている307名（60.3%）」等であった。実施した住まいの工夫について「効果がある」の回答者の割合が高い住まいの工夫は、福祉用具に関する項目が上位を占め、「（福祉用具）手すり36名(78.1%)」などが挙げられる。住宅改修では「洋式便器などへの便器の取り替え名53名(67.1%)」も高いことが示された。

Conclusion: 実施率を見ると、火の不始末や薬の飲み間違えなどの事故を防ぐための住まいの工夫の実施率が高く、これらは同調査の2人以上で生活する世帯より実施率が高いことが示された。また、スケジュールがわかるよう予定表を作成する工夫や伝言は口頭だけでなく文字で伝える工夫をしているといった住まいの工夫についても2人以上で生活する世帯より実施率が高い結果であり、これらは単身の認知症高齢者の住まいの工夫の特徴であることが示唆された。

効果については、住宅改修や福祉用具については、項目全体から見ると高い効果が示されていた。しかしながら、実施率の高かった住宅改修や福祉用具以外の住まいの工夫については、必ずしも高い効果が得られているとはいえなかった。先行研究においても認知症の程度やADLにより効果の高い住まいの工夫が異なることが指摘されているためであると考えられる。認知症の状態像を軸にした分析を行う必要がある。

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2)　大島千帆：介護支援専門員への調査に基づく認知症高齢者への住まいの工夫の実施状況と効果.日本認知症ケア学会誌 15(2):522-529(2016).

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Well-being

Environment and design

PO1-112

INVESTIGATE THE CARE ENVIRONMENT PLANNING AND DESIGN FOR THE DEMENTIA FROM THE PERSPECTIVE OF CONTINUUM OF CARE-A CASE STUDY OF AN-NA NURSING HOME IN DALIN TOWNSHIP IN SOUTHERN TAIWAN

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Introduction: Helping the patents with dementia receive continuum of care and supports in the original communities with which they are familiar is the direction of development of every country when planning the community care environment for the dementia.

Objectives: The research mainly explores how to construct the planning and design principles of community care for the dementia and to put the principles into effect.

Methods: In this study, in-depth interviews and focus group method are adopted. The study object is An-na nursing home in Dalin Township, Chiayi, in southern Taiwan. The research is conducted with interviews and discussion with the community residents and professional designers of care environment. In addition, 10 experts and scholars are invited to carry out the focus group discussion and to sum up the principles of planning and designing care environment for the dementia in an existing community.

Results: The results of the study indicate that the following principles should be taken into account in planning and designing care environment for the dementia in an existing community: 1) auditing and integrating the existing community life and care resources; 2) supplying community care services-related facilities; 3) constructing places for community residents and patients to interact; 4) planning and setting multiple care service facilities; 5) putting unit care into practice; 6) combining the activity places for health with the nature; 7) focusing on creating religious spirituality and healing places.

Conclusion: In general, constructing care environment for the dementia from the perspective of continuum of care helps the patients continuously live in the original community environment with which they are familiar. Moreover, this forms a dense and supporting network for the patients' local lives and enables them to gain assistance from local resources and good quality of life.

Disclosure of Interest: None Declared

Well-being

Environment and design

PO1-110

SHOWING THE WAY: DEVELOPING AN EVALUATIVE FRAMEWORK FOR SIGNAGE FOR PEOPLE LIVING WITH DEMENTIA

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Introduction: Signage is a critical element of environmental design that can support the function and wayfinding ability of People with Dementia (PWD). However, research regarding signage is limited and disparate. In residential care signage is frequently determined by regulatory authorities without a clear understanding of the effect it may have on PWD.

Objectives: This qualitative investigation provides a framework to guide development and evaluation of signage for PWD.

Methods: Purposive sampling was used to draw together PWD, experts on design and dementia, care partners and staff of care environments. World café workshops (n=32)(Slocum, 2005) were held in Australia and the UK to: build a collective understanding of the topic through participants' experiences and perspectives; identify design considerations for signage; identify evaluation techniques; and discuss how to involve PWD in future signage development. Workshop data was thematically analysed and supported an electronic Delphi study (n=38) which refined data into a series of consensus statements to form a taxonomy of signage.

Results: Workshops revealed five major themes around signage: factors relating to signs (eg contrast, words, images); other environmental considerations and features (eg lighting, height of sign, furnishings, building layout); use of 'universal signage' vs. the need to respond to individual needs of PWD; wayfinding and the psycho-emotional outcomes from 'feeling lost' vs. mastery over one's environment; and the requirement to use multiple methods to evaluate signage effectively. The Delphi refined participant statements into a taxonomy comprising four thematic areas: factors relating to signs; factors relating to signage in the environment; processes (eg wayfinding) enabled by signs and environmental design; and methods of evaluating signs and environments, the processes they enable, as well as impact on PWD. The taxonomy provides the framework for evaluation.

Conclusion: Our participants were clear that any evaluation of signage needs to include outcomes that relate to the degree to which signage supports PWD to move about, make sense and derive a sense of well-being from their environments. Considering both the evaluation of signs and how the broader environment provides signage requires a combination of methods. Participants were keen for PWD to be integral to any evaluative process. The output of the project provides a practical approach to evaluating the efficacy of signage for people with dementia, and a platform for further research.

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Well-being

Environment and design

PO1-107

GARDEN AS THERAPEUTIC TOOL IN ALZHEIMER'S DISEASE

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Introduction: Environment has an important role in increasing quality of life in people with dementia. Even if most of the time is spent indoor, it is important that persons with dementia are encouraged to spend time outdoor. Outdoor spaces are recommended to be carefully designed in loop shape, safe, offering various experiences, in order to reduce agitation and the impulse to wander, dromomania. Also gardening therapy has several mental and physical benefits.

Objectives: Our study has the objective to investigate different types of interior/exterior gardens that are designed in urban areas and in contemporary dementia centers-day care centers, respite centers, nursing homes: indoor-outdoor relation, accessibility, shapes, vegetation, materials, safety, exterior furniture, lighting, interaction ability of the space.

Methods: In order to reveal the characteristics of therapeutic gardens, several relevant contemporary examples were analyzed such as: *Portland Memory Garden*, *Ellesmere Nursing Home*, *Stapleton Alzheimer's Garden*, *Abe's Garden*, *Dementia Garden for Care Home Suffolk*. For each example, we used direct analyze on images and projects' descriptions.

Results: All examples reveal best practices in memory care and are helpful for both patients, their families and caregivers. All examples are using loop circulation, different types of vegetation, from trees to flowering plants. Some gardens are designed as contemplative spaces, other combine varied experiences, from contemplative spaces to rich and colorful planting areas, from quiet, almost passive areas to "garden activity", including gardening as dementia therapy. The interior-exterior relation is stimulated by generous glazed areas in the case of dementia centers. The vegetal mixes with the mineral, different pavements, benches, pergolas, birdbaths, water.

Conclusion: A dementia-friendly garden may look for a non-professional like any other garden, in fact each sqm is carefully designed to increase safety feeling, to provide a secure outdoor environment and to reduce agitation. The memory gardens combine sun power with the power of vegetation in order to support the recovery for frail elderly, reducing anxiety, stress and pain. These gardens are therapeutic tools for patients with dementia but also for their families and caregivers. Such projects are recommended to be designed in an interdisciplinary approach with gerontologists specialized in environmental psychology. The ultimate goal is to facilitate wellbeing and to increase the quality of life.

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Disclosure of Interest: None Declared

Well-being

Environment and design

PO1-109

THE RESEARCH OF SMALL-SCALE AND MULTIFUNCTIONAL WELFARE FACILITIES PLANNING AND DESIGN PRINCIPLES FOR THE DEMENTIA - A CASE STUDY OF A WELFARE FACILITIES IN QIEDING DISTRICT IN SOUTHERN TAIWAN

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Introduction: Providing the dementia with proper supporting places for their local lives is the crucial foundation for them to live in the original communities. The focus of this study is to explore how designers undertake the practical design with proper planning and design principles.

Objectives: Put forward the planning and design principles that should be emphasized in the multiple life care facilities for the dementia in the community.

Methods: In this study, inductive and focus group method are adopted. The study object is a small-scale and multifunctional welfare facility in Qiedin, a district in southern Taiwan. The analysis and discussion are conducted with concrete instance of 10 small-scale and multi-functional welfare facilities in Japan and Taiwan. In addition, 10 experts and scholars are invited to carry out the focus group discussion and to sum up the planning and design principles that should be emphasized in the multiple living care facilities for the dementia in the community. The principles should be put in practice in the actual planning and design cases. All the above-mentioned issues are the main topics of the discussion.

Results: The research results show that the environments that are designed for small-scale and multifunctional welfare facility for the dementia should take the following principles into consideration: 1) taking advantage of the physical environment of building lots; 2) providing home-based space units; 3) emphasizing on open and easy-to-identify space organizations; 4) providing home facilities that facilitate the self-reliance of the patients; 5) creating the warm atmosphere for home decoration; 6) proving outdoor courtyards for the patients; 7) planning a space for the patients to interact with local residents.

Conclusion: In a word, the original local life and environmental features should be incorporated in the design of care facilities for patients with dementia. Besides, new life stimulus and the opportunity to integrate with the community and the natural environment are also necessary when designing the care facilities. By doing so, the local lives of the dementia and the care services for them can be effectively supported in the long-term.

Disclosure of Interest: None Declared

Well-being

Environment and design

PO1-105

RESEARCH ON LIFE CHARACTERISTIC AND BENEFITS GENERATED IN THE DESIGN ENVIRONMENT OF THE UNIT CARE FOR THE PEOPLE WITH DEMENTIA: A CASE STUDY OF LIN-AN ELDERLY CENTER IN SOUTH TAIWAN

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Introduction: Offering a sound life-care environment for the people living with dementia, and further assisting individuals to operate self-supporting lives within physical surroundings are widely concerned issues in the global scope when exploring and discussing environmental designs for the dementia.

This research, based on the design concept of unit care, will discuss the characteristics represented in daily life of the people with a diagnosis of dementia when the environmental design of unit care is implemented.

Objectives: The research objects are those individuals with dementia in Lin-An Elderly Center in south Taiwan.

Methods: The inductive method and observational method will be utilized in this essay.The design focuses of the unit care will be analyzed and discussed, making further environment design aimed at the actual research object, by means of reviewing and collating of documentation and the case study of eight care agencies for the dementia. In addition, thought actual participation and company for 18 persons with dementia there, the characteristics represented from assistance which the design environment of the unit care provides for the individuals would be understood to a large degree.

Results: According to research results, when putting environmental designs into effect within units, the nursing institute can help every one to represent characteristics as follows:1)continuing the scene of past life; 2)Strengthening identification ability in life; 3)promoting occurrences of self-supporting behaviors; 4)reducing incidence rate of problem behaviors; 5)providing platforms of household involvement activities; 6)decreasing the burden of caregivers; 7)increasing opportunities of interaction between a person with dementia and others; 8)offering chances of interaction with other units or communities; 9)shaping the wholesome life.

Conclusion: There is an opportunity to make institutional environment become another home in community for the dementia, and continue their past lives, as well as advance provision of the general interaction and service. In this way, the occurrence rate of problem behaviors may probably drop, so that the local life would also be assisted to a certain degree. The notion of environmental design in unit care is worth popularizing and spreading as a gist of care service for the dementia.

Disclosure of Interest: None Declared

Well-being

Environment and design

PO1-106

AN ARCHITECTURAL REVIVAL PLAN OF A GROUP HOME AFFILIATES TO VA SYSTEM OF TAIWAN

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Introduction: Taiwan launched a long-term care Plan 2.0 initiative in June 2015, including the establishment of local dementia care stations. The initiative will be in effect on January 1st, 2017. We redesign a pre-existing dementia group home as a good practice of the checklist proposed in this research.

Objectives: The purpose of this study is to revive a pre-existed group home that affiliates to the Veterans Administration in Taiwan. The redesign endeavors include: lines of services, floor plan, equipment and facilities. To cope with the demand, we recommend a checklist for the design of future group homes.

Methods: In this research, observation and in-depth interview methods are adopted. The study object is a group home of the Veterans Administration in Southern Taiwan. The observation and analysis are conducted with concrete cases by researchers. In addition, the researchers in-depth interview with two specialists in dementia, two specialists in architecture, three patients' family members and five employees of the group home. The important items of design are the main issues of discussions by participants.

Results: The research results show that the following factors need to be reconsidered during the revival of an existing group home: 1) The needs of dementia care for the elderly; 2) The design of VA group homes merges into general community; 3) The redesign plan improves the independent behavior; 4) The import of new technological equipment and facilities of the group home; 5) The overall effectiveness of the redesigned plan.

Conclusion: To sum up, because of the needs of layout for dementia care, a checklist based on accreditation protocol is crucial. To redesign a pre-existing group home is a good opportunity to practice the checklist and to provide proper supports to people with dementia. Besides, to propose an architectural revival plan as a blueprint for the future fulfillment to the pre-existing VA group home is important so that we can translate the long-term care plan into an affordable reality and to improve the quality of lives for people with dementia.

Disclosure of Interest: None Declared

Well-being

Environment and design

PO1-108

MATERIAL ENVIRONMENTS AS METAPHORS: ENHANCING THE WELL-BEING OF PEOPLE WITH DEMENTIA

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Introduction: Material environments—designed spaces and objects—have the potential to act as metaphors for people with dementia and are therefore linked to their well-being. From the perspective of phenomenology, well-being is perceived through the act of a person having a consciousness of being in a specific world that is constituted by their engagement with a myriad of surrounding environments. For people with dementia, the common condition of diffused neurocognitive dysfunction usually causes various kinds of disengagements with the world, which naturally affects a person's well-being. However, people's consciousness is not independent but relates to their lives (past, present, future) including their living environments that are familiar and contain links to their identities. Material things within these environments, as unique tangible elements, create highly abstracted and condensed entity points that fuse with people's lived experience. These entities become metaphors in which familiar tangible things encourages people's engagement with the world and accordingly improve perceptions of well-being.

Objectives: This presentation introduces an in-depth literature summary that explores how material environments act as metaphors towards enhancing people's well-being in dementia care facilities.

Methods: In this study, I critically review previous literature that is relevant to well-being and material environments for people with dementia across different disciplines including environmental gerontology, material culture, architectural design, and human geography. This is integrated into a summary called *the Conceptual Framework of Existential Well-being for People with Dementia*.

Results: The results of this research reveal a comprehensive understanding of the meanings of well-being for people with dementia by highlighting the deep value, importance and roles that the material environments play in enhancing the well-being of people.

Conclusion: This interdisciplinary study addresses material environments and objects, exploring a more holistic framework to understand the existential well-being of people with dementia. These research outcomes provide an alternative theoretical understanding of issues pertaining to dementia care. It is the first step towards developing designed material environments that are highly meaningful for people with dementia. As such, this presentation promises to bring together what it means to care for people with dementia through the designed material environment of objects and spaces.

Disclosure of Interest: None Declared

Science

Epidemiology

PO2-359

PREVALENCE OF DRIVING INCIDENTS OF DEMENTIA PATIENTS IN AN ELDERLY COHORT

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Introduction: As the human lifespan gets longer, the number of senior drivers, and drivers with dementia is increasing, and this has now become a major issue in developed countries.

Objectives: Through this study, we examined the proportion of seniors and people with dementia that are still driving, and the risks associated with it.

Methods: We matched data from the Korean LOngitudinal Study on Cognitive Aging and Dementia (KLOSCAD) with traffic accident and traffic rules violation data from the national police database. Afterwards, this data was analyzed to find characteristics of senior drivers and drivers with dementia.

Results: From a total of 6,753 subjects, 2,811 had a driver's license, and 1,965 were still driving. Three-hundred and thirty-five people, or 4.97% of the study group had been diagnosed with dementia, and among these people, 296 had a driver's license. When the proportion of drivers with and without dementia whom had caused at least one accident was compared, the proportion was higher in the dementia group, and the difference approached significance (Normal, 12.2%; dementia, 14.1%, p=0.06).

Conclusion: Drivers with dementia may cause more traffic accidents. Further studies will be needed to verify this matter. Governments should consider methods to limit driving of drivers with dementia.

Disclosure of Interest: None Declared

Science

Epidemiology

PO2-356

THE RELATIONSHIP BETWEEN BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA, CARE DEPENDENCY, AND QUALITY OF LIFE AMONG ELDERLY JAPANESE POPULATION WITH DEMENTIA IN LONG-TERM INSURANCE FACILITIES

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Introduction: Elderly with dementia have several difficulties, such as behavioral and psychological symptoms (BPSD), often resulting in a greater degree of care dependency. However, the influence of BPSD on care dependency and quality of life (QoL) has not been determined yet.

Objectives: The purpose of this study was to clarify the relationship between BPSD, care dependency, and QoL among the elderly with dementia residing in long-term insurance facilities, such as long-term care health facilities, health care health facilities, sanatorium type medical facilities requiring care, and special nursing homes for the elderly.

Methods: This study was conducted from April 2013 to May 2015. A clinical psychologist or nurses conducted the mini-mental state examination (MMSE) interviews. The nurses in charge of the subjects gathered information regarding the patients' characteristics from medical and care records and evaluated their dependency using the Care Dependency Scale (CDS), BPSD using the Neuropsychiatric Inventory (NPI), and QOL using the Quality of Life Instrument for older adults experiencing dementia (QoLD).

Results: The subjects were 517 elderly residents (men: 121, women: 396; health care health facilities: 226 (43.7%), sanatorium type medical facilities : 91（17.6%), special nursing homes: 200（38.7%); mean age: 85.18 ± 7.13 years）. They were categorized based on the type of dementia: Alzheimer's: 216 (41.78%), vascular 73 (14.12%), lewy bodies type: 10 (1.93%), frontotemporal dementia: 12 (2.32%). Classified based on the average ages, subjects living in the special nursing home[A3] were the eldest (87.45 ± 6.91 years) and those in sanatorium type medical facilities were the youngest (82.58 ± 9.04 years). Based on Activities of Daily Life (ADL), subjects in health care health facilities (14.50 ±3.30) and those in sanatorium type medical facilities hospital scored high on the MMSE (10.58 ±9.12). In the three sub-scales of the QoLD, the meaning of sanatorium type medical facilities was the lowest compared with other facilities. On the NPI, scores on C (Agitation) and G (Apathy/Indifference) scales were the highest for subjects in sanatorium type medical facilities (2.88 ±7.96) and health care health facilities (1.96. ±3.26) respectively. In the multiple regression analysis, scores on the QoD were significantly related to those on ADL and NPI for the three facilities.

Conclusion: It was suggested that care dependency was affected by not only ADL, but also BPSD. Lower levels of care dependency led to a better QOL, suggesting that it is important to promote mental and physical independence among elderly patients residing in geriatric health care facilities.

Disclosure of Interest: None Declared

Science

Epidemiology

PO2-363

WEBパネルを用いた認知症患者および介助者のQOL・生産性損失調査

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Introduction: 認知症の疾病負担は、生命予後への影響よりも、せん妄や幻覚などの周辺症状 (Behavioral and Psychological Symptoms of Dementia: BPSD) の発現による患者・介助者のQOLの低下が重要な位置を占める。その意味では、生命予後への影響のみならず、生活の質への影響も評価できるQALYは、認知症介入のアウトカム指標としてもある程度適していると考えられる。しかし、在宅医療・在宅介護の現場において、ADLやQOL値を包括的に測定した研究は非常に限定されている。
さらに、認知症は本人だけでなく、介助者にも負担が生じる疾患であり、疾病負担に関して介助者の負担の定量化は重要である。この点について、2009年に実施した研究で、介助者自身のQOLも低下することを示していたが、一施設の調査であり、例数も十分でなかった。また、他の指標との関連の評価は行っていなかった。

Objectives: ウェブ調査によって介助者の負担を多方面から明らかにする研究を企画した。具体的には、同居家族に認知症の患者がいる調査参加者に対し、患者と介助者自身のQOL、客観的指標による日常生活活動度、さらに介助にともなう生産性損失を調査した。

Methods: WEB調査パネルのモニターから、同居者に認知症の患者がいる回答者を抽出し、調査を実施した。635名が調査に参加した。
635名に対して、調査者および患者本人の背景因子 (年齢・性別・認知症の種類など)に加えて、以下の項について調査を行った。
＜認知症患者本人＞
1) 認知症患者本人のQOL値 (EQ-5D-5L)
2) 認知症患者本人のADL (Barthel Index)
3) 認知症患者本人の医療費負担額 (1月あたり)
4) 認知症患者本人の要介護・要支援認定状況
5) 認知症患者本人の介護費負担額 (1月あたり)
＜調査対象者 (介助者)＞
1) 調査対象者の介護への関与状況 (主たる介護者か否か・何らかの形で介護をしているか否か)
2) 介助者のQOL値 (EQ-5D-5L)
3) 介助者の医療費負担額 (1月あたり)
4) 介助者の生産性損失 (WPAI)
5) 介助者の「介護に対する負担度」 (Zarit-8)
6) 介助者の就業状況
EQ-5D-5LおよびBarthel Indexは、介護施設調査で用いたものと同様である。
生産性損失については、調査実施者らが行った同種の日本人に対する調査研究の実績と、委員内での文献レビューの結果から、WPAI (Work Productivity and Activity Impairment Questionnaire)を使用した。WPAIは過去7日間の就労状況と就労中の仕事の遂行状況を質問することで、休業による損失 (アブセンティーイズム)と就業中の効率低下にともなう損失 (プレゼンティーイズム)の双方を捕捉できる指標である。あわせて、疾患が仕事以外の活動に及ぼす影響も評価できる。今回の分析ではアブセンティーイズム・プレゼンティーイズムに加え、総労働損失 (Overall work impairment)も算出した。アブセンティーイズム・プレゼンティーイズム・総労働損失ともに、0-100%の数値で評価した。

Results: 本人のQOL値の平均は0.559, 介助者の平均は0.885であった。
EQ-5Dで測定した本人のQOL値とADLには、強い相関 (r=0.847)がみられた。また生産性損失と介護負担には弱い正の相関 (r=0.422)が、介護負担と介助者のQOLには弱い負の相関 (r=-0.302)がみられた。
主介護者 (n=321)のQOL値は、それ以外の回答者 (n=314)と比較して有意に低かった (0.896 vs 0.873, p=0.02, t-test)。介護関与の有無での比較では、有意差はなかった (0.882 vs 0.885, p=0.789)。
介護に関する負担感に関して、主介護者 (n=321)のZarit-8スコアは、それ以外の回答者 (n=314)と比較して有意に高かった (21.1 vs 24.5, p<0.001, t-test)。介護関与の有無でも、関与ありの者 (n=518)は関与なしの者 (n=117)と比較して有意に高かった (23.6 vs 19.3, p<0.0001)。
主介護者 (n=169)の総生産性損失は、それ以外の回答者 (n=235)と比較して有意に大きかった (40.2% vs 20.8%, p<0.0001, wilcoxon test)。介護関与の有無でも、関与ありの者 (n=317)は関与なしの者 (n=87)と比較して有意に高かった (33.0% vs 13.9%, p<0.0001)。
なお生産性損失をアブセンティーイズムとプレゼンティーイズムに切り分けて評価した場合も、主介護者および「介護関与者」のパーセンテージは、それ以外の回答者と比較して有意に大きかった (Wilcoxon test, p<0.001)。
主介護者とそれ以外の比較では、アブセンティーイズム (休業損失)が15.3% vs 5.7%、プレゼンティーイズム (効率低下損失)が33.2% vs 17.3%であった。
介護関与者とそれ以外の比較では、アブセンティーイズムが11.2% vs 3.9%、プレゼンティーイズムが11.7% vs 27.2%であった。
介助者のQOL値に影響する因子を探索するため、介助者のQOL値を応答変数として、主介護の有無・介護関与の有無・介助者の年齢・介助者の性別・被介護者の要介護度 (3以上か否か)・本人のQOL値を説明変数とする重回帰分析を行った。強制投入法による分析結果を表6に示す (調整済みR2乗値: 0.032)。
「主介護者」および「本人のQOL値」が、有意に影響する因子として抽出された。

Conclusion: 認知症は、本人のみならず介助者のQOLおよび労働生産性にも大きく影響しうる。この研究を通して、認知症の疾病費用へ影響しうる因子を特定し、QOLおよびADLを簡便に評価できる指標(EQ-5D-5LおよびBarthel Index)が認知症の患者にも有用な評価基準であることを明らかにできた。

Disclosure of Interest: A. Igarashi: None Declared, Y. Takase Conflict with: Ministry of Health, Labour and Welfare

Science

Epidemiology

PO2-358

PREVALENCE OF PRURITUS IN PATIENTS WITH ALZHEIMER'S DISEASE: A MULTI-REGIONAL EPIDEMIOLOGICAL STUDY

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Introduction: Pruritus (itch) is a common health problem in the elderly population, associated with various skin (e.g. xerosis) and non-skin (e.g. chronic renal failure) diseases, and one that significantly impairs the quality of life. Pruritus in patients with Alzheimer's disease is hard to evaluate and has been overlooked, since pruritus is usually self-assessed with subjective scoring systems such as visual analogue scales, which are not designed for patients with dementia.

Objectives: This epidemiological study aims at estimating the prevalence of pruritus in patients with Alzheimer's disease as well as investigating its potential correlation with various factors by a survey, which comprehensively collects pruritus-related information by interviewing patients and their families as well as assessing skin conditions of patients.

Methods: An international investigator group of physicians in dermatology, hemodialysis and neurology, as well as nurses and senior care professionals, prepares and manages the survey in the US, China and Japan. The survey targets a total of 600 patients with around 300 from each of the US and Asia (China and Japan, together) and is conducted by investigators or trained designees who visits patients at individual or nursing homes where they live. The questionnaire used in the survey consists of three major parts; 1) demography, 2) staging of Alzheimer's disease, and 3) pruritus evaluation. Pruritus is evaluated by patients (self-evaluation, if feasible), families (evaluation of scratching behavior), and investigators (assessment of scratching marks on the body surface and dry skin severity).

Results: The study is ongoing as of the abstract submission date. The results will be shown in the congress.

Conclusion: The conclusion obtained from the study results will be shared in the congress.

Disclosure of Interest: A. Ikoma Conflict with: Employed by one of co-sponsoring companies., T. Ebata Conflict with: This study is supported by Nestlé Skin Health and other co-sponsoring companies., L. Middleton Conflict with: This study is supported by Nestlé Skin Health and other co-sponsoring companies., Y. Takase Conflict with: This study is supported by Nestlé Skin Health and other co-sponsoring companies., L. Knoke Conflict with: Employed by one of co-sponsoring companies., Q. Gao Conflict with: Employed by one of co-sponsoring companies., P. deMena Conflict with: Employed by one of co-sponsoring companies., R. Fukuda Conflict with: Employed by one of co-sponsoring companies., M. Poncet Conflict with: Employed by one of co-sponsoring companies.

Science

Epidemiology

PO2-361

BRAINS FOR DEMENTIA RESEARCH: CHARACTERISTICS OF THE COHORT

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Introduction: Brains for Dementia Research (BDR) is a programme funded by Alzheimer's Society and Alzheimer's Research UK that has recruited people with and without dementia for brain donation and who undergo assessments of cognition, behaviour, mood and activities of daily living. Participants are recuited from England and Wales. Upon death samples of brain tissue are distributed to researchers for projects that aim to find new treatments and cures for dementia. BDR, as a self-referral cohort, may differ in some demographic characteristics from true population studies. One such characteristic is the Index of Multiple Deprivation (IMD) which looks at the relative deprivation of an area where people live. It might be proposed that involvement in BDR was more likely from areas of less deprivation.

Objectives: We aimed to examine an aspect of the social characteristics of the BDR cohort who live in England in comparison with the general population. We wished to understand to what extent BDR was similar to the population of England in terms of the IMD.

Methods: Those BDR participants living in England were selected and the post codes which define where they live, used to generate a rank for the relative deprivation of that area from UK Government statistics for 2010. A frequency histogram of those ranks was generated for BDR participants and compared in terms of mean, median and inter-quartile range with data for the whole population of England.

Results: Of the 3,500 BDR participants, 2766 were living in England according to their post code. Post code information for 156 participants was unavailable. Mean IMD for the post codes of BDR participants was 14.41, median was 11.30 and IQR 7.15-18.03. By comparison for all English post codes (32,844) then mean was 21.67, median 17.40 and IQR 9.65-30.07.

Conclusion: We conclude that, as expected, BDR participants are more likely to be recruited from areas that are ranked as having less deprivation according to the IMD measure. It could be argued that only a true population study would reduce or eliminate such potential bias, However, as far as we are aware no similar analysis of brain donation from a population study has been undertaken. Further studies are required to examine the potential impact of these differences and what demographic features might need to be included as covariates.

References: The English Indices of Deprivation 2010 (2011) HM Government Department of Communities and Local Government, London, UK, pp21

Disclosure of Interest: None Declared

Science

Epidemiology

PO2-362

FOLLOWING PEOPLE WITHOUT DEMENTIA IN A COHORT TO BRAIN DONATION: OUTCOMES FOR COGNITION AND BRAIN PATHOLOGY

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Introduction: Cohort studies with brain donation and regular assessments such as Brains for Dementia Research (BDR) that include a majority of people without dementia provide the opportunity to examine in more detail the relationship between subtle changes in cognitive scores and the burden of specific pathologies such as tau-containing tangles. Such analysis also identifies people with normal cognitive scores who carry a burden of pathology which, in others, would be associated with frank dementia.

Objectives: The purpose of this study was to examine the burden of tangle pathology, as determined by Braak staging, in people who joined BDR as controls and to examine the extent to which cognitive assessments including Clinical Dementia Rating (CDR), Mini-Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) reflect the underlying pathology.

Methods: All available BDR participants without dementia on joining the project and who had died and donated their brain by October2016 were included. Data on cognition and Braak staging were analysed to search fro relationships.

Results: 103 participants who joined BDR between 2008 and 2016 have died and had standard pathological analysis performed. 32 were found to have had sufficient cortical spread of tau pathology to be assigned to Braak stages III-VI while 71 had such pathology confined to the entorhinal cortex and hippocampus (Braak stage 0-II). 20/32 with Braak stage III-IV did not have evidence of lower cognitive scores at the last interview before death. 56/71 participants with Braak 0-II had CDR rating during life with 3 participants rated CDR 1 or 2 indicative of significant cognitive impairment. 50/71 had assessment by MMSE and 24 MoCA. Of particular interest was that 22/53 participants with Braak stage II had a CDR of 0 and 8/18 of those with a MoCA score of 24 or above had Braak stage II.

Conclusion: As expected in a longitudinal cohort some participants who enter as controls develop cognitive impairment and at autopsy show the characteristic signs of a high burden of pathology. However, we have identified a group of participants in which the amount of pathology at autopsy did not appear to relate to cognitive scores. Such material is available to researchers worldwide through BDR. Further studies are required to identify key factors that might support cognitive function in these individuals.

Disclosure of Interest: None Declared

Science

Epidemiology

PO2-357

CLINICAL FEATURES OF INCIDENTAL MILD COGNITIVE IMPAIRMENT AND DEMENTIA IN A POPULATION-BASED STUDY

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Introduction: The number of people with dementia is rapidly increasing as populations around the world age. It is important to grasp the characteristic features of mild cognitive impairment (MCI) for early detection and prevention of dementia.

Objectives: In the present study, we examined cognitive/affective functions and exercise/hobby habits in a local community population who had a health check for metabolic syndrome. We assessed their VRFs and scores on computerized touch-panel tests, and compared the results from normal participants with those from patients with MCI or apparent cognitive decline (ACD).

Methods: We examined 408 individuals recruited from health checkup for metabolic syndrome, which comprised 3 groups: normal (n = 325), MCI (n = 55), and apparent cognitive decline (ACD, n = 28). We compared cognitive/affective functions and exercise / hobby habits with assessments of vascular risk factors and results from computerized touch-panel tests.

Table:

Results: Among the 408 individuals, 93.1 % showed normal scores on the mini mental state examination (MMSE), and 6.9 % had ACD. Among the normal MMSE participants, 14.5 % had MCI (13.5 % of all participants). The three groups of participants showed significant differences in age, education, systolic blood pressure, glycosylated hemoglobin, and high-density lipoprotein cholesterol level. Even within the normal range, those in the MCI group exhibited significantly lower cognitive function than those in the normal group. Scores on the geriatric depression scale were greater in the MCI group and "day-night reversal" was worse in the ACD group. Scores on touch-panel screening tests were significantly worse in the MCI and ACD groups than in the normal group. Participants showed better cognitive and affective function if they exercised regularly or had hobbies.

Conclusion: Incidental MCI and ACD had prevalence of 13.5 % and 6.9 %, respectively in the population-based study. Participants with these conditions showed cognitive / affective decline and impairment on computerized touch-panel tests in relation to vascular risk factors and exercise / hobbies.

Disclosure of Interest: None Declared

Science

Epidemiology

PO2-360

THE CURRENT STATUS OF LOW-DOSE PRESCRIPTION OF CHOLINESTERASE INHIBITORS AND NMDA RECEPTOR ANTAGONIST

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Objectives: [Purpose] Cholinesterase inhibitors and NMDA receptor antagonists are typically used to treat dementia. Although it is desirable to use these drugs at a determined optimal dose for preventing the progression of dementia, they are often prescribed at a low dose. The purpose of this study was to clarify the background of low-dose prescription of these drugs.

[Method] We examined 415 outpatients with dementia who were prescribed cholinesterase inhibitors or NMDA receptor antagonists from January 2016 to July 2016.

[Result] There were 197 cases that were prescribed donepezil. Low-dose prescriptions (3 mg/day) were administered to 4 patients. The reasons for low-dose prescriptions included exacerbation of irritability/agitation (n = 1), apprehension of drug hypersensitivity for dementia with Lewy bodies (n =1), and nausea accompanied by a switch to a different drug (n = 1). There were 117 cases that were prescribed galantamine. Low-dose prescriptions (8 mg/day) were administered to 21 patients. The reasons for low-dose prescriptions included an exacerbation of irritability/agitation (n = 4), gastrointestinal symptoms (n = 3), and renal dysfunction (n = 2). Among the low-dose prescription cases, seven patients discontinued treatment. There were 66 cases that were prescribed rivastigmine. Low-dose prescriptions of 4.5 mg/day were administered to 13 patients, a dose of 9 mg/day was prescribed to 18 patients, and a dose of 13.5 mg/day was prescribed to 11. The reasons for low-dose prescriptions included skin symptoms (n = 12), exacerbation of irritability/agitation (n = 5), gastrointestinal symptoms (n = 1), and a low-dose prescription for appetite improvement (n = 2). Among the low-dose prescription cases, eight patients discontinued the treatment. There were 108 cases that were prescribed memantine. Low-dose prescriptions of 5 mg/day were administered to 23 patients, a dose of 10 mg/day was prescribed to 22 patients, and a dose of 15 mg/day was prescribed to 12 patients. The reasons for low-dose prescriptions included an improvement in irritability/agitation (n = 18), dizziness (n = 10), drowsiness/sleepiness (n = 3), and renal dysfunction (n = 3).

[Conclusion] There were few low-dose prescriptions associated with donepezil, while low doses of rivastigmine and memantine were prescribed more frequently. With regards to cholinesterase inhibitors, exacerbation of irritability/agitation and gastrointestinal symptoms were the primary cause of low-dose prescriptions. Memantine was often used for improvement of irritability/agitation. At the time of improvement, memantine had a tendency to be maintained at a low dose. To prevent disease progression, an optimal dose should be prescribed for each drug. However, we should consider the drug dosage in the context of potential adverse effects associated with each drug.

Disclosure of Interest: None Declared

Science

Epidemiology

PO2-366

PREVALENCE AND CHARACTERISTICS OF PARTICIPANTS WITH SUBJECTIVE COGNITIVE IMPAIRMENT (SCI) IN POTENTIAL BRAIN DONORS AGED 65+ YEARS

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Introduction: Subjective cognitive impairment (SCI) may be an early at-risk period of the dementia continuum and between 25–56% of older adults have subjective memory complaints (Reisberg et al., 2008). The aim was to explore the prevalence of SCI in a longitudinal cohort of brain donors undertaking regular assessments of cognition, memory and daily living skills during life.

Objectives: Measure SCI prevalence and compare their characteristics with participants with normative cognitive impairment (NCI)

Methods: Sociodemographic and clinical data of participants with SCI (GDS=2) and NCI (GDS=1) and were compared using parametric analyses. Odds ratios for conversion to MCI at follow-up assessment were calculated for a subset of participants.

Results: Of 814 baseline assessments (GDS score 1-3 & Clinical Dementia Rating (CDR) <=0.5, 649 participants had NCI (79.8%), 130 participants had SCI (16.0%) and 35 had MCI (4.2%). The majority of the SCI group were female (76, 58.5%) with a mean age of 78.3 years (SD 8.2) which was significantly older compared to NCI participants (t=5.55, df =176.2, p<.001). SCI participants had mean MMSE and MoCA scores of 28.4 (SD 2.4) and 25.4 (SD 3.7) respectively which were significantly lower than NCI scores (29.4 and 27.1) (MMSE: t=5.04, df =132.3, p<.001; MoCA: t=3.93, df =376.0, p<.001). The SCI group had significantly higher scores for the Geriatric Depression Scale (4.1, SD 12.3) compared to the NCI group (1.7, SD 4.3) (t=2.20, df =133.5, p=.029). In a subset of participants, participants with SCI at baseline were 7.3 times more likely to have a CDR score greater than 0 at follow-up compared to NCI participants (OR=7.3, 95% CI: 2.5-20.9, p<.001). Age at baseline (OR=1.1, 95% CI: 1.0-1.2, p=.012) and assessment interval (OR=1.6, 95% CI: 1.1-2.2, p=.020) also predicted a CDR score above 1 at follow-up. Geriatric depression scale score was not a significant predictor (OR=1.1, 95% CI: .84-1.3, p=.625).

Conclusion: A relatively low prevalence of SCI was found in brain donor cohort compared to the community (16% versus 25-56%) but differences in the characteristics of SCI participants were still evident. SCI status could be used to identify healthy participants at increased risk of developing dementia.

References: B. Reisberg, S. Gauthier (2008) Current evidence for subjective cognitive impairment (SCI) as the pre-mild cognitive impairment (MCI) stage of subsequently manifest Alzheimer's disease. Int Psychogeriatr 20: 1–16

Disclosure of Interest: None Declared

Science

Epidemiology

PO2-364

A PILOT STUDY EVALUATING TELEPHONE & VIDEO BASED PSYCHOMETRIC ASSESSMENT IN VOLUNTEER BRAIN DONORS AGED 65+ YEARS

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Introduction: Face-to-face assessment is resource intensive and can be burdensome for researchers and participants. This is especially pertinent to initiatives focused on the provision of high quality, well characterised healthy brain tissue where follow-up is often prolonged and expensive.

Objectives: Test feasibility of assessing cognition, psychiatric symptoms and daily living skills of potential brain donors by telephone/video and compare satisfaction across telephone and face-to-face assessment.

Methods: Purposive sampling was used to assess feasibility of telephone and video based interviews and a randomised control trial design compared satisfaction and attitudes towards telephone and face-to-face assessment (n=131). Non-parametric tests compared groups and logistic regression assessed the relationship between satisfaction and participant characteristics.

Results: 80 participants were offered telephone assessment: 67 (83.8%) agreed, 2 (2.5%) had a significant hearing impairment, 4 (5.0%) had potential memory problems and 7 (8.7%) declined. The duration of telephone assessments (Median 38 min) was negatively associated with Telephone Interview of Cognitive Status-Modifed scores (p=.001) and positively associated with age (p=.040), Neuropsychiatric Inventory scores (p=.019), Geriatric Depression Scale (p=.035) and Global Deterioration Scale (p=.022). 67 (51%) participants agreed that they would be happy to complete a video assessment. The majority were female (56%), married (46%) with a mean age of 72.6 years and an average of 14.8 years full time education. No significant differences were evident between this group and those declining a video interview and the most frequent reason for not wanting a video assessment was not having access to this facility (76%). 14 video interviews were completed (Median 32 min) and participant satisfaction was high in relation to attitudes towards & practical aspects of video assessment. Satisfaction with organisational and personal aspects of telephone and face-to-face interviews was high, did not differ significantly across assessment groups and was not related to sociodemographic characteristics. Participants undergoing telephone assessment were significantly more likely to hold positive attitudes towards this mode of assessment.

Conclusion: Telephone and video assessments are feasible, time-efficient and easy to administer. Extending previous research, telephone and video assessment is acceptable to healthy, potential brain donors and used alongside other assessment forms within the context of established relationships, offers greater flexibility to research staff and to participants. Further research is required to assess the validity and reliability of video based assessment.

Disclosure of Interest: None Declared

Science

Epidemiology

PO2-365

LOSSES IN A LONGITUDINALLY MONITORED COHORT WITH BRAIN DONATION AS THE STUDY END POINT

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Introduction: For cohorts collecting regular clinical data in life, withdrawal during monitoring is a significant loss. In this study where the end point is brain donation, failure to achieve research brain donation represents an appreciable loss, especially from 'healthy' control participants from whom tissue is in short supply in relation to research demand.

Objectives: To study cohort attrition and identify contributing reasons for participant withdrawal and brain donation failure.

Methods: Cohort data (gender, age, diagnosis at registration, withdrawals, donations, lost donations) were analysed for the Brains for Dementia Research cohort. Reasons for withdrawal or non-donation were grouped by factors affecting the brain donation process and factors relating to the family and next of kin as a prelude to considering potential for reduction of study loss.

Results: 3099 participants were recruited; including 2260 'healthy' controls, and 839 with a dementia diagnosis. 549 (147 'healthy' controls) have now died and donated their brain. 79 (40 'healthy' controls) have died but not undergone brain donation, and 85 (59 'healthy' controls) have withdrawn from assessment and donation. Procedural reasons for non-donation include Coroner's post mortem (n = 20), too long a post mortem delay (n = 11), and other pathology incompatible with optimal brain architecture (n = 2). Non-procedural reasons largely relate to potential donors and their families, including; failure to inform the brain bank the participant has died (n = 92), family disagreement about brain donation (n = 26), change of mind by participant (n = 19), moving residence (n = 5).

Conclusion: For cohorts collecting regular clinical data in life, withdrawal during monitoring is a significant loss. In this study where the end point is brain donation, failure to achieve research brain donation represents an appreciable loss, especially from 'healthy' control participants from whom tissue is in short supply in relation to research demand. Strategies to maximise participant retention and to minimise lost donations could include reinforcing the value of donation and enhancing engagement with participants and families. Factors affecting brain donation may be addressed by brain banks working with end of life administrative process and pathology services.

Disclosure of Interest: None Declared

Science

Genetics

PO1-113

EMERGING PERIPHERAL BLOOD MICRORNAS AS BIOMARKERS OF ALZHEIMER'S DISEASE

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Introduction: In recent years, microRNAs (miRNA) have been identified as novel biomarkers for diseases. A recent meta-analysis on the diagnostic value of miRNAs for Alzheimer's disease (AD) found a pooled sensitivity of 0.86 and specificity of 0.87 [1]. However, the field has been plagued by inconsistent results, which lack replication and validation. Major contributing factors include methodological differences and phenotypic variability of patient cohorts within and across studies.

Objectives: In a group of well phenotyped patients with robust clinical data and longitudinal follow-up, we aim to identify miRNAs differentially expressed in peripheral blood of patients with AD, mild cognitive impairment (MCI), and normal cognition. We also assess the differential expression of top performing miRNAs from the literature [2] within this independent cohort.

Methods: Cross-sectional miRNA expression was investigated using blood RNA collected from 48 participants with established clinical diagnoses (16 AD, 16 MCI, and 16 normal cognition) using the Agilent microarray platform. MiRNAs were included for analysis if they were detected in at least 75% of all samples. MiRNA data were normalised using the robust multiarray average algorithm and analyses performed using Bioconductor package limma. MiRNA expression was compared across the groups. Both p-values adjusted for false discovery rate (FDR) and unadjusted p-values <0.05 were considered.

Results: There were no significant miRNAs using a FDR adjusted p-value <0.05. Of our top performing miRNAs, only miR-151a-3p had been previously reported in another AD peripheral blood study [3]. MiR-151a-3p was upregulated in AD compared to normal control (unadjusted p=0.006) and in AD compared to MCI (p=0.03). Of the nine miRNAs that have been reported to be significant by multiple investigators in peripheral blood of AD compared to controls [2], only five were available in our study after quality control. MiR-342-3p and miR-191-5p were significant in our cohort (unadjusted p=0.03). MiR-15b, miR-107, and Let-7d-5p were not significant.

Conclusion: In this exploratory study, certain miRNAs such as miR-151a-3p, miR-342-3p, and miR-191-5p, are emerging as candidate biomarkers for AD. In the future, we will follow up these results in larger independent cohorts and analyse target pathways. Caution needs to be exercised when considering the utility of miRNAs as biomarkers for AD, as to date, replication of significant miRNAs across different studies has been limited.

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Well-being

Healthy ageing

PO1-122

REMOTE FITNESS SYSTEM ADVANTAGES WITH EXERCISE CLASSES FOR COMMUNITY-DWELLING OLDER PEOPLE

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Introduction: Long-term care service users have increased rapidly in Japan. After the revision of the Japanese Long-Term Care Insurance Act in 2006, more preventive care for older people was needed, including an increase in providing exercise training for older people.

Objectives: To identify whether a remote fitness system can be used or not in exercise classes for community-dwelling older people.

Methods: A remote fitness system was installed in a nursing home for the aged in Nara prefecture, and was used with exercise classes. 30 minute classes were held once a week for one month, for ten community-dwelling older people who were 65 years or older.

The remote fitness system connected the fitness facility and the nursing home. Exercises were instructed by an expert through an interactive system in real time.

Semi-structured interviews were conducted on these community-dwelling older people after the one month training classes were concluded. Interviews focused on the good and bad points of this system. Interviews were recorded on an IC recorder with prior consent. The Krippendorff method was used to analyze the data and the data was also analyzed by four nursing expert researchers, until a full consensus was met.

Protocol was approved by the ethical committee at the researchers' affiliated university. Participation was voluntary and identities were kept anonymous.

Results: Subjects included one male and nine females. The average age was 81.5 years old (SD = 5.8). No negative feedback was given and only positive feedback was received from the participants. Four categories were extracted: "set exercise focused environment," "individual expert exercise advice," "professional exercise instruction" and "effective exercise implementation".

Conclusion: Subjects felt that using a remote fitness system in exercise classes was advantageous. When exercise instructions are only one way, such as TV exercise programs, older people felt they could not perform the exercises effectively because instructions were not catered to their situation. However, exercise instructions given by an expert in real time, such as with the remote fitness system, created a two-way communication situation and the older people exercised more rigorously while being taught.

Furthermore, community-dwelling older people also mentioned that even if they wanted to exercise at home, it was difficult because they could not remember how to exercise even after they had received instructions from outside help. It has been suggested that even if a person has a memory problem such as dementia, participants will be able to effectively exercise because of the expert's real time instructions through the remote fitness system. Therefore, a remote fitness system may provide effective exercise for older people with dementia.

This study is a part of a study carried out in a collaborative investigation with Daiwa House Industry Co., Ltd.

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Well-being

Healthy ageing

PO1-114

‘DAON’ - SILVER MAGAZINE OF CHUNGNAM PROVINCIAL DEMENTIA CENTER (CUPID)

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Objectives: As the elderly population is over 15% of the total population of the province, Chungcheongnam-do was entering the aged society. By region, nine out of the fifteen towns belong to post-aged society, three cities belong to aged society so we are in desperate need of preparation for post-aged and aged societies. Chungnam Provincial Dementia Center (CUPID) feels the need for the silver magazine that can be loved by the elderly to improve the quality of life. Beyond not only advertising various policies for dementia patients, but also providing a variety of information for physical health, book reading, travel, and cultural life for a healthy elders.

Methods: ‘DAON’ is the first magazine of Chungnam Provincial Dementia Center (CUPID) which is containing the pure Korean original meaning as “all of the good thing is coming the ‘old age’.” ‘DAON’ captured a variety of information through news and interviews to help elderly people live a rich life and get enjoyment. ‘DAON’ is filled with a lot of contents such as focus interviews with spending energetic ‘old age’ life people, columns of professional containing health information, introducing travel sites and traditional markets in Chungnam areas, introducing healing journey for caregivers for dementia patients, introduction of dementia-related movies and books, and introducing cognitive stimulating activities, etc.

Results: Starting with the first issue was published winter 2015, Now in 2016, It was published until volume 3. It has been deployed in Chungnam area about 6,000 elderly welfare centers, health centers, and dementia-related institutions. By opinions from readers postcards and related organizations, we had a high reputation in that we can be away from existing concept to providing only new informations for dementia and can be focused a variety of informations for healthy elders as well as dementia patients.Especially, dementia overcome essays and special columns for geriatric diseases were received higher satisfaction from readers.

Conclusions: Through ‘DAON’, we tried our best to pleasantly communicate with each other and provide useful health information related dementia as well as a lot of reading material in various fields for healthy and enjoyable old age. We earned positive reviews from relevant authorities and the local elderly.From now on, ‘DAON’ will be able to grow more closer to elderly in Chungnam area and become representative silver magazine in South Korea.

Disclosure of Interest: None Declared

Well-being

Healthy ageing

PO1-121

SOCIAL INCLUSION OF THE ELDERLY: HOME HEALTH NURCSING PRACTICUM AS AN OPPORTUNITY FOR DEMENTIA PREVENTION

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Introduction: 我が国における65歳以上人口は3392万人となり，平均寿命も83.7歳と，20年以上前から長寿世界一を維持している（厚生労働省2016）．しかし，平均寿命が延び，高齢化が進むと同時に，認知症の有症率も上昇する．2025年には3,657万人の高齢者のうち，認知症者が約470万人を占めるといわれている．ここに軽度認知障害者（Mild Cognitive Impairment）約400万人も加えると，高齢者の約25%が何らかの認知機能の低下を有する時代を迎えることになる(朝田隆 2009)．このため認知症の発症を防ぐことやその進行を遅らせることを目的とした認知症予防への取り組みは，長い人生を実りあるものとする点から大きな意義があり，高齢者に望まれることと言えよう．

Objectives: 本研究においては，在宅看護実習に協力する高齢者の思いや変化に焦点をあて，実習協力という形で社会的役割を担うことでの効果を検討した．

Methods: 1）研究協力者：在宅看護実習に協力注）する高齢者．

2）データ収集と分析：半構造化面接法にてインタビューを実施し，得たデータから逐語録を作成した．インタビュー内容は，実習協力による自身の思いと変化である．分析は，逐語録から高齢者の思いと心身両面に関する変化を表す記述を抜粋し，意味内容を踏まえながらまとめた．

Results: 研究協力者は，近隣同士の70代2名，80代2名であった．一つ目のカテゴリーは，【高齢者の生活を豊かにする要素の存在】で，＜異世代との交流による学び＞，＜人に貢献できているという思い＞，＜自分を受けとめてもらっている実感＞，＜訪問後の高い満足感＞，＜和やかな時間の獲得＞という5つのサブカテゴリーから構成されていた．二つ目のカテゴリーは，【自身の生き方の再考】で，＜ありのままの自分でよいという気付き＞，＜人生のふりかえりの時間＞，＜自身の高齢者観の見直し＞という3つのサブカテゴリーから構成されていた．

Conclusion: 研究に協力した高齢者(以下，彼女らと表記)は，学生と良好な関係を築き，実習を通して自分たちは役立ち，様々なものを得ることができていると実感していた．それが，【高齢者の生活を豊かにする要素の存在】に挙げた5つのサブカテゴリーである．具体的には，彼女らが経験した生活における様々なエピソードを学生から尋ねられることで“人生の先輩”という誇らしい感情を持ったり，自身の経験を伝えることが学生への貢献につながるという満足感を得ているということである．【自身の生き方の再考】においては，実習のために自分の生活を思い起こし，学生に伝えることで，高齢期を肯定的に捉えなおす機会になったと気づいていた．実習への関わりが社会的役割を担うことにつながっていることも実感し，主体的に学生と関わりを持つことができていた．積極的な社会参加は，認知症予防につながる有効な機会である．

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Disclosure of Interest: None Declared

Well-being

Healthy ageing

PO1-115

FACTORS RELATED TO SARCOPENIA IN ELDERLY PEOPLE WITH COGNITIVE IMPAIRMENT RECEIVING DAY-CARE SERVICES

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Introduction: Recent studies surveyed the association between sarcopenia and cognitive impairment (CI). Prevalence of sarcopenia is higher elderly people with CI than elderly people with normal cognition (NC). Exercise habit may be regarded a protective factor against sarcopenia in older age. However, few studies have focused on factors related to sarcopenia in elderly people with CI receiving day-care services.

Objectives: To identify factors related to sarcopenia in elderly people with CI receiving day-care services and suggest methods for preventing sarcopenia.

Methods: Participants were 83 elderly people (35 with CI; 48 with NC) receiving day-care services. Cognitive status (Mini-Mental State Examination, MMSE), muscle strength (hand grip strength), physical performance (usual gait speed), nutritional status (Mini Nutritional Assessment-Short Form, MNA-SF), body mass index, weight, height, and activities at home were assessed for each participant. Sarcopenia was defined as the presence of both poor muscle function (low physical performance or low muscle strength) and low muscle mass. An ethics committee approved this study and written informed consent was obtained from each participant.

Results: Median (range) age of participants with CI was 85.0 (75-95) years, and 28 (80.0%) were female. Median (range) age of participants with NC was 82.5 (67-95) years, and 39 (81.3%) were female. Prevalence of sarcopenia was 57.1% in participants with CI and 45.8% in participants with NC. Participants with CI had a significantly higher median (range) frequency of receiving day-care services than participants with NC [2 (1-6) vs. 2 (1-4); *p*=<*.001*]. Factors associated with sarcopenia were sex (*p*<*.001*), body mass index (*p*<*.001*), MNF-SF (*p*=*.006*) and frequency of going outdoors at home (*p*=*.001*).

Conclusion: Low activity at home and malnutrition are factors related to sarcopenia in elderly people with CI receiving day-care services. These results suggest that improving nutrition and increasing the frequency of going outdoors at home could prevent sarcopenia in elderly women with CI.

Disclosure of Interest: None Declared

Well-being

Healthy ageing

PO1-118

LIFE SATISFACTION OF SENIOR CITIZENS WITH DEMENTIA LIVING ALONE AND THEIR RELATION WITH THE SUPPORT THAT THEY RECEIVE AND THEIR SOCIAL INVOLVEMENT

Yumi Okinaka*

Introduction: Senior citizens with dementia and living alone is expected to increase. It would enhance their quality of life through having the satisfaction of living the old age in the community that they desire.

Objectives: This study aimed to explain the life satisfaction of senior citizens with dementia living alone and to clarify the relationship between informal and formal support that they receive and their social involvement.

Methods: Participants were senior citizens (more than 65 years old) with mild dementia living alone at Chugoku or Shikoku area in Japan. Data were collected by an anonymous questionnaire. Difficult questions were written by the family, and were agreed upon by the participants. The investigation responses for the four items were as follows: (1)"I am satisfied in my life now when I had a long time" for life satisfaction, which had six alternatives; (2) "child's life situation," "support by my friends and others," and "support by my family" for informal support, (3) service received from a "visiting nurse," "home care," and "day-service or day-care" for formal support, and (4) the frequency of carrying out "work and farming," "walk and exercise," and "communal activities" for social involvement. Data were analyzed using chi-squared test and the Spearman's rank correlation coefficient, with 5% significance level. The nursing research ethics committee approved of this research.

Results: There were 92 participants in this study (mean age, 83.7 ± 5.6 years). Of these, 68.5% answered positive for life satisfaction; 64.9% lived in a place where a child would come every day. Participants who used formal, day, or day care service were 80.4%; used home care, 65.2%; and received visits from a nurse, 9.8%. Relationship between life satisfaction and support from their family was significant; the following were the responses obtained: "my family listens to my worries or problems," "I can ask my family for a form of business and caretaking," "my family takes care of me if I am sick for several days," and "my family would come soon in case of any emergency." On the other hand, relationship between life satisfaction and "family gives me attention and sympathizes," "support by friends and others," formal support, or social involvement was not significant.

Conclusion: The study results indicate that in order for senior citizens to experience life satisfaction with dementia living alone, it was important to have an environment that was supported by their family not only in cases of emergency but also on a daily basis. In addition, it is necessary to explore a way of formal support they can keep living for a sense of well-being.

Disclosure of Interest: None Declared

Well-being

Healthy ageing

PO1-119

'ABCD' TOOLKIT FOR COMMUNITY ENGAGEMENT IN AN AGEING POPULATION

Weng Mooi Tan[*], Dayn Lim

Objectives:

By 2020, Singapore is projected to have over 25% of the population over 65 years old. With a greying population, the prevalence of dementia in Singapore is projected to increase to 10% amongst seniors aged 60 and above (WISE, 2002), this paper aims to share the Singapore's experience of designing and piloting a programme for engaging seniors on prevention and early identification of dementia and caregivers support in the community.

The aim of the pilot programme and the 'ABCD' toolkit is to try keeping the seniors physically active through activities, engaging their mind through cognitive stimulation activities and creating opportunities for the seniors for social connectivity and maintenance of their health through healthy diet. The seniors will enjoy a variety of activities through the 'ABCD' toolkit. The toolkit also serves as a guide for service providers to plan and organise structured activities for the prevention of dementia, depression and mental health through the following:

- **A**ctivities (Physical activities)
- **B**rain activities (Cognitive stimulation)
- **C**onnectivity (Social interaction)
- **D**iet **–** (Healthy cooking and ingredients)

The programme has been piloted at two sites, where the programme is delivered via small number of staff and largely supported by the larger community of seniors who volunteers as facilitators or peer leaders in the various activities.

Disclosure of Interest: None Declared

Well-being

Healthy ageing

PO1-117

EXTENDING DEMENTIA RISK REDUCTION MESSAGES TO PEOPLE IN 'MID LIFE'

Dominic Carter*

Objectives: Research, with Alzheimer's Society a key partner on the National Prevention Research Initiative, has swiftly increased knowledge around risk factors and dementia. Yet public understanding of the potential to reduce risk is very low. In a recent poll only 25% of British adults said they thought it was possible for people to reduce their risk of developing dementia (YouGov poll, 2016).

This project will seek to understand for the first time how far risk reduction messaging, introduced through pilot NHS Health Check sites, improves awareness and intention to change behaviour for people aged under 65 years old.

In the longer term, it is hoped that wider rollout of these pilots will contribute to behaviour change that leads to fewer cases of dementia in the future, in line with the World Health Organisation aim to reduce premature mortality from non-communicable diseases by 25% by 2025.

Methods:

The project involves testing and evaluating approaches to incorporating dementia awareness and risk reduction messages within NHS Health Checks for all people under the age of 65, across four sites in England.

The face to face intervention links a range of risk factors including how dementia and non-communicable diseases are driven by the same shared risk factors.

Individuals attending the pilots, and the healthcare practitioner delivering the NHS Health Check, are followed up by the evaluation team to assess whether there is improved awareness of the potential to reduce the risk of developing dementia and to understand the feasibility of implementing this project.

The project is jointly led by the third and statutory sectors, through Alzheimer's Society, Public Health England and Alzheimer's Research UK.

Results:

The pilots remain in progress until the end of 2016, and therefore the findings will be presented at the conference. We anticipate being able to comment upon the:

- Feasibility for services of extending the dementia risk reduction component of the Health Check
- Impact of the NHS Health Check on individual's knowledge and awareness of dementia risk reduction
- Impact of the intervention on individuals' intention to change behaviour

· The effect of any differences in the delivery of the intervention between pilot sites

· Professional awareness and confidence in promoting dementia risk reduction messages

Conclusion:

The findings of the pilot will be used to build the case for dementia risk reduction messaging for 40-64 years to be included in all NHS Health Checks across the country, and contribute to international understanding of awareness raising and intentions to change behaviour.

Disclosure of Interest: None Declared

Well-being

Healthy ageing

PO1-116

SLEEPING PATTERNS OF ELDERLY DAY CARE CLIENTS WITH COGNITIVE DECLINE

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Objectives: Ⅰ序論

我が国は団塊の世代が2025年に2100万人余りが75歳以上となり、認知症有病者率は2025年には5人に1人の割合となることが推計されている。このような状況下で、要介護状態になっても自宅介護を希望する者は4割を超える。また、年齢が高くなるにつれ、自宅で過ごす割合が長くなり、テレビの視聴時間が増えているとの報告もあり、活動をせず居宅で過ごす時間が長くなることが推測される。

高齢者の睡眠については、加齢による脳機能に起因する場合や、日中の活動量の低下といった環境要因の変化などが原因として挙げられ、それぞれの原因が重複することで睡眠障害が増加しているといわれている。また、高齢者は若年者より位相が前進し、早朝覚醒や日中の覚醒レベルが低下することで広間の居眠りが増加しやすい、夜間睡眠が短縮・分断化しやすいといった特徴がある。認知症高齢者では脳の器質的・機能的低下により、睡眠や睡眠・覚醒リズムを調節する生体時計機構が障害され、睡眠・覚醒障害が発生しやすい状態となっている。

活動とのバランスや、生活環境が一定である施設入所高齢者を対象とした高齢者の睡眠に関する研究は数多くみられる。しかし、在宅生活をしている認知機能が低下した高齢者に対しての睡眠状況を明らかにした研究は少ない。そこで認知機能が低下している高齢者に対し、日中の活動量上昇時における睡眠への影響の有無について、通所介護（以下デイサービス）利用時・非利用時での睡眠状況の特徴を明らかにすることを目的とした。

Ⅱ目的　認知機能が低下している高齢者における睡眠状況の特徴を明らかにする

Ⅲ方法

研究期間　2015年7月～2015年11月

研究対象　通所介護事業所を週に2～3日利用している65歳以上の高齢者で、認知能力が低下しているとされるIADL評価のうち電話使用能力、服薬管理能力、財産管理能力が0点である者

データ収集内容

質問紙調査票を用い、研究者が口頭にて質問して記入

調査項目：年齢、性別、介護度、主疾患、認知症高齢者日常生活自立度判定基準、趣味、通所介護利用日、同居者、日中介護者

アクティウォッチ装着による計測

対象者に入浴以外は利き手と反対側の手首にアクティウォッチを装着し2週間日常生活を過ごしてもらう。アクティウォッチにて通所介護利用日・非利用日活動カウント、睡眠時間、入眠潜時、中途覚醒時間を計測する。活動カウントは体動によってアクチグラフに示される振幅を数値化したものであり、活動カウントが多いほど活動しているとされる。

Ⅳ結果

１．研究対象者の概要

研究対象者は4名（男性3名、女性1名）であり、平均年齢は82.75±3.77であった。4名全員要介護１であり、認知症高齢者生活自立度判定基準はⅠが1名、Ⅱａが2名、Ⅱｂが1名であった。非利用日の日中介護者は1名のみ不在であったが、4名すべてに同居者がいた。

２．研究対象者の活動・休息・睡眠の特徴

Ａ氏は70代男性。火・木曜をデイサービス利用日としている。睡眠時間が最小209分から最大1194分と日によってばらつきが多く、活動量が少ない日においては24時間すべて微動の活動としてカウントされており、休息・睡眠時間と判定されない日が2日あった。デイサービス利用日である火・木曜夜間は午前0時過ぎから午前中か睡眠時間と判定された。また、デイサービス利用日・非利用日のそう活動カウント平均値にも差が大きく、利用日のみ日中活動カウントが多くカウントされた。つまりデイサービス利用時の日中は活動していることが予想されたが、非利用日の日中は活動が少なく、休息もしくは睡眠時間と判定された。

Ｂ氏は80代男性。火・金曜をデイサービス利用日としている。デイサービス利用日・非利用日にかかわらず、2週間の測定日のうち休息・睡眠時間と判定された日は5日のみであった。利用日である2週目火曜日は日中であっても。睡眠時間と判定される日があった。活動カウントも利用日平均値24825.50、非利用日24001.60と差が少なく、2週間を通して全体的に活動量が少ない。

Ｃ氏は80代男性。月・金曜をデイサービス利用日としている。平均睡眠時間538分のうち、1週目の月曜夜間が234分、木曜夜間が275分と少ない以外は睡眠時間は一定であった。2週間を通し夜間に睡眠時間が確保されており、活動との差も明確でリズムの崩れも認められなかった。

Ｄ氏は80代女性。月・水・金曜をデイサービス利用日としている。1週目の土・日曜にかけて昼夜逆転、1週目木・金曜は休息・睡眠時間の判定がされなかった。また入眠潜時が最小0分から最大166.5分と差が大きく、入眠困難である日とそうでない日に差が認められた。

夜間睡眠時間が確保され、リズムの崩れがみられなかったものがいる一方、4名中3名がデイサービス利用日・非利用日にかかわらず・休息、睡眠時間の判定がされず、終日活動量が少ない日が2日から最大8日間あった。認知機能低下している者は日中の活動量が少ない傾向にあり、睡眠時間への影響は少ないことが予想されたが、特定の曜日による変化もなく、個人差が大きいことから、特徴とするまでの共通性の分析には至らなかった。

Ⅴ結論

認知症高齢者では睡眠覚醒調節機構の障害に加え、感覚器からの入力低下、社会的活動の減少も加わり、概日リズム睡眠障害を生じやすいといわれている。認知症改善のためには光環境を調節し、日中の活動性を高めることが治療の基本とされている。しかし、今回調査した対象者は日中の光環境や概日リズムが調整され、活動量が上昇するデイサービス利用日であっても睡眠への影響は認められなかった。これは4名とも日常生活を支える同居家族がおり、利用日・非利用日にかかわらず活動カウントに差がなく、睡眠へも影響が認められなかったものと予想される。

今回の調査では対象者数が少ないことに加え、睡眠状況に個人差が大きく、睡眠に共通した特徴を見出すことができなかった。また認知機能低下している者を研究対象者としたため、非利用日における日中の正確な状況を情報として得ることは困難である。こうした情報を収集するためには養護者の協力が不可欠であるが、日常の介護負担を考慮すると内容を先生ンする必要がある。今後も対象者数を増やし、同様の測定方法を取ることで睡眠の認知機能への影響や、日中の活動量が睡眠リズムへどう影響するのか調査を継続したい。

Disclosure of Interest: None Declared

Well-being

Healthy ageing

PO1-120

TASTE DETECTION AND RECOGNITION THRESHOLDS IN JAPANESE PATIENTS WITH ALZHEIMER-TYPE DEMENTIA

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Introduction: Alzheimer-type dementia (AD) is pathologically characterized by massive neuronal loss in the brain, and the taste cortex is thought to be affected. However, there are only a few reports regarding the gustatory function of AD patients, and the conclusions of this research are inconsistent.

Objectives: The gustatory function of AD patients in Japan was investigated using these methods. In addition, gustatory changes during the elderly stages of life were also investigated.

Methods: This prospective study enrolled 22 consecutive patients with mild to moderately severe Alzheimer-type dementia (AD) with mean age 84.0 years, and 49 elderly volunteers without dementia with mean age 71.0 years as control subjects. The control subjects were divided into two groups according to age: a younger group (N = 28, mean age: 68.5) and an older group (N = 21, mean age: 83.0). The gustatory function was investigated using the filter paper disc method and electrogustometry.

Results: The gustatory function as measured by the filter paper disc method wassignificantly impaired in patients with AD as compared with age-matched control subjects: no such difference was found between the younger and the older control groups. On the other hand, as for the electrogustrometric thresholds, there were no differences between the AD patient group and the age-matched controls.

Conclusion: The filter paper disc method demonstrated decreased gustatory function in AD patients beyond that of aging. On the other hand, electrogustrometric thresholds did not differ between the AD patient group and the age-matched controls. These results suggest that failure of taste processing, but not taste threshold, occurs in patients with AD.

Disclosure of Interest: None Declared

Well-being

Healthy ageing

PO1-223

OUR HEARTS ARE BIGGER - A FILM ABOUT THE POWER OF LOVE, CONNECTION AND DEMENTIA

Anne Tudor, Edie Mayhew*

Objectives: This is the second, in what is planned as a series of films, about how love and connection demonstrate their power and significance in someone living with dementia. The first film, produced late in 2014, was titled “A day in the life of a lesbian living with younger onset dementia” It has been screened in many forums, by me and others, in many countries, including Australia, Hungary, Great Britain and New Zealand. This new 15-minute film was professionally produced and is titled “Our hearts are bigger”. The film shows that connections change over time and they may even deepen. It speaks about capacity, including the capacity to love and postulates that the capacity to love outlasts all other capacities and that it cannot be extinguished by dementia.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-367

HIGHER WORK DEMANDS MADE THE FAMILY CAREGIVERS OF ELDERS WITH DEMENTIA VULNERABLE TO HIGHER CAREGIVING DEMANDS: STRUCTURAL EQUATION MODELING WITH A CROSS-SECTIONAL QUESTIONNAIRE SURVEY

Yu-Nu Wang[*], Yea-Ing Shyu

Introduction: Family caregivers who are employed for pay are known to be affected by work demands. Researches have shown that caregiving demands were associated with caregiver health outcomes, e.g. role strain, depressive symptoms, and physical health. However, the mediation effect of work demands in the relationship between family caregiving demands and caregiver health outcomes was not clear.

Objectives: This paper is a report of a study that examined the mediating role of work demands in the relationship between caregiving demands and caregiver health outcomes.

Methods: For this cross-sectional study, a purposive sample of 214 employed family caregivers of elders with dementia in Taiwan was enrolled. Data were collected by self-completed standardized questionnaires from December 2010 to December 2011, replied by mail. The response rate was 92.8%.

Results: The mediation model showed an excellent model fit (^{2}/df = 1.409, GFI = .946, AGFI = .906, IFI = .946, CFI = .942, TLI = .913, RMSEA = .044). The indirect effect of work demands in the relationship between caregiving demands and caregiver health outcomes was significantly different from zero at the 0.003 level (β = .149, p = .003) with the bootstrap 95% CI: [.053, .335].

Conclusion: The influences of caregiving demands on caregiver health outcomes are partially mediated through work demand. In another word, higher caregiving demands predicted higher work demands, and higher work demands further predicted poor caregiver health outcomes. Nurses needed to assess family caregivers for work demands when screening for high-risk groups that were vulnerable to high caregiving demand. Interventions aimed at improving work demands may improve caregiver health outcomes.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-377

CONSUMER ENGAGEMENT: FROM RESEARCH QUESTION TO IMPLEMENTATION

Sally Grosvenor*, Jennifer Thompson[1], Alexandra Nikitas, Shannon McDermott, Janet Long, Joan Jackman[1, 2], Susan Kurrle[1]

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Objectives: Over 350,000 Australians live with a diagnosis of dementia. With dementia now recognised as a National Health Propriety, a unique funding model developed by the Australian Government has brought together clinicians, consumers, researchers and decision makers to work on priority areas to translate research into health and health systems improvement. Here we discuss how involving consumers (people with dementia and their carer partners) is integral to all aspects of the NHMRC Partnership Centre: Dealing with Cognitive and Related Functional Decline in Older People (CDPC), in developing a productive collaborative environment focused on improving care for people living with dementia.

Australia's peak dementia advocacy organisation, Alzheimer's Australia, is an inaugural funding partner of the CDPC and its Consumer Dementia Research Network was engaged as the main consumer representative from the beginning of the CDPC. During the initial stages of the CDPC all research projects proposed for integration into the CDPC program of work were reviewed by the Consumer Network prior to taking them to a planning workshop with researchers and funding partners.

Consumers have been involved in constructing research questions, in ensuring all activities are appropriately targeted, and have been involved in project steering committees. They have advised project teams on the most effective communication tools for consumers as key stakeholders and have also been integral in preparing final reports and disseminating results.

Ongoing social network analysis shows new collaborative ties among CDPC membership, including consumers, with a measurable shift from within sector collaboration to cross-sector collaboration. At the same time there has been considerable increase in numbers of organisations implementing CDPC research-supported system change projects. A shift in number of non-academic based researchers, including consumers themselves, involved in the CDPC has also occurred, as has the increased dissemination of research findings.

The CDPC is successfully developing collaborative relationships between clinicians, consumers, researchers and decision makers. Continued growth of these partnerships will enhance research translation into best practice care for people living with dementia in Australia.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO1-124

PERCEPTION ON CULTURAL JUSTIFICATIONS FOR CAREGIVING OF PERSON WITH DEMENTIA:A SYSTEMATIC REVIEW IN JAPAN

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Introduction:

認知症高齢者の数は増加の一途をたどり、すでに明らかにされている認知症患者数は、軽度認知症等の数を加えると900万人ともいわれている。認知症患者の増加に伴い、家族介護者の数も増加している。古来より日本では目上の人は敬うべきという考えが浸透している。しかし、欧米では考え方も様々といえる。現在、欧米化しているわが国において、家族の形が様々に変わり、家族によって、その形態も在り様も、関係性も個別性が高い。現代の社会的背景を踏まえ、わが国の家族介護の在り様の現状が、昔のままではないはずである。その変容の状況を報告されている文献の方向性から検討し、下位互換の在り様から今後のケアへの示唆を得たいと考えた。

Objectives: 本研究では、日本の文献に特化して、文化的な背景に着目したうえで、認知症介護に関する研究の概観をつかむことを目的に、文献検討を行った。

Methods: 文献は、医学中央雑誌Web版（Ver.5）と国立情報学研究所論文情報ナビゲーターCiNii、google scholarをデータベースとして用いて、「認知症高齢者」「家族介護者」、「文化」をキーワードとして検索した。

Results: 検索を行った結果、医学中央雑誌2011年から2016年まででは、「認知症高齢者」699件、「家族介護者」764件、「文化」2,743件、「家族介護者」と「文化」では18件、「認知症高齢者」と「文化」では17件であった。国立情報学研究所論文情報ナビゲーターCiNiiでは1件、google scholar では39件であった。分析の結果、認知症高齢者の家族介護者の文化に関する報告は、４件であった。わが国における外国人住民の健康課題を分析したレビューでは外国人住民の生活環境要因に影響される部分が大きい。また、移民における認知症症状の比較も言語の問題が大きく影響を及ぼしていた。ヨーロッパ、アジアにおける福祉や介護のへの捉えでは、母国に在住と、在日の場合での環境や人間関係のストレスに大きく影響があった。

Conclusion: 認知症高齢者の家族介護者の介護における文化的背景を勘案した報告はいまだ少ない。現状では特異な状況での現状調査に偏る傾向がみられた。これからの国際社会のグローバル化を見据えて、それぞれの異なる文化背景による介護観を明らかにすることで、よりQOLの確保された個別のケアにつながる。

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-379

TAINAN MODEL: AN INTEGRATED DEMENTIA CARE MODEL

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Objectives: To set up a dementia care model in Tainan

Background: Global dementia policy cannot be applied to each country, region or community. On contrary, a successful dementia care model must be integrated and modified to fit geographically local status and the people in need.

Methods: Tainan City is located in southern Taiwan with population of 1,885,000. Two medical centers, several region hospitals and many clinics in the city provide medical services and care from very basic to comprehensive. Many daycare centers are operated in urban areas, while nursing homes are distributed mainly in rural areas. Over the past years, we have tried to develop a dementia care model in this city with aims to fill the gap between hospital and community and to integrate multidisciplinary medical and medical care specialists.

Results: This care model is patient-/CG-centered and knowledge based. Based on knowledge, the patients and their CGs, physicians, nurses, occupational and physical therapy practitioners, psychologists, social workers and related professionals are connected and interacted. The model can be modified in different hospitals according the scale, manpower, and facilities. Through care managers, those who are in need of social resources can be linked and get varied long term care services. A complete network can be achieved.

Conclusion: The long term care services in Taiwan will be launched in 2017. An integrated dementia care model can be initiated and operated by any single hospital and in collaboration with many other regional hospitals to provide effective dementia care and link social resources.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-376

DIGNITY FOR PEOPLE WITH DEMENTIA: THE DIFFERENCES AMONG OCCUPATIONS

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Introduction: Dementia care in Japan politically values each person's dignity[1]. Though there are studies on the definition and dignity of people with dementia (PWD)[2,3] no research has considered the differences among service providers in terms of their provision of dignity.

Objectives: This study aimed to discover the common views on PWD among service providers using quantitative text analyses.

Methods: We recruited forty service providers of dementia care and asked them, "What do you think of PWD's dignity?" Answer content was analyzed by the KH Coder[4], R for morphological analysis, co-occurrence network and correspondence analysis.The study protocol was approved by the Ethics Committee of Human Sciences of the University of Tsukuba, Japan. Informed consent was obtained from the participants prior to the study.

Results: Participants (18 males, 22 females) consisted of care managers or social workers (n = 10); care workers (n = 15); nurses, rehabilitative therapists, and doctors (n = 13); and two others. Participants' average work tenure was 178.5 ± 76. 4 months and the answers were 242 items. Eigenvalues and contribution of the respective axes obtained by correspondence analysis—1 axis: 0.217, 53.7%; 2 axes: 0.187, 46.3%. In this two-dimensional space, "hope", "environment" and "talk", and "say", which were associated in the co-occurence network, were gathered for managers or social workers. It is clear that managers or social workers help PWD to express their hope, and to be understood by around people. The terms "want", "lifetime", "living", "support", and "corresponding" were collected from care workers, who place emphasis on care and support considering individuals' wishes. Medical service providers emphasize the decision-making and selection for providing medical services such as "intention", "oneself", "confirm", and "selection." Managers or social workers and care workers used words that revealed their respect for privacy; further, they, along with medical service providers, emphasized participation in decision-making and description.

Conclusion: The results revealed the different features in perspectives about dignity for PWD between occupations. We need to work in a team with a common vision while compensating for the differences between the occupations.

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Care research and practice

Models of care

PO2-378

THE COGS CLUB: A MULTIMODAL PSYCHOSOCIAL INTERVENTION FOR PEOPLE WITH DEMENTIA

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Introduction: The “Cogs Club” (born in England in 2011) is based on the Cognitive Stimulation Therapy (CST, Spector A.), an evidence-based intervention that has shown his efficacy to slowing down the progression of dementia related to other psycho-social activities (occupational activity, music, gymnastic).

Objectives: The purpose of the project is also to offer the opportunity of a psycho-social intervention, creating a context for the socialisation and a net of formal and informal connection to people that traditionally do not ask for the start up of the services.In each group there are about 12 people. People who take part at the project have a diagnosis of Alzheimer's disease at light and moderate stage (CDR 1 and 2).

Methods: The 28 participants (10 M, 18F; mean age:78,9 ±5,2; mean education:5,3 ± 2,1 years) have been submitted to a cognitive, functional and emotional evaluation, composed by ACE-R, GDS-15, DAD, QoL-AD and ZBI, at the beginning and at the end of the 4 month cycle of meetings.

Table:

Results: The mean change in MMSE and ACE-R pre- and post the Cogsclub frequency, reaches a level of statistical significance (p 0,025 and p 0,06 respectively) as well as the improvement of GDS (p 0,036) indicating that the level of depression impacts significantly on the performance of the cognitive tests. The mean change the DAD and ZBI before and after the Cogsclub frequency, although positive, does not reach a level of statistical significance.There is a significative difference within the subijecs regarding quality of life as judged by the PWD (QoLAD for PWD F= 20,606; p = 0.001) and the quality of life as perceived by the caregiver (QoLAD caregiver ; F= 6,448; p = 0.039) after Cogsclub frequency

Conclusion: The purpose of the project is also to offer the opportunity of a psycho-social intervention, creating a context for the socialisation and a net of formal and informal connection to people that traditionally do not ask for the start up of the services, with the goal to delay as much as possible the development to the disability, keeping a reasonable level of independency as long as possible.

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Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-380

THE CARE OF ELDERLY PEOPLE WITH DEMENTIA IS A “SYMPHONY.”

Mitsuhiro Sugitani*

Objectives: １． ホームの目ざすもの・・・人生の最期（終の棲家）として入居。安心できる環境で人生を全うする。

２． 得られるもの・・・グループホームでの暮らしは、世話を受ける立場だけでない。活躍しながら平穏死を迎える。

・自分の死後はどのようにしてもらえるのだろう（安心）

・親しい人々に見守られるという・・・希望

・針もチューブも着けない、生まれた時と同じ姿で死ぬという・・・希望

３． 行動

外の空気（交流）　外出・旅行　「したいことが出来る」　「願いが叶う」

「したくないことをさせらない」　「しないという選択肢」

鍵をかけない・・・施設の環境に守られている実感（信用されているという安心感）

・（出前コンサートなど自らが演者となる、聴いてもらう）観客との一体感を大切にする。

・最後まで普通食　おいしく食べる　見た目もにおいもごちそうとなる。

・援助は最小限　引き算の介護　本人の能力を生かし続ける

・ここで死ねる・レモンの里では皆が平穏死を迎えている（死に向かっての安心）・お別れの安心

４． 効果

本人・家族がホームで平穏死を受け入れる・・・職員、家族が協力して看取り・手作り葬儀・慰霊祭を行う。

関わる人（本人　家族　職員　ボランティア　地域）が一体となる。

利用者の死をもって関係が終了するのではなく、その後も協力体制を継続する。関係者がホームを支えてくれる。良い循環が生まれる。

取組の実例（自己実現）

・音楽会療法・・・カラオケのような一人舞台ではなく、他の人の声を聞き、歌詞をトレースして歌う。（協調）人前で歌う（演者となる）出前コンサートで他の人との交流を図る。主役となる。

・たのしみ療法（外出支援）・・・そのために必要なこと・・・摂食（普通食であればどこへでもいつでも出かけられる）、感性（人間関係、自然現象、環境に感動する力）、協調（単に支援を受けるだけでなく自分の力を発揮する）

定員わずか9名、小さなホーム12年の実績　　（2016年2月末実績）

★現在の入所者　9名（定員9名）　共用型デイサービス利用者3名（定員3名）

12年間の総入所者数22名　うち退所者数13名　（退所者比率５９%）

看取りの実施分布　看取り者8名　（看取り者の比率６２%）

退所者の長期（5年以上）滞在年数の分布　7名　（比率５４%）

看取り者の長期（5年以上）滞在年数の分布　５名　（比率６３%）

まったく入所者の移動のなかった年　6年　（比率５０%）

看取り者の普通食継続率　死の直前まで普通食の人　8名全員　（比率１００%）

職員家族による手作り葬儀の実施分布　7名　（比率８８%）

グループホームは“ＳＹＭＰＨＯＮＹ”である。

オーケストラは関係者が協力することで個性豊かな表現がなされる。

介護も職員、家族、地域が協力し種々の工夫・取組を行うことでＳＹＭＰＨＯＮＹが完成する。

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-374

DEMENTIA FRIENDLY HOSPITAL: A PRELIMINARY EXPERIENCE IN ITALY

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Introduction: According to recent studies a great number of people with dementia are hospitalized 1.5-2 times per year and their length of stay is longer than people without dementia.Elderly people, as well as their families and caregivers, are thus particularly vulnerable to systems of care that either do not recognize or are unable to meet their special needs. As many countries have already done, we are trying to improve and facilitate hospital care for people with dementia (PwD) and delirium and their caregivers, developing a comprehensive plan based on the main characteristics of the "Gentle Care Model" and inspired by the principles of "Dementia-friendly hospitals".

Objectives: Our program is based on three key areas: 1) improve the knowledge about dementia and dementia care among the workforce; 2)modify the environment in which the process of care takes place; 3) support caregivers to cope with changes related to dementia progression during the hospitalization and after discharge.

Methods: In this year (2016) we have started an educational program for nurses and other direct–care staff working in the geriatric ward of the New Hospital in Modena (NOCSAE) .This program also includes the possibility of offering psycho-educational support to caregivers and access to multi sensorial stimulation approach (Snoezelen) for patients with severe behavioural disorders or delirium.

The process of caring for people with dementia who need hospitalization in an acute care setting is provided by a multidisciplinary team composed by geriatrician, case manager nurse, psychologist and occupational therapist. At discharge the geriatric community services takes part in the follow up of our patients.

Results: We aim to compare this innovative approach with traditional psychogeriatric evaluation for hospitalized PwD, to assess the efficacy in terms of BPSD improvement, reduce of restraints, antipsychotic drugs and falls and study effects on caregiver burden.

Conclusion: The model of dementia friendly hospital is necessary to improvement quality of care and quality of life for people with dementia when they needs of acute care.

References: J.E. Galvin et al DEMENTIA-FRIENDLY HOSPITALS: CARE NOT CRISIS" AN EDUCATIONAL PROGRAM DESIGNED TO IMPROVE THE CARE OF THE HOSPITALIZED PATIENT WITH DEMENTIA Alzheimer Dis Assoc Disord. 2010 Oct-Dec; 24(4): 372–379.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-368

A CONCEPT ANALYSIS; HUMAN DIGNITY FOR ELDERLY IN HEALTH CARE

Yoriko Aoki*

Introduction: 高齢者の尊厳についてこれまで沢山の定義がなされている。しかし、人によって尊厳の考え方や使い方にはばらつきがあり、実際のヘルスケアの中で、何が尊厳であるのか曖昧なままケアを実践している可能性は否めない。

Objectives: 本研究の目的は、ヘルスケアにおける「高齢者の尊厳」の概念分析を行い、高齢者の尊厳の定義を明確にし、尊厳の科学的な知識を増やすとともに、ヘルスケア実践にどのように活用できるのか有用性を検討することを目的とした。

Methods: データ収集方法は、文献データベースMedline（1975-2015）、CINAHL（1988-2015）、PsyInfo（1953-2015）、SocIndex（1964-2015）、医学中央雑誌（1994-2015）を使用した。検索キーワードは、英語文献では、「Human dignity」AND「Elderly or Elder or Aged or Older or Geriatric」、日本語文献では、「尊厳」AND「高齢者」とした。最終的に適切な内容であった英語論文27論文、日本語論文10論文の合計37論文を分析対象とし、Rodgersの概念分析アプローチの手法を参考に分析を行った。

Results: ヘルスケアにおける高齢者の尊厳の属性として、【人間への敬意】【個別性重視】【自己価値の発掘】【他者価値の伝達】【自尊心の向上】【自己決定の促進】が抽出された。先行要件として、個人要因の【高齢者の要因】【ヘルスケア提供者の要因】、社会要因の【社会環境】【人権侵害】【人間関係】が抽出された。帰結として、【生活の質の向上】【その人らしさの尊重】【権利の保障】【社会との調和】が抽出された。

Conclusion: ヘルスケアにおける高齢者の尊厳とは、「高齢者が、社会、個人との関係性の中で1人の人間として尊重されることで、自己価値、自尊心を高め、自己決定をしていく過程」と定義された。高齢者の尊厳は、個人や社会と高齢者の自己の相互理解を助け、高齢者に対する態度やケアの援助、自己決定を促進するために有用な概念であると考えられた。

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-373

STAFF TRAINING , BPSD MANAGEMENT AND BURNOUT REDUCTION IN LONG TERM CARE OF PEOPLE WITH DEMENTIA

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Introduction: In Italy there is a constant increasing in elderly people with dementia in nursing home; the natural course of the disease is associated with a number of specific complications such as behavioural symptoms (BPSD), that represent a major burden both to the person with dementia and to the family and staff. A number of observational studies have reported benefits from multidomain caring programmes implemented nursing home that include the presence of trained caregivers and staff, the use of psychosocial interventions, a prothesic physical environment and family involvement

Objectives: Aim of study is to validate a model of interventions (based on Person Centred Care and Gentlecare) for people with dementia in long term care in order to reduce BPSD (primary outcome),to reduce falls and psychotropic drugs, disability of PWD and burnout of staff.

Methods: We use , during a period of 3 mounths, an educational programs for staff working in nursing home, a pre- and post- evaluation of burnout and competencies of nurses (MBI-GS and GNSES), a pre- and post global assessment of PWD (NPI, C-MAI, Cornell and DAD) and an introduction of PCC and Gentlecare. The data was analyzed by SPSS, version 21.

Results: 34 subjects (14 M, 20 F, mean age:84,59±5,66 years) with dementia and severe BPSD were examined. We observed, after the period of the study, a significative reduction of BPSD measured with NPI ($p<0,05$), Cornell Scale Depression for dementia ($p<0,05$) and C.MAI ($p <0,05$), a reduction of falls and psychotropic medications use and a functional skill improvement in the item "initiative" expecially (although it is not statistically significant differenze in the DAD scale). Also we evaluated 31 nurses (2M, 29F; mean age: 46,63 ± 9,99 years; average years of experience with PWD : 11,7 ± 7,6) and we observed a reduction in MBI- EE and MBI-DP subscales ($p<0,05$).Also it revealed a correlation between age at T0 and overall stress ($p = 0.009$) and between age and emotional exhaustion ($p = 0.007$). This interference is lost at T1 in both cases.

Conclusion: This study shows that psychosocial interventions and staff training are able to make a difference on the quality of care and life of people with dementia and to reduce staff and caregivers stress. There is need for further studies to confirm these observations.

References: Livingston G., Kelly L., Lewis-Holmes E., Baio G., Morris S., Patel N., Omar RZ., Katona C. & Cooper C. (2014) Non-pharmacological interventions for agitation in dementia: systematic review of randomized controlled trials. *The British journal of Psychiatry*, 205(6):436-442.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-375

TRANSLATING THE HOGEWEYK MODEL INTO THE NEW ZEALAND CONTEXT: THE WHARE AROHA CARE VILLAGE

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Objectives: While regulation of aged residential care facilities is important to ensure that minimum standards of care are met by providers, care is mostly still based on the medical model. People living in aged care facilities continue to report that they are lonely and that their lives lack purpose. There is a worldwide shift towards improving resident life in aged care, including the social lives of residents. De Hogeweyk village in The Netherlands accommodates residents with dementia in small home-like environments based on seven Dutch lifestyles. Residents live with like-minded others with whom they may develop friendships. Daily life is as normal as possible and residents have the freedom to participate in household tasks according to their abilities and wishes. The households are within a secure dementia-friendly village. Members of the public are encouraged to use facilities such as the village restaurant and bar.

An aged residential care provider in New Zealand is building a village based on the Hogeweyk model, with residents of their existing facility due to move into the new village in early 2017. The village is in Ngongotaha, near Rotorua in the Bay of Plenty, a regional area of New Zealand with a Māori population that is the third highest of the 16 regions in New Zealand. Work has already been done to identify the seven quintessentially New Zealand lifestyles that the houses will represent. The lifestyles that have been identified are country, remote, classic, contemporary, middle New Zealand, minimalist and cultural. Unique to New Zealand, the cultural house is for people who primarily identify with a Māori cultural village setting where the marae is an integral part of life.

Currently people who live in aged residential care facilities in New Zealand are accommodated with peers with similar levels of disability. Certification is based around this model. In the new model of care, people will live with others who have lived similar lifestyles. Recertification will be required for the new facility. Management are working closely with the certification body to accomplish this.

The presentation will provide an overview of the process of the development of the village and the transition of the residents to the new village. Early data from the research that aims to explain the resettlement of Whare Aroha Care residents into a new bespoke dementia-friendly village, and the effects of the resettlement on the lives of the residents will be presented. The presentation will interest people who are considering a move to aged residential care and their care partners, clinicians, providers and regulators.

Disclosure of Interest: K. Shannon: None Declared, T. Jeffs Conflict with: A member of the management team of the organisation that is the subject of the study, D. Smit Conflict with: A member of the management team of the organisation the is the subject of the study, K. Brooks Conflict with: A member of the management team of the organisation that is the subject of the study, V. Wright-St Clair: None Declared, S. Neville: None Declared

Care research and practice

Models of care

PO1-126

A CARE MODEL FOR ELDERLY HIP-FRACTURED PERSONS WITH DEMENTIA AND THEIR FAMILY CAREGIVERS

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Introduction: Dementia and hip fracture are both associated with substantial disability and mortality, often coexist, are increasingly common in older adults, and have shared risks. Dementia is not only a major risk factor for falling and hip fracture, but also predicts postoperative complications, delirium, rehabilitation difficulties, recurrence of fracture, nursing home placement, poor functional recovery, increased risk of mortality and further cognitive impairment. However, a lack of care models for hip fractured older persons with dementia was found. Few studies have been conducted to explore effective interventions for this population.

Objectives: The purpose of this study was to develop an innovative family-centered care model for hip fractured older persons with dementia based on our prior studies on care models for persons with dementia and with hip fracture.

Methods: A panel of experts was established to develop the care model. The study was approved by the Institutional Review Board of Chang Gung Memorial Hospital. The feasibility of the care model was tested in 3 families.

Results: This care model was developed to improve postoperative recovery, manage dementia related behavior problems/symptoms, and enhance family caregivers' competence in dementia care. This care model is theoretically underpinned by: (a) the Progressively Lowered Stress Threshold Model, a component of Lawton's ecological model of aging, and (b) the concept of partnership with family caregivers to strengthen their competence in providing care. Key elements of this care model include involvement of family caregivers in geriatric assessment, psychiatric consultation, continuous rehabilitation, and enhanced discharge service. In addition, training will be provided to family caregivers to enhance their competence in caring for hip-fractured patients with cognitive impairment. This care model is feasible to implement based on the experiences of the three families of hip fractured older persons with dementia.

Conclusion: A family-centered care model for hip fractured older person with dementia was developed and is feasible to be implemented The effectiveness of the family-centered care model will be evaluated in a randomized controlled trial.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO1-123

REVISION OF THE DRAFT VERSION OF NURSING SUPPORT PROTOCOL IN SITUATIONS OF CARE BURDEN FOR DEMENTIA PATIENTS WITH DETERIORATION OF CHRONIC HEART FAILURE

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Introduction: Many nurses hope for trouble-free care for dementia patients with deterioration of chronic heart failure. To that end, we have developed a nursing support protocol based on previous studies. The draft version required revision because there was doubt as to whether or not it included professional points of view from certified nurses, etc. Thus, the purpose of this study is to revise the draft version of the nursing support protocol with certified nurses both in dementia nursing and chronic heart failure nursing.

Objectives: The purpose of this study is to revise the draft version of the nursing support protocol with certified nurses both in dementia nursing and chronic heart failure nursing.

Methods: Bibliographical consideration using the Web Japan Medical Abstractis Society was implemented to develop the draft version of the nursing support protocol in the first phase. In addition to this, citations from books related to nursing care in dementia and chronic heart failure were reviewed. In total, 32 documents were slated for review to develop the draft version of the nursing support protocol. In the second phase, two-hour interviews were carried out with each certified nurse to develop the revised version of the nursing support protocol. After obtaining informed consent, interviews were conducted. Qualitative data analysis was used.

Results: Twelve certified nurses involved in dementia nursing and 6 certified nurses involved in chronic heart failure nursing participated in the study. In the draft version of the nursing support protocol in the first phase, 6 difficult care burden situations in dementia patients with deterioration of chronic heart failure were found in bibliographical consideration. In the second phase, the situations in acute treatment and care were: 1. maladjustment due to sudden admission to hospital, 2. confusion and anxiety about examination and treatment, 3. possibility of not recovering due to breaks in acute treatment and ongoing monitoring, 4. difficulties in deterioration of chronic heart failure, 5. difficulty of monitoring when using diuretic drugs, 6. difficulties with adherence to salt and fluid restrictions. Three certified nurses involved in dementia nursing and 2 certified nurses involved in chronic heart failure nursing were required to divide 6 difficult situations in acute treatment and care into 3 processes. These were: initial problems concerning burden on the heart at admission, problems concerning breaks in acute treatment and ongoing monitoring, and problems concerning the convalescence stage although the other certified nurses agreed with the draft version of the nursing support protocol.

Conclusion: The draft version of the nursing support protocol was evaluated by experts who were certified nurses in both dementia nursing and chronic heart failure nursing, and content validity was confirmed.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-372

THE GOLDEN TICKET- AN INNOVATIVE MODEL OF DEMENTIA CARE

Makeisha Birdine on behalf of High Weald Lewes Havens Clinical Commissioning Group, Emma Costello[*] on behalf of High Weald Lewes Havens Clinical Commissioning Group, Elizabeth Gill on behalf of High Weald Lewes Havens Clinical Commissioning Group, Kim Grosvenor on behalf of High Weald Lewes Havens Clinical Commissioning Group

Objectives: The Golden Ticket; winners of National Primary Care Awards,' Pathway Innovation of the Year Award 2016'; shortlisted for National Dementia Care Awards, 'Outstanding Dementia Care Innovation'; & won Gold in 'Partnership in practice & Silver in the 'Team' Category', 2016 Positive Practice Awards (Sussex Partnership Foundation Trust).

A Clinical Review incorporating extensive public, patient and stakeholder engagement, identified a number of pathway deficiencies resulting in fragmentation, poor outcomes for patients & high costs to the NHS. 'The Golden Ticket' is an innovative, composite model which focuses on people immediately receiving information, advice & support; as well as access to a range of interventions & services, to help them live as well & independently with dementia for as long as possible.

The Golden Ticket

At the point of diagnosis by the secondary care memory assessment service a 'Golden Ticket' is activated. Within 2 weeks a Primary Care Practitioner will undertake a 'holistic review', liaising with the Lead GP where necessary & utilising a 'Hotline' to secondary care, for information & advice. A medication review is also undertaken by a Pharmacist & any actions arising, coordinated by a GP.

Patient & carer have a 'Dementia Guide' to provide information, advice, emotional support & practical guidance, together with initiating discussion for advance care planning, which will be signed off by the GP.

Patients & carers will have access to psyhco-social interventions, co-ordinated & delivered by the voluntary sector. There are four core community-based interventions seeking to meet the needs of: physical, emotional, memory & occupational wellbeing. Carers & patients are also invited to join a peer support Café offering support.

In addition, a weekly 'Blip' clinic will be held at the practice, utilising the 'eyes & ears' of the community & support circle for information of changing circumstances in order to coordinate rapid interventions which will delay/prevent deterioration.

Pilot phase

The evaluation phase of the pilot ran for 3 months (in 2015) & included a sample of the population in East Sussex.

- 20% reduction in GP consultations
- 25% reduction in acute admissions/A&E contacts
- 47% shift in activity from Secondary Care to Primary Care
- 15% reduction in falls
- Medication list reduction has been a success
- Quality of life for patients living with dementia improved
- Participants felt able to live more independently
- There was a reported improvement in access to information & advice
- Wellbeing interventions were hugely beneficial to patients & carers
- Mental health & wellbeing improved for patients involved
- Carers' experience & reported outcomes improved.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-369

A NEW APPROACH TO PERSON CENTEREDNESS |AUSTRALIAN PILOT OF THE BUTTERFLY CARE MODEL

Peter Bewert*, Sharon Callister

Objectives: This presentation will focus on the implementation of a person centred model of care widely implemented in the United Kingdom. The Salvation Army Aged Care Plus is the first Australian Aged Care Provider to partner with Dr David Sheard from Dementia Care Matters to implement this revolutionary model of care which is focussed on the importance of feelings and being present for care provision in dementia care to be successful.

The model has had significant success in improving the quality of life and person centred approach for residents' who reside in dementia units, specifically improvements demonstrate decreased expressive behaviours, improved social interactions and meaningful engagement with staff and loved ones through activities of occupation. The model has demonstrated improvements in staff culture, reduced turnover and sick leave whilst increasing workplace satisfaction by creating a true home.

The model has been supported by the United Kingdom Regulators of Aged Care and is a research based philosophy which can be tangibly measured through auditing processes to demonstrate improvement in Quality of Life for consumers. The model has had increased efficacy as it is based upon both best practice research methodologies incorporating emotional intelligence which is the differing factor compared with similar frameworks available in the aged care industry.

Implementation of the model has seen residents with dementia tangibly "come alive again" and be engaged with life to the very full. The deconstruction of routines has been instrumental in ensuring meaningful engagement is realised on a daily basis with the care provision for persons with dementia. This has been measured through not only engagement levels of residents, but also improved familial relations, improved staff satisfaction and the improvement of a number of clinical indicators (weight gain, reduction in falls, reduction in expressive behaviours, reduction in the use of psychotropic medications and reduced pain).

Feelings matter most, and the concept of being person centred versus doing person centred care is centric to the success of the model. The increased emotional intelligence of staff has allowed for increased professional attachment, vulnerability and expressions of love and warmth which are essential in ensuring the environment is conducive to persons with dementia being expressive, meaningfully engaged and passionate about enjoying life, regardless of the medical confines of cognitive impairment.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-371

AN ENABLING MODEL OF CARE FOR PEOPLE LIVING WITH DEMENTIA IN RESIDENTIAL AGED CARE

Michael Preece*

Objectives: We have introduced a model of care for elders living with dementia that is focused on eliminating institutional task oriented care. A working party consisting of leaders, staff, family members and external experts developed the model around enablement. Enablement in this context relates to staff, residents, families and volunteers. Staff are enabled to be themselves, to break away from routine and tasks and as we say “take a journey with the residents”.

We have learnt who the residents really are, set the optimal staffing levels and trained the staff to maximise the ability of the person living with dementia, focused at that time and recognising that it is likely to be different in an hour. Staff do not wear uniforms and are called Enabling Companions. Training of an Enabling Companion starts with getting to know themselves and then followed by advanced dementia knowledge, enabling therapies, medication management and advanced care techniques. All staff contribute to a learning circle every afternoon, where they analyse, plan and learn how to maximise the lived experience for each person. Residents can start their day at whatever time suits them, they self-serve all meals, they assist with the running of the “house” and activities are spontaneous and inclusive. The whole day, including retiring to bed is driven by the resident.

Outcomes - Residents are more active during the day and participation and engagement in their own activities of daily living has increased significantly. Resident incidents (“behaviours”) have decreased because these are seen as unmet needs and an understanding of what the resident needs drives the enablement. There is very little desire to sit in front of the TV. Our elders are eating better, sleeping better and engaging in life. Staff satisfaction and engagement in a future without routines is very high. Complaints have been eliminated, compliments have increased and family engagement has noticeably increased.

The model is not one that is purchased off a shelf and rolled out. It comes from the heart and attitudes of the leaders, staff and families. There is really only two impediments for any provider to overcome; 1. Knowing that institutional, task oriented care strips the person living with dementia of their personality and independence and 2. Change is an outcome of a desire to do better.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO1-129

PROMOTING A CARING ATMOSPHERE WHILE CARING FOR PERSONS WITH DEMENTIA LIVING IN A NURSING HOME - FROM THE STAFF PERSPECTIVE

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Introduction: Care of persons with dementia has attracted much attention in research and reports of adverse care and difficulties recruiting and keeping staff exist. Yet in some care facilities there exists an atmosphere of ease, where persons with dementia, their relatives and the staff thrive. This interested the authors in studying what characterizes such a facility, and therefore the present study was carried out in a nursing home renowned for its good atmosphere and quality of care.

Objectives: The aim was to describe what promotes a caring atmosphere in a nursing home for persons with dementia from the staff perspective. The concept atmosphere was used as an understanding of what characterizes the daily life in a nursing home for the persons, their relatives and staff and has been described as an indirect predictor of quality of care.

Methods: A qualitative descriptive design with a modified grounded theory was used. The nursing home, situated on the ground floor of a larger building, had eight single rooms with private bathrooms and kitchenette. Individual interviews (44-74 minutes) were conducted with eight of eleven eligible staff, one social worker, two licensed practical nurses, and five nurse assistants. Each interview was listened to before the next was conducted. The analysis consisted of open, axial and selective coding and a constant comparison between each interview.

Results: The result was presented in a main category 'a safe place for everybody' and three categories; 'approaches towards caring for persons with dementia', 'approaches to work', 'approaches towards each other'. The main category emphasize that everyone's well-being were equally important, whether it was the persons, their relatives or the staff. According to the participants staff needs to have time for communication and interaction with each other and to discuss how to deal with tough situations that may occur in daily work. Likewise leadership was stressed to be of great significance to the good quality of care given.

Conclusion: In this study a shared ground for caring was a foundation and supported the caring atmosphere and quality of care as well as the mutual trust between staff and the leader. It was interpreted that the leader influence how staff relate to each other and to how they create caring relationships with the persons living there. This was a creative challenge for the staff in their work with people with dementia. Although many facilities face great problems in their care of persons with dementia it seemed important to try to capture what characterized a nursing home where both staff and persons living there seem to flourish. This needs to be studied further. The result may stimulate to interventions in other nursing homes to possible improve the atmosphere and the quality of care.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO2-381

THE DEVELOPMENT OF ELDERLY PEOPLE WITH DEMENTIA WHO PARTICIPATED IN AN INTERGENERATIONAL DAY PROGRAM WITH CHILDREN: A CASE REPORT EXAMINING IMPROVEMENT IN DEPRESSION (GDS15)

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Objectives: Purpose
We created an intergenerational day program in an urban community for older adults and school age children (Program A) for 9 years and also developed the St. Luke’s Intergenerational Exchanges and Relations Observation (SIERO) Inventory to evaluate the intergenerational exchanges. Nonetheless, few reports have examined the characteristics of intergenerational exchanges between elderly people with dementia and children, and the support methods also remain unclear. The purpose of this study was to present methods of nursing support for intergenerational exchanges targeting elderly people with dementia by examining the course of an elderly person with dementia who participated in Program A.

Methods
1)Subject: One person with dementia who continuously participated in Program A.

2)Methods:The following data were gathered as sources of information(2 years and 6 months): case records, SIERO Inventory, subjective sense of exchange, self-reported satisfaction with participation (VAS 10), and the 15-item Geriatric Depression Scale (GDS-15). This study was approved by the institutional review board of the authors’ affiliated university (approval number: 13-031).

3)Analysis: The sources of information were examined chronologically and analyzed using descriptive statistics.

Results
1)Development: Ms. X was a woman in her 90s diagnosed with Alzheimer’s disease. At the time of initial participation, the long-term care requirement level was 2. NM Scale scored 18 (moderate dementia). GDS-15 scored 12. After 2 years and 6 months, the long-term care requirement level was 4. NM Scale scored 13 (severe dementia).GDS-15 scored 3 (no depression).

2)Impact of participating in the program

・SIERO Inventory: Scores were highest for exchange games (6 points) and seasonal events (5 points).

・ Subjective sense of exchange: The mean (± standard deviation) scores was 1.71 (± 0.82). Scores were relatively high for exchange calligraphy (2.33; ± 0.94) and lower for making snacks (1.50: ± 0.50) and watching movies (1.67: ± 0.94).

・Program satisfaction VAS 10: The mean was 9.14 (1.29). Reminiscence therapy and making snacks scored highest (10 ± 0.0), while watching movies scored lowest (7.67 ± 0.47).

Discussion
Despite the progression of her dementia, Ms. X was provided with assistance and consideration that allowed her to continue to participate in Program A. Furthermore, her depression gradually improved and had disappeared by the time of the survey. While the people with dementia struggled to enjoy aspects of the program such as watching movies, this survey suggested the significance of nursing support for intergenerational exchanges incorporating intergenerational games and seasonal events.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO1-127

IMPLEMENTATION OF THE SERIAL TRIAL INTERVENTION (STI) TO REDUCE PAIN RELATED BEHAVIORS IN INSTITUTIONALIZED RESIDENTS WITH DEMENTIA

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Introduction: Inadequate assessment and treatment of pain remains an insidious problem in institutionalized cognitively impaired seniors. Many strategies including pain education programs, systematic quality improvement programs and clinical decision-making algorithms have been used to improve pain management in long-term care facilities, but only the use of algorithms is advocated as a promising means of improving the quality of pain management.

Objectives: The study aimed to compare the effect of the Serial Trial Intervention (STI) coupled with basic pain education (Experimental group) versus basic pain education (Control group) in 1) improving the pain care practices and 2) reducing pain related behaviors in cognitively impaired residents at post-intervention and 3-month follow up.

Methods: A double-blind cluster randomized controlled trial with a three month follow-up period was conducted with 170 residents in six dementia special care units. The weekly pain management performance of RNs (e.g., use of pharmacologic and non-pharmacologic strategies, use of referral) was recorded and weekly average scores of the pain-related expressions of residents were assessed using the Doloplus-2 Scale and the Cohen-Mansfield Agitation Inventory (CMAI) over seven consecutive days. These outcome variables were collected from both groups at pre- and post-intervention, and at 3-month follow-up.

Results: The generalized linear mixed model analysis showed that the RNs in the experimental group used significantly more weekly non-pharmacologic strategies and more weekly referrals for pain relief than those in the control group at either post-intervention time point. However, the groups did not differ significantly in the use of prescribed pain medications. Further, residents in the experimental group had significantly fewer pain-related expressions compared to those in the Control group.

Conclusion: The STI is effective and is recommended for routine use in residents with dementia to improve the quality of pain management.

Disclosure of Interest: None Declared

Care research and practice

Models of care

PO1-128

MODEL OF ACTIVITY CARE CORRESPONDING TO COGNITIVE LEVEL

Shinya Hisano*

Introduction: 認知症者に対するアクティビティの適応には，対象者の認知レベルとアクティビティの活動要求の分析が重要である．著者らは，認知レベルとADL/IADL能力の関連についての先行研究において，高齢者・認知症は認知レベルの低下に伴い，こどもの発達の逆の順序でADL/IADL能力が低下すること，認知レベルと機能年齢が相互に予測可能な回帰式を報告した1～3）．

Objectives: 本研究は，先行研究結果をアクティビティ，レクリエーションの治療的介入に応用し，アクティビティケアモデルを構築することを目的とした．

Methods: 先行研究で報告した認知レベルと機能年齢の回帰式を使用した（機能年齢（歳）＝0.25*MMSE得点＋0.05；機能年齢（歳）＝ 1.731 $e^{0.058\text{*HDS-R（得点）}}$；機能年齢（歳）＝ 0.846 $e^{0.048\text{*NMスケール（得点）}}$）．MMSE，HDS-R，NMスケール得点をそれぞれの回帰式に当てはめ，機能年齢予測値を算出した．次に認知の発達段階を機能年齢予測値と照らし合わせ，認知レベルに対応した機能年齢別のアクティビティ，レクリエーションの治療的介入を検討した．

Results: 機能年齢別のアクティビティケアを認知症の重症度と対応する以下の3分類によってまとめることができた．

1）機能年齢0～2歳未満（MMSE：0～7点；HDS-R：0～2点；NMスケール：0～17点）：感覚刺激を求める客体への携わり, 音・音楽に対する反応，粗大運動．

2）機能年齢2～4歳未満（MMSE：8～15 点，HDS-R：3～14点；NMスケール：18～32点)：道具・客体の使用，難易度の低い描画・クラフト，茶話会的活動，競技志向的活動．

3）機能年齢4～6歳未満（MMSE：16～23点，HDS-R：15～21点；NMスケール：33～40点)：自由度・自立度の高いクラフト・描画，共同グループ活動，集団競技，認知課題を取り入れた活動．

Conclusion: 本研究の結果，認知症重症度に対応した機能年齢2歳区分による3分類でアクティビティケアの治療的介入方向性が提示された．積極的な行動への携わりは認知症者の重要なQOL要素であり，ロートンの能力 圧力モデル，フローのモデルでは，アクティビティが求める活動要求，つまり環境の圧力が対象者の認知能力と適合することで，適応行動や陽性情動が生じるとしている．本研究結果は，認知レベルに対応したアクティビティ，レクリエーションのアダプテーションの方法を示唆するといえる．

今後，今回提示された認知レベルに対応したアクティビティケアモデルの臨床的有用性を検討する必要がある．

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Disclosure of Interest: None Declared

Science

New and future treatments

PO2-382

THE NUTRACEUTICAL-ELICIT COGNITIVE IMPROVEMENT IN AN AMYLOID-BETA42-INJECTION MOUSE MODEL OF ALZHEIMER'S DISEASE IS MEDIATED BY ACTIVATION OF AUTOPHAGY

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Introduction: Alzheimer's disease (AD) is a progressive neurodegenerative disease and is the most common form of dementia in the elderly. Accumulated evidence has suggested that enhanced autophagic clearance of amyloid-beta (Abeta) and Tau, the two pathological hallmarks of AD, could significantly slow down the progression of neurodegeneration in AD.

Objectives: We thus seek to identify novel autophgy-enhancing agents from herbal extracts that can reduce Abeta-elicited neurotoxicity and cognitive impairment.

Methods: A cell-based *Renilla* luciferase reporter assay for autophagy was generated to screen a collection of 650 distinct herbal extracts. Effective herbal extracts that exhibit autophagy-inducing activity in the preliminary reporter assay were subject to the secondary validation assay in cultured cells. The autophagy-inducing potency was confirmed by their capabilities in increasing the conversion of LC3-I to LC3-II and reducing the levels of p62. An intracerebral Abeta42-injection mouse model of AD was employed to assess the biological efficacy of effective herbal extracts on cognitive improvement.

Results: We have identified an herbal extract (HE238) that can effectively induce autophagy to promote the clearance of Abeta in cultured cells. Oral administration of HE238 for 2 months significantly improves the cognitive functions in an Abeta42-injection mouse model of AD. This cognitive improvement is accompanied by elevated autophagic activity and improved neuronal survival in the mouse brain.

Conclusion: Our data suggest that the active ingredients of HE238 could present an enormous resource for AD-alleviating agents.

Disclosure of Interest: None Declared

Science

New and future treatments

PO2-391

AN OPEN PILOT STUDY OF NON-PHARMACOLOGICAL AUGMENTATION THERAPY FOR BEHAVIOR AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD) USING INAUDIBLE HIGH-FREQUENCY SOUNDS

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Introduction: Behavioral and psychological symptoms of dementia (BPSD), appeared in 50% to 70% of patients of dementia, are one of the key symptoms for care and treatment of dementia. In particular, pharmacological treatments of BPSD are often associated with drug-related adverse events, including hypotension, pulmonary aspiration, over sedation, and tendency to fall. Therefore, to develop effective non-pharmacological treatments of BPSD is an important issue for overcoming dementia.

Objectives: In this study, we explore a potential non-pharmacological augmentation option using high-frequency sounds above the human audible range (max. 20 kHz). In the previous studies, we have found that sounds containing inaudible high-frequency components activate the midbrain and diencephalon and evoke various physiological, psychological and behavioral responses, which referred to as hypersonic effect. To test the safety and efficacy of inaudible high-frequency sounds on BPSD, an open pilot trial was conducted.

Methods: Five patients with BPSD entered the study. The participants received 4-week sound stimulation. The environmental sounds of tropical rain forest containing the wealth of inaudible high-frequency components were presented for 12h to 24h a day at their rooms of a hospital or a dining hall of a nursing home for dementia patients. During the intervention, there was no restriction in their behavior and they could freely move around the room. Other therapies including pharmacological and psychological treatments were conducted without any restrictions. Efficacy and tolerability were assessed using the Neuropsychiatric Inventory Nursing Home Version (NPI-NH), and patients' subjective reports of side effects.

Results: Throughout the trial, there was no report of side effects and a rejection of attribution for any reason, indicating the safety of the inaudible high-frequency sound stimulation. In some patients, the scores of NPI-NH, in particular scores of delusions, elation/euphoria, apathy/indifference, were decreased after the intervention.

Conclusion: The current study demonstrated the safety of the inaudible high-frequency sound therapy for BPSD. In addition, the observations of effective cases suggest that the inaudible high-frequency sound stimulation may be a potential non-pharmacological augmentation option for some patients with BPSD. However, due to strong methodological limitations, the current study was only a preliminary trial and requires confirmation by further controlled trials.

Acknowledgement

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Disclosure of Interest: None Declared

Science

New and future treatments

PO2-385

BETA-AMYLOID IN THE GASTROINTESTINAL TRACT MAY CAUSE COGNITIVE DEFICITS: PROTECTIVE ACTION OF SOY FLAVONOIDS

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Introduction: Beta-amyloid (Aβ) can be found in the gastrointestinal (GI) tract of Alzheimer's disease (AD) patients. [1] An emerging hypothesis suggests that protein aggregates involved in neurodegenerative disease transport from periphery to the brain in a prion-disease-like manner. [2] With regard to Parkinson's disease (PD), there is evidence that -synuclein spreads to the brain from the GI tract via the vagus. [3] It is possible that an increased level of Aβ in the GI tract contributes to cognitive loss in patients with AD. In our previous *in-vitro* studies, we found that soy bean flavonoids could protect enteric nerves from Aβ toxicity.

Objectives: To investigate if local injection of Aβ into the serosal wall of the GI tract induces subsequent memory impairments, and if soy bean flavanoids have protective actions.

Methods: Under general anesthesia, oligomeric Aβ (24 injections; total dose, 8 µg/mouse) was injected along the serosal lining of GI tract of 2 month old female ICR mice. The animals were then randomized to receive soy flavonoids: (1) daidzein, (2) genistein, (3) glycitein, and (4) a mixed formula (DAI/GEN/GLY=4:6:1; 400ug/day/mouse), or vehicle, daily in drinking water. A battery of memory tests were conducted 6-12 months later. In other experiments, animals were terminated at 2 months and sections of GI tract were removed and electrically field stimulated to assess neuromuscular coupling deficits.

Results: We found that GI-seeded Aβ induced cognitive deficits in the novel object recognition test, which was prevented by daily oral intake of soy flavonoids, in all four treatment groups. ($p<0.01$) However, Aβ did not disrupt learning and memory in the Morris water maze, passive avoidance task, or hunger-driven T-maze task. No significant differences were observed in the GI functional assay. ($p>0.05$)

Conclusion: Aβ seeded in the GI tract may induce cognitive deficits in spontaneous memory tasks, but not in tasks confounded by internal stress. The type of memory being affected had yet to be determined. We are currently investigating the impact of Aβ treatment on the brain and GI tract using molecular techniques.

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Disclosure of Interest: None Declared

Science

New and future treatments

PO2-384

AN OPEN-LABEL, REPEAT DOSE STUDY TO EVALUATE THE SAFETY AND PHARMACOKINETICS OF INTEPIRDINE (RVT-101) IN HEALTHY JAPANESE SUBJECTS

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Introduction: Ethnicity is one factor that contributes to pharmacokinetic (PK) variability and subsequently, variability in drug response. Drug disposition may be different between East Asian and non-East Asian subjects due to disparities in diet, environment, and polymorphisms in drug metabolizing enzymes. This study was conducted to evaluate whether the PK and safety of RVT-101 in Japanese subjects were similar to healthy Caucasian subjects, or if inter-ethnic differences exist.

Objectives: A repeat of the open-label, parallel-group study to eveluate whether the PK and safety of RVT-101 in Japanese subjects were similar to healthy Caucasion subjects.

Methods: This was a repeat-dose, open-label, parallel-group study conducted in the US. Subjects received intepirdine 35 mg once daily for 7 days in a fasted state. Japanese subjects were required to have been born in Japan, having four ethnic Japanese grandparents, holding a Japanese passport or identity papers, able to speak Japanese, and maintained a traditional Japanese diet. In addition, subjects had lived outside of Japan for less than 10 years. Caucasian subjects were matched for gender, age (±10 years), and body mass index (BMI; ± 20%) to the Japanese subjects

Results: Twenty subjects (10 Caucasian, 10 Japanese) were enrolled and all completed the study. Mean intepirdine PK parameters were similar for both cohorts: Mean (CV%) Cmax and AUC$_{0-t}$ in the Japanese subjects were 198 ng/ml (25%) and 3501 ng*h/ml (24%), respectively, while Cmax and AUC$_{0-t}$ in Caucasian subjects were 191 ng/ml (18%) and 3564 ng*h/ml (19%), respectively. Statistical analysis of PK parameters indicated no significant differences between cohorts in any of the measured parameters. The administration of 35 mg intepirdine tablets was well tolerated in healthy Japanese and Caucasian subjects. There were no severe treatment emergent adverse events (TEAEs), SAEs, or deaths reported during the study and no subjects withdrew from the study due to a TEAE. No clinically significant changes or findings were observed in vital signs, ECGs, or clinical laboratory assessments.

Conclusion: There were no significant differences in plasma intepirdine PK between the healthy Japanese subjects and the matched Caucasian control subjects. No dose adjustment is required in subjects of Japanese descent.

Disclosure of Interest: K. St. Ledger Conflict with: Received stock options as part of employment compensation at Axovant Sciences, Inc., Conflict with: Current employee of Axovant Sciences, Inc., E. Asare Conflict with: Received stock options as part of employment compensation at Axovant Sciences, Inc., Conflict with: Current employee of Axovant Sciences, Inc., I. Fogel Conflict with: Received stock options as part of employment compensation at Axovant Sciences, Inc., Conflict with: Current employee of Axovant Sciences, Inc., H. Murck Conflict with: Received stock options as part of employment compensation at Axovant Sciences, Inc., Conflict with: Current employee of Axovant Sciences, Inc., L. Jones Conflict with: Owner of Axovant stock options, Conflict with: Consultant for Axovant Sciences, Inc., S. Piscitelli Conflict with: Owner of Axovant stock options, Conflict with: Consultant for Axovant Sciences, Inc., I. Lombardo Conflict with: Received stock options as part of employment compensation at Axovant Sciences, Inc., Conflict with: Current employee of Axovant Sciences, Inc., L. Friedhoff Conflict with: Received stock options as part of employment compensation at Axovant Sciences, Inc., Conflict with: Current employee of Axovant Sciences, Inc.

Science

New and future treatments

PO2-386

INVESTIGATIONS ON NOOTROPIC EFFECTS OF A. RACEMOSUS IN MICE

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Introduction: For thousands of years, plants have been used for cognitive impairment in India. Ayurveda, the Indian system of medicine describes the use of medhya rasayana (rejuvenating and intellect promoting) drugs in the management of nervous disorders

Objectives: In the present study, the nootropic effects of *A. racemosus* were investigated by employing both exteroceptive and interoceptive models.

Methods: Elevated plus maze and passive avoidance paradigm were employed to evaluate learning and memory. ntioxidant activity and AChE activity was also measured.

Results: AR (50 and 100 mg/kg, p.o.) significantly attenuated amnesic deficits induced by scopolamine, diazepam and natural aging. AR significantly decreased acetylcholinesterase activity and increased brain levels of thiobarbituric acid reactive substances and gluthione peroxidase activity.

Conclusion: AR showed nootropic potential against scopolamine, diazepam and aging induced amnesia in mice. The memory improving activity of *A. racemosus* may be attributed to its antioxidant, neuroprotective, pro-cholinergic and anti-acetylcholinesterase properties.

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Disclosure of Interest: None Declared

Science

New and future treatments

PO2-390

NOVEL STRATEGIES OF TREATMENT OF ALZHEIMER'S DISEASE AND SCHIZOPHRENIA BASED ON D-CELLS HYPOTHESIS

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Introduction: Schizophrenia is a mental illness, which afflicts approxmately 1% of the world populations, and manifest eg. delussions, hallucinations, disorganized thought, flattened affect and especially impairment cognitive processes like in another serious degenerative disorders, Alzheimer's Disease(AD).The authors intended to show novel therapeutic strategies of AD and schzophrenia from the recently established hypothesis for the similar molecular basis of this both group of illnesses.

Objectives: There is a pressing need to identify novel mechanisms and develop new therapeutc strategies for schizophrenia and AD based on D-cell hypothesis of etiology od schizophrenia developed by K. Ikemoto mainly linked to neural stem cell(NSC) dysfunction in schizophrenia and AD

Methods: The postmortem brain specimen obtained (from striatal and nuclear accumbens- Acc), during not longer period than 8 h after death, from 6 schizophrenia patients aged 51-78 yr old and 5 normal control patients aged 27-64 yr old were immunostained by using an antibody against aromatic L-amino acid decarboxylase(AADC). The average number of AADC-positive neurons per one section of 50um thick in the striatum were examined

.

Results: We found that striatal D-neurons were statistical significantly($p<0.05$) decrease in postmortem brains of schizophrenia due to neural stem cells dysfunction or decreases in the subventricular zone of lateral ventricle

Conclusion: According to our hypothesis, striatal D-neuron decrease of postmortem brains of schizophrenia patients and AD(noticed by another authors) my play pivoval role in the pathogenesis of these both illnesses. In this regard ,cell-replacement therapies, such as stem cells or induced pluripotent stem cells(iPSC)-derived neural cells hold potential for treatment AD and schizophrenia patients. From this point of view it is important that transplantation of neural stem cells(NSCs) to the hippocampal area in transgenic AD mice improves cognition, neuronal survival, and synapse function. Many studies suggest that efficacy is enhanced when coupled with delivery of trophic factors that can improve neurological disorders. Comination approaches ,in which stem cells are engineered to produce additional growth factors, provide increased cellilar and trophic support in this both disorders

Disclosure of Interest: None Declared

Science

New and future treatments

PO2-383

AN OVERVIEW OF INTEPIRDINE (RVT-101) IN CLINICAL TRIALS FOR DEMENTIA: EFFECTS ON COGNITION AND ACTIVITIES OF DAILY LIVING AND DEVELOPMENT PLANS IN ALZHEIMER'S DISEASE AND DEMENTIA WITH LEWY BODIES

Katie St. Ledger, Ebenezer Asare, Ilan Fogel*, Harald Murck, Geetha Ramaswamy, Ilise Lombardo, Lawrence Friedhoff

Introduction: Intepirdine (RVT-101) is a 5-HT6 receptor antagonist in development for the treatment of dementia. Intepirdine has been evaluated in studies of over 2000 subjects across 18 completed clinical studies and has been well-tolerated. The largest of these studies was a randomized placebo-controlled trial involving 684 mild-moderate Alzheimer's disease patients and spanning 48-weeks of therapy, in which intepirdine or placebo was administered once daily on top of stable background donepezil therapy. Intepirdine is currently in development for the treatment of patients with Alzheimer's disease and dementia with Lewy bodies.

Objectives: To review the results of completed clinical studies and current developent plans for intepirdine.

Methods: We reviewed the results of the completed clinical studies of intepirdine in healthy volunteers and patients with mild-to-moderate Alzheimer's disease, which are summarized in this presentation.

Results: The findings from completed clinical efficacy studies are consistent with results from preclinical studies. In the 684-patient placebo-controlled study on background stable donepezil therapy, Intepirdine demonstrated statistically significant benefits in cognition (ADAS-cog) and function (ADCS-ADL). A similar incidence of adverse events was observed across the treatment and placebo arms of this study, with a lower incidence of falls (2% for intepirdine vs 6% for placebo) in the group that received intepirdine.

Conclusion: Intepirdine is a potential best-in-class 5-HT6 receptor antagonist in development for the treatment of dementia. Intepirdine is currently under evaluation in a global Phase 3 study required for approval in the U.S. and Europe (the MINDSET study; ClinicalTrials.gov identifier: NCT02585934). In addition, intepirdine is being evaluated in a Phase 2b study in dementia with Lewy bodies (the HEADWAY-DLB study; ClinicalTrials.gov identifier: NCT02669433), a condition for which there are currently no approved drugs in the U.S. or Europe.

Disclosure of Interest: K. St. Ledger Conflict with: Owner of Axovant stock options, Conflict with: Current employee of Axovant Sciences, Inc., E. Asare Conflict with: Owner of Axovant stock options, Conflict with: Current employee of Axovant Sciences, Inc., I. Fogel Conflict with: Owner of Axovant stock options, Conflict with: Current employee of Axovant Sciences, Inc., H. Murck Conflict with: Owner of Axovant stock options, Conflict with: Current employee of Axovant Sciences, Inc., G. Ramaswamy Conflict with: Owner of Axovant stock options, Conflict with: Current employee of Axovant Sciences, Inc., I. Lombardo Conflict with: Owner of Axovant stock options, Conflict with: Current employee of Axovant Sciences, Inc., L. Friedhoff Conflict with: Received stock options as part of employment compensation at Axovant Sciences, Inc., Conflict with: Current employee of Axovant Sciences, Inc.

Science

New and future treatments

PO2-387

EFFECTIVENESS AND TOLERABILITY OF SOUVENAID IN CHINESE PATIENTS WITH MILD ALZHEIMER'S DISEASE AND OTHER DEMENTIAS IN A REAL-WORLD CLINIC SETTING. AN OPEN-LABEL STUDY

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Introduction: Approximately 36 million people worldwide have dementia. Majority of them have Alzheimer's disease (AD). Previous studies have demonstrated the importance of nutrition on cognitive health during aging. Neuronal health depends on the adequacy of multiple nutrients. Recently a treatment with multiple nutrients (Souvenaid) in mild AD has met some success. Souvenaid is a 125 ml (125-kcal) drink, which contains multiple nutrients including uridine monophosphate, phospholipid, choline, omega-3 fatty acids, vitamins and antioxidants. The latters are considered essential for the formation of synaptic membranes and synaptic functioning.

Objectives: To investigate the effectiveness and tolerability of Souvenaid in Chinese patients with mild AD and other dementias in a real-world out-patient clinic setting

Methods: This was a 3-month open-label case series study, which was conducted in a single memory clinical centre from October 2014 to April 2016. The diagnosis of AD was in accordance with the 2011 NIA-AA criteria of probable AD dementia, with MRI brain imaging showing medial temporal atrophy and/or hippocampal atrophy.

Results: 37 subjects completed their 3-month follow-ups. At baseline, the mean (SD) age was 82.7 (8.5) years, and the mean MMSE score was 19.8. 67.6% of them were women. 91.9% (n=34) of them had AD dementia, and 8.1% (n=3) had vascular dementia (n=2) or alcoholic dementia (n=1). 86.5% of them were on approved symptomatic AD treatments. Souvenaid was well tolerated by 89.2% of the subjects. 10.8% had intolerance with minor GI side effects including diarrhoea, and abdominal cramps. Financially, 91.9% could afford the cost. Cognitively, the mean MMSE improved by 1.6 after 3 months (p=0.006, paired t-test), and 60% of them showed improvements. Improvements in memory (caregivers' reports), memory (self-reports), orientation to persons and place, activities of daily living (ADL) (caregivers' report), ADL (self-reports), outdoor activities (self-reports), hobbies' participation (caregivers' reports) were observed in 46%, 43%, 43%, 27%, 30%, 27%, 32% and 33%, respectively. Improvements in behavioral psychological symptoms including apathy (caregivers' reports), anxiety (caregivers' reports), depression (self-reports), sleep (caregivers' reports), and appetite (caregivers' reports) were noted in 40%, 40%, 38%, 43%, and 38%, respectively.

Conclusion: Adding Souvenaid to the existing symptomatic AD treatments is well tolerated, and it contributes to improvements in memory, and other cognitive functions, behaviour and daily activity among Chinese patients with mild AD or other dementias, over a 3 month period.

Disclosure of Interest: L.-W. Chu Conflict with: Research Grant from Nutricia Hong Kong

Science

New and future treatments

PO2-388

LIPOSOMAL PREPARATION FOR TREATMENT ALZHEIMER'S DISEASE

Nina Ivanova*

Introduction: The key event leading to AD appears to be the formation of a peptide known as beta amyloid which clusters into amyloid plaques on the blood vessels and on the outside surface of neurons of the brain -- which ultimately leads to the killing of neurons. Many medical products do not reach a brain. But liposomes just as nanoparticles, can to cross the hemato-encephalic barrier and "pulling through" their content through the blood-brain barrier [1].

Objectives: Therefore, the target of the work was the development of liposomal preparation for treatment Alzheimer's Disease.

Methods: We used negatively charged loaded liposomes with original lipid's structure and specific original drug. The researches of preparation for the treatment Alzheimer's Disease have been carried out in vivo on the experimental animals. For verification of biological activity of this preparation have been used models of the animals with induced Alzheimer's disease by Chlamydia pneumoniae. Experimental animals were infected with chlamydia pneumonia in the brain according to CIOMS. The presence of the amyloid plaques were found in histologic and microscopic researches of bodies animals by staining of Congo red.

Results: As much as possible positive therapeutic effect has been reached: 98 % of the animals were healthy after two injections of the preparation. The experimental group of the animals with induced Alzheimer's disease did not have of the beta amyloid plaques after two-multiple introductions of the liposomal preparation. In the wall of the brain artery, brain environments of control group of the animals without treatment were discovered of the expressed accumulation the beta amyloid plaques.

Conclusion: This composition of the loaded liposomal preparation is nontoxic, prevents and treatments development of Alzheimer's Disease.

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Disclosure of Interest: None Declared

Science

New and future treatments

PO2-389

PROTECTIVE ACTION OF THE GHRELIN AGONIST, HM01, AGAINST BETA-AMYLOID-INDUCED TOXICITY: A FOCUS ON THE BRAIN-GUT AXIS IN MICE

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Introduction: Alzheimer's disease (AD) is the most common age-related cause of dementia, characterized by extracellular beta-Amyloid (Ab) plaques, and intracellular phosphorylated tau tangles in the brain. Ab deposits have also been observed in the gastrointestinal (GI) tract of AD patients and transgenic mice over expressing amyloid precursor protein (APP). Ghrelin, an orexigenic hormone exhibits gastrointestinal prokinetic effects and is reported to be neuroprotective against Ab-induced degeneration via growth hormone secretagogue receptor 1a (GHSR-1a).

Objectives: In our preliminary studies, HM01, an orally active GHSR-1a agonist, rescued intra-hippocampal Ab-induced memory deficits. Here we investigate if HM01 can protect against Ab induced functional enteric nervous system (ENS) deficits and also memory deficits resulting, from Ab seeded into the GI tract.

Methods: 2-month-old ICR male mice were anaesthetized with isoflurane (1-3%) in oxygen for a small mid-line laparotomy incision and the GI tract was exposed for micro-injections of oligomer Ab1-42 (5 sites, total dose: 20ug/mouse), or vehicle (saline, 2.5ul per site), into the muscular wall. After surgery mice were administered HM01 (10mg/kg, p.o., daily) or vehicle in drinking water. We determined the potential protective effect of HM01 using different memory tasks, 11 months post-surgery.

Results: The Ab seeds diffused via the serosa and submucosa to nearby areas, and internalized in cholinergic nerves. Some Ab injected into the corpus of the stomach and proximal colon was retained for at least 1 month, and was partly re-distributed to the fundus and jejunum, causing neuromuscular coupling deficits. 11 months post-surgery, there were significant memory impairments in the Ab group compared with the vehicle control, as revealed in Y-maze spontaneous alteration and novel object recognition tests ($P<0.001$); HM01 prevented the memory impairments induced by Ab seeds ($P<0.05$).

Conclusion: Orally HM01 prevented cognitive impairments induced by Ab injected locally into the GI tract; it also prevented local neuromuscular coupling deficits. Taken together with data from our intra-hippocampal Ab-induced memory deficit studies, HM01 may have benefit in the early treatment of AD.

Disclosure of Interest: None Declared

Science

New research methodologies

PO2-394

GANGETIN REVERSES MEMORY IMPAIRMENTS INDUCED BY SCOPOLAMINE, DIAZEPAM AND NATURAL AGEING IN MICE

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Introduction: Treatment of cognitive disorders like dementia and Alzheimer's disease has been challenging since no potential drug is available with proved efficacy. Some nootropic drugs like piracetam, aniracetam and cholinesterase inhibitors such as Donepezil® have found to exhibit severe toxic effects in elderly.

Objectives: Evaluation of nootropic activity of gangetin alkaloids (GA) isolated from *Desmoidum* species was studied in mice.

Methods: Scopolamine (0.4 mg/kg, i.p.) and diazepam (1 mg/kg, i.p.) and natural ageing were used to induce amnesia . Elevated plus maze, Passive avoidance paradigm and Morris water maze were employed to assess short term and long term memory. To delineate the possible mechanism through which *M. elengi* elicits the anti-amnesic effect, we investigated its influence on central cholinergic activity by estimating the whole brain acetylcholinesterase activity

Results: GA (1 and 4 mg/kg, p.o.) significantly attenuated amnesic deficits induced by scopolamine, diazepam and natural aging. To delineate the possible mechanism through which *GA* elicits anti-amnesic activity, effects on whole brain acetylcholinesterase activity, brain lipid peroxide levels and antioxidant enzymes activity were estimated. GA significantly decreased acetylcholinesterase activity and increased brain levels of thiobarbituric acid reactive substances and glutathione peroxidase activity.

Conclusion: *GA* exerted a preventive effect against cognitive deficits induced by scopolamine, diazepam and natural ageing. This underlying mechanism may be attributed to its antioxidant and anti cholinesterase properties.

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Disclosure of Interest: None Declared

Science

New research methodologies

PO2-393

DISTINGUISHING BETWEEN WORKING MEMORY AND INHIBITION IMPAIRMENT IN DEMENTIA

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Introduction: Dementia (most notably, Alzheimer's Disease) is often associated with impairments of both working memory (WM) and inhibitory control (IC). However, it is unclear whether these are functionally distinct impairments. So far the eye-tracking studies of IC have relied heavily on studies that are based on the average scores from groups that were tested at a given time point. A detailed assessment of individual cases can address questions in relation to the dissociation of cognitive operations, which cannot be resolved by the average scores from a group of diverse patients.

Objectives:

1. A key aim is to determine the value of eye-tracking in detecting early dementia.

2. Are deficits of eye-tracking evident before impairments in traditional cognitive assessment in people with dementia?

3. Do impairments of working memory and inhibitory control emerge at the same time in dementia?

Methods: The patient group consisted of 18 patients with early dementia (13 males, 5 females). All patients underwent a detailed clinical history, physical/neurological examination and routine investigations. An old control group 18 healthy participants (8 males, 10 females) were volunteers from the local Lytham community. All OC participants underwent a detailed neuropsychological assessment. Tests for the dissociations of neurocognitive inhibitory control (anti-saccade) and working memory span were conducted with reference to the control sample using the revised standardized difference tests.

Results: 33% patients from the original sample (N=17) met the Crawford and Garthwaite (2005) statistical criteria for a "strong" dissociation. Some patients revealed a preserved working memory capacity together with poor inhibitory control in the anti-saccade task. A longitudinal follow-up revealed that the defective inhibitory control emerged 12-months before the dementia was evident on the mini-mental state examination assessment. Other cases revealed a poor working memory together with a well-preserved level of inhibitory control.

Conclusion: There is increasing evidence that people with early Alzheimer's disease have subtle impairments in cognitive IC that are often undetected by traditional cognitive assessments. We suggest that inhibitory impairment should be a focus of treatment, disease monitoring and assessment in pharmacological drug trials.

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Disclosure of Interest: None Declared

Science

New research methodologies

PO2-392

ALZHEIMER: BLOCKING OR MODIFYING AMYLOID BETA

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Introduction: It is intended to find ways to disrupt Aß aggregates.

Objectives: Oligomeric proteins and peptide aggregates can be modified by small synthetic peptides (or mimetics), derived from the structure stabilizing segments. "***Dimerization inhibition***" (DI) was successful for HIV protease.

Methods:

Amyloid beta (Aß). Growth of Aß may be prevented by half-molecules or by (modified) peptide segments which are able to target and block the face molecules of the aggregates – or disrupt Aß. In order to suggest high affinity DI, Aß aggregates (PDB) were analyzed (Schrodinger).

Results:

Aß structures: In <u>*small*</u> *anti-parallel Aß dimers* (*5aef, 2mj4*), the center part -AIIGAVVGLMVGVVI- forms a inter-chain ß-sheet flanked by the terminal a.a.. Synthetic peptides like -QKLVFAEDVK-, -LVFFA-, or -IIGLMVG- (e.g. modified or N-blocked with fatty acids or BBB penetrating trigonelline) could be active.

In <u>*larger*</u> *anti-parallel* ***aggregates*** (early-onset D23N *2lnq*, *5aef* ..), -Q^{18}(K)L(V)F(F)A(E)N(V^{23})- [() = side-chain outside] is (after a turn) opposite to another ß-sheet segment -G^{29})A(I)I(G)L(M)V^{37}-. The hydrophobic side-chains from the "inside a.a." forms a stabile hydrophobic core, while the strong vertical ß-sheet interactions form a ß-sheet "tube", the main target. Blocking the "face" of the "tube" would prevent further growth, e.g. by modified peptides. Some outside side-chains also interact with the stack neighbors. Short synthetic DIs with mutated "inside" directed a.a. (I^{32},L^{34},V^{36} A,G) could disturb the hydrophobic core and Aß stacking. The "outside" a.a. (G^{33},M^{35},F^{20}, V^{18} E,D) of the tube structure may also be mutated.

A hot target is the **vulnerable M^{35}**: Because of the dyads next to M (and G33 of the next stack Aß) between the Aßs pairs with anti-parallel sequence, M^{35} could be reached from a side-chain from the Aß below or above. For instance, G^{33} could be mutated to a non-natural a.a. to attack the sulfur of M^{35} *("affinity labeling").*

Direct ***chemical modification*** of Aß should also be possible. The reported activity of S-adenosyl-methionine may be due to charge transfer to -SCH_3.

In aggregates with <u>*parallel*</u> *sheets* (*2beg*), a strong interaction of E^{22} with K^{28} allows a long ß-sheet tube, including the turn part. As in the serpins, "*insertion peptides*" may be active, since parallel ß sheets try to acquire a more stable anti-parallel "sandwiching" structure using such peptides. Search for terminal protein segments with high ß-sheet propensity is suggested (the ***insertom***), they may act on *2beg* Aß. This may explain possible interactions of Aß with cell proteins (tau). ***Insertion inhibition*** seems possible for Alzheimer deposits with <u>parallel ß-sheets</u>.

Conclusion: Growth inhibition of Aß aggregates seems possible using peptides derived from high affinity Aß fragments, N-blocked *retro-inverso peptides*, peptoids or other modified Aß fragments.

Disclosure of Interest: None Declared

Science

Non AD Dementias

PO2-398

RIGHT TEMPORAL LOBE VARIANT OF FRONTOTEMPORAL DEMENTIA

José Antonio Rojo Aladro*

Introduction: The Right Temporal Variant (RTLV) is a rare form of frontotemporal dementia (FTD) with selective right temporal lobe atrophy. The description of this phenotype has been limited to case reports and small series, and many clinical and neuropathological characteristics are not well understood.

Objectives: To investigate the demographic, clinical and neuropsychological features, and the structural and functional neuroimaging in patients with RTLV of FTD

Methods: In this retrospective study, we included seven patients with RTLV variant of FTD from the Memory Disorders and Dementia Unit of our hospital

Results: The group comprised four men and three women, mean age 70 years [range 59–81]. The patients displayed different clinical profiles. Prosopagnosia was a symptom reported in five cases and was the initial symptom in two patients (28%). ‘Getting lost’ was a problem observed in five patients. Disorders of speech and language were observed in five cases. Six out of the seven (85%) patients exhibited impairment of episodic memory. Disinhibition of social conduct was the most frequently described ‘behavioral’ symptom, being present in four cases (57%). Three patients experienced delusions and two visual hallucinations. All MRI or CT scan shows right-side predominant temporal lobe atrophy, and hypoperfusion of the right temporal region in the cerebral single-photon emission CT scan

Conclusion: The RTLV is a relatively under-studied clinical subtype of FTD. The clinical features differs from other syndromes associated with focal degeneration of the frontal and left temporal lobes, and characterized by difficulty in recognizing faces, episodic memory impairment, topographical disorientation and behavioral disorder. This right temporal variant should be considered a separate syndromic variant of frontotemporal lobar degeneration

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Disclosure of Interest: None Declared

Science

Non AD Dementias

PO2-395

OLFACTORY DEFICIT AS A RISK FACTOR OF AMNESTIC MILD COGNITIVE IMPAIRMENT

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Introduction: Studies about risk factors of amnestic mild cognitive impairment (aMCI) are still scarce.

Objectives: This study investigates factors which increase the risk of amnestic mild cognitive impairment.

Methods: This is a cross-sectional study involving 279 subjects without dementia. We used secondary data of the Atma Jaya Cognitive and Ageing Research Project from the 2011-2015 cohort in Jakarta, Indonesia. aMCI was defined as a MMSE score >24 and Word list memory immediate recall (WLMIR) < 8.

Results: There were 199 respondents (71.3%) with aMCI. Multivariate analysis showed olfactory deficit as risk factor of aMCI ($p<0.05$), while gender, HDL, LDL, blood glucose, body mass index, hypertension, and APOE showed no relation with aMCI.

Conclusion: Olfactory deficit is a risk factor of amnestic cognitive impairment.

Disclosure of Interest: None Declared

Science

Non AD Dementias

PO2-397

THE INSTRUMENTAL ACTIVITIES OF DAILY LIVING IN PATIENTS WITH VASCULAR DEMENTIA ARE WORSE THAN THOSE WITH ALZHEIMER’S DISEASE

Wei Li[*], Shifu Xiao

Introduction: Nowadays, the number of the elderly population is rapidly increased. Owing to shifts in the population pyramid and increased life expectancy the number of people aged 60 and over in the China has increased to 178 million.

Objectives: The goal of this study was to compare the daily behavioral and cognitive function between patients with Alzheimer’s disease (AD) and patients with vascular dementia (VD).

Methods: A total of 50 patients with AD and 27 patients with VD were incorporated into this study. Their general demographic information and history of illness were collected by standardized questionnaire. Their cognitive function was assessed with the Mini-Mental State Examination (MMSE), the Montreal Cognitive Assessment (MoCA) and Neuropsychological Test Battery (NTB). And their daily behavior ability was assessed with Activity of Daily Living Scale (ADL) (which is composed of Physical Self—maintenance Scale(PSMS) and Instrumental Activities of Daily Living Scale (IADL)) . Then we compared the differences between the AD group and VD group.

Results: There was no statistical difference ($P>0.05$) in the scores of MMSE, MoCA, NTB and PSMS between AD group and VD group. But the scores of IADL in patients with VD(22.62±6.610) were higher than those with AD(16.34±6.721) ($p<0.05$). By using multiple linear regression analysis, we found gender, attention and hypertension were associated with the scores of IADL ($p<0.05$).

Conclusion: The instrumental activities of daily living in patients with vascular dementia are worse than those with Alzheimer’s disease (if they have the same cognitive function). And male, attention and hypertension are protective factors for the instrumental activities of daily living.

References:

Disclosure of Interest: None Declared

Science

Non AD Dementias

PO2-396

IMBALANCE OF BMP PATHWAY INVOLVED IN THE PATHOGENESIS OF ALZHEIMER'S DISEASE

Sun Lin*, Shifu Xiao

Introduction: Our aim was to determine the effects of BMP6 in Alzheimer's disease (AD) pathology *in vivo***.**

Objectives: We detected the change of endogenous BMP6 in AD pathology through APP/PS1 transgenic mice, and exposed transgenic *C. elegans*to exogenous BMP6 and BMP6 pathway antagonists to observe the effects of BMP6 in AD pathology *in vivo*.

Methods: We have three findings: First, BMP6 was upregulated in the hippocampus in AD transgenic mice. Second, endogenous BMP6 is mainly expressed in neurons, not in astrocytes, and BM6 fragments are taken up by activated microglia in AD transgenic mice. Third, BMP6 supplementation did not benefit transgenic (CL2006) *C. elegans*; however, BMP6 pathway antagonists, especially noggin proteins, alleviated the toxicity induced by exogenous BMP6.

Results: The results suggest there is an imbalance of the BMP pathway in AD pathology

Conclusion: normalization of BMP may be an important target for therapeutic intervention of AD.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-155

THE DEVELOPMENT OF DEMENTIA ADVISER TRAINING PROGRAMME TO PROMOTE INDEPENDENCE IN DEMENTIA

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Introduction: The promoting independence in dementia (PRIDE) training programme for dementia advisers has been developed alongside the development of the social intervention to enhance independence and quality of life for people with early stage dementia and their supporters. The role of the dementia adviser is to facilitate the person to access to opportunities and activities that help them to maintain an active lifestyle and live well with dementia.

Objectives: The development of training programme aims to assess dementia adviser training needs and develop the manual to provide them with a comprehensive understanding of the social intervention and skills to deliver the intervention.

Methods: Dementia advisers and healthcare professionals were consulted regarding the training programme. The feasibility study recruited fifteen dementia advisers to deliver the PRIDE social intervention to fifty dyads of people with dementia and their supporters. The intervention consists of three 60-munite sessions over two months. One-day training sessions have been delivered by the PRIDE research team across London, Hull, Nottingham, Leicester and Leeds prior to the intervention. Semi-structured interviews will take places after dementia advisers participate in delivering the intervention in the feasibility study. The data will be used in conjunction with a final stakeholder consultation, feedback from the training sessions and modified Delphi process to make any final amendments to the training programme.

Results: The first draft of the training manual was produced. Most of the dementia advisers found the training manual was comprehensive, clearly laid out and accessible. Participating in the training provided the dementia advisers with opportunities to interact, share experiences and learn from the research team and other trainees. It also helped them to understand the layout of the manual, think of the issues that can arise when carrying out the sessions and ways of empowering people with dementia. The feasibility study results will be available in March 2017.

Conclusion: Preliminary findings show that participating in the training helped dementia advisers to consolidate their skills on modelling good social interaction, effective communication and problem solving. The findings of the development of training programme will be used to evaluate in the main randomised controlled trial.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-150

VIDEO-BASED-ETHNOGRAPHY IN DECISION-MAKING SUPPORT FOR EARLY DEMENTIA PATIENTS AND THEIR FAMILY

Motoko Onozuka*, Akiko Yane

Objectives: 1.はじめに

世界でも類を見ない速度で高齢化が進行する我が国においては，認知症施策の充実は，喫緊の課題である．2015年に出された新オレンジプランにおいて，認知症者と介護者への支援拠点である地域包括支援センターは，記銘力低下をはじめ認知症周辺症状への自覚や不安を感じた者が，相談する場として重要な意味を持つ．地域包括支援センターで認知症への支援にあたる専門職（以下，専門職）においては，認知症者や家族の意思や意向を汲んだものとなるよう意思決定過程を支援することが最重要であるが，支援方法の蓄積は緒に就いたところである．

今回，我々は，意思決定過程を支援する一つの手法として，ビデオ・エスノグラフィー（Video-based-ethnography）[注] を用いる．この手法を用いることで専門職が初期認知症者と家族のコミュニケーションのあり様を知り，よりよいコミュニケーションを促進し，意思決定を支援できるのではないかと考え，その可能性を述べる．

2.初期認知症者へのケアに関するビデオ・エスノグラフィーを用いた研究の動向

1)初期認知症者(以下，当事者)へのケアとビデオ・エスノグラフィーに関する研究はそれぞれに行われているが，当事者・家族・専門職という三者の相互作用に焦点を当て，ビデオ・エスノグラフィーを用いた分析・介入を行う研究は見当たらない現状にある．

2)意思決定過程に重要な存在である家族を含めた三者の相互作用の分析

当事者･家族･専門職の三者における相互作用は，それぞれが他の二者に向けた2方向の相互作用を持つことから全部で6方向の相互作用が一つの場面を構成していることになり，一挙に分析の複雑さは増す．先行研究におけるビデオ・エスノグラフィーの殆どが二者関係の分析を主としているのは，この相互作用の分析の複雑化によるものと考える．しかし，在宅療養者を支援する専門職にとって，家族の存在は重要な意味 を持つため，当事者・家族・専門職という三者の相互作用を分析することの意義は大きい．

3)当事者と家族が望む意思決定に向けた新しい支援の提案

我々は，当事者・家族・専門職の相互作用過程の画像を事例とし，事例ごとにビデオ・セッションを行い，分析する．このため複数の当事者たちを事例として様々な場面を録画し，相互作用の類型化を進める．また初回のビデオ・セッションから分析結果をもとにした専門職による介入，ビデオ撮影，ビデオ・セッションによる分析，という過程を繰り返して，事例の縦断的な観察により三者の相互作用の変化を見出し，よりよい意思疎通を促す専門職の支援を明らかにする．それらの知見を意思決定の視点から時系列的に比較分析し，当事者と家族が望む意思決定に向けた新しい支援を提案する．

3.まとめ

当事者と家族への関わり方に関する研究は，看護学・社会福祉学など複数の領域にて取り組まれてきたが，当事者・家族・専門職の三者の相互作用を明らかにし，初期認知症者の意思決定支援につなげる研究はほとんどない現状にある.

ビデオ・エスノグラフィーは，専門職による日常的な介入場面において重要な意味を持つ非言語的コミュニケーションを視覚的に捉え，当事者・家族・専門職三者の相互作用を明らかにできるものである．同時に専門職にとって，当事者の尊厳を守り，意をくみながら介入する方法が明らかになることは，支援への手ごたえにつながる．そして，意思疎通に困難をきたす療養者への汎用性と，専門職の育成を目指した継続性のある質の高い支援の構築につながる可能性があると考える.

［注］

ビデオ・エスノグラフィーは，人々の日常のコミュニケーション活動をビデオカメラで撮影し，撮影された映像や録音された音声を詳細に検討して，当事者が相互作用において日常的知識や方法を析出する分析手法である（岡田2008）.

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Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-131

CAMERA LECTURE, OUTSIDE SHOT ACTIVITIES FOR ELDERLY

- COGNITIVE STIMULATION USING PHOTOGRAPH

(CLOSE-UP)

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Objectives: Elderly with Mild Cognitive Impairment (MCI) not only experienced cognitive decline but also feel loneliness and alienation because they experienced a reduction social participation and opportunity to personal relations. It can lead to depression and reduced quality of life. So, Chungnam Provincial Dementia Center (CUPID), professor of photograph and professional photographers cooperatively developed Camera Lecture, Outside Shot activities for Elderly - Cognitive stimulation Using Photograph (CLOSE-UP). Cognitive stimulation program using photograph have many advantages in that providing immediate feedback, ease of access and simple to operate that helps them regain a sense of pride, decrease depression, provide pleasure and increase their self-esteem. We investigated efficacy of CLOSE-UP on Self-esteem, depression, quality of life in elderly with MCI.

Methods : Sixteen subjects over the age of 65 with MCI living in Cheonan-si and Nonsan-si were enrolled to program. CLOSE-UP program was conducted weekly, total 18 weeks. CLOSE-UP was implemented in 120 minutes per session. Each session was composed of learning how to use the camera, taking a picture using concept of each session and talking about their photographs. We evaluated cognition (MMSE-DS), depression(GDS-K), self-esteems(Self-Esteem-Scale), instrumental activities of daily living (DCAP-IADL), quality of life (WHOQOL-BRIEF) and caregivers burden(ZBI) before and after program.

Results : 9 subjects were dropped out during program. After removing them, we evaluated efficacy of program for 7 subjects. Following program, Self-esteem ($p < .05$) and quality of life ($p < .05$) were significantly improved. Depression and caregiver burden were decreased, however these were not significantly different.

Conclusion : CLOSE-UP can be effective program for improving self-esteem and quality of life in elderly with MCI. So, CLOSE-UP is expected to be useful community program for elderly with MCI. But, further evaluation will be needed for convincing efficacy of CLOSE-UP.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-147

EFFECT OF NON-PHARMACOLOGICAL THERAPIES FOR ELDERLY CHRONIC PAIN WITH ALZHEIMER'S DEMENTIA

Yuki Tsujimoto*, Kayoko Furukawa, Yukari Hirouchi

Objectives: アルツハイマー型認知症高齢者の慢性疼痛に対する非薬物療法の介入効果

【はじめに】
慢性疼痛は身体的因子に加え、心理・社会的なストレス要因が関係していると考えられている。心理社会的因子による疼痛への非薬物療法として、認知行動療法や役割、達成感のある活動の効果が報告されている。

今回、当施設入所当初から残存能力があるにも関わらず腰痛の訴えが強く、意欲・活動性低下が目立つ認知症のA氏に、認知行動療法理論、脳活性化リハ5原則を活用した作業課題を試みたところ、腰痛の訴えが減少し、意欲・活動性が向上したので報告する。

【倫理的配慮】
発表にあたり対象者とその家族に写真使用と個人情報、秘密保持についての配慮を伝え、承諾を得た。また、施設長、関連職員の承諾を得た。

【A氏情報】
・80代　男性　長谷川式認知症スケール（以下HDS-R）9点

・診断名　アルツハイマー型認知症、腰椎圧迫骨折、慢性腎不全（人工透析）

・既往歴　多発ラクナ梗塞、左脳梗塞

・障害高齢者の日常生活自立度：B2　認知症高齢者の日常生活自立度：Ⅲa

・性格　穏やか、几帳面。元々お話し好き。

・職歴　小学校校長

【入所経緯】
20××年アルツハイマー型認知症の診断を受け、家族の援助にて自宅での生活を継続していたが、その後腰椎圧迫骨折を発症した。翌年、嚥下困難で受診、多発ラクナ梗塞および左脳梗塞と判明し、3ヶ月の入院を経て、当施設に入所した。

【入所時評価】
「できない、だめな人間だ」など悲観的な発言やうつ状態が目立ち、Vitality Index（以下VI）も4点と意欲低下を認めた。特に腰痛の訴えはNumerical Rating Scale（以下NRS）9点と高く、セルフケア能力の残存に反し日中も臥床時間が長く活動性は低下していた。

【再評価と新たなリハビリ方針の決定】
入所から3ヵ月間、身体機能中心のリハビリを実施した結果、体幹筋力向上や腰部の柔軟性が改善し、動作時の腰痛の訴えが軽減した。しかし局所的ではない痛みや疼痛部位が変化することから、身体的因子以外に心理社会的因子が関連していると考え、Brief Scale for Psychiatric Problems in Orthopaedic Patients（以下BS-POP）を検査したところ、16点と心理社会的因子による疼痛が示唆されたことから、身体リハビリに加え、認知行動理論、脳活性化リハ5原則を活用した作業課題を提案した。

【研究期間】
20××年12月から1年間（入所から3ヵ月間は身体機能中心のリハビリを実施）

【目的】
作業を通じて、やりがいや前向きな気持ち、達成感を感じてもらい、痛みに支配された思考の変容、意欲、活動性向上につなげる。

【評価方法】

意欲 VI　認知・記憶 HDS-R　日常生活活動 Barthel Index（以下BI）

腰痛の程度 NRS　腰痛の訴えが心理社会的因子かの判定 BS-POP

【作業リハビリの内容】
施設内作品展示会（毎年11月開催）へ２作品の出品を目標に週1回の作業療法時に鞄とエコクラフトでのカゴ製作を提案。作業過程は細分化して１つ１つの工程を失敗しないよう配慮しながら達成していく計画で実施した。鞄の作業工程7項目、エコクラフトカゴは11項目の工程に分けて作業を実施した。介入ポイントはセラピストと共に完成させることを前提とし、声掛けや失敗防止の配慮、サポート量が増加する場合があっても、決定権はA氏に持ってもらう。作業は注意がそれないよう配慮しながら他利用者と同じ机で行う日も設けた。毎回の作業開始時に完成見本を見せる。作業工程終了毎に写真を撮り、その日の出来事や作業内容をA氏に記載してもらい、痛みや不安感に対する共感や事実に基づく対処方法や痛みの捉え方をその都度共有した。

【結果】

	入所時	3ヵ月後（作業開始時）	11ヵ月後
VI	4点	4点	9点
NRS	9点	6点	1点
BI	35点	50点	65点
HDS-R	9点	10点	11点
BS-POP	未測定	16点	10点

腰痛の訴えはNRS＝1点と大幅に軽減、「痛いけど寝ていたらだめだ、作品を仕上げたい」と精神状態の安定により臥床依存や薬物依存が軽減した。

【考察】
疼痛改善と意欲向上の関係性

BS-POPの結果や長期入院、痛みによる活動性低下、将来への悲観、認知症による状況把握や問題解決能力の低下からA氏は、心理社会的因子による腰痛の訴えが原因のひとつと考えられた。今回の介入はA氏の日常生活の不安や痛みの自動思考を捉え共感し、セラピストと一緒に「寝ていても痛みは治らない、作業すれば痛みも忘れる」と作業を通じて自動思考の修正を補助し導けた点、さらに日々の記録をセラピストが確認し、適応思考によって起こる「痛いけど起きる」などの前向きな感情の改善をフィードバックし、褒めることでプラスのスキーマが増え、自動思考の修正につながったのではないかと考える。身体リハビリおよび活動性向上による身体的因子の疼痛改善とストレス軽減による心理社会的因子の疼痛改善がうつ状態を改善し、「痛いから寝ときます」という思考から、「痛いけどがんばります、作品を仕上げたい」と嬉しさ、楽しみの感情が生まれ、痛みに支配されない思考へ変化したと考える。

意欲向上の要因

今回の作業は、A氏の認知面や性格を考慮し、手がかり刺激を多く取り入れた。これによりA氏に失敗などの嫌悪刺激を避けて、作品の工程ひとつひとつを確実に達成し、成功体験を重ねて自信がついたと考える。またセラピストと共同で制作したことにより、一人で作業して間違える等の不安感がなく、お互いに励ましあい、双方のコミュニケーションが図られ信頼関係の構築につながったと考える。また「Aさんはできる」など工程を達成する度に褒める強化刺激・言語的説得の繰り返しが、諦めや自信喪失を防いだと考える。さらに他利用者と同じ机での作業により、他者の作業や完成作品をみることによる代理体験や作品の完成予定写真を作業時に見せることで、より完成が楽しみになる生理的情緒的高揚が図られ自己効力感獲得に繋がったと考える。製作継続のポイントとして工程達成毎に写真を撮った点や作業記録が短期記憶低下のあるA氏にとって作業の思い出しの手がかりになったと考える。

【おわりに】
認知症や慢性疼痛は抑うつ状態を誘発し、活動性低下を招く危険性がある。認知症高齢者の意欲低下は、できない自分への喪失感や何が分からないかが分からない状況が不安感を増強させ、身体症状として現れることもひとつの要因として考えられる。セラピストは痛みや活動性低下に対し、身体的因子ばかりに目を向けるのではなく、運動療法と併用して精神面や生きがいへのアプローチ方法も模索していくことが重要と考える。

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-130

ESSENTIAL OILS USED IN TREATING BEHAVIOURAL AND PHYSIOLOGICAL SYMPTOMS OF DEMENTIA (BPSD): A REVIEW

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Introduction: Aromatherapy is gaining momentum as a complementary therapy with the mainstream medicine in treating BPSD, a collective symptoms of agitation, restlessness, sleep disturbances and anxiety. Managing behavioural and psychological symptoms of dementia (BPSD) can be distressing to both patients and carers. Antipsychotics are frequently used to treat BPSD but undesired side effects do occur and therefore, alternative interventions are required. Aromatherapy using essential oils (EO) have been found to be beneficial to patients with dementia. The EO are extracted from the flowers, barks, stem, leaves, roots, fruits and other parts of the plant by various methods; being administered into human body mainly via inhalation, topical application or baths.

Objectives: To explore the available information in the literatures on the effectiveness of EO in controlling BPSD among patients living with dementia.

Methods: All the available information was compiled from online electronic databases such as Google Scholar, PubMed, Science Direct and Scopus from year 1995 until 2016. The keywords used are *aromatherapy, dementia, systematic review and aromatherapy and dementia*.

Results: A total of 13 randomized-controlled trial articles and 7 dementia-aromatherapy related articles were found. The most commonly used EO in managing BPSD are Melissa officinalis (Melissa oil or lemon balm) and Lavandulaangustifolia or Lavandula officinalis (Lavender oil) for the cognitive enhancing and sedative effects to promote relaxation and reduction in excessive behaviours among the dementia patients. Inhalation and massage are the two most common methods of administration of EO. The active components of aromatherapy oils are thought to be the terpenes. Gamma-aminobutyric acid (GABA) augmentation may be the mode of action for linalool, which is the main terpenoid in lavender oil and likewise other terpenes from Melissa oil have been found to displace nicotine from nicotine acetylcholine receptors and scopolamine from muscarinic receptors. A systematic review reported that aromatherapy has positive effect on improving cognitive function, improve sleep and reducing the frequencies of BPSD. An action research reported that nurses documented reduced insomnia and anxiety among patients with dementia when lavender oil was diffused.

Conclusion: With a lower reported rate of side effects compared to conventional antipsychotic drugs, EO is a potential non-pharmacological treatment in BPSD. Nonetheless, the lack of common outcome measures and side effects reporting need to be addressed. High quality randomised controlled trials are required to assess the effectiveness and safety of EO in patients with dementia.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-140

DUGEUN DUGEUN BRAIN FITNESS (頭筋頭筋 腦運動) : A NEWSPAPER-BASED COGNITIVE TRAINING METHOD FOR THE PREVENTION OF DEMENTIA

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Objectives: The Dugeun Dugeun Brain Fitness (DDBF) is a novel newspaper-based cognitive training method for dementia prevention. It consists of 18 cognitive training programs under 4 sections based on the contents of newspapers that are used for cognitive training: starting today, around the world, take a break, and down the memory lane. A 30-minute daily DDBF schedule, designed to optimize its therapeutic effectiveness, and guidelines to adjust the level of difficulty according to the cognitive function of trainees, are also provided. According to a telephone survey of 711 subscribers of Chosun Ilbo, which is the leading newspaper of Korea, 408 (57.4%) knew and read the DDBF. Among them, 65.0% thought the DDBF to be helpful in preventing dementia and 40.0% had tried using it. The DDBF may be an effective, easily accessible, fun and cost-effective cognitive training method for older adults.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-139

EFFECTS OF PURPOSEFUL ACTIVITIES WITHIN LIGHT-MODULATING ENVIRONMENT IN PERSONS WITH DEMENTIA

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Introduction: Dementia is associated with several psychiatric symptoms and behavioral disturbances including, but limited to, agitation, aggression, and sleep disturbance. Adult daycare programs offer specialized therapeutic purposeful activities which are designed to maintain functional and social skills and enhance the quality of life for persons with dementia (PWD). Although there is empirical support for the benefit of therapeutic purposeful activities with adults with dementia, behavioral problems, frequently termed agitation, are thought to be the disturbance in affecting in their functional improvement and social generalization. Therefore, an appropriate intervention strategy which provides an opportunity to prepare themselves for an adequate participation plays an important role for PWD in therapeutic activities. Research has been inconclusive regarding the effectiveness of light therapy in improving night-time sleep, reducing agitation and improvement in purposeful performance for PWD. However, it is relatively rare to identify the relationships between the participation and light therapy in PWD.

Objectives: To investigate the effect of the combination of light therapy-purposeful activities versus conventional purposeful activities for behavior performance of PWD.

Methods: A 2 × 2 mixed-model repeated-measures design was employed, purposeful activity training with light exposure group (light exposure group versus placebo exposure control group) serving as a non-repeated factor and time of testing (pre-evaluation period versus post-evaluation period) serving as a repeated-measures factor. Random assignment to groups was used to minimize potential confounding of PWD as well as light exposed to full spectrum light therapy 10000 lux or standard fluorescent tube light at 100 lux for two hours during 12 weeks purposeful activity training program between 10 am and 12 noon.

Results: Light exposure was associated with significant improvement in cognition, depression and agitation, while participants receiving placebo light displayed higher levels of depression and agitation or no significant change.

Conclusion: Findings support that light-modulating envrionment improve the performance of the purposeful activities and reduce depression and agitation of PWD.

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Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-145

A PROGRESSIVE RESISTANCE EXERCISE DVD FOR COGNITIVE FUNCTION AND FUNCTIONAL FITNESS IN OLDER RESIDENTS IN A RETIREMENT HOME: A RANDOMIZED CONTROLLED TRIAL

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Introduction: Resistance exercise is suggested to improve muscle strength, physical function, and cognitive function among older adults. However, there is lack of staff to facilitate exercise for older residents in retirement homes. Effects of using DVD to assist older adults in resistance exercise have not been investigated.

Objectives: This study aims to evaluate the effects of a 16-week progressive resistance exercise by watching a DVD on cognitive function and functional fitness among older residents in a retirement home in Taiwan.

Methods: A randomized controlled trial design was used. Residents in a retirement home in Taiwan were randomised to the exercise group or control group. The exercise group (n=36) watched a 40-minute DVD of a progressive resistance exercise training. The exercise DVD used Taiwanese and Chinese music from the 1950-1970s with pleasant moderate rhythm and tempo which are familiar to most of the older adults and was used to facilitate the residents to move their body and extremities for the resistance exercise three times per week for 16 weeks. In the first eight weeks, medium-weight elastic bands were used for upper and lower extremity resistance exercise while a 0.5-kilogram sand bag was put on each lower leg. In the second eight weeks, medium-to-strong-weight elastic bands were used in addition to wearing a 1-kilogram sand bag on each lower leg during the resistance exercise. The control group (n=29) maintained routine care without resistance exercise. Cognitive function, functional fitness, depression, and quality of life were assessed before and after the intervention for both groups.

Results: Repeated measures ANCOVA result indicated that older residents after receiving 16-week progressive resistance exercise by following instructions on DVD had a significant improvement on 30-second chair sit-and-stand test, 2-minute stepping test, eight-foot up-and-go test, but not on cognitive function compared to those of the control group. However, the exercise group had slightly improvement on cognitive function, but that of the control group slightly decreased. This may indicate that the progressive resistance exercise by watching a DVD has some impact on delay cognitive decline.

Conclusion: The 16-week progressive resistance exercise by watching a multimedia DVD have the potential to improve some functional fitness and delay cognitive decline for older residents and is suitable to be incorporated into routine activity planning in long-term care settings.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-149

MUSIC THERAPY FOR PEOPLE WITH DEMENTIA

Imae Atsuko*

Objectives: 私たちのグループは1995年から認知症の方への音楽療法を積極的に取り入れた活動を行っている。

活動場所は主に特別養護老人ホーム、老人保健施設、デイサービス。利用者の大半は認知症の方である。

主な方法は、季節を十分に感じさせる「なじみの歌法」を約一時間歌唱したり、歌に関する会話をする。

この方法によると、認知症の方が回想により、過去の記憶や感情を蘇らせるきっかけを作り、豊かな会話を引き出すことが可能になった。

今回は、どのような曲を使用すると、どのような反応があるかを考証した結果を報告する。

全体を対象とした歌唱

具体的に確認するために、抽出者を対象とした測定

それぞれの方法については以下の通り。

大きなホールに集まり、円形になって座ってもらい、報告者の会話と伴奏（ピアノ）に合わせて、「なじみの歌」を１０曲ほど歌ってもらう。

選曲は、季節を十分に感じられる曲（例として春の場合、「春の小川」、「どこかで春が」、「さくらさくら」など。）

歌詞に出てくる言葉に関する質問をし、積極的、具体的な返事を促すと、以下のような会話が生まれた。

例）春の場合

さくらさくら　誰と、どこに行った？の問いに「お母さんとや」「　の桜を見に行った」などの返事

春の小川　一緒に遊んだお友達の名前は？遊びの内容は？の問いに「△△ちゃん」「メダカ取り」などの返事

春の歌　小学校の名前は？先生は？の問いに「　小学校やったな」「××先生やった」などの返事

普段会話をしない人でも歌っているうちにいろんなことが思い出されるようで、このような返事がスラスラと返ってきたので、その場にいた介護福祉士も驚いていたほどである。

幸いなことに、施設長が医師であったので、研究に対して「長谷川式簡易認知スケール」で、ＥＢＭを出してはどうかという提案があり、協力を依頼したところ、全面的な指導をしてくださった。

音楽療法に参加されていたＡさんに協力してもらい、施設長に測定してもらった。

ＥＢＭの検証の結果、Ａさんのスケールの数値は、次のように軽快していることが確認できた。

※ 開始前 ３　３カ月後 ８　６カ月後 １３

以上のことにより、認知症の方への音楽療法は非常に有効であることが考証できた。

また、「なじみの歌」を歌う時に、曲に合わせて軽運動を行った。すると、歌唱だけの時よりも反応がよく、集中力が持続しているようだった。日常生活では使うことの少ない筋肉などを使う軽運動を行うことにより、感覚訓練にもつながった。リハビリ担当者からは「関節等の可動域が広がった」という報告があった。また、歌いながら軽運動をした利用者からは「肩こりの症状が軽快した」という報告を受けた。

施設長から「なじみの歌を歌ったり、軽運動を取り入れた活動は、認知症の方の症状を軽快させるために非常に良い方法である。これからもぜひ継続して活動してほしい」という意見をいただいた。

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-157

IKEBANA THERAPY: PRACTICAL IMPLEMENTATION AND ANALYSIS OF ITS EFFECT. LEARNING FROM 25,000 CASES OF ELDERLY WITH DEMENTIA.

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Introduction: 日本の伝統文化であるIKEBANAを活用した「いけばな療法」は、2008年に本研究の第一発表者によって発案され、フラワー・サイコロジー研究所（以下FP研究所）において9年間にわたり研究を進めてきた。IKEBANAの精神性は、枯れた花や不格好な花でもその良さや価値を見出し、作品の中で役割を持たせて、活用していくことである。この精神性は、認知症ケアの主流となってきたパーソン・センタード・ケアと共通しており、ソーシャル・インクルーシブな概念とも一致する。「いけばな療法」の効果は、身体機能のリハビリテーション訓練効果、脳の活性化による記憶の喚起や、心理面、行動面の変化などがあり、日常生活自立度にも改善傾向が見られた。また認知症高齢者のみならず、周囲の関係者の行動変容も明らかになった。施設職員や家族のストレス軽減、認知症高齢者に対する捉え方の良好な変化と接し方の改善、さらには地域社会とのつながりにも役立っている。その方法では、実施者が対象者の状況と日常の課題を施設職員と共有し、その目的を理解して実践することが求められる。セッション中に取り組める難易度はそれぞれの人に合った形で実施することで成果が上がる。この実施方法により、施設全体に正の循環が起き、認知症高齢者に対するより良い効果が期待できる。本報告では、認知症高齢者25,000人の「いけばな療法」の実践事例を元に、その周囲への影響を加味し、実施法と効果の分析を報告する。

Objectives: 目的は、「いけばな療法」の実施方法と効果を３つの側面から分析し、IKEBANAの効果的な施設での導入方法について明らかにすることである。第一に、認知症高齢者に対する効果を分析する。「いけばな療法」のプロセスにおいて、認知症高齢者の自己表現の機会を尊重することは、対象者の、日常とセラピー中とでBPSDの変化に関係があるかを検証し、加えて日常生活自立度の変化についても観察する。評価は、毎回のセッション後に行う自己表現能力評価項目を数値化した客観的次元とセラピストと日常介護者の観察記録の主観的次元の二つの側面から考察する。第二に、「いけばな療法」の活用方法を分類する。認知症高齢者のべ25,000人の実践事例をふりかえり、「いばな療法」の方法を分類し、その効果を分析する。第三に、「いけばな療法」を導入することによる周囲への影響を検証する。「いけばな療法」を実践している施設において、導入後に、対象者の家族、施設職員の行動や気持ちの変化について聞き取り、事例を分類して整理する。３つの側面からの効果を分析することで、認知症ケア「いけばな療法」の可能性を検証する。

Methods: 方法１：施設入居の認知症高齢者10名を対象にした、週一回のいけばな療法の自己表現能力について5つのプロセスに分けて数値で評価し、6か月間記録した。その際、セラピストは五感の刺激、参加者の自己表現能力、自己決断を引き出す関わりに徹底するため、セッション中はパーソン・センタード・ケアの理念に基づきカウンセリングマインドで参加者に接した。5つのプロセスとは 花を選ぶ 切る 花を構成する 飾る 鑑賞するである。毎回、施設側で一週間のBPSDの頻度、施設での花を通した関わりを評価し、セラピストはセッション中のBPSD、自己表現能力、五感の刺激、セラピスト側の自己評価をした。作品は施設内に展示した。実施前と実施後に認知症高齢者の日常生活自立度、障害高齢者の日常生活自立度（寝たきり度）、健康状態、介護者の状態の変化を評価した。 方法２：実施してきた25,000人の事例について、身体機能、脳機能、心理面、行動面に分類して方法を整理し、その効果を検証した。方法３：施設職員のストレス度合、ストレス対処能力、職務満足度、花への意識変化を測定し、分析した。家族の気持ちや行動の変化、地域の人々の様子については施設職員や家族、関係者にインタビューした。

Results: 継続参加者全員に自己表現能力得点の上昇傾向が見られ、BPSDはセッション中ほとんど見られなかった。自己表現能力得点上昇に伴いBPSDの緩和、QOLを表現する言語の現、認知症高齢者、障害高齢者の日常生活自立度両方の改善が見られた。25,000人の事例からは、身体機能のリハビリテーション目的の事例、五感の刺激による脳の活性化が起き、記憶や行動が改善する事例、不安や怒りの感情が軽減する事例、拒否や攻

撃、他者との接触を拒む人良好な行動に変化していく事例が多く見られた。いけばな療法の導入により、施設職員が、認知症高齢者のいけばな制作プロセスでの自己表現能力を観察、評価することとなり、施設職員の意識にも変化が見られた。家族は、「いけばな療法」で制作された花を観るのが習慣となり、施設を訪問することが楽しみになるなどの変化があり、地域の人に事例を話すことが喜びになったと語る人もいた。

Conclusion: パーソン・センタード・ケアの理念に基づき、IKEBANAを実施することは、認知症高齢者の自己成長、能力開発につながる。自分の表現を伝える手段として花を扱えることで、介護者にとっても容認、相互理解、共有できるコミュニケーションツールとなる。結果、BPSDが緩和されるだけでなく、参加者の自立度改善、また施設職員の意識変化にも効果を波及した。このような効果を引き出すためには、参加者の抱える課題をセラピストと日常介護者が共有し、目的を明確にし、対象者のレベルに合わせ、いけばなを活用していくことが大切である。「いけばな療法」が認知症高齢者に対して良好な効果がもたらされるのは、いけばな療法の導入により、正の循環が起きているからであり、実施者は、この正の循環が起きることを理解して実践する必要がある。この正の循環が起き、認知症高齢者のみならず、周囲の人々、とりまく地域へ認知症高齢者の捉え方の良好な変化が見られ、認知症高齢者が社会で役割を持つことが積極的に人々が考えるようになれば、ソーシャル・インクルーシブな社会づくりにつながっていき、今後、地域の中で高齢者施設が身近な存在になっていくことにも役立てる。本研究により、IKEBANAの適切な施設での導入方法が明確となり、効果が検証された。この成果により認知症高齢者に対するIKEBANAの取り組みを、より質の高い実践の展開、普及することに導いていき、IKEBANAによるソーシャル・イノベーションにもつながっていくであろう。

References: 浜崎英子（2013）「花の持つ力の活用　いけばな療法の実践」『高齢者安心安全ケア実践と記録』日総研出版。

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Care research and practice

Non-pharmacological interventions

PO1-156

IDENTIFYING NON-PHARMACOLOGICAL CAREGIVING PRACTICES TOWARD THE BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD) IN TAIWAN

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Introduction: Little is known about the overall effectiveness of caregiving staff's non-pharmacological practices on the behavioral and psychological symptoms of dementia (BPSD) for elders.

Objectives: Conversely, the identification may provide useful information on the management and manifestation of BPSD.

Methods: Nursing staff were surveyed to assess differences in management strategies. BPSD and related practices were measured via their perspectives. Repeated measures ANOVA were carried out to investigate the relationship between Caregiving staff's non-pharmacological practices and elders' BPSD.

Table:

Results: Six non-pharmacological strategies were identified, based on 1435 Caregiving staff's caregiving application and effectiveness. Caregiving staff's demographic characteristics such as age, working years, and working location, as the important determinants of non-pharmacological practices were verified by multivariate analysis of variance (MANOVA).
BPSD in residents have been a major reason for nursing home placement and the number has been dramatically increasing. The need for institutional care is also demanded and imperative to investigate professional caregivers' practices.
A purposive sample of 859 respondents at 15 sites across Taiwan was obtained.
Multiple-way MANOVAs were utilized to identify predictors affecting Caregiving staff's strategy applications. Working areas ($p= .001$, or $<.001$, partial Eta-squared $>.24$), working positions ($p= .012$, partial Eta-squared= .026), and working years ($p= .019$, partial Eta-squared= .023) significantly contributed to practice strategy applications. The other demographic data were with no correlation.

Conclusion: The nationwide data of 859 Caregiving staff's non-pharmacological practices appear to be correlated with working areas, years, and positions, which might improve the BPSD management consequently. It's necessary to identify Caregiving staff's background in order to using appropriate strategies that shall assist application outcomes. Future studies should aim at adequate practices training independently.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-136

EFFECTS OF THERAPEUTIC COOKING ON ELDERLY PEOPLE WITH SENILE DEMENTIA AND THEIR STAFF IN A GROUP HOME IN JAPAN

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Introduction: 料理は高齢者にとって生活の中で馴染みのある作業である。また多くの工程・作業を含むため、各人の能力に応じた役割分担が可能である。そのことから料理をすることで、日常生活における「役割」を再認識でき、さらに「自信の回復」にもつながる。また料理をすることで脳の前頭前野の働きが活性化することが明らかとなっており、認知症の行動・心理症状（BPSD）の緩和効果とともに非薬物療法的効果が期待されている。

Objectives: 本研究では認知症高齢者グループホームの利用者へ料理療法の介入調査を実施し、認知症高齢者ならびに介護者に対する料理療法の効果について検討をおこなった。

Methods: 奈良県内の認知症高齢者グループホームに入居している４名（男性2名、女性2名）を対象に、それぞれ週に1回、計8回の料理活動を行った。対象者の認知症の評価尺度として、介入前後にGBSスケール、CDR、長谷川式簡易知能評価スケールを、QOLを評価する尺度として認知症高齢者生活健康スケールを用いた。また料理活動終了後、介護者とともに料理活動の全体および個人評価を行った。さらに支援した介護者を対象に、介入の前後で料理活動に対する意識や学びについての調査を行った。

Results: GBSスケールにおいては、入前後で67.0±20.4点から44.0±20.5点と変化し、約23点減少して14.7%の改善がみられた。CDRにおいては、11.9±3.7点から10.1±3.6点と約1.8点減少して10.0%の改善がみられた。認知症高齢者生活健康スケール（QOL)においては、48.5±5.1点から57.5±10.5点と変化し、約９点増加して11.3%の向上がみられた。また介護者への介入後の調査より、「介護者の利用者に対する“できないだろう”という決めつけが、入居者の可能性を狭めていると気付いた」、「こちらの声かけやケアの方法によって利用者の意欲を引き出す事ができるという勉強になった」などの意見が得られた。

Conclusion: 料理活動は、認知症高齢者の行動・心理症状（BPSD）およびQOLの改善には有効であることが示唆された。また、介護者の利用者に対する日常のケアの改善に対しても有用であることが示唆された

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-137

EXPLORING A CONTINUING EDUCATION PROGRAM ON THE BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD) IN TAIWAN

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Introduction: Behavioral and psychological symptoms of dementia (BPSD) have been identified as the most challenging and principal contributor to caregiving load.

Objectives: A training package that focuses specifically on the management of BPSD was developed and trialed with nursing staff.

Methods: This study uses quasi-experimental design, with a combination of quantitative and qualitative research. A web-based training project and related evaluation format with reliability and validity for professional caregivers were developed to take into account of the culture and custom of local care needs for dementia. Case scenarios were simulated from the data collection of the training project.

Results: Triangulation data collections were conducted for outcome evaluation of nursing staff s' knowledge, attitude, and perceived self-efficacy (K, A, & P) and their feedback on using the program, a focus group and face-to-face interviews were conducted to articulate their reflections and suggestions regarding the program reform.

Conclusion: 103 nursing home-based nursing staff (male: female= 5:98 with mean age of 34.2) completed statistically significant advances in knowledge of dementia and BPSD, management of BPSD, caregiving ability, and stress reduction, which were maintained for the 6 and 12 months post-training phases.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-135

CONSIDERATION OF THE GROUP MUSIC THERAPY FOR THE ELDERLY PATIENT WITH DEMENTIA

Hitoshi Kuretake*

Objectives: ＜対象＞

小規模多機能型介護施設における入所介護サービス、通所介護サービス、短期入所介護サービス利用の高齢者約３０名。入所サービス利用者９名は固定、通所介護および短期入所サービス利用者約５０名はサービス利用時に参加。

主な疾患はアルツハイマー型認知症および脳血管障害後遺症による認知症、高次脳機能障害、パーキンソン疾患、脊髄損傷など。対象者全員に何らかの言語障害および身体障害があり、車椅子使用者が約半数。その他の方は歩行器などを使用。１４名が要食事介助、２１名が要排泄介助。

＜対象グループの概略および理解＞

セッショングループ：入所介護サービス利用者は全員参加、短期入所および通所介護サービス利用者は当日来所の方のうち体調などの状況により参加者を決定。平均年齢８２．５歳。男性は大体４～６名であとは女性。

入所サービス利用者について：身体面としては、生活全般における要介助1名、車椅子利用者６名、要食事介助者４名。心理面としては、うつ傾向を含めた気分の変動が激しい方が５名、刺激に対する反応がほとんど見られない方が１名。「家に帰らなくては」や「物を取られる」と何回も言う方や、他者にきつくののしったり、他の人の物を自分の服や部屋に隠してしまうなどの行動も見られる。社会面としては、入所期間が長期にわたる方が多く、日々の生活において、在宅介護サービス利用者に比べて受ける刺激が少ない傾向にある。外出や地域でのイベントなどに参加するなど、できるだけ工夫はされているものの限界があり、「音楽療法を通して心身の活性化を図ってほしい」との施設側の意向がある。言語機能や口腔機能におけるリハビリテーションに特化した施設ということで、言語機能障害の方を多く受け入れている。

＜目標＞

心身の活性化および情緒の安定、また利用者が体操や手遊び歌をとおして自ら身体を動かすことを促す。季節の曲や利用者が昔歌ったとされる曲により回想を促すことを通して、脳の活性化を図ることも目標とする。入所サービス利用者は、利用者同士のトラブルや仲間はずれなども見られるとのことで、利用者相互のコミュニケーションを促すことにより、日々の生活場面で集団生活を円滑にすることを目標とする。施設の特性から、音楽療法においても口腔機能の改善を図ってほしいとの意向がある。

＜計画＞

季節の曲を中心に、音楽療法士が用意した曲と、利用者のリクエストをふくめてプログラムを構成。童謡、唱歌、流行歌、流行歌、民謡、わらべ歌、軍歌、寮歌などを組み合わせる。季節の話題やちなんだ曲などで回想を引き出すとともに、楽器や手遊び歌、体操などで体を動かすよう展開する。

視覚障害や聴覚障害[呉竹仁史1] の方々に配慮し、話題の伝え方や歌詞の提示・先読みなどを工夫する。プログラム後半に利用者からリクエスト曲を出してもらい、皆で歌唱するとともに、思い出について皆で共有する

プログラムは利用者の反応や音楽療法士による評価だけでなく、職員にも確認してもらい、報告を受ける。座席の配置や使用楽器なども当日の利用者の状況に合わせて工夫する。音楽療法士による作詞・作曲の口腔訓練のための歌を状況に合わせて音楽療法活動に取り入れている。

＜経過＞

他の利用者とほとんど交流せずに、発語のないＢさんのことを悪く言ってばかりいた80代のＡさんは、「この曲でこんなことがあったよ」という反応が見られるようになり、次第に他の利用者に向かって、「あんたもそうだったよなあ」「いい曲だ。なあみんな、そうだろう？」と他の利用者への働きかけが頻繁にみられるようになった。また、悪く言っていた利用者のことも「Ｂさん喜んでいるぞ」と話しかけ、その方の気持ちを共感するような様子も見られた。音楽療法士が「Ａさん、優しいですね」というと「おう、優しいぞ。」と照れた様子をみせる様子が見られた。

回想の促しでは、「里の秋」の曲に戦地へ行った父親が帰ってくるのを不安に押しつぶされそうになりながら待っていたことを話されるなど、何人もの利用者が職員や家族も知らない話を聞かせてくれるようになり、自分の親や古い友達への感謝の気持ちを述べるようになった。活動にあまり積極的でなかった方が、民謡の際に自分から踊りだすこともあった。多くの利用者がリクエストを心待ちにしていて「この曲をみんなで歌いたいから」など、自分ひとりだけでなく、みんなで楽しめる曲を探すことができるようになってきた。

＜結果＞

音楽療法を開始してから、職員から「利用者が元気になってきた」「利用者がよくしゃべるようになった」との報告があった。日々の生活の中で笑顔もよく見られるようになったとのこと。また、昼間いつも寝てばかりいた利用者が昼間でも起きるようになり、居室だけでなく音楽療法で用いた歌詞カードを手に、食堂でもみんなで歌っているとのこと。利用者相互のトラブルでの口論も少なくなったとのことだった。

すぐ「帰る」と言っていた利用者が、歌の話をすると「そうかい。」と引き返して活動に参加するようになり、「私のものをとった」という口癖の方が、「これは私の、これはあなたの」と返す様子も見られるようになった。

＜考察＞

音楽療法活動は目標に向けてよい方向に向かっていると考えられる。心身の活性化により日常生活場面においてもよい変化が見られるようになった。また、音楽療法による影響が利用者の日常生活の一部として根づきはじめたことは活動の場面だけでなく、さらに一歩進んだ「自発的・自主的な行動」の現われとして評価できる。

対人関係の場面においても、おもいやりの声がけに対する「正の行動強化」により、適切なコミュニケーションを促すことができた。

また、物への固執が見られる利用者においても、「自分の物を誰かに取られるのではないか」という不安が、音楽療法を通じた「安心できる仲間作り」により、次第に緩和されていったと考えられる。

口腔機能の評価については、他の言語訓練など並行して行っていることから、音楽療法単独での評価は難しい。今後は音楽療法としての成果を明確にするために。言語聴覚士や他の職員とともに研究を深めていきたい。

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-133

THE PRACTICES OF DIVERSIONAL THERAPY FOR THE AGED PEOPLE WITH DEMENTIA

Takako Serizawa*

Objectives: 「老いるとは楽しむこと。耐えることではない」とは、1997年にオーストラリアの高齢者政策の大改革に着手した連邦政府・高齢者介護省のブロンウィン・ビショップ大臣の言葉です。介護保険制度を構築し、介護技術や福祉用具、福祉教育などの充実を図ってきた日本ですが、一つ、あまり専門性が追求されなかった分野が、この「楽しむ」ということではないでしょうか。1998年頃、オーストラリアの高齢者介護を取材している時に出会った「ダイバージョナルセラピー（以下ＤＴと略す）」は、介護の中でまさに「楽しむ」ということに焦点を当てた専門職分野だったのです。オーストラリアダイバージョナルセラピー協会（Diversional Therapy Australia）は、そのビジョンの中で「すべての個人は、その人にとって意味のあるレジャーや楽しい経験をする権利がある」と謳っています（ニュージーランドＤＴ協会も同様）。では「楽しむ」とはどういうことか？「楽しむ」にはどのような成果が期待できるのか？そのように意味のある事なら、日本においても介護を受ける人たちが「楽しい経験」を日常的にできるようにするには、どうすればよいのか？この発表では、特に認知症を伴う人々の「楽しむ＝レジャー」について考えます。

まず、その人にとって「意味のある」楽しみでなければならないため、ＤＴにおいても看護や介護と同様、アセスメント 計画 実施 事後の評価というプロセスが繰り返されます。この発表の中では特に、実施の部分で見られる「レジャーの効果」について述べたいと思います。その象徴的なＤＴプログラムとして、SONASセッションとソーシャルプログラムを紹介します。

SONASセッションとは、その時々の季節感や生活感を実感し楽しむために、「本物」を用いた五感への働きかけをコミュニケーションと音楽（歌）を中心にストーリーを展開していく、多くの場合は認知症を伴う人々を対象としたグループプログラムです。そこには花や野菜、海の砂や貝ガラ、落ち葉や雪なども登場し、参加者の感性に心地よい刺激を与え、その人の豊かな生活経験を呼び起こします。50分ほどのセッションの中には、軽い運動やダンス、一人ひとりに焦点を当てた会話などが組み込まれ、セッション中には認知症を伴う人々の生き生きとした姿や会話が見られます。また、その季節にちなんだアート（絵を描く）を組み込むと、単に絵を描くだけのプログラムでは見られなかった素晴らしい創造性を発揮されます。発表では実際の作品もご覧いただきます。もう一つ特徴的な現象として、参加者同士のコミュニケーションが増すということも挙げられます。これらは、認知症を伴う人々にとって、いかに楽しむことが重要な意味を持っているかを物語っています。つまり五感と信頼感のあるコミュニケーションを通した「刺激」によって生活感を取り戻し、他者とともに楽しむことで仲間意識ひいては社会性を取り戻しているといえます。

ソーシャルプログラムとは、「人としての尊厳は、社会人であり続けること」という考えのもとに、できるだけ地域に出て社会に触れ、社会人として楽しもうというプログラムです。あるグループホームでは、毎日地域の中を散歩することで、旧友に合ったり子供たちと仲良くなったり、また町内会にも参加しています。最近では小学校から授業参観に来てほしいとの依頼も受けています。そこでは、認知症を伴う人は保護者であり、町民の一人なのです。このようにＤＴでは、認知症を伴う人が、たとえ施設に入居していても地域に出て行けるように、その地域の環境に合わせたプログラムが組まれます。また施設の中においても、ゲームや各種の集団レクリエーションなどは、社会性という意味を持って行われれば、素晴らしいソーシャルプログラムということができます。

ＤＴでいう「レジャー」とは、その人が外部からの束縛を受けずに自分らしく、こころから楽しいと感じられる状態を指しますが、それには2つのレジャーのあり方があります。一つは「アクティブレジャー（Active Leisure）」まさに、からだを使って活動的に行う楽しみ。いわゆるレクリエーションと呼ばれるものの多くはこれに当たります。もう一つは「パッシブレジャー（Passive Leisure）」と呼ばれるもので、静かに一人でお茶を飲んだり、庭を眺めていたり・・・といった時間を楽しむこともまた、その人にとって意味のあることならレジャーといえます。また認知症が進行したり、ターミナルに近い人々にとっての楽しみもパッシブレジャーでしょう。アロマ、音楽、部屋のアレンジや目に見える環境づくりなど五感への心地よい働きかけによる心地よさや楽しみが必要です。また「ドールセラピー」などは「愛する対象」を身近に感じ、存在感を取り戻すことにつながります。

このように、多様なプログラムや働きかけ（介入）を、アセスメントに基づいて計画的に実施し、その影響や効果を考察することによって、最もその人らしい楽しさ、心地よさを生活の中に創り出していこうとするダイバージョナルセラピーは、これからの認知症ケアに必ずや必要とされてくるものではないでしょうか。オーストラリアやニュージーランドでは独立した専門職として確立されており、日本では日本ダイバージョナルセラピー協会がオーストラリアＤＴ協会と共同認定の形でダイバージョナルセラピーワーカーの養成を行い、この８年間に３４７人を認定しています。

日本では「楽しむ」ということの専門性はまだまだ発展途上にありますが、介護職員の楽しさややりがいの創出も含めたダイバージョナルセラピーの普及に、これからも取り組んでいきたいと思います。

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-141

EFFECTS OF HORTICULTURAL ACTIVITIES ON DAILY LIVING CONDITIONS OF ELDERLY WITH DEMENTIA; FOR PRACTICAL CARE OF SUPPORTING AT-HOME LIVING IN A SMALL SCALE MULTIFUNCTIONAL CARE FACILITY IN JAPAN

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Introduction: 急速に高齢化が進展している日本では、2012年に65歳以上高齢者の約7人に1人といわれた認知症高齢者が、2025年には約5人に1人へと上昇することが予想されており、深刻な社会問題となっている。在宅で認知症に対応可能なサービスの一つである小規模多機能型居宅介護（以下、小規模多機能）では、できる限り住み慣れた地域で自分らしく暮らし続けることができるよう、利用者の状態や希望に応じて「通い」、「訪問」、「泊り」により在宅生活の継続を支援しており、今後、その役割への期待はさらに高まると思われる。小規模多機能における適切なケアの提供は、認知症高齢者本人の生活のしづらさや家族介護者の介護負担を軽減し、認知症高齢者の在宅生活の継続に寄与すると考えられる。

Objectives: 本研究では、園芸活動が日常生活に及ぼす影響について明らかにし、小規模多機能で提供する認知症高齢者の在宅生活の継続を目指したケアの一つとして、効果的な園芸活動の方法を検討することを目的とした。

Methods: １．対象

A市内に所在する小規模多機能を利用中の認知症高齢者で、本人および家族の同意が得られた者とした。

２．園芸活動の方法

園芸活動は原則として、1回あたり約60分間を月に2回程度、定期的に行った。園芸活動で使用する植物は、対象者と話し合い決定した。園芸活動の企画および運営は、研究者と施設職員とで行い、1回の参加人数は10名程度とした。

３．評価方法

１）園芸活動による精神的ストレス状況の客観的評価

各園芸活動の開始前と終了後に、アミラーゼモニターを用いて唾液アミラーゼ値を測定し、対象者の精神的ストレス状況を把握した。測定結果はWilcoxonの符号付き順位検定を行い、開始前と終了後で比較した。

２）園芸活動に伴う言動評価

各園芸活動終了後は、研究者と参加した施設職員とでカンファレンスを行い、対象者の活動時の様子や活動内容を討議し、「園芸活動運営記録用紙」に記録した。

３）日常生活状況の客観的評価

各対象者の日常生活状況は、認知症のリスクスクリーニングに関する先行研究（寺岡ら，2005）に基づき独自に作成した「最近一か月間の日常生活状況」を用い、月1回、同一の施設職員が評価した。これは最近一か月間の日常生活状況を問う『感情的反応』、『健忘的症状』、『生活意欲の低下』、『日常生活の困難性』、『よくある物忘れ症状』の5つのカテゴリで構成する21項目と、最近一か月間の日常生活における植物に関連した言動の有無および特記事項からなる。21項目はカテゴリ別にFriedman検定を行い、経時的に変化を分析した。

全ての統計解析にはIBM SPSS Statistics 21を用い、検定におけるp値は両側で$p<0.05$を有意とした。

なお、本研究は九州大学の臨床試験倫理審査委員会に審査を申請し、承認が得られた後に実施した。

Results: 対象者は74歳から89歳（平均83.64±5.37歳）までの14名で、全員女性であった。主な園芸活動内容は、夏野菜を用いた植付けから手入れ、収穫までの一連の作業と、チューリップの球根の植付け、冬野菜の植付けや手入れで、計15回実施した。

15回中12回の園芸活動で唾液アミラーゼ値を測定した結果、いずれの活動も開始前と終了後とで有意な差はみられなかった。また、全ての園芸活動を通じて、対象者同士のトラブルやBPSDはみられなかった。

チューリップの球根の植付けと話し合いを行った回では、園芸活動終了後の唾液アミラーゼの平均値が低下傾向を示していた。球根の植付けでは幼少期の記憶を想起し、童謡のチューリップを歌う場面がみられた。話し合いでは自発的に他者へ働きかけたり、植物の名前や過去の記憶を想起して語る場面などがみられた。また、ある対象者は、自身の活動後の唾液アミラーゼ値の低下を知り、「よくしゃべってよく笑ったからね」と話していた。

対象者の最近一か月間の日常生活状況をカテゴリ別にみると、『生活意欲の低下』は統計学的に有意（$p<0.05$）に減少していた。園芸活動中には自発的な作業遂行や他者にアプローチする様子がみられ、日常生活では他者とのかかわりや植物の手入れに関する自発的な言動が確認された。

カテゴリ『健忘的症状』、『よくある物忘れ症状』と『感情的反応』は、統計学的に有意な差を認めなかった。本研究開始月と終了月とで比較すると、『健忘的症状』と『よくある物忘れ症状』は減少傾向を示していたが、『感情的反応』は増加傾向を示していた。しかし、園芸活動中に対象者同士のトラブルやBPSDが確認されたことはなく、実際には、対象者の笑顔や穏やかな表情、他者と談笑する場面が確認された。また、日常生活では、本研究開始以降、対象者同士で誘い合って庭に出て栽培している植物の観賞や会話を楽しむ様子がみられたり、14名中11名の対象者では植物に関する発言や会話が確認されるなど、他者との交流が活発化していた。

Conclusion: 今回、小規模多機能を利用中の認知症高齢者を対象に園芸活動を行った結果、次のような状況が確認された。

１）チューリップの球根の植付けと話し合いを行った回では、唾液アミラーゼの平均値が低下傾向を示していた。球根の植付けでは幼少期の記憶を想起し、話し合いでは植物の名前や過去の記憶を想起するなど、自発的に語る様子が確認された。

２）最近一か月間の日常生活状況についてカテゴリ別に経時的変化をみると、『生活意欲の低下』が有意（$p<0.05$）に減少していた。園芸活動中には自発的な作業遂行や他者へのアプローチがみられた。一方、日常生活では他者とのかかわりや植物の手入れに対し自発的な言動が確認された。

３）『感情的反応』は本研究開始月に比べ、終了月では増加傾向を示していた。しかし、唾液アミラーゼ値が有意に上昇した園芸活動はなく、園芸活動中には対象者の笑顔や穏やかな表情、他者と談笑する場面が確認された。また、本研究開始以降、日常生活の中でも対象者が植物に関する発言や会話をしていた。

以上のことから、小規模多機能における認知症高齢者を対象とした園芸活動の実施は、生活意欲の維持や向上に効果的であることが示唆された。また、園芸活動の実施に際し、対象者が記憶を想起しやすい植物を選定すること、活動中に他者と交流する機会を十分に設けることで、認知機能面や精神面を効果的に活性化できる可能性があると考えた。

References: 寺岡佐和，小西美智子, 鎌田ケイ子(2005)：地域高齢者の日常・社会生活の状況と物忘れ自覚症状との関連性 認知症のリスクスクリーニングとして，日本公衆衛生雑誌，52(10)，853-864.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-143

NON-PHAMACOLOGICAL THERAPIES IMPLEMENTATION IN TAIWAN: THE CREATION OF A NEW DESIGNATION THAT OF A RECREATIONAL ACTIVITY OFFICER (RAO)

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Objectives: Using art and reminiscence as a non-pharmacological therapies (NPTs) for persons living with dementia has much promise in particular addressing the issue Behavioral and psychological symptoms of dementia (BPSD). O'Connor *et al*., 2009 talk of the non-specific benefits of NPTs as providing personal engagement, connectedness and respite from over-stimulation or boredom.

Researchers have sought to define NPTs efficacy, its optimal conditions for use and how to best broadly implemented NPTs into facilities and as assessment tools that direct care provision in terms of QOL and ADLs.

Implementation poses a problem in Taiwan as we don't have people specifically designated to deliver the above promise of NPTs instead having a variety of positions (OTs, social workers, RNs, nurse aides) which compromises holistic outcomes.

Undergraduate Health Management students with specialisation in long term care may be best placed to take on NPTs within their statement of duties and be accepted by the industry as a new designation, a Recreation Activity Officer (RAO).

These students in recent years have had access to six 6 hour introductory therapy workshops aimed to create interest and assist them in becoming RAOs as industry recognition increases. Our hope is that ongoing training will become requested and provided as the demand arises whilst RAO positions become consolidated.

Our visual art course is the focus of our presentaton. It in common the other 5 courses is underpinned by a philosophy of person centered care and the concept of the 'embodied selfhood' Kontos (2004, 2005) whilst drawing upon the visual arts combined with group reminiscence therapy. Key outcomes highlighted for participants are that of active participation, improved communication, memory stimulation and emotional expression.The course has strong instructional design elements that aims for students to become an art facilitators in the running and design of their own programs.

Prime elements of the course focus upon understanding the production for art in general, from aesthetics, choice and use of materials, variation of outcomes and meaning attached to the artworks. The realities of the cost of materials and participant's capabilities tied to the social group dynamics are discussed. The facilitator's role of working with and drawing upon class aides together with focal participants creates an experience synergy to support waivering participants.

The activities are designed to be a failure-free in that there are no outcomes measures against which to be judged, rather the choice of materials such as cut out recognisable shapes or printed images for collage creates recognitions and a sense of success.

In conclusion our goal is to have an acceptance of RAO positions where NPTs become an assessment and therapeutic tool for dementia that influences care provision inside and outside therapy.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-160

THE PROGRAM DESIGN AND EFFECTIVENESS OF LIFESTYLE REDESIGN AND SELF-MANAGEMENT GROUP FOR PEOPLE WITH MILD DEMENTIA

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Introduction: While the management of chronic diseases is emphasized in most of the health promotion and prevention, studies show that staying mentally as well as physically active, relieving stress and having a healthy diet can effectively reduce one's risk of developing dementia and prevent patients with dementia from deterioration. Therefore, it becomes a very important issue that how to help people with dementia care for their own health by changing their lifestyles. While the programs designed for people with chronic diseases, nicotine and alcohol quitters, and people in need of relieving stress have proven to be significantly effective, few people apply these programs to people with dementia.

Objectives: The purpose of this study is to design a program combining lifestyle redesign and self-management for people with mild dementia and to explore the effectiveness of this program.

Methods: With a program mixing lifestyle redesign and self-management, people with mild dementia have the chance to reevaluate, organize, and make plans for their physical, mental and spiritual health, and for reaching out to the society. Through the interviews as well as evaluation scales and heart rate variability(HRV) machine, this pilot study discuss whether this program is helpful and practical for people with mild dementia. Nine people with mild dementia were included in this program led by occupational therapists and a nurse. And carers living with them attended the other support group led by social workers. The program lasted three months, from March to June in 2016. This study adopts triangulation for interpretation of both qualitative and quantative data.

Results: In the quantitative study, the results from 15-item geriatric depression scale (GDS-15), General Self-efficacy scale, and Physical Activity Scale for the Elderly(PASE) have improved but not statistically significant. In the qualitative study, there are following benefits. First, people with dementia exercise more and grow a habit of exercising regularly. Second, they start to see the connection between their diets and their health. Third, they become happier. Fourth, they recognize the importance of action plan, and are willing to take initiative to plan their activities. The last but not least, the interaction between people with dementia and his/her family has improved.

Conclusion: This study demonstrates that people with mild dementia are able to care and improve their own health conditions and quality of life with a little help from carers living with them. As the number of people with dementia has increased exponentially, we hope this study will contribute to the health promotion for people with dementia.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-153

NON-PHARMACOLOGICAL INTERVENTIONS - IGNITING THE 5 SENSES AND REDUCING BPSD

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Objectives: (Care Visions Beijing), is developing an evidence base around non-pharmacological interventions and therapies for dementia. The current evidence is significantly under-researched for non-pharmacological interventions. Yet, therapeutic processes, are the widely recommended approach for people diagnosed with dementia. Approaches such as art and music therapy, cognitive stimulation, environmental modification and more – are nearly universally recommended by Doctors and dementia specialists. Currently, there are no standardized methods for the delivery of these interventions, and there is no evidence base as to which interventions work best with whom, when and where or how to pick them.

Our therapies and interventions are undertaken by a highly trained team of Physiotherapists, nurses, counsellors, social workers and psychologists.

We consistently measure the outcomes from delivery of therapies and interventions. Engagement and Quality of Life scores are measured by the therapist at the end of each session, and frequent interval outcomes measured are independently assessed by Care Managers and Families.

The outcomes so far have been very promising and we are on our way to be able to determine what therapies and interventions, work best for different stages of different dementias and how to pick them. Using the Menorah Park Engagement Scale (MPES) to monitor engagement levels in conjunction with a Mood Linkert Scale, we are able to determine if the person with dementia is actively getting benefits from the therapy. Further to that, we link the therapy used with the type and stage of the dementia to establish a connection.

Result 1 - Reminiscence therapy has been very effective in early stage Alzheimer's, across 194 therapy sessions with Chinese patients. 97% of our clients with dementia were engaged with the therapy, and 88% showed a positive mood change.

Result 2 – Music therapy in the late stage of Alzheimer's resulted with 90% engagement during the therapy and 81% of those clients showing positive moods. In the middle stage of Alzheimer's we only saw 84% engagement and 70% increase in positive mood.

Non-pharmacological interventions and therapies for dementia are having a huge impact on people living with dementia and their families. We have also found that people with dementia can re-learn lost skills through regular interventions and therapies. One of our clients could no longer use chopsticks or eating utensils. This skill she had lost lead to malnourishment and embarrassment for the client meaning she no longer ate meals with her family. A game invented by our staff helped this client re-learn how to use chopsticks again – resulting in her gaining weight and reconnecting with her family.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-152

THE EFFECT OF REMINISCENCE PROGRAM ON COGNITIVE FUNCTION OF OLDER PEOPLE WITH DEMENTIA

Ratchadaporn Hongtong* and no

Introduction: Thai quasi-experimental research with repeated measures control group design research aimed to study the effects of reminiscence program on cognitive function of older people with dementia in long-term care facility in Bangkok.

Objectives: 1. To the knowledge of the elderly, Alzheimer's disease before the program after the recall. Immediately after the program The program has been two weeks and four weeks.
2. To the knowledge of dementia among the elderly who have been programmed to reminisce with those who received usual care.

Methods: The first group of 20 participants was assigned in to a control group and the second group of 20 participants was assigned to an experimental group. Participants from both groups had similar characteristics in terms of age, gender and education. The experimental group underwent a reminiscence program and the control group received conventional nursing care. Reminiscence program was performed once a week for 8 weeks.

Results: The research results were summarized as follows

1. The mean of cognition function among older persons with dementia in the experimental group after receiving the reminiscence program was significantly higher than the average score before undergoing the program ($p < .05$).

2. The mean of cognition function among older persons with dementia in the experimental group after receiving the reminiscence program was significantly higher than those who received conventional nursing ($p < .05$).

Conclusion: the effect reminiscence program can hold cognitive function of older people with dementia in long-term care facility in Bangkok.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-142

THE EFFECTS OF ADVANCE CARE PLANNING PROGRAM AMONG ELDERLY WITH MILD COGNITIVE IMPAIRMENT IN A NURSING HOME

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Introduction: The decisions of do-not-resuscitate (DNR) order and receiving palliative care are critical issues at end of life. Elderly with mild cognitive impairment (MCI) often do not know about palliative care and DNR.

Objectives: This study aims to evaluate the effects of advance care planning program (ACP) on knowledge and attitude of palliative care among elderly with MCI in a nursing home.

Methods: A two-group quasi-experimental design was used. A convenience sample of 57 elderly with MCI in a nursing home was recruited. The experimental group (n=29) received an ACP program which consisted of a one-hour individual life review interview using an ACP handbook, and two sessions of 30-minute group patient education on palliative care and advanced directives. The control group (n=28) received the ACP handbook only. All participants were assessed using the knowledge and attitude scales of palliative care and advanced directives questionnaire at pretest and posttest.

Results: There were significant positive effects of the ACP program on the understanding of DNR (p=0.003), palliative care (p=0.002), the willingness of signing DNR (p=0.014), and the knowledge (p=0.013) and the attitude of palliative care and advanced directives (p=0.038). However, there was no significant difference on the willingness of receiving palliative care (p=0.119) between groups. Six participants signed the DNR order after the intervention.

Conclusion: ACP program can improve the knowledge and attitude of palliative care and advanced directives among elderly with MCI in nursing homes. Nursing staff can design suitable strategies, such as patient education and ACP handbook which are easy to understand and appropriate for elderly with MCI. The ACP program using ACP handbook with life review interview can help the elderly with MCI express their views regarding medical treatments and care when it comes to the end of life. This can help the elderly enhance autonomy and decision-making for their end-of-life care in advance, and avoid unwanted and ineffective medical treatments.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-138

EFFECTIVENESS OF GROUP REMINISCENCE THERAPY FOR OLDER PEOPLE WITH DEMENTIA IN DAY CARE CENTER IN TAIWAN

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Introduction: There are currently 19 million people living with dementia in Taiwan in 2009 with more than 17 million of those are aged over 65 years old, and is expected to increase to 72 million by 2056 (Taiwan Alzheimer's Disease Association, 2015). With the continued growth of Taiwanese older population, their mental health becomes an issue of concern especially the high incidence of depression in Taiwanese ageing population. To reduce the depression of people living with dementia, various non-pharmacological approaches have been introduced, such as memory training, music therapy, and behavioral therapy. Although the effectiveness of these alternative approaches has not generally been established, reminiscence intervention is one of the approaches suggested in order to reducing depression, improving self-esteem and psychology well-being.

Objectives: The purpose of this study was to explore the effects of group reminiscence therapy upon depression of people living with dementia within dementia specific day care centers in Taiwan.

Methods: A unique pre-test-post-test, quasi-experimental design counterbalanced with a qualitative grounded theory video analysis of facial expression, behaviour and Cornell Scale for Depression in Dementia (CSDD) were used to measure the effects of group reminiscence therapy. The study recruited 21 participants from two dementia specific day care centers, comprising of a series of 6 group sessions over a 6 weeks period.

Results: The findings highlighted improvements in depression, communication, and positive mood after group reminiscence intervention. The results also showed participants scored higher on average during the Chinese New Year and marriage reminiscence activities compared to the other activities, revealing the subject matters extraordinarily significance.

Conclusion: This study provides evidence supporting the proposition that undertaking a cultural focus reminiscence therapy may produce significant psychosocial improvements for a person with dementia.

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Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-162

FROM AROMATHERAPY TO YOGA: EXPLORING COMPLEMENTARY & ALTERNATIVE THERAPIES IN DEMENTIA CARE

Susan Lanza*

Objectives: Objectives

- Review complementary & alternative therapy and related dementia research for aromatherapy, guided imagery, reiki, massage, tai chi, acupuncture, music therapy, yoga, therapeutic touch, acupressure, flower remedies & dance therapy.

- Learn practical applications for appropriate complementary & alternative therapies for use in improving the quality of life of persons with a diagnosis of dementia

With millions of baby boomers estimated to develop dementia over the next decade, health care professionals are turning to non-pharmacological interventions such as Complementary & Alternative Medicine (CAM) to assist in programming and to improve daily functioning. Join us as we review many of the popular CAM options such as aromatherapy, guided imagery, massage, tai chi, yoga, etc. to learn how to enhance person-centered care in your care setting.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-146

GYMSEN – SENSORY GYMNASTICS FOR THE ELDERLY: PROGRAM DESCRIPTION AND PRELIMINARY DATA

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Introduction: GYMSEN – Sensory Gymnastics for the elderly is an ERASMUS+ training project focused on maintaining the sensory abilities of the elderly in order to improve their wellbeing and quality of life (www.gymsen.eu).

Objectives: The program aims to prevent decline, during the aging process, of sensory capacities such as taste and olfaction, which usually leads to lack of appetite and increases the risk of malnutrition. 5 European Countries participate in the project: Spain (Coordinator), Sweden, Czech Republic, Italy and Greece.

Methods: The project has been piloted in four groups of elder adults with different status of health, autonomy and physical capabilities: a. intellectually active elders, b. intellectually inactive elders, c. institutionalized elders and d. people diagnosed with dementia. The courses delivered during the project had common modules among them, with certain parts adapted to the specific needs of each group. The program for people diagnosed with dementia was implemented in the Dementia Care Day Center in Maroussi, Athens, Greece of the Athens Association of Alzheimer's Disease and Related Disorders. 15 people diagnosed with dementia participated in the experimental group and 15 in the control group. All participants were assessed with validated questionnaires before and after the implementation of the sensory training program which lasted 3 months. The activities were organized in 24 sessions (twice a week for 12 weeks) and the session duration varied from 1 to 1.5 hours.

Results: In the experimental group participants had a mean age of 78.8 years (SD=9.2), 60% of them were females and mean years of schooling were 10.9 (SD=4.2). The mean score for the Mini Nutritional Assessment (MNA) before the intervention was 22 (SD=2.77) after the intervention the mean MNA score was 22.66 (SD=1.89). In the control group participants had a mean age of 73.66 years (SD= 7.14), 60% of them were females and mean years of education were 9.6 (SD=3.7). The mean score for the MNA before the intervention was 22.66 (SD=1.89) after the intervention the mean MNA score was 22.66 (SD=1.89). The two groups did not differ statistically in terms of age, and condition severity. Preliminary data showed significant benefits for people with dementia with the GYMSEN training program.

Conclusion: The GYMSEN training program, is a non-pharmacological intervention, developed in this ERASMUS+ project and it is pioneer in promoting sensory abilities, particularly taste and olfaction of people with dementia.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-144

A COGNITIVE TRAINING TO IMPROVE COGNITIVE FUNCTION AND MOOD FOR THE ELDERLY IN SENIOR RETIREMENT HOMES

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Objectives: Introduction: Cognitive decline are common problems for the elderly. The elderly may display depressive symptoms and have difficulties in their activities of daily living when they start to have problems with cognitive function. Cognitive decline of the elderly can also create tremendous care burden for caregivers. It is important to improve mood and cognitive function for the elderly.

Objectives: This paper describes the development of a cognitive training for improving cognitive function and mood in elderly living in senior retirement homes.

Methods: The group-based cognitive training consists of eight activity themes, including bingo game of numbers, bingo game of sounds, memory activities of shape and color, matching game of pictures of cities in Taiwan, monopoly, matching game of Taiwanese famous songs and singers' names, and photo hunting. Each session of the cognitive training lasts about one hour, starting with 5 minutes of warm-up with upper and lower extremities movements along with famous old songs, 50 minutes of cognitive activities, and 5 minutes of cool-down breathing and relaxation. A nurse can act as the facilitator to lead the group cognitive training session. The suitable numbers of participants in this group-based cognitive training is about 10-15 persons.

Expected outcomes: The group-based cognitive training has the potential to improve abstract thinking, attention, short-term memory, recognition, and calculating skills in the elderly. By participating in the cognitive training activities, the elderly not only improve their mood and also their cognitive function. The cognitive training can be incorporated into routine activity program in senior retirement homes to improve mood and cognitive function, and delay cognitive decline for the elderly.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-148

THE IMPACT OF MEANINGFUL ACTIVITIES FOR PEOPLE WITH COGNITIVE IMPAIRMENT IN ACUTE HOSPITALS: A LITERATURE REVIEW

Joanne Brooke, Monika Rybacka, Liz Wright

Introduction: Meaningful activities for people with dementia have been advocated to support social relationships, physical activity, and sustain physical and mental health (Jennings 2002). Traditional dementia care provided one-size fits all activities within a timetable, implemented by well-meaning staff who were insufficiently trained (Hellen 2001). Whereas, meaningful activities include therapeutic opportunities for overall wellness, ensuring the unique essence of the person is respected and activities reflect their personal strengths, life story and culture (Hellen 2001). Acute general hospital have employed activities coordinators to implement meaningful activities for patients with dementia to improve their experience of acute care and their clinical outcomes.

Objectives: To understand the impact of activities co-ordinators and meaningful activities for people living with dementia during an acute hospital stay.

Methods: A comprehensive literature review, electronic databases searched included: CINHAL, MEDLINE, PsychINFO and Science Direct for literature published in English between 01/01/2006 and 31/08/2016.

Results: Seven papers were identified. Studies were completed in the United Kingdom (n=6) and France (n=1), and were quantitative (n=3), qualitative (n=3) and mixed methodology (n=1). Sample sizes varied from nine to sixty, participants were patients, carers, staff and volunteers. Study outcomes ranged from corporate targets including; length of stay, reduction in falls and behaviours that challenge (n=3), and impact on the patient's mood and wellbeing (n=4). All highlighted sustainability of the activity structure was difficult. The definition of meaningful activities was not clearly operationalised in any of the studies, so comparison of outcomes was not possible.

Conclusion: The impact of activities or activity related roles on patient care and outcomes was varied, possibly due to the inclusion of different healthcare settings, such as acute and mental health settings. Practical skills of staff did not predict a decrease in behaviours that challenged, the implementation of activities alone did not change the restlessness of some patients with dementia in an acute setting. Further research with meaningful activities and health outcomes clearly operationalised, as well as exploring the experience of patients with dementia in acute hospitals is required.

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Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-159

THE INFLUENCE OF TOUCH CARE MASSAGE ON THE PHYSICAL AND MENTAL STATE OF THE ELDERLY PEOPLE WITH DEMENTIA

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Introduction: Nonpharmacological treatments for dementia cause less stress on the body, and hortictherapy, music therapy is being implemented in facilities for the elderly. Behavior disorders in elderly with dementia have psychological causes such as discomfort around memory disorders, stress, and care that relieves these causes is effective as relaxation with agreeable stimuli. Touch care is seen effective relaxation through providing comfort, security and safety with the touch of a hand, and supporting the receiver's mind and body. The efficacy of touch therapy on elderly people with dementia is being researched to varying degrees, and they investigate its ability to reduce BPSD. However, there are currently few studies that have looked into the effects of touch therapy using the physiological data of elderly with dementia.

Objectives: The purpose of this research is to clarify the influence on physiological changes, sleeping/eating behaviors and comfort behaviors after the implementation of touch care massage on elderly with dementia.

Methods: The participants were elderly with dementia in nursing home facilities. Level 1 touch care massage was administered to the backs of participants while clothed, and massage oil was used for on their lower arms for 20 minutes for 4 successive days. We measured their salivary amylase level, pulse, blood pressure, and surface skin temperature both before and after treatment. We also collected their speech, dietary intake, sleep situation and other basic information prior to and after receiving treatment. The analysis were used to describe the physiological data. We received the approval of the research ethics committee for affiliated institution out of ethical considerations.

Results: Subjects were 4 women, with an average age of 84.7, and had suffered bone fractures and stroke. One participant had Alzheimer-type dementia with light to moderate cognitive impairment. Symptoms included violent language and the loss of memory and orientation, but linguistic communication was possible. As a result, salivary amylase levels both dropped and rose, pulse and blood pressure fell, and surface skin temperature rose. There was also no change in dietary intake, sleep individually changed, and there was an increase in comfort behavior. In case 1, the salivary amylase levels for the first and second day were not stable, and no change in pulse or blood pressure. For the first 3 days, she responded only "Yes." when asked if the massage felt good, and then said "I was looking for you. I would like you to massage me." on the fourth day. She experienced no change in dietary intake and had always been taking sleeping pills, although she did not on the last day.

Conclusion: Touch care message for elderly with dementia was found to bring changes in physiological data, and there is the possibility of parasympathetic dominant relaxation effects.

keyword:Touch care message,Dementia, Elderly

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-154

A PRELIMINARY STUDY OF THE EFFECTS OF A COMMUNICATION ROBOT ON BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF ELDERLY PEOPLE WITH MILD IMPAIRMENT

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Introduction: Communication robots that support mental health and calm elderly people with dementia are steadily being developed, but the development costs are high, and high price robots are not widely used. Under these circumstances, PIP CO., LTD. (Osaka, Japan) have brought a low-price communication robot named Kabo-chan to the market. To examine the effects of such low-cost robot on elderly people is important for spread of robot in a super-aging society.

Objectives: We examined the effects of Kabo-chan on behavioral and psychological symptoms of elderly people with mild impairment.

Methods: The subjects were residents aged ≥65 years old in Okayama city who use long-term care insurance services. They completed questionnaire surveys before and one and two months after living with Kabo-chan. Survey items include basic attributes, frequency of conversations in the previous week, frequency of meals in one day, sleeping state, the numbers of times going out. IADL, the daily anxiety,and well-being of subjects also measured.

Kabo-chan is a humanoid robot with a warm texture of size 22 × 18 × 28 cm and weight about 970 g. Kabo-chan can speak, nod and laugh using 5 types of sensors incorporated into the body.

Results: There were 74 participants in the study. The average age of the subjects at baseline was 83.4 years old, 85.1% were female, and 49.5% were living alone. Regarding the care level, 34 subjects required help and 40 were at the long-term care level.

The results showed that anxiety decreased and physical health significantly improved after living with Kabo-chan.

Conclusion: Use of Kabo-chan improved physical functioning of elderly people to some degree. However, the evaluation was limited to the users and a control group was not included. Thus, further studies of the effects of Kabo-chan on patients and caregivers are required.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-158

THE EXPERIENCES OF PEOPLE WITH DEMENTIA AND THEIR FAMILY CARERS PARTICIPATING IN INDIVIDUAL COGNITIVE STIMULATION THERAPY

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Introduction: The Individual Cognitive Stimulation Therapy (iCST) trial was a pragmatic, multicentre, randomised controlled trial of a complex, individual, carer-delivered cognitive stimulation intervention. It was designed to evaluate the effects of iCST on cognition and quality of life for people with dementia and their family carers.

Objectives: The aim of this qualitative study was to explore people with dementia and their family carers' concepts of mental stimulation and experiences of participating in iCST.

Methods: A sub-sample of 23 dyads of people with dementia and their family carers who completed the iCST intervention took part in semi-structured in-depth interviews. Data was analysed using Framework Analysis.

Results: Three main themes emerged, 'Concepts of mental stimulation', 'Experiencing changes in everyday life as a result of participating in iCST', 'Carer adherence to the intervention' and along with ten sub-themes. The overall experience of participating in iCST was described as having opportunities to engage in enjoyable mentally stimulating activities, motivation to stay active and bringing people with dementia and their carers 'together'. Carers revealed that finding time to fit into iCST and their relatives being reluctant to engage in the activities could hinder their participation in the intervention.

Conclusion: People with dementia and their family carers found iCST stimulating and enjoyable, but many had difficulty delivering all the sessions as planned. The feedback from family carers suggested that providing extra support by involving other people in delivering the intervention may help to improve adherence to the intervention. The iCST intervention may be a useful tool to encourage people with dementia and their family carers to communicate and enhance their relationship quality. Therefore, it is important to involve family carers where possible to achieve maximum benefits in service delivery and service evaluation.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-151

“STROLL TO THE PARK” PROGRAM ON THE PERSON WITH DEMENTIA

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Introduction: It is easily limited to go out for person with dementia, when they have dementia diagnosis. Especially person with Alzheimer’s disease, they can have confidence about the ability to walk.

Objectives: To make the opportunity to walk outside and to have confidence to walk around, “Stroll to the Park” program was implemented for person with dementia who use day care facility.

Methods: Person with dementia, one care staff and volunteers went out to stroll in the nearby park twice a week for three months. Twenty-two participants were recruited, but only 10 people were able to follow for one year. “Stroll to the Park” program was conducted for 3months and not conducted for 3months, and retried again for one year.

Results: Over half of the participants’ Behave-AD score was declined during the second walking. Two participants who had estimated CDR3 were able to join to this program. No one missed and no one had injured during “Stroll to the Park” program. When there was a small step, participants press other participants for attention.

Conclusion: When person with dementia go out from day care center, they don’t have to care much about executive function disorders. Because when they walk, they don’t have to think about procedure. “Stroll to the Park” program provides person with severe dementia the opportunity to participate with joy. We will introduce observational data in our presentation.

Disclosure of Interest: None Declared

Care research and practice

Non-pharmacological interventions

PO1-163

CATALYST TO RESEARCH: RESEARCH TO REALITY

John Quinn*

Objectives: It's encouraging to see the quality and the quantity of research around non-pharmacological psychosocial interventions being published. International research is continuing because of the positive benefits and outcomes to those living with dementia. Some of the benefits are immediate, and although it may only be anedotal, conversations are now referring to the longer term progression of dementia. As a result, other researchers, policy makers, organisations and the industry are listening, and accepting change. However, these messages aren't always getting to those who are the ones with the lived experience or their CarePartners. If they are, then perhaps the time taken for a diagnosis can be reduced so that those who are newly diagnosed can make changes sooner. Likewise, many of the concepts can be simple additions to our lives years before any diagnosis. In addition to an untimely diagnosis and the prescription of anti-depressants and anti-psychotics, John Quinn found that he had to address the memories of his mum, two aunts and an uncle who were also diagnosed in their fifties and early sixties. A chance meeting changed his attitude and he wanted to research all that he could about the condition. This led him to incorporate other psychosocial initiatives, along with his exercise, into his daily life. John is now involved with two, state Department of Health Dementia Pathways Committees; The Cognitive Decline Partnership Centre; and, the Care of Older Persons with dementia in their Environments (COPE) project where he can influence policy. He's on the steering committee of the newly launched Wynnum Dementia Friendly Community where he lives, and is a founding member of Dementia Awareness Advocacy Team. John has come a long way in a few short years.

Disclosure of Interest: None Declared

PO1-161

EFFECTS OF ODORS ON AUTOBIOGRAPHICAL MEMORIES RETRIEVAL IN ALZHEIMER'S DISEASE

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Introduction: Odors effects on memory are well documented. In healthy participants, it has been shown that odor-evoked autobiographical memories (AM) are older, rarer, more emotional and more vivid than the memories evoked by presenting the name, image or sound related to the odor. Alzheimer's disease (AD) affects the nature of AM retrieval. AD patients have difficulties in reliving AM in a vivid, detailed, self-coherent way.

Objectives: Our objective was to investigate whether odors still constitute a better cue for AM in patients with early AD, as compared to sounds and images.

Methods: In total, twenty-eight AD patients, 18 elderly and 18 young participants participated in our study. Participants were assigned to 1 of 3 different groups: one for each sensory modality tested. Each participant was thus presented with either 4 odors, 4 sounds or 4 images. For each stimulus, they were asked to retrieve a personal memory, to date it and then to rate it across 3 dimensions: emotionality, vividness, rarity.

Results: Preliminary results suggest that, overall, AD patients evoked significantly more AM as compared to healthy elderly ($p < .01$) and young participants ($p < .001$), independently of the type of sensory cue. There was a marginal effect for AM evoked by odors, which were more vivid as compared to memories evoked by sounds ($p < .06$) and images ($p < .09$), in AD group only. We are currently completing the groups to reach 20 participants per group and per population.

Conclusion: Our preliminary data suggest that odor effects may still be preserved at the early stages of AD and may therefore be used as therapeutic tool to improve the quality of AM in these patients.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-167

BACKGROUND AND PROXIMAL FACTORS OF CHALLENGING LOCOMOTION BEHAVIOR IN COMMUNITY-DWELLING PERSONS WITH COGNITIVE IMPAIRMENT

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Introduction: Challenging locomotion behaviors have been viewed as disruptive behaviors from the care partners' view rather than the perspectives of persons with cognitive impairment (PWCIs) in their immediate environment. While challenging locomotion behaviors may interfere with or disrupt clinical care routine, or impact the care partners' support, it may actually express the PWCIs' goals or needs.

Objectives: Therefore, the purpose of this study was to adopt the Need-Driven Dementia-Compromised Behavior (NDB) model and explore the related factors of challenging locomotion behavior in northern Taiwan in community-dwelling PWCIs.

Methods: It was a cross-sectional study with 180 dyads (PWCIs and their care partners). The model consists of background factors (demographic factors, neuro-cognitive factors, general health such as ADL, psychosocial factors such as depressive symptoms, anxiety and agitation), proximal factors (PWCIs' need: sleep disturbance and physical fatigue), and behavioral outcomes (challenging locomotion behavior).

Results: Findings from hierarchical regression model identified significant background factors of challenging locomotion behavior, including education ($\beta= -.18$, $p < .01$), global cognitive impairment ($\beta= -.26$, $p < .00$), and other challenging behaviors ($\beta=.39$, $p < .00$). Significant proximal factors included: sleep disturbance ($\beta=.16$, $p < .01$) and anxiety ($\beta=.18$, $p < .01$). Multi-collinarity was examined and there were no such problems among independent variables. This model explained 48.8% of the variance.

Conclusion: When care partners observe wandering behaviors of PWCIs, psychological needs (anxiety) and sleep disturbance should be considered. Background factors such as education, global cognitive impairment and other challenging behaviors, although are stable for longer time than the proximal factors, can be used to screen for high risk PWCIs who may manifest challenging locomotion behavior.

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-166

DEMENTIA CARE FOCUSING ONE’S WAY OF BEING

Ryoko Fukuda[*, 1], Yumiko Komori[1], Koji Itoh[1], Chie Matsumoto[1], Satoshi Adachi[2], Shinya Ohta[1], Taisaku Okumura[1], Yuko Yokoi[1], Noriko Node[1], Ken Shizukuishi[1], Emiko Toyoda[2], Fumiyo Imahori[2], Chiyoko Tachikawa[1], Yuko Edamatsu[1], Hiromi Kishi[1], Shinya Takiyama[1]

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Objectives: 株式会社ベネッセスタイルケアは、「その方らしさに、深く寄りそう」という事業理念を掲げ、300近くの有料老人ホームを運営している。介護人材の不足という問題は、高齢者施設における介護サービスの画一化に繋がりがちであり、提供されたサービスが個々の利用者の状態や要望に合っていないことが利用者の状態の悪化の一因となっている可能性は否定できないが、ベネッセスタイルケアのホームでは、むしろ状態が改善し自宅に戻る利用者も増えている。これは、上記の事業理念に則り、1人1人の利用者に合わせた介護サービスを提供した結果であると考えられる。しかし、各ホームの取り組みは必ずしも他のホームに共有されているとは限らない。今後、さらに個々の利用者に合わせた介護サービスの提供や認知症ケアを促進していくためには、各ホームのノウハウを抽出し、ホーム間で共有していくことが有効であると考えられる。

そこで、11のホームで重点的に認知症ケアの取り組みを進め、そこから効果的な認知症ケアのノウハウを抽出し、そのエビデンスを整備した上で、ホーム間で共有可能な「メソッド」を構築することとした。利用者のニーズはホームにより異なることに加え、ホームの主体的な取り組みの促進を意図したため、具体的な実施内容は各ホームが決定した。利用者の自立支援や、生活を整えその人らしさを取り戻すこと、穏やかな生活の実現などを目的として、現在以下のような取り組みが進められている。

- 利用者自身がアイデアを出し合って行う「班活動」
- 個々の利用者のADLに合わせた「ちょうどいいサービス」
- 個々の利用者の要望に応える「個別ケア」
- 個々の利用者の「やりたい」気持ちを触発し、タイムリーに叶える「自発支援」
- 薬の見直し
- 下剤に頼らない排泄ケア
- センサーマット使用中の方の日常生活の見直し
- 環境整備
- 地域交流・地域づくり

取り組みにおいては、利用者に対する関わり方や、その際の利用者の反応などについてスタッフが得た「気づき」を、定期的なミーティングや日々のコミュニケーションを通じ、可能な限り共有している。そのうち、利用者の様子の変化や状態の改善、スタッフ自身の意識や行動の変化が実感されたものについては、データに基づく効果検証を行い、裏づけの得られたものを「メソッド」とする。既に「メソッド」の「素」になるものが抽出されつつあるが、それらは、利用者とのかかわりに関するものと、スタッフ側の取り組み姿勢に関するもの、利用者・スタッフの双方に共通するものに大別される。

【利用者とのかかわりに関するもの】

・「その方を知る」ことの実践
利用者のことをよく知ることは、個々の利用者に合わせたサービス提供の大前提である。しかし、実際には、入居時こそアセスメント等により情報収集を行うものの、入居後はさらに利用者のことを知る機会は多くはない。センター方式の活用や家族とのコミュニケーションを通じ、改めて利用者のことを知ることで、行動の背景の理解や、要望の把握が促進されることが示唆された。

・「できる」に目を向けた自発支援・自立支援

利用者の「できない」部分を支援するという従来の考え方は、「この方は できない」というスタッフの思い込みにも繋がっていることが示唆された。むしろ「できる」部分に注目し、利用者本人の「 したい」という要望の実現を可能な限り支援することが、生き生きとした表情を引き出すのみならず、機能の向上にも繋がる。

・薬の見直しによる生活の改善
介護職・看護職は、眠れないので睡眠薬、お通じがないので下剤、という考え方から、利用者にかかる負担を軽減し生活を整えられるよう薬を見直すという考え方に変化してきている。下剤なしで自然排便できるようになり、表情が良くなった利用者も複数いる。

【スタッフ側の取り組み姿勢に関するもの】

・スタッフ間のコミュニケーション
ホーム一丸となった取り組みにはスタッフ間、とりわけ介護職と看護職の円滑なコミュニケーションが不可欠である。例えば、介護職からは生活の中で気づいた利用者の様子を、看護職からは薬や医療対応等に関する情報を、それぞれ共有することで薬の見直しが促進される。利用者の様子が気になった時に、すぐにその場に介護職、看護職、ホーム長が集まり、カンファレンスを行うようになったホームもある。

・医師とのコミュニケーション
利用者の生活の見直しを行う際、薬の見直し等の医療面の対応は医師の判断に基づくことから、現場の声を医師にきちんと届けることで、取り組みが促進される。

・成果の見える化
スタッフが感じている変化をデータにより見える化することで、スタッフのモチベーションが上がる。また、見える化にあたっては、具体的にどのような点で利用者やスタッフ自身の変化が生じたのかを把握することが不可欠であり、スタッフの観察センスも養われる。

【利用者・スタッフの双方に共通するもの】

・緊張感の効果
緊張感や刺激は活気ある生活の源である。例えば、班活動のうち料理班は、おやつではなくその日のホームの食事を作ることにより、失敗できないという緊張感が生まれ、利用者が生き生きと料理に取り組んでいる。スタッフ側においても、本部スタッフがホームに来たり、「プロジェクト」を遂行することによる程よい緊張感が、取り組みを促進するという効果が得られている。

・目的・目標の共有
利用者の班活動においても、スタッフの取り組みにおいても、目的・目標の共有が、一丸となった取り組みの実現に繋がっている。また、達成できる目標を具体的に定めることで、達成時の満足感、次のステップへ進む原動力が得られている。

・発表を目標とすること
利用者の班活動のうち音楽班では、単に演奏を楽しむだけでなく、人に演奏を聞いてもらうことも目標とすることで、自主練習まで行われるようになってきた。スタッフ側では、社内の事例発表や学会発表を視野に入れることで、それに向けて取り組みが促進されるだけでなく、人に分かるように内容を整理することが、より効果的な振り返りや情報共有にも繋がっている。

・他メンバーの巻き込み
どのホームでも最初からすべての利用者やスタッフが取り組みに参加していたわけではないが、利用者の嬉しそうな様子やスタッフの楽しそうな様子が、まだ参加していない利用者やスタッフの「自分もやりたい」という気持ちを誘発し、巻き込むことに繋がっている。

今後、これらの取り組みをさらに進め、その効果を裏付けるエビデンスを整備するとともに、「メソッド」を確立した後は、これを横展開し有効性の検証を行う予定である。

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-171

FACTORS RELATED TO THE QUALITY OF DEMENTIA CARE IN NURSING HOMES FOR THE ELDERLY: USING THE VIPS FRAMEWORK FOR PERSON-CENTERED CARE

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Introduction: Improving the quality of dementia care is a major challenge both inside and outside of Japan.

Objectives: The purpose of this study was to create an index based on the theory of person-centered-care (PCC) to evaluate the quality of dementia care and thereby improve the quality of the dementia care provided at nursing homes for the elderly, while elucidating related factors.

Methods: A survey was conducted by mailing questionnaires (in February 2016) to all 350 nursing homes located in Prefecture A. Responses were recovered from 141 facilities (recovery rate: 40.3%). The head caregiver or other senior member of staff at each facility who understood the overall dementia care situation was asked to answer the questionnaire. The survey included questions about (1) the attributes of the facility and (2) 44 items contributing to the evaluation index for dementia care. Answers were then examined by four experts in dementia care based on the VIPS framework (4 domains, 24 items) in PCC theory.

The 44 items were subjected to factor analysis, after which an index composed of 34 items in 3 factors was created to evaluate the quality of dementia care. These 3 factors were used as the objectives variables in a multiple regression analysis. The explanatory variables were "*years since establishment*," "*structure of the facility*," "*mean level of required nursing care*," "*status of long-term staffing*," "*the degree of development of the training system,*" and "*job satisfaction*."

The institutional review board of the Social Welfare Corporation Zinshikai gave their approval for this study to be conducted.

Results: The first factor, "*Care in which a mutual relationship is maintained by understanding non-verbal cues*," and the second factor, "*Care that preserves the 'individuality' of residents based on the resident's previous lifestyle*," were significantly associated with "*the degree of development of the training system,*" "*job satisfaction*," and "*years since establishment*." The third factor, "*Organizational management to protect the dignity of individuals with dementia*," was significantly associated with "*the degree of development of the training system"* and "*job satisfaction*."

Conclusion: The results of this study revealed that the quality of dementia care was associated with training systems for staff and the job satisfaction of individuals responsible for the quality of facility care. Improving these areas should lead to improvements in the quality of dementia care. A future study will need to investigate matter such as what kind of training is more effective.

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-177

VOICES OF SPOUSES TO PARTNERS WITH NEUROPSYCHIATRIC SYMPTOMS RELATED TO DEMENTIA

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Introduction: The presence of a family career is said to have a protective effect in dementia care, postponing admissions to residential care. The majority of persons with dementia develop behavioural and personality changes during the disease trajectory. These symptoms are called neuropsychiatric symptoms (NPS). Little is known regarding family members` experiences of living with persons with NPS related to dementia, in a community setting.

Objectives: To describe spouses' experiences of living with partners who have neuropsychiatric symptoms related to dementia.

Results

Methods: Semi-structured interviews with 14 spouses of partners with dementia. The interviews were based on the NPI (Neuropsychiatric Inventory,Cummings, et al. 1994). The interview data was analysed using content analysis

Table:

Results: Spouses identified that partners with dementia had on average five to eight co-existing NPS . Frequency, severity and distress varied. The neuropsychiatric symptoms highlighted were within three of four possible symptom domains; Behaviour, Psychosis and Mood. From the narrative data five main categories emerged; Support needs, Understanding the impact dementia has on their partner, Being prepared for sudden unpredictable events, Feeling vulnerable and facing domestic violence and Feelings of social isolation. The theme; Living on the edge lacking support and time for self, evolved.

Conclusion: A large proportion of persons with dementia reside in their own homes in the community. Support offered to persons with dementia and their families should have a person-centered approach meeting individual needs. Safety and welfare of persons` with dementia and their partners residing in their own homes may be jeopardized in the presence of neuropsychiatric symptoms. A greater awareness is required in the community of the welfare and wellbeing of these persons.

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-172

SIDE BY SIDE A PERSON CENTRED APPROACH TO SUPPORT

Zoe Campbell*

Objectives: The Alzheimer's Society's second annual report: "Dementia 2013: The hidden voice of loneliness", reveals:

- A third of people with dementia said they lost friends following a diagnosis.

- More than a third of people with dementia felt lonely.

- Nearly two-thirds who live on their own feel lonely. Difficulties in maintaining social relationships and others features of dementia contributed to this.

- People with dementia living alone are more likely to become socially isolated and unable to access key services.

In response, the Alzheimer's Society has developed a new service, Side by Side.

Side by Side uses person centred tools that enable people with dementia to identify the outcomes they wish to achieve, the activity and services they need to realise these; and the strengths, capabilities and skills they can share with peers and the wider community.

All of the paperwork and processes used in Side by Side are person centred, putting the person with dementia in control and making sure that activity is developed to meet each individual's needs.

Volunteers are then placed with people to support them achieve their identified outcomes. Every volunteer produces a one page profile that the person with dementia uses to choose who they want to support them.

Through the service we encourage and support people with dementia to take part in everyday community activity, to remain active citizens and help to build new community support networks.

The service is subject to a robust, external evaluation. Early evidence shows:

- Users are getting out of the house more as a result of the service.

- People with dementia's social networks have increased as a result of Side by Side.

- Volunteers have increased their understanding of dementia and shared this with others; and there is increased support for the Society among volunteers.

Early indications are that through utilisation of a person centred approach, Side by Side is reducing social isolation amongst people with dementia, increasing their rates of activity; and is increasing dementia awareness and support for the Society.

Our ambition is that by 2018 Side by Side has 2000 volunteers and is directly benefitting 3000 people with dementia who have all increased their social networks and are taking part in more activity in their communities than they had before.

The Side by Side model is one that could be replicated in other countries and learning can be shared globally.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-165

APPROACHES TO PROMOTING PERSON-CENTRED CARE IN COMMUNITIES USING A JAPANESE-LANGUAGE DVD EDUCATIONAL RESOURCE FOR DEMENTIA SUPPORTERS

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Objectives: Person-centred care was introduced in Japan in 2004 and is considered a value basis of dementia care. To support people living with dementia, education of supporters in communities is essential. In Japan, training sessions for dementia supporters have been held in each municipality since 2005. There are more than seven million dementia supporters in 2016. For e.g., Toshima city in Tokyo has trained 6248 supporters through 254 sessions as on Sept. 2016 for improvement of care in communities.

The Japanese-Language DVD resource for promoting person-centred care, "Let us take this journey together" was produced by NPO JSPDC in collaboration with care-workers, professionals and volunteers in 2016. The work is based on a method first developed in Australia and then in the UK with Prof. D. Brooker. It was designed to support staff training across professional boundaries. We used this in a follow-up session for dementia supporters in communities. We reported the session details and results of the questionnaire to the participants.

Methods: The session was planned by Toshima city in collaboration with NPO JSPDC in 2016. The training session took about two hours. The participants were given a lecture on person-centred care for sixty minutes, and then they watched film 1 of the DVD followed by group discussions for forty minutes. After explaining the purpose of the study and ensuring protection of personal information, they answered the questionnaire.

Results: Forty-six dementia supporters joined the session and 39 of them answered the questionnaire. One-third were medical or care professionals and others were non-professional residents. Nearly half of them were in sixties and seventies. All agreed that it was easy to understand person-centred care through the session. Most of them answered that they could make use of their learning to support people with dementia. Also, the free-answers showed that many supporters thought watching realistic scenes in the film and discussing with others helped them better understand perspectives of people with dementia.

Discussion: Though the participants included some professionals, it was remarkable that most dementia supporters felt that person-centred care was easy to understand and the session was useful for their approaches. Person-centred care has been included in educational programs for care professionals for years, but it is not yet well established. To support people with dementia in communities, we need to share the vision and value basis of person-centred care with more people.

For promoting person-centred care, we should continue to consider how to make the most of the DVD resource for training people in communities.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-184

EVIDENCE-BASED: PERSON-CENTRED CARE ENVIRONMENT FOR DEMENTIA RESIDENTS BEHAVIORAL DISTURBANCES

Ya-Chi Huang*, Ruoh-Lih Lei, Chen-Jung Hsu, Yi-Hua Tseng, Chienh-Sin Yeh

Introduction: Most person supporting someone living with dementia was burnout via dementia symptom called Behavioral and Psychological Symptoms of Dementia (BPSD), it would changed behaviour, challenging or difficult communication, such as sleep disturbance, getting lost, hyperphagia, repetitive phenomena, hoarding behavior and inappropriate sexual behavior. Behavioral disturbances was the major factor let family members choose Nursing facility care. Currently, residents problem are managed by using physical restraints, medications and reduce stimuli. Since the mid-1980s, a number of countries have encouraged nursing homes to establish Special Care Unit (SCU) for dementia. Special Environment design includes small unit, private dining room, single room and outdoor area. SCU design is similar to the Dementia Care facility in Taiwan.

Objectives: We all concerned residents personhood and quality of life, for this reason, our aim is exploring whether or not Evidence-based Dementia residents living in SCU can get better effect on behavioral disturbances than Traditional Nursing facility.

Methods: PICO of this issue as following: P: Elderly Dementia residents whom live in institution; I: Live in Special Care Unit; C: Without live in Special Care Unit; O: Better effect on Dementia residents behavioral disturbances after intervention. We search literatures and collect data through data bases such as: PubMed、Cochrane Library、CINAHL Plus、CEPS, by the keywords of「Dementia AND Special Care Units」、「Dementia AND Group Living」、「Dementia AND Nursing Facility」、「Dementia AND Environment」. Eventually, eight articles are extracted, both of them are Randomized control trial and Quasi-experiment published.

Table:

Results: Our literature discovered that residents in the SCU have significantly greater reduction on behavioral disturbances ($p< .05$). Dementia care already from Traditional model to Person-Centred Care, small scale unit care can satisfy dementia residents different issue, such as reduce agitated and special environment design can satisfy residents wandering. SCU unique environmental design, combining care, meets the needs and dignity of residents, effectively improve the quality of life of residents.

Conclusion: Humanistic environmental design has a positive effect on behavioral problems of dementia residents. By distinguishing the causes of residents behavior problems, we can find out the corresponding ways, and do not restrict them according to the routine use of physical restraints, medications, so as to achieve a Person-Centred care model. Currently, the way each country promotes, and the supporting degree each country holds is varied. SCU is lack of a standard check-in qualification mechanism, which is what the international dementia care should strive for.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-180

THE MEANING OF THE CHOICE SUPPORT CARE IN EVERYDAY LIFE TO THE CARE FACILITY UTILIZATION

Kozue Nakatani*, Kimika Usui

Introduction: 我が国の総人口に占める高齢者の割合は年々増加し、それに伴い要介護高齢者も増えており、65歳以上の要介護者は3962万人であり12.1%を占めている（内閣府,2015）。高齢期は、人生の最終段階でありいかに自分らしく生き続けられるか、そして、後悔なく最期を迎えられるかは重要課題となる。一方、私達は生まれながらに選択するようにできており、選択は生物の本能である。そして、選択を行うには、肉体と同じくらい精神も活用しなくてはならない（シーナ・アイエンガー,2010）。私たちの1日の生活は選択の連続から成り立っているといっても過言ではない。起床から就寝までを考えてみると、何時に起きて、何を食べるのか意識するか否かに関わらず、常に私たちは一つひとつの行動を選択しているのである。ところが、要介護高齢者のほぼ半数は認知症の影響が認められ、特に施設入所者ではその8割に認知症の影響が認められる現状にある。しかし、施設の生活においては、「食事内容の決定」「服の選択」など個人の意向への配慮が十分ではないとの報告（久郷亜紀他,2004）があり、認知症高齢者については、自己決定することが困難な状況にある中で、自己決定する機会が奪われることが多いのが現状である。選択をするという人間の基本的欲求に鑑み、ケア提供者は利用者のニードに合わせるようなケアを調整し、利用者に権限を与え、教育やサポートを提供する必要がある（Alzheimer's association）。しかも、このことは、認知症の有無に関わらず重要な事であり、認知症であればなおさら、自分の力で自らの生き方を決める力を引き出す援助を積極的に行う必要があると考える。そのため、第1段階として施設高齢利用者が日常生活の中で選択する意味を明らかにすることとした。

Objectives: デイサービスセンターの高齢利用者が日常生活の中で選択することの意味を明らかにすることである。

本施設で用いる「選択支援ケア」とは、施設高齢利用者に、高齢者自身が日常生活上、自分の望むものを選ぶことをケア提供者が支援することと定義した。

Methods: １）研究デザイン：質的記述的研究

２）研究参加者：研究参加者は、自己選択・自己決定を理念として実施しているデイサービスセンターの利用者21名とその支援を行っているケア提供者14名とした。

３）調査方法：半構成的面接を実施した。インタビューの内容は、利用者には、本施設の利用動機や施設に通う楽しみや叶えたい夢や目標について尋ねた。ケア提供者には、デイサービス利用者が本施設を選択した理由や利用者自身が自分で生活を選ぶことでの効果や選択支援ケアの意味について尋ねた。

４）調査期間：インタビュー調査期間は、平成28年8月22日から8月27日である。

５）データ収集・分析方法：データ収集方法は、1人1回15分から30分の半構成的面接を実施した。また、ケア提供者には、個別シートを記載して頂いた。分析方法は、録音した内容を全て逐語録とし、選択支援ケアの定義を踏まえ、そのデータが示す意味や内容・文脈を読み取り、意味を損なわないように、研究参加者の言葉を用いて逐語録をコード化し、選択支援が意味すると判断した内容を抜き出し、コード化した。抜き出したコードは、研究参加者に語った内容と相違が無いか確認した。また、データを客観的にみるため、ソフトはテキストマイニングを用いて、頻度解析と注目分析、ことばネットワークを使用しカテゴリー分類を可視化した。そして、サブカテゴリー間での類似点を類別抽出し、カテゴリーを抽出した。分析は、老年看護学の専門家にスーパーバイズを受けながら進めた。

６）倫理的配慮：本研究は、所属研究倫理委員会の審査を受け、研究実施の許可を得て実施した（UHE-2016013

Results: １）対象者の基本属性：ケア提供者14名の基本属性は、性別男性6名、女性8名で、平均年齢は37.7歳（SD＝8.2）であった。本経験平均年数は、7.0年（SD＝4.0）で、総経験年数は、11.1年（SD＝7.6）、保有資格は、ヘルパー、介護福祉士、ケアマネージャー、鍼灸師、准看護師、看護師、言語療法士、作業療法士、社会福祉士、無資格と様々であり、複数資格者は4名、役職は、施設長、副施設長、事務長、リーダー、スタッフであった。経験施設に関しては、本施設のみの経験者は5名で、他施設経験者は9名で占められていた。利用者21名の基本属性は、性別男性12名、女性9名で平均年齢は77.4歳（SD＝9.2）で、疾患名は脳梗塞、脳出血、脳挫傷、糖尿病であり後遺症として半身麻痺や言語障害を有していた。本施設平均利用年数は、4.7年（SD＝4.0）で1週間平均利用頻度は2回であった。利用者とケア提供者の逐語録の係り受け頻度解析をした。これから、テキストマイニングで分析した内容を統合し、サブカテゴリー、カテゴリー化した結果を示していく。

Conclusion: ケア提供者は、日常生活の中で選択できるケアは当たり前のケアであると認識していた。そして、その当たり前を利用者が自発的に行うことができる環境作り（しかけ）を常に心がけていた。ケア提供者は、利用者にとって環境の一部がでもあることを自覚しながらより良いケアの追求をしていた。

利用者は、この施設に通うことを楽しみにしていた。利用者のやりたい活動を自由にできることが1人の人として尊重されていることを身に感じていた。

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-185

DEVELOPMENT OF MIXED-MODEL FRAMEWORK TO REDUCE AGGRESSIVENESS IN A PERSON WITH YOUNG ONSET DEMENTIA: A CASE STUDY

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Introduction: Persons with young onset dementia (YOD) are difficult to care not only due to cognitive impairment and neuropsychiatric symptoms but the unique characteristics different from common dementias. Frontotemporal lobe degeneration is one of the leading cause for persons with YOD, and has been reported to be closely related with higher caregiver distress and burden in clinical care for its communicative deficits and aggressive behaviours. Person-Centred Care (PCC) Model has been advocated but usually been regarded difficult in practical application for lacking explicit instruction.

Objectives: In the presentation, we developed an innovative caring framework by adopting PCC Model as the main scheme and undertaking approaches of progressively lowered stress threshold (PLST) model in each domain of PCC model.

Methods: We followed the enriched model of PCC (Kitwood 1995), consisting of 5 major domains of PWD: neurological impairment, biography, personality, health, and social psychology. The framework was performed in 2 phases: assessment and intervention. In first phase, care was performed as previous but behavioural observation, assessment and recording were focused on the 5 domains in PCC model. In each domain, factors that related with stress were classified as highest (one each period), moderate and low through the judgement in weekly meetings. In interventional phase, factors judged as highest were intervened as higher priority via teamwork which followed the existent standard practices. The two phases were iterated repeatedly and hence reducing the extent of stress. Outcome was assessed and collected by Cohen-Mansfield Agitation Inventory (CMAI) by an independent observer.

Results: After development of study protocol, a 60-year-old male with the diagnosis of frontotemporal lobe degeneration was enrolled and followed the study protocol. He followed our protocol for 13 weeks. The baseline CMAI was 32 and 12 after 12-week intervention. Other secondary parameters also indicated improved length of sleep from the baseline of 2 to the end of 5 hours daily.

Conclusion: In this newly proposed caring framework, we convinced its benefit in resolving aggressiveness, especially those in need for person-centred care. Moreover, the explicit approaches in our framework make care under PCC Model practical. We intend to apply our study in the future study with larger samples to evaluate its effectiveness for other neuropsychiatric symptoms in dementias.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-186

LITERATURE REVIEW OF SUPPORT THE PERSONS LIVING WITH DEMENTIA AND FAMILY CAREGIVERS IN JAPAN

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Introduction: 認知症の人には、安全にその人らしい生活がすごせるような支援が重要である。そのために、認知症の人を介護する家族への支援も十分行われる必要がある。高齢化が急速に進む日本において、認知症の人への生活支援と家族支援のあり方は重要な課題となっている。認知症の人への生活支援と家族支援については、多くの研究がなされてきた。これまでの研究内容をまとめ、整理することによって、今後の支援に役立つ方策や、現状の課題がみえてくるのではないかと考えた。

Objectives: 認知症の人への生活支援と家族支援についての文献検討を行い、今後の支援に資する知見を得る。

Methods: 認知症の人への生活支援については、医学中央雑誌を用いて「認知症」「生活支援」のワードで検索した。家族支援については、医学中央雑誌を用いて、「認知症」「家族支援」のワードで検索した。どちらも、文献は原著論文に限定して、過去10年間を条件に、平成28年９月に行った。文献の取り扱いには、著作権を侵害することのないように十分な配慮を行った。検索された文献は、出版年、目的、対象、研究方法、結果の概要で構成されるフォーマットに基づいて分類を行った 。

Results: 認知症の人への生活支援に関する文献は合計で42抽出された。内容が今回の意図と違うものを除外して、29文献を研究対象とした。文献の発表年は、2006年に2編、2007年に2編、2008年に1編、2009年に1編、2010年に2編、2011年に3編、2012年に3編、2013年に5編、2014年に2編、2015年に3編、2016年に5編であった。研究内容は「認知症の人を支援する機器・ソフトの効果に関する研究（4編）」「自分らしい生活をするための支援に関する研究（3編）」「社会参加に関する研究（3編）」「事例検討（3編）」「支援する介護士の役割に関する研究（2編）」「支援する看護師の役割に関する研究（2編）」「在宅から施設への移行要因に関する研究（2編）」「認知症の初期から支援を開始する効果に関する研究（2編）」「その他（8編）」であった。家族支援に関する文献は合計で45抽出された。内容が今回の意図と違うものを除外して、32文献を研究対象とした。文献の発表年は、2006年に1編、2007年に0編、2008年に2編、2009年に2編、2010年に6編、2011年に3編、2012年に5編、2013年に5編、2014年に2編、2015年に5編、2016年に1編であった。家族支援の内容は「認知症の人への理解と対応方法の指導（11編）」「デイケア利用者の家族支援（4編）」「家族同士の交流（3編）」「在宅で継続して介護するための支援（3編）」「ターミナル期を介護する家族への支援（2編）」「家族機能を高めるための支援（2編）」「その他（7編）」であった。

Conclusion: 認知症の人への生活支援で最も多かった研究は、支援用の機器・ソフトの開発であった。今後、このような支援はますます発展するものと考えられる。また、「自分らしい生活」「社会参加」に関する研究も多かった。認知症の人が、そのひとらしく生き、持っている力が尊重されるような支援のありかたの模索は、今後も増えることが期待される。家族支援においては、認知症を正しく理解し、適切な対応をとるための指導や教育プログラムの開発等に関する研究が約３分の１を占めていた。まだまだ、認知症への理解が進んでいないことが浮き彫りになった。デイケアの利用、家族同士の交流、ターミナル期の介護、家族機能の向上など、認知症の人が在宅で生活することを継続的に支えるために、家族をどう支援するかという視点の研究がほとんどであった。認知症の人がそのひとらしく生活することを家族が支える場合には、家族支援が十分なされることが前提となることがわかった。

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-170

BEST PRACTICE TRAINING IN DEMENTIA CARE INCREASED JOB SATISFACTION AND COMPETENCE IN HEALTHCARE STAFF

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Introduction: Best Practice Training in Dementia Care targets healthcare staff working with people with dementia from care homes, hospitals, and the community, with the aim to cultivate better understanding of people with dementia and raise the standards of care. Introduced by the Dementia Services Development Centre of the University of Stirling, the training program was adopted for staff training in public hospitals and elderly services in Hong Kong.

Objectives: To evaluate the effectiveness of the Best Practice Training in Dementia Care in enhancing job satisfaction and self-perceived dementia care competence of healthcare staff.

Methods: The training program was delivered through small group discussions of eight members, led by a trained facilitator from the same healthcare facility. During the 12-session intervention, participants were encouraged to discuss different topics from a person-centred approach and to reflect on their own practice. The evaluation was conducted in a within-subject, pretest-posttest design. Competence was measured by the Sense of Competence in Dementia Care Staff (SCIDS) and the Competence in Dementia Care (Competence Scale), and job satisfaction was measured by an 8-item tool designed by the researchers. Cronbach's alpha reached .900 in all assessment.

Results: N=151 healthcare staff participated in the training program, with the majority being female (83.4%) and nurse (88.1%). Among the participants, 46.4% came from facilities that had set up a dementia specialized caring team (SCT). Participants showed significant improvement in all job satisfaction and competence measures in dementia care after the training program (p=.000). Participants with or without previous dementia care training showed significant increase in job satisfaction and competence (p=.000). Participants working in dementia SCT yielded a significant increase in all parameters (p=.000 to p<.05) as did those not working in dementia SCT (p=.000).

Conclusion: Best Practice Training in Dementia Care is effective in empowering healthcare staff to attain better job satisfaction and self-perceived dementia care competence, both may contribute to quality dementia care. Participants with or without previous dementia related training can benefit from this training. Participants working in dementia specialized care team can benefit from this training as well as those who are not.

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-169

LITERATURE REVIEW OF PALLIATIVE CARE AND INTERPROFESSIONAL CARE TO THE PERSONS WITH DEMENTIA IN JAPAN

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Introduction: 認知症の人のなかには、認知症以外に疾患をもっている人も多い。高齢化が進んだ今、認知症の人の緩和ケアについて検討が必要になってきている。認知症の人への支援には多職種の連携が欠かせない。さらに、緩和ケアとなると薬剤師など多職種連携がより重要になってくる。そこで、認知症の人の緩和ケアおよび多職種連携について、これまでにどのような研究がなされているのか調べ、現状と課題を見出そうと試みたので報告する。

Objectives: 認知症の人への緩和ケアと多職種連携について文献検討を行い、現状から課題を見出すことによって、今後の支援に資する。

Methods: 認知症の人への緩和ケアについては、医学中央雑誌を用いて「認知症」「緩和ケア」のワードで検索した。多職種連携については、医学中央雑誌を用いて、「認知症」「多職種」のワードで検索した。どちらも、文献は原著論文に限定して、過去10年間を条件に、平成28年９月に行った。文献の取り扱いには、著作権を侵害することのないように十分な配慮を行った。検索された文献は、出版年、目的、対象、研究方法、結果の概要で構成されるフォーマットに基づいて分類を行った。

Results: 認知症の人への緩和ケアに関する文献は合計で81抽出された。内容が今回の意図と違うものを除外して、22文献を研究対象とした。文献の発表年は、2006年に1編、2007年に1編、2008年に0編、2009年に1編、2010年に2編、2011年に1編、2012年に3編、2013年に1編、2014年に6編、2015年に6編、2016年に0編であった。研究内容は「在宅における緩和ケアに関する研究（7編）」「病院における緩和ケアに関する研究（4編）」「福祉施設入所者への緩和ケアに関する研究（3編）」「緩和ケアに果たす看護師の役割に関する研究（2編）」「緩和ケアに果たす多職種連携の役割（2編）」「事例による検討（2編）」「その他（1編）」であった。いずれも認知症のある人に対する緩和ケアについて検討されていた。多職種連携に関する文献は合計で74抽出された。内容が今回の意図と違うものを除外して、29文献を研究対象とした。文献の発表年は、2006年に0編、2007年に0編、2008年に2編、2009年に1編、2010年に1編、2011年に1編、2012年に1編、2013年に4編、2014年に5編、2015年に8編、2016年に6編であった。多職種連携の内容は「多職種での介入により良い成果があった事例の検討（11編）」「病院での多職種連携の成果と課題に関する研究（6編）」「食事摂取に関する多職種連携（3編）」「地域における多職種連携の課題とありよう（２編）」「多職種連携の実態（2編）」「その他（5編）」であった。

Conclusion: 認知症の人への緩和ケア、多職種連携ともに、近年になって論文数が増えており、どちらも新たな課題であることがわかった。緩和ケアはどこで実施するのか、だれがどのような役割をとるのかという研究が多く、予想したような、緩和ケアにおける多職種連携についての研究はなかった。今後は増えてくるものと思われる。多職種連携の研究は、ほぼ３分の１が事例であり、事例に多職種でアプローチした効果について述べらていた。今後、このように事例を積み上げることによって、多職種での有効な支援の在り方が明確になっていくと予想される。

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-178

WORK AS THERAPY FOR PEOPLE WITH DEMENTIA: WELLBEING AND IMPLICATIONS IN A RESIDENTIAL CARE SETTING

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Objectives: The Person-Centered Care (PCC) approach by Tom Kitwood (1997) has generated an accepted view that apart from neurological and physical health concerns, many behavioural and psychological symptoms manifest from a person's experience of the social and physical environment and unmet needs. Non-pharmacological approach seeks to address these and enhance quality of life for people with dementia. Work can be a key intervention in supporting personhood, through providing Occupation - actively involved in one's daily life and Identity - status and social acceptance. This is important to the elderly in Asian countries, as many possess strong work ethics and identify with work as way of living purposeful life.

Apex Harmony Lodge, a Dementia Residential Care Home, has embarked on a pioneering initiative in Singapore by building on the therapeutic use of work activities for residents. Health benefits of work have been established for the general population and people with disability, but uncommon for persons with dementia. Our strand of work activities – Therapy Through Work (TTW) - aims to achieve psychosocial wellbeing through re-cultivating purposeful life, promote independence, and contribute to normalized living. Anchored on PCC principles, TTW is uniquely conceptualised for residents from activities design, matching their strengths, interests, preferred environment and care goals, to working with residents as a team. These age-appropriate activities range from household chores to work-like activities as Happy Hangers (organizing clothes hangers), Silverable Me (packing cutlery) to Crispy Folds (folding towels in a dry-cleaning factory) and Gardening at a nearby nursery. Person-Directed Dementia Care Tool was used to guide the implementation of TTW.

The presentation will discuss findings of Dementia Care Mapping used to assess wellbeing of 11 residents in TTW activities outside and 29 residents in a Home (ward). Bradford Well-Being Profile was adapted to assess wellbeing of 25 residents in Gardening. Both data demonstrated positive mood and engagement experienced in work activities. Findings also showed general increase in average wellbeing of residents who have been in work activities for a year and those recently engaged, and higher average wellbeing scores of residents who participated in outside work activities than those who did not.

Based on the results, we conclude that work as therapy can be an empowering intervention for people with dementia through enhancing their self-worth and enabling independence. With the increasing number of younger-onset dementia, TTW activities can be an innovative strategy to support purposeful and normalised life.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-183

THE LIVED EXPERIENCES OF DEVELOPING AS AN INDEPENDENT SUPPORTED LIVING CARE ELDERLY INSTITUTIONS IN TAIWAN

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Introduction: As part of modern and updating the ways in which we all remain healthy into later life, we are working hard to build a new independent supported living care models and pathways of care which include no diaper, no bed rest, no physical restraint, and it was an original work of Dr. Takeuchi, Takahito in Japan.

Objectives: To explore the lived experiences of developing an independent supported living care model in elderly care institutions.

Methods: Based on a qualitative research approach, this study conducts the purposive sampling and recruits staffs from elderly care institutions. After Institutional Review Board approval, the in-depth interview explores staffs' experiences by using semi-structure interview guideline and recording machine. We analyze the data of interview in terms of presenting with thematic analysis.

Results: There are total 15 respondents in this study and according to the result of interviews, we classify the experiences into 3 themes and 8 sub-themes. Theme 1: Positive reward for turnover, Theme 2: Difficulties in the implementation of reverse situation, Theme 3: Strategy on developing model for success.

Conclusion: However, the challenges and solutions from results were not only a useful reference for adjusting policy of national health insurance, but it can also promote the quality of elderly care institutions in Taiwan.

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-168

IDENTIFYING CAREGIVING PERSPECTIVES TOWARD THE BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD) IN TAIWAN

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Introduction: Behavioral and Psychological Symptoms of Dementia (BPSD) in elders have been the major challenge to caregiving staff, however, little is known about this issue among nurses employed in Taiwan.

Objectives: This study investigated caregiving perspectives of dementia care by implementing the BPSD Questionnaire in nineteen nationwide workshops, which was designed on the basis of literature review and expert panels.

Methods: A purposive sample of 589 respondents was obtained.

Results: While the majority of the caregiving staff (75.23%) reported agitation as the most common BPSD, more than half (62.28%) suggested that physical attack was the major problem need to be worried and taken care, and about 40.18% indicated that learning about managements of physical attack was the first priority. In further analyses using logistic regression for identification of factors related to the top BPSD, work facility significantly contributed to agitation and anger, and professionals significantly contributed to sleep disturbance. In relation to top priority issues needed to be addressed, the significant contributor for agitation was work facility, significant contributors for sleep disturbance, included census region and work facility. There were four significant contributors, age, census region, work facility, and educational level for self-abuse. Among the top interested topics for continued education, the significant contributor for physical attack was census region.

Conclusion: The variation in prevalence of BPSD in different facilities suggested that individualized training programs designed to solve BPSD and meet trainees learning needs is vital to advance the knowledge and skills of caregiving staff to provide the quality of care to the dementia elderly in Taiwan.

Disclosure of Interest: None Declared

Keywords: None

Care research and practice

Person-centred care

PO1-182

APPROPRIATENESS OF THE HOSPITAL ENVIRONMENT AS SEEN FROM THE STANDPOINT OF LONG-TERM CARE FAMILY OF DEMENTIA.

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Introduction: 高齢者は８０歳を過ぎると平均して８種類の疾患を持つといわれており、今後ますます高齢化の一途をたどる我が国では疾患をもち入院する認知症高齢者の増加は避けられない問題といえる。病院という環境は入院にあたり誰もが不安や混乱を示すと考えられる。特に認知症高齢者の場合はその場所や人がわからないという、場所・人・時間失見当識障害が主症状であるため、「環境不適応が生じやすく、容易に精神症状や行動異常を示す。」といわれている。すなわち、治療のために入院したその環境が認知症高齢者を混乱させる原因となり、結果として過抑制や過鎮静が図られている場合が少なからずあると推測されるのである。

昨今の高齢者施設は、多床室を個室化してプライベートな空間を作ったり、廊下のスペースなどを活用したセミプライベート空間を作るなど、こぢんまりした家庭的で高齢者に馴染のある空間に改善されつつある。しかし、治療が優先される病院の環境は白を基調とした単純な色合いの空間のものが多く、同じような構造の部屋が並んでいる。特に急性期病院では、モニター音やナースコールの音など、認知症高齢者からすると刺激が多い。このような環境は認知症高齢者にとって、不快感や混乱を生むことになると推測される。

Objectives: 今まで、施設の環境が与える影響についての研究報告はあるが、病院の環境が認知症高齢者に与える影響についての研究報告は十分に行われていない。

そこで、今回の調査では、認知症高齢者にとって病院の環境（物理的環境、社会的環境、運営的環境）がどのような影響を与えているのか、といった実態を明らかにすることを目的とした。

Methods: 対象者は訪問看護ステーションを利用し、認知症以外の病気で入院経験のある65歳以上の認知症高齢者を介護している家族である。若年認知症の方の家族は除外した。調査は2015年7月〜9月に行った。

アンケート項目は既存文献や臨床経験のある看護師の意見を参考に作成した。アンケート項目は、認知症高齢者や家族の基本属性、入院していた時の病院の環境に対する質問（6項目）及び自由記載である。

アンケート項目は記述統計を行い、自由記載はできるだけ文脈をそこねないように配慮し類似した内容をまとめた。

Table: 表１　（家族がみた）病院の環境（物理的、社会的、運営的）の全体結果

大項目	アンケート項目	回答（N=42）名			
		あった	なかった	わからない	記載なし

物理的環境	構造：病院の内装がみな同じで目印がなく、わかりづらいと思った	10	13	9	3
	設備：病院内の設備に慣れていなくて使いにくい	8	15	10	2
	しみ：シーツや壁のしみが別のものに見えて困っていた	10	22	3	0
社会的環境	話し声：看護師と他の患者の話し声に本人が反応していた	11	20	3	1
運営的環境	服装：スタッフの服装がみな同じでわかりづらいと思った	1	21	12	1
	スケジュール：病院の決められたスケジュールに困っている	5	16	13	1

Results: 81名に配布し、うち43名の返信が寄せられた。記載なしの1通を除く42名を分析対象とした。分析対象の回収率は51.9%であった。

1)入院していた時の病院の環境（物理的・社会的・運営的環境）表１

病院の環境に関する6つの質問項目の中で『話し声』に反応した人が11人（38.1%）と最も多く、ついで『構造』に反応した人が10人（33.3%）と多かった。

2)「話し声に（認知症の人が）反応した」と介護度、入院期間との関係性

要介護度別でみると介護度１（57.1%）が多く、次いで要介護５（44.4%）、要介護４（35.7%）が多かった。。入院期間ではあまり大きな関連はなかった。

3)「病院内の構造」と入院期間、入院回数との関連性

入院期間が1ヶ月以内と短期的入院が多く、また入院回数では1回の入院（42.8%）と4回以上（71.4%）が多かった。

5.構造と設備に関する自由記載（表７）

構造に関して、24名の記述回答があった。【認知症高齢者が理解できる環境ではない】として、「認知症高齢者自身が、部屋の目印や番号を理解することができない」といった記載があった。

Conclusion: (家族の回答によると）

1. 病院の物理的環境(構造、設備、シミ）により影響をうける認

知症高齢者は88.0%と多かった。

2. 入院中に、「話し声に反応する」認知症高齢者が38.1%であり、要介護1（57.1%）と、要介護４、５（35.7～44.4%）の人に多かった。

3. 認知症高齢者は、入院回数が４回以上でも、71.4%が、入

院時に、病院構造が分かりづらい様子（うろうろ、ぐるぐる）

を表した。

病院内での混乱や不安を抱えた認知症高齢者を身近にいる家族が見ることは辛く、そのような思いを抱えつつ過ごす本人が一番辛いといえる。つまり、辛さを軽減していくためにも医療者は、認知症高齢者は病院内の構造について失見当識障害による症状が影響していることを念頭におき、本人の自己決定が尊重される対応が必要だと考える。

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Care research and practice

Person-centred care

PO1-187

ACTUAL SITUATION AND FAMILY THINK OF PHYSICAL RESTRAINT OF ELDERLY PEOPLE WITH DEMENTIA IN THE MEDICAL FIELD

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Introduction: わが国では身体拘束のないケアの実現にむけて1998年の「抑制廃止福岡宣言：老人に、自由と誇りと安らぎを」を始まりとし、2000年厚生省令「身体拘束の禁止規定（1999年）」で介護保険下のサービス領域で身体拘束が禁止となり2001年には、厚生労働省が「身体拘束ゼロ作戦 身体拘束ゼロへの手引き」を示したことで、高齢者ケアの場でさまざまな拘束廃止の取り組みが加速化した。しかしながら、急性期医療領域では安全の観点から認知症高齢者に身体拘束をやむを得ない行為として行ってきており、認知症高齢者の拘束の問題は取り残されているのが現状である。急性期病院における拘束は、病院側から言えば安全の目的でやむを得ない行為と思われているが一方で認知症高齢者や家族がどのように捉えているのかが疑問である。

Objectives: 今迄の報告では、家族が不満・不快に思っていることが示されている。しかしそれらの報告は拘束に対する家族の意見が十分に明らかにされていないなど不十分である。そこで本研究では、入院した認知症高齢者の家族からみた医療現場における身体拘束の実態と家族の思いについて明らかにすることを目的とした。

Methods: 対象者は訪問看護ステーション等を利用しており、認知症以外の病気で入院経験のある認知症高齢者を介護している家族である。なお終末期の方は対象者に含み、若年性認知症患者（65歳以下）の方は除外した。調査は2015年7月～9月に行った

アンケートの内容は認知症高齢者の基本属性（年齢、性別、介護度、入院回数、入院時期、入院期間）、家族の基本属性（年齢、性別、認知症高齢者との関係性）、身体拘束の有無、身体拘束の内容5項目（ベッド柵、つなぎ服、ミトン、センサーマット、その他）とその思い、身体拘束に対する説明の有無と必要性に対する疑問、身体拘束に対する思いについての自由記載である。

ここで述べるベッド柵とはベッド周囲をすべて柵で囲むこと、つなぎ服とは自分で脱ぐことが出来ないような構造の服、ミトンとは自分ではずすことのできない構造の手袋、センサーマットとは本人が踏むとナースコールがなる仕組みのマットのことである。

分析方法は認知症高齢者、家族の基本属性、各質問の回答については記述統計を、自由記載に関しては、カテゴリー化し、質的に分析した。

Results: 81名に配布した結果43名の返信があり、そのうちの有効回答42名を分析対象とした。

1)身体拘束の有無と内容

身体拘束の経験があった人と回答した人は42名中27名と6割以上であった。拘束の内容はベッド柵15名、センサーマット14名、ミトン13名、の順で多くなされていた。また、2種類の拘束を受けている人が4名、3種類の拘束を受けている人が7名と4種類1名、5種類1名と、半数近くの人が、2種類以上の身体拘束を経験していたことが示された。

2)各身体拘束に対する思い

身体拘束に対して「安心した」と回答した人はベッド柵で53.3%、センサーマットで64.3%と高い割合を示しており、「とても嫌」、「少し嫌」と回答した人はミトンで38.5%、つなぎ服で50%と高い割合を示した。

3)身体拘束の説明の有無と必要性について

身体拘束に関して説明があったと回答した人は4割と少なく、わからないと回答した人が最も多かった。身体拘束の必要性については本当に拘束が必要なのかと感じたことがあったかという質問に対し、あったと回答した人が約2割であり、疑問を感じていた人がいるということが明らかになった。

４）身体拘束に対する思い（自由記載）

身体拘束についての自由記載では６つの大項目にわけられた。その中でも「本当に必要な時は仕方ない」という【仕方がないというあきらめ】、「わかっていてもとても悲しかったです」という【仕方がないと解っていても辛い】の２項目で多くの意見が見られ、否定的に捉えている人が多いことがわかった。

Conclusion: 1)6割以上の高齢者に身体拘束が行われており、半数近くの高齢者が2種類以上の拘束を受けていた。医療現場において多くの高齢者に身体拘束が行われていたのは治療や高齢者の安全を最優先に考えているためと推測される。

2)拘束への思いは直接的な拘束では嫌だと感じた人が多く、間接的な拘束は安心したと感じていた。そのことは高齢者の身体を直接拘束していない間接的な拘束はむしろ安全のために必要であると考えられていることが明らかになった。

3)身体拘束に関する説明は約1割の人がなかったと回答した。

説明を行うことも拘束に対する感情に影響することが考えられるため確実に本人に拘束を行う必要性を説明することが大切であると考える。

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5)特定非営利活動法人　全国抑制廃止研究会：平成26年度　介護保険関連施設等の身体拘束廃止の追跡調査及び身体拘束の廃止の取組や意識等に関する調査研究事業報告書，　http://yokuseihaishi.org/index.php?%E8%B3%87%E6%96%99%E9%9B%86，最終アクセス日2015年10月30日.

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-174

"IT'S VERY CHALLENGING, BUT WE KEEP GOING": EXPLORING THE ISSUES RELATING TO MEDICATION USE IN PEOPLE LIVING WITH DEMENTIA AND THEIR CAREGIVERS

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Introduction: A variety of medication and person related factors influence the medication use process in People Living with Dementia (PLWD). A conceptual model was developed through a review of the literature; the domains of the model were organisation and scheduling logistics, health literacy and administration procedures, partnership between caregiver and PLWD, impact on PLWD, impact on caregiver, and interface with formal care[1].

Objectives: By identifying all the significant issues from the perspectives of PLWD and their caregivers, a better approach towards person-centred care can be achieved. The model provided a framework to examine the perceptions and challenges to medication use.

Methods: To enable a comprehensive examination of issues from perspectives of PLWD and their caregivers, in relation to care setting and dementia severity, participants were recruited from the community and care homes in London. Group and individual semi-structured interviews were conducted, as well as observation of medicines administration in 4 care homes providing different types of care (nursing, residential, mixed). Interviews were audio-recorded and transcribed verbatim. The domains of the conceptual model provided the framework for thematic analysis of the data. Ethical approval was obtained from the South East Coast-Surrey Research Ethics Committee.

Results: A diverse sample was obtained; 11 family caregivers included spouses and daughters (age range 57-89 years), and 10 PLWD (age range 72-89 years) at different points along dementia progression. Eight care home staff (5 carers, 3 nurses) were interviewed, with an average working experience of 17.8 years. Topics examined included challenges administering medications and various dosage forms, route of administration, impact of swallowing difficulties, impact of behaviour and dementia, the role of health professionals and strategies to assist medicines administration.

Conclusion: The results identify a need for a more individualised approach towards medication use for PLWD, which encompasses prescribing of appropriate dosage forms and addressing barriers to effective use. Problems and solutions were sometimes setting specific, such as swallowing difficulties which were especially prominent in the care home setting, while others such as challenging behaviour or cognitive decline were linked to severity of dementia, and evident in both settings. The study enables the perspectives of family caregivers, PLWD and care home staff to contribute to recommendations for prescribing and administration of medicines for PLWD across settings to ensure that person-centred care is achieved.

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Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-173

ESSENCE OF SELF: LOOKING BEYOND THE DEMENTIA DIAGNOSIS WITHIN AN ACUTE HOSPITAL ENVIRONMENT

Meagan Hartley*, Frances Campbell

Objectives: Dementia, as a progressive condition, introduces challenges to a person’s cognition and functional ability. These challenges are markedly exacerbated in unfamiliar, high-stimulus, occupationally restricted environments, such as an acute hospital setting. Within this environment, two key areas that are negatively impacted for a person living with dementia are identity and maintenance of their occupational roles. Operating from a strengths-based, person-centred approach, we identified a number of innovative strategies to support the self-efficacy, care and contribution of the person living with dementia within this environment. These strategies aim to reduce the disconnect between what a person living with a dementia can usually do at home and what they are able to engage in whilst in the acute hospital setting. Our initial therapeutic approach is to create a functional cognitive profile for a person living with dementia within a 28-bed acute hospital setting. This is completed by a combination of occupational performance based assessments, clinical observations, focused therapeutic discussions and applying the principles of the Allen’s Cognitive Disability Model (ACDM). This functional cognitive profile is then used to educate staff on an individual’s current abilities to comprehend instructions and participate in their activities of daily living. Additionally we identify and facilitate opportunities for an individual to participate in meaningful activities of interest, in this occupationally restricted environment. In the creation of a personalised functional cognitive profile, our clinical recommendations have addressed the expression of unmet needs, supported the completion of personal cares and acknowledged the identity for a person living with dementia within the acute hospital setting. Furthermore, these personalised, functional cognitive profiles have been used to assist in the transition of care from hospital to the community by identifying and supporting person-centred, meaningful occupational roles.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-176

THE CRITERIA OF GOOD CARE AND LIFE WORKBOOK FOR THE HOME CARE SERVICES AND NURSING HOMES

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Objectives: The Alzheimer Society of Finland has been coordinating and implementing the National Memory program (2012-2020) in NGO sector since 2013. As a part of this work, we have produced a workbook for professionals: The Criteria of Good Care and Life workbook for the home care services and nursing homes to help develop and evaluate their work with people diagnosed with memory disease and their care partners. Healthcare professionals must recognize and take better account individual wishes and needs regarding their treatment or lives when making decisions. There was a need for the national workbook to help this work. The book is based on a cooperation with working group of people with memory diseases and care partners and review of the Nursing Research Foundation's, (NRF) who synthesis on the national and international studies associated with the quality of life (QoL) of people with memory disease. The aim of this scoping review was to collect research evidence of the significance of factors improving the QoL of people with memory disease and the effects of these interventions on the QoL of patients, as assessed by themselves. Together with memory experts we started to plan the content of the workbook. There were also six different units of memory care piloting the draft and the practical functioning. We observed as well the new laws, regulations and recommendations concerning the care of people with memory diseases. Among these valuable information we finished the content. It covers all variety areas from good care and individual life to well-being of the professionals. First there is a short text inscription to the aim and then additional material list. We recommend that every unit takes time to discuss about, how they have solved the functions and think what should be developed and changed to improve the facilities. To make this work easier, we have stated some criteria for each areas of the main points. The workbook provides an overview of the aspects of the life of people with memory disease and good care. According to feedback it seems to work anywhere, where people with memory disease are living (i.e. home care, residential care, rehabilitation). It is a good tool for the development of memory work, implementation, monitoring and evaluation. It provides an opportunity for the people with memory disease and their care services to evaluate and choose the care, services and support that they receive and guides decision-makers, managers and workers to review, design and develop the quality of services.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-175

A SURVEY STUDY ON PROMOTING PERSON-CENTRED CARE FOR PEOPLE WITH DEMENTIA IN RESIDENTIAL CARE HOMES

Helen Y.-L. Chan*

Introduction: Person-centred care is crucial in recognizing the uniqueness of people with dementia and optimizing their quality of life. Yet little is known about its acceptability and feasibility in the residential care homes.

Objectives: The aim of this study is to identify the facilitators and barriers in promoting person-centred care for people with dementia in residential care homes

Methods: A self-administered questionnaire, namely The Tool for Understanding Residents' Needs as Individual Persons (TURNIP), was used to identify factors that facilitate or hinder the implementation of person-centred care. Participants who attended training workshops about person-centred care and were working in residential care homes were invited to complete the questionnaire before the workshop as part of reflection on their existing services in their workplace.

Results: A total of 292 questionnaires were returned. The majority of them were frontline care staff, with 5 – 10 years of experiences in residential care homes. On average, there were around one thirds of residents were diagnosed with dementia. The findings showed that the participants' attitudes towards dementia were positive and they generally support the implementation of person-centred care. However, they identified the environment and existing care routines as the major barriers that hinder the implementation of person-centred care. Significant differences were noted between the private and subvented care homes.

Conclusion: The care staff members working in residential care homes generally have good knowledge about dementia and the importance of person-centred care. They were also supportive in promoting its implementation in their care settings. However, they identified the environment and model of care hinder its implementation.

References: Edvardsson D, Fetherstonhaugh D, Nay R. The Tool for Understanding Residents' Needs as Individual Persons: construction and initial testing. J Clini Nurs 2011;20:2890-2896.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-179

IMPROVING TRANSITIONS IN DEMENTIA CARE FOR PEOPLE LIVING WITH DEMENTIA AND THEIR FAMILIES: A CONCEPTUAL ANALYSIS

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Introduction: There is now an international focus on prevention, risk reduction and care from diagnosis to death. Implicit in this pathway is recognition of the transitions experienced by people living with dementia and their families. Yet the concept of transitions is poorly defined, and little emphasis has been placed on the perspective of people living with dementia and their families.

Objectives: We sought to gain a better understanding of the concept of transitions, informed by research evidence and the direct perspective of people living with dementia and their families.

Methods: We conducted a concept analysis following Walker and Avant including a review of publications between 2000-2016 from, MEDLINE, CINHAL, PsycINFO, PUBMED and SCOPUS. We also interviewed 10 people with dementia and their carers to explore their understanding of transitions.

Results: Key attributes and a model case were identified, together with antecedents and consequences. Transitions can be conceptualised as changes in locations and levels and goals of care. Indeed poorly handled transitions in levels of care can often lead to unplanned transitions in locations of care. Furthermore, key threats to the safety and quality of care can arise from transitions.

Conclusion: A person-and family- centred approach to transitions is needed. The experience of living through transitions in levels, locations and goals of care, from the perspective of people living with dementia and their families is relatively under researched in light of their potential for avoidable harm. This presentation provides a fuller understanding of the concept of transitions in dementia care. This could help promote a proactive, person-centred approach to improving transitions for people living with dementia, their families and professional carers. In so doing it will provide a pragmatic and compassionate alternative to reactive, costly, and crisis-driven approaches to transitions.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-188

NURSES’ UNDERSTANDING OF BPSD(BEHAVIORAL ADN PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

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Introduction: Since approximately 2004, BPSD have been regarded as being significant because they express the person’s needs. However, review of nursing research indicates insufficient knowledge on BPSD or the ability to cope with the BPSD in general hospitals and elderly care facilities. Currently, there is confusion regarding BPSD among nurses and caregivers, and appropriate care techniques are being investigated.

Objectives: In this study, studies conducted over the past 10 years on nursing care for older adults with BPSD were collected and reviewed and the understanding of BPSD in nurses was analyzed.

Methods: The chosen approach was a narrative review using an electronic search from 2005 to 2015 of Japan Medical Abstracts Society, which is Japan’s largest medical literature database. The key words were “Nursing,” ”BPSD,” and “Dementia.” Full texts of selected abstracts were obtained from relevant journals. The literature on nursing was critically reviewed, and the results were presented as a narrative.

Results: Of the 464 reviewed studies, 52 met the criteria for this study and were selected for further analysis. Among the studies,48.1% were on nursing activities, 32.7% were on the understanding the behavior of BPSD, 15.4% were on handling difficulties experienced by nurses, and 3.8% were on the status of BPSD. Common points of the study results that were related to the understanding of BPSD were “BPSD indicate needs, and have meaning” in 2009,” BPSD mean that people with dementia are protecting themselves and their own existence when they sense changes in their environment” in 2011, “all BPSD have different purposes” in 2014. Study results also demonstrated that BPSD are related to sleep disorders, and falls, the behaviors differ depending upon the type of dementia, and many people with BPSD suffer from pain.

Conclusion: Nursing studies on BPSD in Japan have been performed in psychiatric, and general hospitals, and elderly care facilities, and have covered a wide range of nursing settings for older adults with dementia. The study findings from 2009 to 2014 that “BPSD are significant” are important and should form the core of nursing practice guidelines and be reconfirmed in a variety of nursing settings.

Disclosure of Interest: None Declared

Care research and practice

Person-centred care

PO1-164

ACTUAL SITUATION OF ELDERLY PEOPLE WITH DEMENTIA WHO WERE HOSPITALIZED FOR THERAPEUTIC PURPOSES OTHER THAN DEMENTIA

- REALITY THAT LOOKED FROM THE STANDPOINT OF THE FAMILY -

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Introduction: 我が国では2012年の認知症高齢者数は約462万人であり、2025年には700万人を超えると推計されている、我が国においては、これまで介護施設や在宅における認知症ケアが中心に進められてきた。しかし認知症に対する国の対策として、2013年のオレンジプランで初めて医療について明記された。そして、医療を担う人材の育成として、一般病院勤務の医療従事者に対する認知症対応力向上研修の受講者数の目標値が掲げられた。すなわち、現在は一般病棟における認知症ケアが課題として重要視されている。

しかし、一般病院の看護師は、入院目的である疾患治療を遂行する役割を果たす中で、知識の少なさや過重業務から、認知症高齢者に適切と言えない環境や対応になっている可能性は否定できず、認知症高齢者本人や家族を不快にさせているかもしれない。

Objectives: 認知症以外の疾患治療目的で入院した認知症高齢者に、あまり好ましくないと思われる療養環境、対応、態度について家族の立場から見た実態を調査し、それらに対する家族の思いを明らかにすることを目的とした。

Methods: 調査対象は、認知症発症後に認知症以外の病気治療で入院を経験した認知症高齢者の家族である。若年性認知症の家族は除いた。調査は、2015年7～9月に、質問紙による郵送調査を行った。

質問項目は、認知症高齢者及び対象者（家族）の基本属性、入院中の好ましくないと思われる療養環境と医療者の対応、態度についての経験の有無と思い、自由記載では、対応におけるその他意見を求めた。経験の有無の回答は3件法（あった、なかった、わからないもしくは気にならなかった）で尋ねた。「あった」と回答した方に、そのことに対する思いを3件法（とても嫌だった、少し嫌だった、気にならなかった）で尋ねた。

分析は、記述統計でSPSSを使用し、自由記載は大項目ごとに原文を抜粋して記載した。

Table:

Results: １）認知症高齢者が過ごす環境では「ナースステーションで過ごしていた」が15名（35.7%）と全項目中最多となり、うち80%が「嫌だった」と回答した。次いで「日中長時間椅子に座っていた」「寝衣や寝具が汚れたままだった」が11名（26.2%）で多かった。自由記載では「24時間明るい場所で過ごしており、医療者本位で患者のことを考えていない」という記述が見られた。

２）治療やケア場面における医療者の対応では「本人からはなしを聞こうとしなかった」が10名（23.8%）と一番多く、「十分な治療を受けられなかった」は3名（7.1%）と多くなかったが、自由記載で批判的な記述が8件あり治療に対する不満が伺えた。

３）入院中の日常的な医療者の態度では「医療者に不安や疑問を相談しにくかった」が13名（31.0%）、「本人の気持ちをより理解してほしかった」が8名（19.0%）と多かった。自由記載では「本人に入院の説明がなく、本人が不安がっていた」という記述が見られた。

４）病院・周囲の要望・苦情では自由記載で「認知症を理由に付き添いや早期退院を求められた」という厳しい意見があった。

Conclusion: 1.あまり好ましくないと思われるアンケート（全19）項目全てに「あった」と回答した。

2.「ナースステーションで過ごしていた（35.7%）」、「医療者に不安や疑問を相談しにくかった（31.0%）」、「毎日の付き添いや食事介助を求められた（31.0%）」が多かった。

3.「ナースステーションで過ごしていた」経験のある80%が「嫌だった」とし、「患者のことを考えていない」などの記述が見られた。

4.「十分な治療を受けられなかった（7.1%）」は、自由記載で批判的な記述が8件（38.1%）あった。

5.自由記載では、認知症を理由に十分な治療を行ってもらえない、非適切な対応をとられたという厳しい意見があった。

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Disclosure of Interest: None Declared

Policy

Public Policy initiatives

PO1-189

RUSSIAN OBSERVATORY ON DEMENTIA

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Introduction: 139th Executive Committee WHO was held in may 2016. The Russian delegation took part in its work. The main issue on the agenda was the report on "Dementia".

In 2015, the dementia was diagnosed in more than 47 million people in the world. It is expected that this figure will increase to 145 million by 2050. In the resulting meeting, all the WHO country-members voted for immediate action on the adoption of the strategy for the fight against dementia by may 2017.

Objectives: Currently, 22 of the 194 member States of the WHO has a national plan to combat dementia.In Russia the national plan to combat dementia is missing. According to the Ministry of Health of Russia (2015), mental disorders and behavioral disorders (including dementia) in 2014, are diagnosed in 1.22 million older people, Alzheimer's disease - in 7 206 people. According to WHO (2013), the number of patients with dementia in Russia is estimated at 1.2 million people.

Methods: scientific analysis

Results: The Federal Medical Research Centre for Psychiatry and Narcology developed a strategy for dementia, which includes the following tasks.

1.The need of epidemiological research in the field of dementia.
2.Research on etiology, prevention, early diagnosis and treatment of dementia.
3.The expansion of the network of specialized stationary and nonstationarny facilities for patients with dementia.
4. Development of programs of psychological care to patients with dementia and to caregivers.
5. Development of palliative care for patients with dementia
6.Cross-sectoral cooperation and multidisciplinary approach in assistance to patients with dementia.
7. Training in the field of geriatric psychiatry, denomination of the specialty of geriatric psychiatrist.
8. Fighting stigma of patients with dementia, protection of their rights, including in psychiatry and forensic psychiatry.

Conclusion: The solution of these objectives requires foundation of the **Russian Observatory on dementia - the WHO cooperating center**. The tasks of such an Observatory will be: centralization and coordination of actions concerning strategic planning, implementation of mechanisms of a multispectral cooperation, assessment of services, monitoring and providing reports on dementia issues in Russia.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-409

THE APPLICATION AND EFFICACY OF THE EXERCISE TRAINING PROGRAM IN PEOPLE WITH DEMENTIA- EXPERIENCE SHARING AT A COMMUNITY CARE CENTER OF DEMENTIA IN HSIN-CHU

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Introduction: The population of people with dementia has been increasing each year globally. The impacts on the people with dementia can be seen in the cognitive, spiritual and behavioral aspects. These changes result in movement disorders, functional disabilities and insufficient activities of daily living (ADL). Therefore, the exercise intervention at an early stage of dementia may improve the muscle strength and balance, and be helpful in completing ADL activities.

Objectives: The purpose is to investigate the effect of 12-week exercise training in the endurance, muscle strength and flexibility of the people with dementia.

Methods: Designed by the physical therapist, the 12-week training program included a one-hour weekly training with a 30-minute warm-up and a 10-minute cool-down. There were 2 sets of exercises, each including 10 exercises for muscle strengthening and stretching. The evaluation focused on the endurance, flexibility and physical functions, and included the items such as the muscle strength of the biceps, grasp, 30-second sit-to-stand, back reach, forward reach test (FRT), Time-up and Go (TUG) and 6-minute walking test (6-MWT).

Results: 10 persons in the community were recruited as the subjects in this study. The mean age of the 10 subjects was 79.9±8.4 years old. After the 12-week training, significant improvements were found in muscle strength ($p=0.001$), bilateral back stretch ($p=0.002$) and FRT ($p=0.000$). No significant difference was found in endurance, 30-second sit-to-stand and TUG.

Conclusion: Previous studies showed that the earlier the intervention of exercises, the better for the elders with dementia. Subjects also gained more sense of accomplishment and self-confidence. A prescription of a group training program would definitely improve the elders' activities and interpersonal interaction, which would slow down the curve of the yearly population increase and allow the elders to enjoy a healthy life in old age.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-404

LIVE WELL WITH DEMENTIA PROGRAMME: THE DESIGN, DEVELOPMENT AND VALUE OF A PROGRAMME BASED ON SELF-MANAGEMENT PRINCIPLES FOR PEOPLE LIVING WITH EARLY STAGE DEMENTIA

Zoe Campbell*

Objectives: The Live Well with dementia programme was initiated following research findings in 2013, which found that people with dementia have much less access to the benefits of Self-management programmes, compared to other long term conditions.

A gap was highlighted in Alzheimer's Society service offer for a structured, peer group programme, based on self-management principles. The development of this programme 2013 - 2017 is funded by Lloyds: Live Well Campaign.

The programme aims : to help people living with early stage dementia develop the understanding, skills and practical tools, to empower and support them to take an active role in the management of their health and well-being.

This seven session programme is co-facilitated by trained facilitators. The participants of the programme in development have a vital role as 'pathfinders', feedback based on their lived experience of dementia, is directly informing the model.

Learning from the delivery of 5 pilot programmes in 2013 was followed by adaptation to the programme in 2014. Delivery of 20 programmes took place at pathfinder stage September 2015 - March 2016 involving robust internal and external evaluation.

A research team from University of Brighton are conducting the external evaluation:

'It is clear that this programme remains at the cutting edge and at the forefront of a very current and developing area of research and interest'. Researcher 2015

Headline: early evidence indicates the exciting, positive value and future potential of this programme for people living with early stage dementia.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-403

DEVELOPMENT OF THE COGNITIVE TEST FOR SEVERE DEMENTIA -EXAMINING RELIABILITY, VALIDITY, RESPONSIVENESS AND INTERPRETABILITY-

Hiroyuki Tanaka*, Yuma Nagata, Daiki Ishimaru, Takashi Nishikawa

Introduction: Existing cognitive measures of moderate to severe dementia have shown floor effects and an inability to assess remaining cognitive functions, especially in severe and profound dementia.

Objectives: This study aimed to develop a new cognitive function test for severe and profound dementia and to report the reliability, validity, responsiveness, and interpretability of this test.

Methods: We developed the Cognitive Test for Severe Dementia (CTSD), a cognitive function test to assess severe and profound dementia. It consists of 13 items covering seven cognitive domains and is based on a review of 15 existing measures of moderate to severe dementia. Participants were hospitalized patients diagnosed with dementia using the DSM-V classifications. Cognitive function tests, including the Mini-Mental State Examination (MMSE), Severe Cognitive Impairment Rating Scale (SCIRS), and CTSD were administered and dementia severity was assessed using the Clinical Dementia Rating(CDR) . To assess the CTSD's quality as an outcome measures, we examined its reliability, validity, responsiveness, and interpretability. The COSMIN checklist for evaluating the methodological quality of the CTSD's measurement properties was used. SPSS version 22 was employed for statistical analyses. A member of each participant's family provided written informed consent. This study was approved by the Ethics Committee of Osaka Prefecture University.

Results: The number of participants was 160 (103 women, 57 men) and the score for each dementia severity stage was 19 (CDR1), 25 (CDR2), and 116 (CDR3). The participants' mean age was 87.4±7.6 years; those with dementia were classified as AD (94), VaD (51), DLB (8), and other (7). The CDR3 group's mean score on the MMSE was 4.6±3.7, the SCIRS was 14.1±8.7, and the CTSD was 16.3±8.3. The internal consistency reliability, as measured by Cronbach's alpha in the CDR3 group was 0.896 and the inter-rater and test-retest reliabilities were 0.961 and 0.969. For its validity, the CTSD showed a significant correlation with three other tests of cognitive function ($r = 0.870–0.922$, $p < 0.001$). For its responsiveness, the mean change in the scores of the 36 CDR3 participants was 3.6±4.3 on the CTSD and 1.3±1.6 on the MMSE after 6 months. The mean CTSD score changed significantly from baseline to 6 months, whereas the MMSE score did not. For interpretability, among the participants with CDR3, the ratio showing floor effects on each test was 26.2% on the MMSE, 15.4% on the SCIRS, and only 3.6% on the CTSD. The standard error of the CTSD was 1.6, yielding a Minimal Detectable Change of 3.3.

Conclusion: The CTSD is a good scale in terms of its psychometric properties for severe and profound dementia.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-407

RELATIONSHIP BETWEEN AMOUNT OF PHYSICAL ACTIVITY AND COGNITIVE FUNCTION, ACTIVITIES OF DAILY LIVING, AND BEHAVIORAL AND PSYCHOLOGICAL SIGNS AND SYMPTOMS IN SEVERE DEMENTIA

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Objectives: Amount of physical activity has been suggested to be an important factor in maintaining cognitive functions and activities of daily living (ADL) of people with dementia. Most people with severe dementia, however, spend most of their time in bed. This study aimed to ascertain the significance of the physical activity of people who are in the later stage of dementia by examining its associations with their cognitive functions, ADL, and behavioral and psychological signs and symptoms (BPSD).

Methods:The participants were hospitalized patients diagnosed with dementias according to the DSM-5 criteria, and classified as having severe dementia (CDR3) using the clinical dementia rating (CDR). All participants underwent the following assessments: 1) the amount of physical activity using Micro Motionlogger Watchware Version 1.94 in A.M.I. (Actigraph), 2) ADL using the Nishimura Activity of Daily Living Scale (N-ADL) and the Hyogo Activities of Daily Living Scale (HADLS), 3) cognitive functions using the Mini-Mental State Examination (MMSE) and the Cognitive Test for Severe Dementia (CTSD), and 4) BPSD using the Neuropsychiatry Inventory-Nursing Home version (NPI-NH). The participants wore an actigraph on consecutive days for one week. The amount of daytime physical activity (9:00 am-17:00 pm) and the amount of physical activity/24h of each participant were obtained from the actigraph's data. Spearman's rank correlation coefficient was employed to examine the correlations among the variables using SPSS version 22. Each participant's proxy provided written informed consent. This study was approved by the Ethics Committee of Osaka Prefecture University.

Results:The number of participants was 18 (16 women, 2 men) and their mean age was 91.2±6.5 years. The mean amount of daytime physical activity was 98.6±56.4 counts per minute (cpm) and the amount of physical activity/24h was 85.3±44.1 (cpm). Neither the amount of daytime physical activity nor that of physical activity/24h was significantly correlated with scores on the N-ADL or the HADLS. Neither the amount of daytime physical activity nor that of physical activity/24h was significantly correlated with scores on the MMSE or the CTSD. The amount of daytime physical activity did not significantly correlate with the NPI-NH total score, but there was a trend in the correlation between the amount physical activity/24h and the NPI-NH total score.

Conclusion:Although a positive effect of physical activity on the prevention of the onset or inhibition of the progression of dementia has been reported previously (Buchman AS, 2012), this study did not find an association among physical activity, cognition, and ADL in severe dementia.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-408

COMMUNITY-BASED OCCUPATIONAL THERAPY IN JAPAN -SOCIAL INCLUSION-

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[1] department of occupational therapy,, school of science,kyushu unversity of health and welfare, nobeoka, Japan

Objectives: Population only approximately 1,700, Morotsuka-son, Miyazaki of 39% of aging rates.

It is dotted with villages and holds a meeting and a festival in the public hall in each village and makes the community around the public hall.

There is the elderly person of the dementia in the aging village to go ahead through, but does not necessarily lead to the receipt of the care service.

Therefore it is the woodwork work that utilized a public hall that I serve as the care prevention of the elderly person and restraint of the progression of dementia and think that it is not possible for the activity that kept a local characteristic alive, and a university, NPO, a social welfare meeting, administration, a hometown company cooperate, and began.

The elderly person of 80-90 generations worked on the polishing process of the rice scoop using wood from a hometown twice a week at the meeting place of this village.

Our intervention of dementia prevention is based proactive motivation.We have maintained the communities through proactive collaboration ,and the spitits of mutual cooperation is still alive.

Daily social life colud have theraputic meanings,and the community would be revitalized when the people in the community enjoy their live.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-400

THE PROCESS OF DETERMINING THE THERAPY PROGRAM FOR USERS OF SEVERE DEMENTIA DAY CARE

Yumiko Ishii*, Naohito hosoi

Objectives: 重度認知症患者デイケアゆずの里は、千葉県の中西部、袖ケ浦市にある袖ケ浦さつき台病院に併設された、治療を目的とした医療の認知症専門デイケアである。職員は、医師・看護師・作業療法士・精神保健福祉士・介護士で構成されている。我々のデイケアの特徴は、プログラムを通して認知症の方々がいきいきと過ごせる居場所となるように取り組んでいることである。認知症になっても在宅生活をされている人達が、デイケアという場で個々の持っている能力や経験を活かし、楽しみながら役割ややりがいを感じ、脳の活性化や意欲の向上につなげている。また職員は、本人の状態に合わせた関わり方を見つけ、家族や主治医、他の介護サービスにフィードバックすることで、在宅生活を支援している。行動・心理症状（BPSD）が著明で、生活障害が強く出ている人や、他のサービスの利用が困難な集団不適応の人、若年性の認知症の人を率先して受け入れている。今までの我々の経験から早期介入をすることでその人と関係性を築き、家族と共に進行と経過を追いながらケアを行っていくために有効と考えている。多くの利用者との関わりを通して認知症の人達と、家族から多くの気づきと学びをこれまで得てきた。それは次へのヒントや知恵や工夫として生かされ、現在もケアに活かされている。今回、我々の利用者との関わり方を最大限に活かして行っているプログラムの一つ、作業プログラムを通して、取り組みの工夫についてお伝えする。

我々のプログラムの取り組みには、「計画」「実施」「振り返り」の３つの流れを繰り返しながら実施しているという特徴がある。作業プログラムは、一般に作業療法として、リハビリテーションの一つとして位置付けられている。作業療法士が中心となり、個々の能力評価と目的に合わせた作業療法を実施している。作業療法士が個々の計画を立て、職種を超えて全職員で、そのプランを検討し実行している。単純な作業プログラムではなく、認知症ケアを取り入れたアクティビティと作業を取り入れているプログラムである。リハビリというIADLの維持・向上を目指すことが中心ではなく、本人のできることを見つけ、生きがいや楽しみから役割を得て、意欲の向上につなげている。このプログラムを継続的に行っていくと、「誰かの役に立っている」「自分にもできることがある」といった充実感や安心感が芽生え、認知症の人が感じている不安などが緩和していく。これは徐々に不安から生じるBPSDの軽減や、本人の自立支援にも効果がある。

まず、計画を立案する前に、個々の状態をアセスメントしている。身体状況、精神状況、認知機能そして、それぞれの人生の中で得た得意なこと・興味関心のあるもの（生活歴や職業など）の情報を得て、本人が夢中になれる作業を検討し計画していく。計画と準備は、アセスメントで得られた情報と、本人の言動などを参考にして行っていく。初回時は、自宅での様子や今までの生活と仕事をヒントに、作業を決めていくが、情報だけなので、詳細にわからない場合は、色塗り作業を試しに行う。色塗りを行う理由は、簡易的な作業であること、視覚の確認、理解力の確認、色鉛筆を使って行う実行機能、筆圧等の確認が容易にでき、観察や評価がしやすい。準備に関して、最も重要視しているのは環境設定である。開始前に各利用者の作業内容や利用者間の相性をもとに席の配置を決める。同じ作業をする者を同じ席にすることと、スタッフの介入により和やかな雰囲気を作り出し、自然に相乗効果が起きるように設定していく。これにより、黙々と作業を継続しつつ、同様の作業をする仲間が視界に入ることで、孤立感を感じずに進めることができる。この段階からスタッフは、利用者にとって快適な存在として介入できるよう、準備を行う。

実施では、計画された作業内容ができるように勧めていくのだが、強いることはせず、本人の意思や気持ちが向くことで始められるように配慮を行う。ここで最も特徴的なのは、スタッフの声掛けである。一般的に他の施設で行われる作業プログラムでは、利用者に何らかの機能の向上や維持が目的であることを告げて、作業を継続してやり遂げることを目標に声掛けをする。しかし、ゆずの里のスタッフは、作業の導入で季節などの話から入り、「お手伝い」や「お仕事」として作業してほしいことを自然な流れで依頼する。そして、アセスメントでは気づけなかった情報収集を、コミュニケーションを図りながらで得て、実施のヒントに変えていくのである。ここでは失敗を恐れず、まずは試してみることが重要なポイントになる。重症度や障害などで「でき

ない」と判断する前に「出来るように工夫すること」に視点をおくため、完成度が重要ではない。いかに誰かに協力しているなどの役割を感じられるか、成功体験が喜びや意欲、生きがいを感じられるかを考え、作業を進めることが重要になってくる。言葉の意味や理解が困難な重度の人でも、貼り絵の材料をちぎる等、その人それぞれの役割を見つけていくことが、結果として、精神的安定につながる。現場では、作業中にも随時、声掛けをすることで、利用者の身体・認知機能や精神状態、好みやこれまでに経験した仕事の内容を把握する。一段上の表現方法ややり方を助言することで、作品の出来栄えが上がり、利用者の達成感の向上にもつなげている。これらはすべて、個別シートに記録し、振り返り時の次回の検討にいかされる。

振り返りは、帰りのスタッフミーティングで行われ、一日過ごした様子と作業での様子がスタッフの見たままに報告される。そこでは、本人が出来るものか、理解しやすい内容か、作業が楽しめ、夢中になれていたか、意欲はどう変化したか、席の配置や物品の準備等、リスク面への配慮はできていたか等を確認する。作業後に記載した記録と、スタッフ個々の目で見た主観的な様子と、各専門職の知識や経験からみられた見立てを出し合い、プログラムの実施以外に、介入の仕方やケアの見直し・次回のプログラム検討も同時に行われる。

この準備・実施・振り返りの作業手順は、プログラムの実施以外にもメリットは大きい。認知症の変化に気づきやすく、ケアを迅速に変更・アレンジして対応でき、日々のケアの統一にも活かされる。また、各職種の専門的視点で情報を共有することができるため、スタッフ自身の知識やケアの向上にも繋がっている。知り得た情報は介護者へ、ケアのポイントとして伝達し、家族の不安を軽減することにも効果をみせている。そして、主治医への報告は、治療方針や薬物治療の検討にも活かされている。スタッフは個々の思いに寄り添い、今できることを見つける努力を、日々試行錯誤しながら、実践している。行動心理症状に目が向きやすい中、自身の持つ力を引き出し、存在意義や役割を感じるアプローチをする作業過程こそが、認知症ケアの質の向上につながるプロセスといえるのである。

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-406

ACTIVITIES THAT ENABLE CAPABILITY AND QUALITY OF LIFE TO A PERSON WITH YOUNGER ONSET DEMENTIA: A 9-YEAR CASE STUDY

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Objectives: Mr. Yang encountered hands mobility problem after a car accident at 52 and depression occurred. He was diagnosed with younger onset dementia (YOD) at 59 in 2008 and introduced to Dementia division, Catholic Sanipax Socio-Medical Service & Educational Foundation (Sanipax), the first organization in Taiwan to start services for people with dementia. Sanipax celebrated the 20th anniversary of dementia services in 2016. The couple then attended family support group regularly at the 4th Thursday morning. This monthly gathering provided people with dementia with cognitive and social programs. Supports for caregivers included group discussion, welfare information and educational subjects. In 2009, Sanipax developed a new service only for people with YOD and their caregiver to meet special needs. Programs take terms between 2-hour workshop and 7-hour outdoor visits every other month at the last Saturday morning. Sanipax had also cooperated with Taiwan Horticultural Therapy Association (THTA) from 2014 for people with dementia at the 2nd Thursday morning for 6 months every year. Besides the 3 programs from Sanipax, Mrs. Yang also built connections with other non-profit organizations (NPOs) such as series of "School of Wisdom" classes from Taiwan Alzheimer's Disease Association (TADA), activities from various city health centers and home care service from social welfare system. In 2014, Mrs. Yang invited a professional dance movement therapist to facilitate body motion and enjoyment of songs as well as dances every week for her beloved one. Beyond all of that, daily exercise of Tai-chi or walk for 1 hour and weekly catholic mass has been within their schedule. Though after 9-year of diagnosis, Mr. Yang's dementia is still in progressing, yet rehabilitation through activities enables him to maintain mobility and quality of life. The team will share the long-term integrated intervention of cognition, treatment, activity and care in four dimensions: 1. How a wife helped her husband with the networking of NPOs, government sectors, private services, professionals and religion to enable capability and quality of life. 2. The neurologist would like to explain Mr. Yang's progression of dementia and status within years. 3. Photos and images that show the degeneration and progress of Mr. Yang. 4. Video will demonstrate his involvement and challenge with dance movement. A table of full activities that Mr. Yang had participated in with high frequency of engagement will also be presented.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-401

COMMUNITY BASED EXERCISE INTERVENTION IN ELDERS WITH MILD COGNITIVE IMPAIRMENT AND DEMENTIA IN A RESOURCE-POOR AREA

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Objectives: The prevalence of MCI (mild cognitive impairment) and dementia in the population aged 65 years and over is high in Taiwan, separately 18.58% and 8.09% in 2015. However, long-term care resources are insufficient for elders with dementia living in a resource-poor area. Since the Taiwan government has short-term plans to set up community based services for people with dementia in the resource-poor area, this study investigates the effect of 12-week community based exercise intervention for those with dementia.

The study recruited 11 elders above 65 years old diagnosed with MCI or mild dementia (Clinical Dementia Rating≦1) in the community. The mean age was 79.6±8.1 years (range:65.4-88.7years). The participants accepted community based exercise intervention once a week and home exercise 4 times a week for 12 weeks. Exercises designed by physical therapists contained indoor and outdoor activities. Indoor activities included playing modified golf, soccer, hockey, basketball and Frisbee, which were set to be fun, interactive and pressure-free. Outdoor activities were picnicking and shopping in the neighborhood. This was a qualitative research, and the descriptive data was showed in the results.

Positive feedback was received after 12 weeks. Improvement was noted in the participant's social interaction: L seldom spoke in the past, but now can introduce herself on stage; S now has a goal to look forward to; Y is smiling more; C's wife enjoyed the picnic outing since they haven't gone out for a long time. Functional improvement was also shown: O now can shop independently and help others; H showed improvement in climbing stairs; W can perform exercises he couldn't achieve before because of his injury. Overall, the service provided at this area was chosen as one of the top 3 out of all services given at resource-poor areas throughout Taiwan by the Ministry of Health and Welfare.

The community based exercise intervention could be an alternative way for those diagnosed with dementia to receive service bringing results similar to those of long term care in the resource-poor area. Playing seems to be a great method for those with dementia to engage in activities, practice social interaction skills and enhance their fitness, cognition and reaction. Outdoor activities provides them opportunities to be familiar with the neighborhood, improving their fitness and Instrumental Activities of Daily Living. 11 people with dementia were serviced, which was only 0.12% of all diagnosed with dementia in the area, so the community based exercise intervention should be promoted. This research had been approved by the Research Ethics Committee of the National Taiwan University Hospital Hsin-Chu Branch (Permission number: 105010E).

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-410

THE RELATIONSHIP BETWEEN COGNITIVE FUNCTIONS AND HEARING TESTED BY THE WHISPERED VOICE IN ELDERLY

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Introduction: It has been discussed that age-related hearing loss could possibly relate to the cognitive dysfunctions. Some researchers suggested that if more cognitive capacity was spent on hearing, then the capacity would be reduced, resulting in potential downstream effects on cognitive tasks (Dupuis et al., 2015). Also, memory performances may be compromised by hearing loss because reduced resources would not be enough to store or retrieve the heard information (Wingfield et al., 2005).

Hearing thresholds are usually measured by an audiometer with pure-tones at standard octave frequencies from 250 to 8,000 Hz in each ear under headphones in a sound-attenuating room. There also are some screening tests for hearing, such as the rubbing sound test, the whispered voice test. These simple screening tests are useful especially when the standard audiometric equipment is insufficient. Moreover, the whispered voice test has been reported its accuracy to detect hearing impairments in adults (for example Swan, Browning, 1985).

Objectives: Our aim is to explore the relationship between the whispered voice test for hearing and cognitive functions in elderly. Also, based on this analysis, we try to examine the necessity of the whispered voice test to be included in the screening test for dementia from the perspective of the relationship between hearing and cognitive functions.

Methods: We studied twenty-six healthy elderly people, their average age were 74 years old. The whispered voice test was conducted by the examiner whispering the name of the pictures and the subjects pointing the correct pictures (Nakayama, Arao, 1994). Total number of words responded correctly from six words were counted for an analysis. Additionally, other neuropsychological tests such as Mini-Mental State Examination (MMSE) (Folstein et al., 1974), Rey's Auditory Verbal Learning Test (AVLT) (Rey, 1964) and Frontal Assessment Battery (Dubois et al., 2000) were administered.

Table:

Results: Spearman's rank correlation coefficient revealed significant positive correlations between the whispered voice test and delayed words recall in MMSE ($r=.41$, $p<.05$) and distracted words recall in AVLT ($r=.47$, $p<.05$). These results showed that even simple hearing screening test would relate to memory tasks.

Conclusion: We concluded that hearing measured by the whispered voice test would relate to memory performances. Even a simple screening test such as the whispered voice test could have a possibility to detect the relationship between hearing and cognitive functions, which had been reported to be one of the factors, to some extent, of the cognitive breakdown in dementia.

We also discussed the necessity of the screening test such as the whispered voice test to be included in dementia screening test in order for the early intervention to hearing loss, resulting in slowing the progression of dementia.

Disclosure of Interest: None Declared

PO2-399

CARE EXPERIENCE SHARING - APPLICATION OF “HOUSE RENOVATION” IN PERSON WITH DEMENTIA’S HOME SAFETY

Li Tin Huang*

Objectives: Purpose

The study illustrates the care experience in applying house renovation to dementia patient’s home safety. In this case, the dementia patient is exposed to fall injuries due to cognitive degradation and disorientation, which triggers the author to conduct further studies.

Methods

The author collected data through home visits, telephone interviews, observations and talks and identified problems through the establishment of favorable nurse-patient relationship and trust by showing empathy, careful listening, acceptance and caring skills while adopting Gordon’s 11 functional health patterns assessments.

Results

The main health problems identified through care analysis are: self-care disability, potential risk of falls, sleep disorders and other health problems. Cognitive dysfunction is the main symptom of the dementia patient. Thus, the author made efforts to maintain the self-perception and regular daily life patterns of the patient as well as to enhance self-esteem and self-value of the patient through proactive care of the demand of the patient and intervention of nursing care.

Conclusion & Recommendations

As a dementia patient, the patient often suffers from unsteady gait and falls. The author, along with the patient’s family work together for a nursing care plan, which takes “house renovation” as priority issue and provides a safe activity space and prevents the patient from falling by adding handrails and sliding doors to the rooms and bathrooms, as well as through balance training and use of tapes in the setting of activity space. The author hopes to enhance the quality of care for dementia patients and provide references for the clinical care by relevant personnel of long-term care institutions through the sharing of this case.

Disclosure of Interest: None Declared

Care research and practice

Rehabilitation and Enablement

PO2-402

DO COGNITIVE TASKS AFFECT BRAIN ACTIVATION DURING THE RESTING-STATE?

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Introduction: Cognitive rehabilitation for Alzheimer's disease or vascular dementia often employs cognitive tasks, such as mental calculation and attentional tasks, to promote brain activity. A recent line of evidence revealed that both resting-state activity and connectivity are related to cognitive function. Considering this relationship, cognitive rehabilitation is likely to improve resting-state brain activity and brain connectivity. However, the efficacy of cognitive therapy in promoting changes in resting-state activity and brain connectivity is still not clear.

Objectives: The aim of the present study was to assess the changes occurring in resting-state activity and connectivity after the execution of a cognitive task.

Methods: Nine post-stroke patients were enrolled in the present study after they provided informed consent. Brain activity was measured using electroencephalography (EEG), performed using the electrode cap placed over 19 positions (following the 10-20 system, sampled at 256 Hz). The task protocol consisted of the following sessions: a) eyes-open, resting (pre-task, 2 min); b) calculation task (serial 7, 2 min); and c) eyes-open, resting (post-task, 2 min). To determine the cortical sources of brain activity, low-resolution electromagnetic tomography analysis (LORETA) was applied to the data. The LORETA current density values were compared between the pre- and post-task sessions. In addition, we used the LORETA software to investigate the changes in brain functional connectivity between the pre- and post-task sessions.

Results: Compared with the pre-task session, a significantly higher theta activity from the medial frontal gyrus to the posterior cingulate was observed during the post-task session. On the other hand, alpha activity in the precuneus was significantly higher during the pre-task than during the post-task session. Connectivity analysis results were not significantly different between the pre- and post-task sessions.

Conclusion: Theta activity is associated with several cognitive processes including working memory, problem solving, and self-monitoring. Conversely, alpha activity decreases with cognitive workload, especially during mental activities. Therefore, our results showing increased theta activity and decreased alpha activity during the post-task state may indicate that participants in the present study could not effectively switch between the task and resting state. Indeed, this difficulty was reflected by a prominent network dysfunction. Brain connectivity did not show any significant change during the resting state. These results suggest that a single session of cognitive rehabilitation may not be able to positively affect brain connectivity.

Disclosure of Interest: None Declared

Well-being

Religion and spirituality

PO1-191

AN IDEA OF THE USAGE OF BUDDHIST TEMPLES FOR DEMENTIA

Junjo Kamo*

Objectives: 晩年の孤立に繋がりやすい認知症に着目し、高齢の方との接点が多い寺院における予防・支援活動等を展開していく。それらを通じて、安心して生ききることのできる価値観の発信を行う。

◆社会課題としての認知症

認知症は患者それぞれについて症状の強弱はあるものの、結果として「生活困難」を生じさせる。認知症患者における生活困難については、患者のみならず、患者の支援者を取り巻くコミュニティからの理解が必要不可欠である。厚生労働省の「認知症施策推進総合戦略（通称: 新オレンジプラン）」の内容の多くが地域や家族等の患者を取り巻く周囲の環境を整えることが目標とされている通りである。ところが、認知症患者を理解し支えるべき世代の地域からの流出、あるいは多忙化により介護負担の分散ができなくなっており、家族の介護負担が問題視されている事態に陥っている。残念なことに、社会保障費の拡大は既に問題とされており、今後国による支援の拡充を望むことは難しい。

地域や家族あるいはそれを取り巻く周囲を巻き込む新たな認知症ケアの社会システム（つながり）の構築が重要政策課題である。このことを鑑みれば、「寺院、僧侶、教え」といった仏教教団のリソースは、新たな認知症ケアの社会システム（つながり）構築において重要な役割を担う可能性を秘めている。

◆お寺と認知症

僧侶による月参り（定期的に門信徒宅に訪問し読経）・法事等において認知症の疑いある高齢者を早期発見する、あるいは、家族の相談を受け、予防のお手伝いをできる可能性がある。

また、寺院という空間を地域に開放して、専門家と連携して改善・予防のためのワークショップを行ったり、患者・家族の悩み相談会や各種イベントを通じて地域コミュニティの形成を図ることもできるだろう。寺院がハブとなって専門家や地域の人々をつなぎ、地域包括的なセーフティネットを構築するのである。

以上のようにいわば“寺域力”を活かし、様々な手法を駆使して認知症の進行を遅らせる努力は行いつつも、たとえ治らないとしても、最終的には認知症そのものを受け入れ、周囲の人々で支えていく環境や思想を社会に醸成していくことを目指す。他者と共に生きようとする大乗仏教の精神に基づき、関係性や地域コミュニティのつながりを回復させていくことで、一人ひとりが安心してその人らしく生ききることができる社会につながっていくのではないだろうか。

【寺院（僧侶・教え）の強み】

・不動産を活用できる（場所提供）。

・月参りや法座など、門徒（とりわけ高齢者）との接点をもっている（早期発見や受診の勧めが可能）。

・患者の家族構成や生活環境などの諸事情を把握しており、介入しやすい。

・継続性があり、閉鎖されない安定した窓口

【寺院が認知症対策に関わる意義】

・「病」や「老」をはじめとするライフステージ全体をケアし関係をもつことで、葬儀（死）以前からの潜在的門信徒との接点が得られる。

・介護者（次世代）との接点をつくることができる。

・住職を「地域のいのちをあずかる存在」と定義することで、新たな伝道の可能性が開ける。

・地域の公益的活動を行い、各種補助金を申請することで、新たな寺院護持の可能性を開拓できる。

◆寺院における認知症対策の具体案

様々な専門家との協働のより、下記の取り組みを準備中である。

当事者（軽度・予備軍）対象

1．自覚化のためのセルフチェックシートの開発と実施

2．改善・予防のためのワークショップの開発と実施

3．若年性認知症の方のメンタルケア、居場所づくりの実施

親族対象

1．研修会（認知症について知る冊子の配布、認知症の方との接し方講習）

2．悩み相談「認知症駆け込み寺」

医療者（医師、作業療法士他）対象

1．病院とお寺の提携ルートの構築

2．医師・作業療法士他との認知症予防・改善プログラムの共同開発

僧侶向け

1．研修会（認知症について知り、早期発見するための研修。悩み相談研修）

2．心と体のケアに通ずる新しい説法の開発

※運動で体をほぐし、説法で心をほぐす

※お寺を「死んだら行くところ」から、「その人らしく生ききるヒントが見つかる場所」、「他者と共に生きることを実感できる場所」に転換する

Disclosure of Interest: None Declared

Well-being

Religion and spirituality

PO1-190

DEMENTIA, SPIRITUALITY AND WELLNESS | A CASE STUDY

Peter Bewert*, Sharon Callister

Objectives: Session Description:

The session will present a case study for a resident residing in a residential aged acre environment with high care physical needs. The resident has a diagnosis of dementia and has strong religious affiliations. This case study will outline the spiritual assessment and care planning process in action. The session will demonstrate how the assessment process not only impacts the individual resident, but includes care considerations with family, co-residents and staff to achieve well-being.

Findings:

The case study reveals a practical example of the interconnectedness of spirituality in a care environment. Story is unique to every person, however individual story is influenced by ours and others lived experience. The case study will demonstrate how individual story is impacted by the lives and experience of other individuals. This has significant implications for assessment processes and the ongoing support provided from a spiritual care context in a communal living environment.

Objectives:

There are complex relations between individuals and this does not diminish for persons with a diagnosis of dementia. Spiritual experience and influence is not bound by a disease process, it is ethereal and continues to change, develop and influence throughout the ageing process. The case study will review the complexities associated with interpersonal relationships and how this can add or detract from the spiritual well-being of the primary individual as well as those around them.

Roles of the multi-disciplinary care team are complex and have different objectives and indicators when it comes to spiritual care provision. The case study explores relationships between care givers, differing approaches to care delivery and associated impacts on spiritual well-being. The influence of care givers has a profound impact on individual story, this can be one of enablement or disablement, the importance of relationship being intertwined with individual story is essential.

Love and belonging is a key element in enablement of spiritual well-being.

Disclosure of Interest: None Declared

Policy

Rights of people with dementia

PO1-192

I HAVE THE RIGHT TO ENJOY LIFE! YES, REALLY.

APPLYING THE UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Mary Radnofsky*

Objectives: People with dementia are living 10-20 years or more after diagnosis, and we're striving to maintain our places in society. As we progress though, many of us are institutionalized against our wishes – usually by weary family members. But a number of us are standing up for our human rights. The UN Convention on the Rights of Persons with Disabilities (CRPD) guarantees that governments "shall take all necessary measures to ensure" that we may enjoy life "on an equal basis" with our non-disabled family and peers. This means I have the actual right to enjoy life, or at least to strive for it, and that my country is supposed to help. Yes, really.

When I read a book by a person with Alzheimer's, I learned I didn't have to accept society's rule that a diagnosis meant I was gone. Now I advocate, though I have a limited window of opportunity to use my voice (some of us lose the ability to speak). So I choose to teach again to help others advocate and enjoy life, even living with dementia – not just dying from it.

Some of us advocate locally, at home, teaching family that well-being is defined more than by just avoiding a fall. Our thoughts must be understood – whether or not we can speak. If we need adaptive communication devices, we must ask for them.

Some of us advocate at the community level to build a familiar environment to maintain our independence. But we need better access to vital information, medical care, rehabilitative education, therapy, exercise, and emotional support. We must ask for it.

Some of us advocate internationally to convince governments to acknowledge that people with dementia have a disability protected under the CRPD. Governments must safeguard our rights and ensure our "effective enjoyment" of life. We must ask questions.

People with dementia can no longer be treated like naughty children or prisoners, ignored or made invisible behind institution walls. Our disability is invisible; we are not. There will soon be too many of us to institutionalize, anyway. Instead, we'll be aging in place, living in our communities. So we must find a better way to live together now. Yet many people are unaware of how to respect our rights while keeping us – and themselves – healthy, happy, and safe.

So I present and correlate to the CRPD successful strategies, adaptive devices, Apps, and creative inventions that support people with dementia in the community. These also include innovative housing, mobility, transportation, wearable computers, and other concepts – because we still have the right to enjoy life, and can make it happen for others as well as for ourselves. Yes, really.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-200

FALL RISK DETERMINANTS OF RESIDENTIAL HOME RESIDENTS WITH AND WITHOUT DEMENTIA IN HONG KONG

Chiu Lun Yu*, Anita Wong, Tony Chan

Introduction: Falls are common in elderly population, especially in dementia. Few researches have been published related to fall risk factors of dementia living in residential homes.

Objectives: This study aims at identifying potential fall risk factors (hand grip, ADL, vision, tactile sensation and balance tests) in residents and subsequently fall risk factors in dementia.

Methods: A total of 74 residential home residents (mean age: 78 years; 56.2% women) participated in this study. Information regarding fall history during past year, medication, and diagnosis were collected from case files. Barthel index (BI), MMSE score and QuickScreen, a standardized fall risk assessment, was administered to all residents living in the residential home during June to August 2016. Residents who are bedridden, unable to follow verbal instructions, wheehchair-bounded and refused to do the assessment were excluded.

Results: All the statistical tests were conducted by SPSS v.24 at the significance level of 0.05. THe mean BI score and MMSE score betwen fall and no-fall residents were statistically significant with P-value 0.001. However, we could not find sufficient evidence to confirm the difference of handgrip strength, age, number of medication, use of psychiatropic drugs between fall and no-fall residents. In a further correlation test, statistically significant negative correlation between paired number of falls with BI score or MMSE score were found with P-value of <0.05. Higher BI score or MMSE score showed fewer number of falls. For the performance-based assessments (tandem stance, step test and sit-to-stand tests), there was a statisticially significant difference between the mean scoer of fall and no-fall residents with P-value 0.022. Fall residents were likely to have lower performance-based assessment scores.

On the other hand, the study sample concluded with a set of common characteristics among fallers. In a further correlation test, statistical significant positive correlation was found between number of characteristics with number of falls with a P-value <0.05. The correlation strength between number of falls and fall characteristics count showed a SPearman's correlation coefficient of 0.531.

Conclusion: QuickScreen is a quick, easy and sensitive tool to identify faller vs non-faller in residential homes in Hong Kong. It helps residential home staff easier to identify those residents who are at risk of fall. Due to limited number of residens who participate in this study, further studies with adequate sample size and longitudinal design are needed to determine risk factors of falls in dementia and non-dementia residents.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-195

MONASCUS PURPUREUS NTU 568 FERMENTED EXTRACT ANKASCIN 568-R IMPROVES MEMORY AND LEARNING ABILITY IN RATS WITH AMYLOID BETA-PROTEIN INTRACEREBROVENTRICULAR-INFUSED RAT INDUCED ALZHEIMER'S DISEASE

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Introduction: With improvements in living conditions and advances in medical technologies, humans are living longer. Aging puts people at a greater risk for health issues, metabolic syndrome and chronic diseases related to aging have an impact on society as a whole. The aging related issues have brought great attention to the world and have been discussed extensively.

Objectives:

The main manifestation of Alzheimer's disease (AD) is accumulation of senile plaques, primarily comprising amyloid beta protein (Aβ), around brain nerve cells.

Methods: We utilized the 8-week-old male rats (Sprague-Dawley system) as the study materials. Amyloid beta protein (A&beta); was injected continuously into the hippocampus by ALZET brain infusion pump placed in the rat through brain surgery and thus resulted in Aβ deposition in the brain and causing damage to induce the formation of Alzheimer›s disease.

Results: Groups fed ANKASCIN 568-R demonstrated slight improvements in learning and memory capacity. After the animals were sacrificed, serum biochemistry analyses for liver function, renal function, and electrolyte balance were performed. No changes were observed in any of these parameters. Serum and hippocampus samples were collected to examine AD risk factors. Aβ40 infusion increased acetylcholinesterase activity and decreased total antioxidant status and superoxide dismutase activity in the brain; however, these damages were potently reversed upon administration of ANKASCIN 568-R Moreover, the protection afforded by these herbs was more significant than that afforded by cholinesterase inhibitor drugs.

Conclusion: In conclusion, our study provides further efficacy data in support of traditional functional foods for the treatment of diseases. We found that ANKASCIN 568-R inhibit Aβ-induced neurotoxicity and may play a role in preventing the deleterious effects associated with AD. On the basis of these findings, we recommend the development of functional foods for therapy or as adjuvant agents for the prevention of AD.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-207

WE ARE WHAT WE EAT: WE ARE EATING FOOD CONTAINING NEONICOTINOID PESTICIDES , CAUSING MASS BEE DEATHS AS WELL AS DAMAGE BRAIN STRUCTURES AND FUNCTIONS ASSOCIATED WITH LEARNING AND MEMORY

Hiroyuki Tsunemi*

Objectives: ネオニコチノイド系農薬は、２０～３０年ぐらい前から世界中で多用され始めた農薬で、比較的人体への影響が少ないと言われ害虫防止のために、野菜、果物、お茶、お米など様々な作物で使用されています。昆虫の神経に作用する神経毒ですが、害虫だけでなく世界中でハチの大量死を招き、問題となっております。ヨーロッパでは使用禁止されるネオニコチノイド系農薬も出てきています。日本でも、ネオニコチノイド系農薬を多量に含んだ果物やお茶を摂取した人が、自分の会社の場所もわからないほどの記憶障害に陥った例も報告されており、昆虫だけでなく、人間に対しても脳の構造や、記憶力などの認知機能に悪影響を与えることが分かっています。近年、増加している認知症の患者も、ネオニコチノイド系農薬の摂取が原因ではないかと考えられます。アセチルコリンが神経伝達物質として機能しているのは、昆虫も人間も同じであり、ネオニコチノイド系農薬は、脳の神経系でアセチルコリンと同じ神経伝達物質として機能しています。認知症の薬として用いられている塩酸ドネペジルが、アセチルコリンエステラーゼ阻害剤であることも、認知症との関連の深さが推察されます。

　私たちの体は、食べているものでできております。たとえ毎日の食事により、低濃度でネオニコチノイド系農薬を摂取していて急性の記憶障害が出ない場合であっても、慢性的に脳に悪影響を及ぼし、認知機能の低下を招いているのではと考えられます。

　ヨーロッパは、予防原則の国々が多く、ネオニコチノイド系農薬の禁止も始まっていると共に、農薬を使用していない有機農産物の需要も高まっています。これに対して、日本では、ネオニコチノイド系農薬の使用制限量もヨーロッパの基準よりもはるかに高く、またネオニコチノイド系農薬の問題もほとんど報道されることなく、国民は知らされておらず、有機農産物の流通量も少ないのが現状です。現在の高齢者の皆さんは、ネオニコチノイド系農薬の使用が始まった２０～３０年前から摂取していることになりますが、今の子どもたちは、生まれてすぐの食事からネオニコチノイド系農薬を摂取していることになり、もしネオニコチノイド系農薬が認知症の原因の一つであれば、今後、若年性認知症の方々も大幅に増える恐れがあり、大変な社会問題になりかねません。

まずは、みなさんにネオニコチノイド系農薬に知っていただき、これ以上、認知症で苦しむ方々やご家族が増えないような動きにつながればと願っています。

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-194

SUBJECTIVE MEMORY DEFICITS WITHOUT EMOTIONAL CONCERN PREDICTS DECLINE IN COGNITIVE FUNCTIONING

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Introduction: Impaired memory and cognitive performance are known to be correlated with depression. However, when these three factors are present among the elderly population, it becomes complicated. While memory and cognitive performance degradation may be symptoms of depression, it may also be an indication of a clinically significant cognitive decline, which can lead to a very different conceptualization and treatment.

Objectives: This study aims to explore the interplay between the factor of memory performance, cognitive performance, and symptoms of depression, and identify predictors to cognitive decline among the elderly population.

Methods: Our study followed 1414 healthy community-dwelling older persons aged 65 or above in Hong Kong for a year, measuring their depressive symptoms with Geriatric Depression Scale (GDS), subjective memory deficits with an item from GDS, concern on memory deficits with a stand-alone dichotomous question, and cognitive performance with Cantonese Montreal Cognitive Assessment (MoCA).

Results: After a year, 806 participants' cognitive performance were maintained or slightly improved ($t(805) = 30.92$, $p < .001$), while 608 participants' performance declined ($t(607) = -35.60$, $p < .001$). Logistic regression revealed that a one point increase in GDS score was associated with an increase in the odds of cognitive decline for 1.05 (95%CI, 1.01 to 1.09), Wald $\chi^2(1) = 5.68$, $p < .05$, after controlling for age, gender, and education. In addition, after controlling for age, gender, education, and baseline GDS score, on a specific two-item analysis, if participants reported awareness of relative memory deficits yet reported no emotional concern, the odds for this group to experience cognitive decline was 1.69 (95% CI, 1.24 to 2.29) times that of those who reported no relative memory deficits and/or indicated concerns (Wald $\chi^2(1) = 11.20$, $p < .01$).

Conclusion: In general, the depressive symptoms captured by the GDS score contributes to the estimation of overall risk of cognitive decline within a 12 months period. Specifically, we have identified a two-item combination that can identify those who are significantly at higher risk of cognitive decline. Those who reported relative memory deficits, as fact, in the GDS, combined with the absence of subjective worry on deficits of memory/cognitive performance are of particular concern, irrespective of the GDS score. Our results add evidence to the clinical use of GDS as a screening tool of cognitive decline, and demonstrate the independent predictive value of cognitive and emotional awareness of memory deficits on cognitive decline.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-202

ANTIDEPRESSANTS INDUCE ASTROCYTE APOPTOSIS

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Introduction: Depression and dementia are tightly related, however, the impact of frequent-used antidepressants on pathogenesis of dementia remains unclear. Previous studies reported that antidepressants may impair adaptive processes regulated by serotonin, increase neurological side effects and are cytotoxicity. Furthermore, mounting evidences support deficits of astrocyte that participated in the formation of dementia, besides the loss of neurons or their synapses. Thus, this is an intriguing issue arises whether antidepressants are harmful to astrocyte.

Objectives: In this study, we would like to validate harmful effect on antidepressant to astrocyte.

Methods: CTX-TNA2 rat astrocyte cell line, primary astrocyte and primary mixed culture of *Sprague Dawley* rat are used in this study. Firstly, we applied MTT assay to validate the cell viability of astrocyte under treatment of antidepressant from different classes. In addition, we studied antidepressant-induced cell death of astrocyte by performing flow cytometry and Western blotting. The detailed mechanism of astrocyte apoptosis was studied by capturing fluorescence image of calcium.

Results: We treated astrocytes with 12 types of antidepressants and found that antidepressants – AKA-1, AKA-5 and AKA-9 significantly reduced cell viability under relatively low concentration. 10uM AKA-1 and 20uM AKA-5 induced astrocyte apoptosis with elevation of cleaved-caspase 3 and cleaved-PARP. Futhurmore, we detected significant increment of ROS formation in AKA-1- and AKA-2-treated group, however, cell death could not be reversed by ROS scavenger. Thus, we considered ROS formation is the consequence of cell damage, but not the dominant pathway in inducing apoptosis. In addition, we found mitochondrial damage by the evidence of reduced mitochondrial membrane potential in 12 hours after treating AKA-1 and AKA-5. We observed an increase of calcium level in AKA-1- or AKA-5-treated astrocytes after 3 and 6 hours of treatment. Ultimately, we validated this mechanism in primary cultures and obtained consistent result as above.

Conclusion: We proposed that AKA-1 and AKA-5 would induce astrocyte apoptosis via elevation of intracellular calcium level and such evidences support our hypothesis that SSRI may participate in the formation of dementia.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-205

GREEN VEGETABLES INTAKE MIGHT HELP TO PREVENT COGNITIVE DECLINE

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Introduction: Green vegetable are one of the common food in China, however, few studies have been devoted to exploring the relationship between green vegetables and cognitive function.

Objectives: To estimate green vegetables and potential protective factors for cognitive function in elderly population living in the community in North China.

Methods: A total of 521 participants entered the study, and their general demographic information and dietary information were collected by standardized questionnaire. Cognitive function was assessed with Mini-Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA). The diagnosis of MCI and dementia were made according to Petersen's criteria and DSM-IV, respectively. Then we investigated the relationship between green vegetables, potential protective factors and cognitive function.

Table:

Results: By using a combination of clinical investigations and laboratory testing, we found there were 406 people with normal cognition, 82 people with MCI and 33 people with dementia. Then we put the 406 people into the normal cognitive group (NCP), while the others (82MCI and 33dementia) were put into the cognitive impairment group (CIP). By using independent t-tests, we found there were statistically significant differences in neuropsychological test results (MMSE and MoCA) between the two groups. By using binary forward logistic regression models, we found eating green vegetables everyday (OR= 0.266, 95%CI = 0.088–0.804) and education (OR= 0.785, 95%CI = 0.707–0.872) were protective factors for cognitive function, while elevated systolic blood pressure (OR= 1.040, 95%CI = 1.009–1.072) and memory decline (OR= 4.756, 95%CI = 1.175–19.248) were risk factors for cognitive function.

Conclusion: Eating more green vegetables will help to prevent cognitive decline, and strengthen education and positive control of the systolic blood pressure are also beneficial for cognitive function.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-197

THE AD SPECTRUM OF DISORDERS: AN END STAGE FATE OF CARDIOVASCULAR, METABOLIC AND NEPHROLOGICAL DYSFUNCTION

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Objectives: Nearly half of all Alzheimer's disease (AD) cases show signs of strictly AD pathology while others present with mixed-dementia pathologies. There are cardiovascular, metabolic and nephrological components to the growth of AD pathology that relate to neuronal and synaptic dysfunction (Bugincourt et al., 2013; Etgen, 2015; Sasaki et al., 2011; Winchester, et al. 2013, 2016). Individuals with AD and vascular co-morbidities seem to have the greatest impairments in similar cortical areas when compared to either diagnosis, alone. Insulin is involved in a number of late-life neurodegenerative factors. Accordingly, diabetes mellitus (DM) patients have a similar type of cortical atrophy corresponding to plaque accumulation and a loss of memory/executive functioning in AD (Deeny, Winchester, et al., 2012; Winchester et al. 2013, 2016). Dementia in chronic kidney disease (CKD) and end-stage renal disease (ESRD) is common and frequently remains under diagnosed. This dementia may be due, in part, to oxidative stress, inflammation, endocrine disorders, uremic toxicity, psychosocial stress and the elevated burden of cardiovascular and cerebrovascular risk factors (including DM, hypertension and dyslipidemia that are present in the CKD/ESRD population). Renal insufficiency, DM, hypertension, dyslipidemia and heart disease treatment may be independent factors for developing cognitive impairment (Kurella et al., 2008, 2011; Yaffe et al., 2010).

Taken together, nephrological, metabolic and cardiovascular dysfunctions are found among AD, VasD, DM and CKD/ESRD populations suggesting that there is a spectrum of vascular, metabolic and nephrological dementia disorders that broaden the diagnostic definition of AD; with areas of overlap and distinction (Winchester et al., 2016). Here, these will be referred to as the AD Spectrum of Disorders (*AD Spectrum*). We seek to define and explain the nature and scope of breakdown observed among the *AD Spectrum*, provide evidence and expound on the previous literature to elucidate the nature and scope of neurocognitive impairment observed at the Mild Cognitive Impairment (MCI) stage.

Bugincourt et al. (2013). *J Am Soc Nephr.* 24: 353-363. **Deeny, Winchester**, et al. (2012). *Alz Dem.* 8: 352-356. **Etgen** T (2015). *Alz Res Ther.* 7:29. **Kurella** et al., (2005). *J Am Soc Nephrol*. 16: 2127-2133. **Kurella & Yaffe** (2011). *Kidney Int.* 79: 14-22. **Sasaki** et al. (2011). *J Am Ger Soc*. 59:1175-1181. **Yaffe** et al., (2010). *J Am Geriatr Soc*. 58: 338-345. **Winchester** et al. (2013). Arch Gerontol Geriatr. 56: 96-103. **Winchester & Winchester** (2016). *Persp ASHA SIG*. SIG 15: 1.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-201

ASSOCIATION BETWEEN LIFESTYLE AND DIET AND DEMENTIA STATUS IN THE COMMUNITY-DWELLING ELDERLY AGED 65 YEARS AND OLDER IN THE SUBURBS OF TOKYO

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Introduction: Dementia is a priority health issue worldwide. An unhealthy lifestyle and diet are likely to cause many diseases.

Objectives: The aim of this study is two folds; to clarify the association between lifestyle and diet and dementia status in the community-dwelling elderly aged 65 years and older in a suburban town and to clarify gender differences in health behavior.

Methods: *Methods:* Self-administered questionnaires were mailed to 2,069 elderly people in February 2004 and 1,538 were returned by addressees or proxies (response rate 74.3%). Analysis subjects were comprised of 52 people with dementia (PWD; 16 men and 36 women), 173 people with probable dementia (PPD; 52 men and 121 women) and 1,211 cognitively intact people (CIP; 581 men and 630 women). Average age(sd) was 74.03(6.55) and 75.56(7.27) in men and women, respectively. Descriptive statistics, a chi-square, Kruskal-Wallis, Mann-Whitney U and Bonferroni's multiple comparison tests were performed to pursue the aims of this study in men and women, respectively. Significance was set at 0.05 (0.0167 after Bonferroni correction). Lifestyle items included walking/exercise, outing, pet caring, hobbies, smoking, alcohol consumption and cooking. Diet items included meat/poultry, soy products, eggs, oily fish, dairy products, fruits, (cooked) vegetables, fried food and miso soup.

Results: *Results:* The Kruskal-Wallis and Mann-Whitney U tests revealed significant differences in most lifestyle items except smoking in men and women. As for diet items, men showed significant differences only in fruits (CIP＞PPD) and fried food (CIP＞PWD), while women showed mostly CIP＞PPD and CIP＞PWD in every item and PPD＞PWD in fruits.

Conclusion: *Conclusion:* Men in general showing weaker significant differences in lifestyle, the CIP men showed healthier lifestyle than PPD and PWD. The CIP women showed better health behavior both in lifestyle and diet. Notable gender difference was shown in food items. Only two items above were significant in men. These results suggest men should become more concerned about food and nutrition. Exercise, social and mental activities like outing and hobbies, moderate alcohol consumption and food items above are recommended to prevent or delay the onset of dementia by Alzheimer's Society, which was supported by this study. Mediterranean diet (MD) is highly valued in terms of lowering risk of dementia. Japanese diet (JD) "Washoku", a World Cultural Heritage, is comprised of similar food ingredients to MD. Japanese women enjoy the world longest longevity for 30 years, which suggests JD is a healthier diet and contributes to healthier status. Left to further research, JD might lower the risk of the onset of dementia.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-206

DO ALL PATIENTS WITH MILD COGNITIVE IMPAIRMENT DEVELOP DEMENTIA? A REVIEW

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Introduction: Mild cognitive impairment (MCI) has often been associated with an increased risk of developing dementia, yet reversion from MCI to normal cognition suggest that MCI does not always lead to dementia. Compared to the numerous studies on MCI progression, relatively few have examined reversion.

Objectives: We highlight and discuss the current literature on characteristics and predictive factors of MCI reversion, along with an overview of studies on MCI patients who remain diagnostically stable (i.e., MCI stability).

Methods: Articles for this review were selected from databases of Medline, Web of Science, Scopus, Embase, PsycINFO, and PubMed, using keywords *dementia, Alzheimer's disease, mild cognitive impairment, pre-MCI, reversion, normal cognition, aging, course of illness, and recovery.*

Results: High MCI reversion rates are found across available studies, up to 55% among community-dwelling adults who became cognitively normal in 10-year follow-up. Predictors of reversion include the areas of cognitive/global functioning, genetic/biomarker/demographic information, and personality/lifestyle factors. Patients can fluctuate between different trajectories of MCI (e.g., normal cognition back to MCI or even progression to dementia). Nearly 70% of MCI stable patients remained diagnostically stable over the course of 5 years. Data for predictors of MCI stability are unavailable.

Conclusion: Not all patients with MCI develop dementia. Additional studies of MCI reversion and stability via a longitudinal, multifactorial approach are needed to help clinicians and researchers distinguish which MCI individuals are more likely to revert or remain stable rather than progress, which would influence patient treatment/care and study outcomes for clinical trials on early interventions for dementia.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-198

IMPACT OF SOCIAL NETWORKS ON DEMENTIA RISK DEPENDS ON COGNITIVE RESERVE

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Introduction: Previous studies have shown that social isolation and lack of social support are associated with an increased risk to develop dementia.

Objectives: As a cognitive reserve seems to protect against dementia, the study investigates whether the impact of social networks on dementia risk may be altered by cognitive reserve.

Methods: Data analyses are based on the Leipzig Longitudinal Study of the Aged (LEILA75+, n=1,265), a representative population-based cohort study examining individuals aged 75+ years regularly in up to five follow-ups over a period of 15 years. Social networks were assessed using the practitioner assessment of network type instrument (PANT). Cognitive reserve was estimated by education and occupational mental demands.

Results: Analyses are currently underway and we expect to present on the conference the results of multivariate time-series modeling on (i) the impact of social network type at baseline and the risk to develop dementia over the 15-year study period as well as on (ii) the role of cognitive reserve on that association. All results are adjusted for age, gender, functional disabilities, health status, and depression.

Conclusion: We hope that the results will, on one hand, help to clarify how social isolation alters the risk to develop dementia and, on the other hand, specify the role of cognitive reserve in environmental conditions that aggravate dementia risk. Overall, our study will contribute to a better understanding of environment-environment-interaction in dementia risk.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-199

IS COGNITIVE RESERVE COUNTRY-SPECIFIC? CROSS-NATIONAL COMPARISON OF THE ASSOCIATION BETWEEN EDUCATION AND COGNITIVE FUNCTIONING IN LOW-, MIDDLE- AND HIGH-INCOME COUNTRIES

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Introduction: Previous studies have shown that higher education, in sense of a cognitive reserve, promotes a good cognitive health. Most of the studies that investigated those effects have been conducted in high-income countries. It is not clear to what extent the living standard in high-income countries is a necessary precondition for the observed effect of the cognitive reserve.

Objectives: We investigated whether cognitive reserve (the effect size of higher education on cognitive functioning) differs between low-, middle-, and high-income countries.

Methods: Our analyses included a total of 32,426 individuals aged 50 to 80 years old from two population-based studies, the World Health Organization's multi-country Study on global AGEing and adult health (WHO SAGE) and the LIFE-Adult-Study.

Results: Multivariate regression analyses (adjusted for country, age, gender, income, and number of chronic conditions) revealed a general trend – on country-level and across countries - that lower education was significantly associated with a poorer cognitive functioning. The effect size of higher education on cognitive functioning was particularly strong in older age, emphasizing the relevance of cognitive reserve against age-related cognitive decline. Only in Ghana, where the level of education was extremely low, the associations were weaker.

Conclusion: Overall, the findings imply that the living standard in a country seems to matter with respect to the level of cognitive functioning, but not with respect to cognitive reserve. Therefore, cognitive reserve, in sense of higher education, is a promising tool to promote good cognitive health in countries world-wide.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-196

PREVALENCE OF ANTICHOLINERGIC DRUG USE IN OLDER ADULTS WITH DEMENTIA IN A LARGE TERTIARY HOSPITAL IN SINGAPORE

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Introduction: The use of anticholinergic drugs is controversial in patients diagnosed with dementia due to increased risk of cognitive impairment and psychosis in this population. Anticholinergic drugs are often involved in explicit criteria for inappropriate prescribing in older adults. However, the extent of anticholinergic drug use in Singapore General Hospital's patient population is unknown.

Objectives: This study aims to determine the prevalence of anticholinergic drug use in older patients with dementia and evaluate the association between its use with mortality and morbidity outcomes in these patients.

Methods: This is a retrospective cross-sectional analysis of patients aged 65 or older with dementia and at least one hospital admission in 2013 (n = 460). Identified subjects were followed up prospectively for one year after first admission in 2013 for morbidity and mortality events. Data on exposure to anticholinergic drugs three months prior to admission were collected. Anticholinergic burden was determined using the Anticholinergic Risk Scale (ARS).

Results: Most patients aged 75 years old and above (77.8%), with mean age, 80.8 ± 8.4 years. Majority were female (60.4%) and Chinese (84.1%). Overall proportion of patients prescribed with anticholinergic drug use based on ARS scale was 55.9% (n = 257). ARS level 1 drugs were most commonly prescribed (n = 86), followed by ARS level 3 drugs (n=63) and ARS level 2 drugs (n=41). The top three ARS level 1 drugs prescribed were mirtazapine (n=36), quetiapine (n=17) and risperidone (n=12); ARS level 3 drugs were hydroxyzine (n=20), chlorpheniramine (n=11) and diphenhydramine (n=9); followed by ARS level 2 drugs, loratadine (n=21), tolterodine (n=7) and prochlorpherazine (n=4). Increased use of ARS level 3 drugs was associated with more hospitalizations, increased in length of stay and emergency visits. Use of drugs with significant anticholinergic activity (ARS level 2 or 3) was found to have a significant association with morbidity outcomes but not mortality.

Conclusion: Anticholinergic drug use in patients with dementia is highly prevalent, especially in poly-medicated older adults. This may have contributed to increased morbidity for these patients. Efforts to increase awareness among health care professionals about this potential medication-related risk are important to improve the quality of prescribing.

Disclosure of Interest: None Declared

Science

Risk reduction and risk factors

PO1-204

DIFFERENCE IN HIGH-DENSITY LIPOPROTEIN SUBFRACTIONS BY NON-DENATURING POLYACRYLAMIDE GEL ELECTROPHORESIS IN PATIENTS WITH ALZHEIMER'S DISEASE AND MILD COGNITIVE IMPAIRMENT

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Introduction: Amyloid-β (Aβ) accumulation in Alzheimer's disease (AD) and cerebral amyloid angiopathy is likely caused by the impairment of its brain clearance that partly occurs through the blood-brain barrier (BBB). Brain Aβ elimination across the BBB is modulated by the natural chaperones Apolipoprotein A1 (ApoA1), which is the major protein component of high-density lipoproteins (HDL). HDL3-cholesterol (HDL3-C, small-sized HDL) is independently associated with an increased risk of myocardial infarction. However, the associated between HDL3-C and mild cognitive impairment (MCI) is still unclear.

Objectives: The aim of this study was to assess the difference in HDL subfraction levels between subjects with AD and MCI.

Methods: A total of 125 subjects who had enrolled consecutively from our Neurology clinic were approved for participation in the study by the Ethics Committee of the National Hospital Organization, Kyoto Medical Center. The diagnosis of AD and MCI was performed by expert neurologists according to Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-V) criteria. Serum HDL subfractions levels were measured using electrophoretic separation of m lipoproteins employing the the Lipoprint™ system in 8 subjects with AD (mean age: 78.3 ± 13.7 years), 4 subjects with MCI (mean age: 77.0 ± 6.1 years), and 9 control subjects (mean age: 77.1 ± 7.0 years). Subfractions from HDL-1 to HDL-4 were defined as HDL2-C, and HDL-5 to HDL-10 were defined as HDL3-C. The differences in values between groups were evaluated using a one-way ANOVA test.

Results: For the scores of the MMSE, the 3 groups differd significantly (AD 19.5 ± 4.4, MCI 27.5 ± 1.3, and Control 30.0 ± 0.0; $P < 0.01$). HDL3-C levels were significantly higher in the subjects with MCI (AD 23 ± 4 *vs*. MCI 36 ± 9 *vs*. Control 22 ± 8 mg/dL; $P = 0.02$, $P = 0.01$), although there were no differences between the groups in HDL-cholesterol and HDL2-C levels.

Conclusion: These finding suggest that HDL3-C levels were associated with MCI.

Disclosure of Interest: None Declared

Care research and practice

Social care systems today and of the future

PO1-211

FACTORS INFLUENCING COMMUNITY RESOURCE UTILIZATION BY FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA

Li-Chan Lin*

Introduction: Patients with dementia can progressively deficits in memory, language, orientation to time and place, and normal ADL skills that can have a detrimental impact on careers, finances, family, and social interactions. The potential benefits of using medical and social resources within a community that may lead to a decreased burden for family caregivers of demented family members.

Objectives: The aim of this study was to investigate the factors associated with community resource utilization by family caregivers of persons with dementia.

Methods: A cross-sectional study was used. Subjects were chosen from the 2012-2013 Dementia Management System of the Department of Health, Taipei City Government. Total subjects were 508, and included 254 elders with dementia and 254 family caregivers. Data were collected during the period from January to July, 2014. Subjects were interviewed using structured instruments, including the Mini-mental Status Exam (MMSE), Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), Caregivers' Burden (sub-scale of Multi-dimension Assessment Instrument for Long-term Care), and Revised Memory and Behavior Problem Checklist (RMBPC). Data on amounts of community resources used were also collected. Obtained data were analyzed using descriptive analysis, Pearson correlation and multiple regression.

Results: The 254 elders with dementia had an average age of 83.33+8.30 years, and 65% were females. The mean age of family caregivers was 61.64±12.49 years, and 57.9% were female. The most common cause of unmet needs was no alternative family caregivers to take care of the person with dementia. There were significant negative correlations among severity of dementia, family caregivers' health status, use of paid nurse's aides, and resource utilization. There were significant positive correlations among ADL, IADL, MMSE, frequency of memory and behavior problems, distress of memory and behavior problems, and resource utilization. After controlling for all other variables, distress of memory and behavior problems and IADL became significant predictors of caregivers' burden. Additionally, MMSE and severity of dementia were dominating factors to predict resource utilization.

Conclusion: The research findings recommend the development of a training program for family caregivers to better manage memory and behavior problems of patients with dementia, which may help ease the stress and burden on family caregivers. In addition, patients with better cognitive function and mild dementia tended to use more community resources. It is recommended to develop more resources for moderate and severe dementia within communities.

Disclosure of Interest: None Declared

Care research and practice

Social care systems today and of the future

PO1-209

WHAT PROFESSIONAL EXPERTS THINK ABOUT FUTURE DEMENTIA CARE AND SUPPORT STRUCTURES IN RURAL AREAS. FINDINGS FROM AN EXPLORATIVE EXPERT SURVEY.

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Introduction: Because of an ongoing rural-urban migration flow, especially by the …young-educated-female“ and the work-seeking population, a downward spiral for peripheral-rural regions is presumed. It is stated, that infrastructural problems can potentiate each other reciprocally causing a double deficit of professional and family 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. Even today there are rural areas in Germany, facing a lack of home and community healthcare and social support structures for persons living with dementia and their family members. This can create significant complications for elderly persons with complex health challenges and their family caregivers in terms of access to medical, nursing and psycho-social help and support structures.

Objectives: There is still a lack within the German-speaking research area when it comes to (socio)spatial differences in general in home and community health care and social support structures and their effects for persons living with dementia and their family members. Using data from the project “DementiaNet CityRegion Aachen” the presentation deals a) with dominant models of rurality and b) analysis of future needs for good dementia care structures in rural areas. Both from the professional experts view.

Methods: The analysis focuses on semi-structured and topic-centered face-to-face interviews with professional “dementia-experts” (n=7). The group of experts had an interdisciplinary structure (e.g. doctors, social workers, pedagogues; representing different field of actors in dementia care and support) to generate differing views. The aim of the survey was to identify dominant concepts of “rurality”, “rural dementia care structures” and “central future challenges”. The analytical process based on the principles of the qualitative content analysis.

Results: The results show that rurality is distinguished in deficit from urbanity regarding four central dimensions (Space, Infrastructure, Demography, Socio-Culture), all having important implications for further developments of care structures. In terms of future challenges, the discourse reveals a field of tensions between the experts guiding principles, marking a fundamental conflict of interest between humanistic and economistic thinking.

Conclusion: The results reflect a major conflict of interest: While on the one hand there is a strong vote to pursuit a bio-psycho-social model of dementia (“needs based/user oriented”), there is at the same time a strong discourse emphasizing the priority of economic principles (“logic of factual constraints”).

Disclosure of Interest: None Declared

Care research and practice

Social care systems today and of the future

PO1-212

FOCUS GROUPS WITH FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA: METHODICAL AND ETHICAL QUESTIONS.

Liane Schirra-Weirich*, Hannah Groeber, Henrik Wiegelmann

Introduction: Because of rising numbers, and thus increasing costs, questions concerning the home care arrangements for people with dementia are getting progressively more attention. In most cases, family members support the person with dementia at home. These so-called caregivers, have high needs for support services, although the utilization is low.

Objectives: The research project "InRegA-Dem" (engl.: utilization and usability of regionalized dementia care service structures") intends to analyse home-care arrangements and the utilization of support services of caregivers and compares between urban and rural areas on a regional level. Needs and barriers of utilization should be identified. Therefore, focus groups with actors taking part in the care for people with dementia will be carried out. Focus groups are a relevant method to identify problems, develop structures and generate knowledge. When working with caregivers there are methodical and ethical challenges to consider, which is focus of this abstract.

Methods: - Literature research: Key words: utilization and usability, constraints and barriers, allocation and access, rural-urban differences; focus groups with caregivers

- Focus groups (n=18) with family caregivers. Topics: analysing relevant perspectives, utilization and usability of support services, barriers, supply gaps

Results: Previous studies identified requirements for focus groups with caregivers of people with dementia. Personal contact, convenient times, personal interest and good physical fitness are factors that can increase participation.

Another study observed that the organisation of focus groups with caregivers of people with dementia can be challenging because of low time resources. There was a positive, helpful working climate but the stress situation was obvious while performing the groups. Participants had a big need to talk (e.g. about problems). Ethical aspects of focus groups were discussed in another study. There is a special vulnerability of caregivers because they provide private information, which has to be considered.

Conclusion: Focus groups can be an important approach for new information. An advantage of focus groups is the exchange between caregivers, the identification of important topics and the diversity of subjects and perspectives. It is crucial to consider ethical and methodical challenges. Results will explain the situation and perspective of people with dementia and their caregivers which is helpful to develop support services more user-oriented. It will help to develop questionnaires (Survey for caregivers and providers providers) for the further course of the project.

Disclosure of Interest: None Declared

Care research and practice

Social care systems today and of the future

PO1-210

THE DATES ANALYSIS OF TELEPHONE COUNSELING RELATED TO DEMENTIA PROBLEM AT THE CENTER OF ALZHEIMER'S ASSOCIATION JAPAN FOR THREE YEARS

Shigeyo Okuno* and Masako Matuminami,Minoru Koshino, Sachiko Katutani,Tomoko Uesaka,Yoshiko Ban

Introduction: 本報告は,AAJ本部における「電話相談」活動について2013～2015年度３年間（以下,3年間,各年度を13,14,15年と表記）の10,005件のデータの実態を明らかにし,相談者の相談内容の特徴,課題を検討する.

Objectives: AAJ本部が行っている認知症に関連した電話相談の実態を明らかにし,相談者の相談内容の特徴,課題を検討する.

Methods: ３年間に受信した相談10,005件.分析は,3年間の電話相談件数と相談者および要介護者の属性,本部独自の分類による相談内容（大分類7,小項目58）の実態について,記述的,クロス集計し分析する. 統計ソフトは,SPSSver18を使用.

Results: １．受電件数の概要： 受電件数(月平均)は,13年3,323(277)件,14年3,489(291)件,15年3192(266)件である.具体的に電話機２本による１日平均の受電は,12～13件である**.** 相談時間は,13年が31.2（SD.17.4）分,14年が28.9(SD.16.8)分,15年が29.0（SD.16.6）分であり,女性のほうが男性よりも長い傾向にある. 会員からの相談は,13年が4.4%,14年が4.0%,15年が2.9%であり,殆どが非会員からである. 受電範囲は,47都道府県からあり,3年間共に東京が最も多く,次いで大阪からである.

2. 相談者・要介護者の属性： 相談者の性は,3年間共に女性が80%を越えている.相談者と要介護者の続柄は,上位から3年間共に実母（42.5～46.2%）が最も多く,次いで実父,夫,義母,義父,本人と続いている**.** 要介護者の性/年齢は,女性の場合13年が64.0%/80.4（SD.8.0）歳,14年が76.3%/80.0(SD.8.3)歳,15年が65.7%/80.9（SD.8.3）歳である.要介護者は,女性が過半数を占め,女性が80歳を超えており,男性よりも2歳程度高齢である. 受診率は,13年が65.8%,14年が69.6%,15年が69.7%である.診断名は,3年間共にアルツハイマー型認知症が約60%で最も多く,年毎に前頭側頭型,レビー小体型認知症の増加傾向が見られる.介護度（要支援：要介護）は,13年（7.3%：50.2%）,14年（5.4%：52.1%）,15年（5.0%：54.8%）であり,要支援が減少し,要介護が増加傾向にある.また未申請は,３年間共に約30%である.利用サービスは,３年間共に通所サービスが約20%を超え他のサービスに比べ多い.サービス未利用は,3年間共に40%前後である.

3. 相談内容の特徴： 相談内容の累計総数は,13年が6,172 件,14年が6,259件,15年が5,855件である.受電件数から算出すると3年共に一人の相談者は,平均2項目の相談内容(悩み)を抱えていることになる. 累計総数を大分類した**7**項目では,3年共に多い順から「A.認知症の症状・対応」「C.相談者の心身」「B.人間関係」「F.医療関係」「D.諸サービスと利用」（14,15年逆転）「E.経済的な悩み」「G.その他」である. さらに累計総数を詳細に分類した**58**項目では,上位から見ると3年間共に1位が「29.話や気持ちを聴いて欲しい」であり,2･3･4･5位が「1.物忘れ」「25.家族・親族との関係・葛藤」「30.介護方法・工夫」「9.妄想（物とられ,嫉妬など）」の5項目で占められている.相談内容(悩み)58項目で最も少ないのは,「46.要介護者（本人）の就労」である. **58**項目の上位**5**項目の特徴の3年間の傾向は,まず要介護1,2のものが約50～80%と過半数を占めている.次に,相談者との続柄は,「実母」の回答が約40～57%を占めている.さらに「未受診のもの」は,「47.受診の工夫」約81～86%,「48.医療機関の探し方,紹介」約60～67%のように高率である.

Conclusion: AAJ本部電話相談は,47都道府県から,また圧倒的に非会員からの受電である.相談者は,平均2項目の相談内容を抱えている. 相談内容の特徴から推測できることは,「介護度1･2度の要介護者を抱えている相談者は,特有の多様なBPSDに伴う介護上の悩みや負担感を抱えている」「実母を介護する娘は,周囲のサポートを得にくい事情があるのか,また母娘関係・兄弟姉妹関係にも悩んでいる」「本人や家族は,認知症の診断を受けることに抵抗感や拒否感があり,また身近に相談・受診できる医師をはじめとする専門職の不足や不適切な対応に悩んでいる」などである. 今後は,要介護度1･2度の認知症の人と家族への支援,実母を介護する実娘への支援,受診･非受診による相談内容や受診拒否の背景の分析・検討により受診率を高める対策や啓発活動などに関し,政策や関係機関への発信と共に相談員の相談への対応力,質の向上がさらに求められる. AAJ本部電話相談事業は、住友生命保険相互会社の支援助成により実施された。

References: 公益財団法人認知症予防財団　FPD：「認知症１１０番」で見る日本の介護事情-調査報告書（改訂新版）,2015.3,東京都.

Disclosure of Interest: None Declared

Care research and practice

Social care systems today and of the future

PO1-213

THE INVESTIGATION OF TELEPHONE COUNSELING RELATED TO DEMENTIA PROBLEM FOR 47-ALL PREFECTURE'S BRANCH AND CENTER IN ALZHEIMER'S ASSOCIATION JAPAN

Shigeyo Okuno* and Masako Matuminami,Minoru Koshino, Sachiko Katutani,Tomoko Uesaka,Yoshiko Ban

Introduction: AAJの「電話相談」では,2016年度から47都道府県の支部と本部で相談記録の新入力フォーマットを使用している.全国から得られるデータは,AAJの「電話相談」の全体像が明らかになり,AAJの活動を見直し、また政策や関係機関への貴重な資料になると考える.本報告は,2016年4～7月の相談内容について実態をまとめる.

Objectives: AAJの支部と本部の電話相談の実態を明らかにし，AAJが果たしている役割と今後のあり方を検討する.

Methods: 2016年4～7月に受電した相談2,582件をもとに，電話相談の実態を分析する．但し,分析は,47都道府県のうち入力済みの32支部（15支部は未入力）と本部（47都道府県から受電）のデータについて支部と本部の比較を行う.統計ソフトは,SPSSver18を使用,検定は,t検定,ｶｲ二乗検定し有意水準5%とする.

Results: 1．受電件数の概要： 総受電件数**2,582**件の内訳は,支部1,590 (61.6%)件,本部992件（38.4%）である. 相談時間は,全体で平均28.3（SD.18.1）分であり,支部27.6(SD.18.7)分の方が,本部29.3(SD.17.0)分よりやや短い. **AAJ**の会員からの相談は,全体で272人（11.0%）であり殆どが非会員である.会員からの相談は,支部244人（16.1%）の方が,本部28人（2.9%）より有意に多い.

2．相談者の属性： 相談者の性は,全体で男性536（20.8%）,女性2,038(79.2%)である.女性は,支部75.9%,本部84.5%で,共に男性よりも有意に多い. 相談者と要介護者の続柄は,全体で上位から実母（65.7%）が最も多く,次いで実父,夫,義母,義父,本人である.この順は,支部,本部に有意差がない. 相談者が「主介護者である」の回答は,全体で67.6%,支部68.9%,本部65.7%で, 有意差がない. 相談経路は,設定した12の経路のうち「インターネット」36.6%で最も多く,支部24.3%よりも本部58.4%のほうが有意に多い.

3．要介護者の属性： 要介護者の性は,全体で男性819（31.7%）,女性1,719(66.6%),無記名44（1.7%）である.年齢は,全体で男性78.0 (SD.9.8)歳,女性81.0(SD.8.6)歳である.要介護者は,女性が過半数を占め,女性の方が男性よりも約3歳高齢である.この傾向は,支部と本部に有意差がない. 居住状況は,全体で相談者と同居46.5%,別居53.5%である. 同居率は,支部52.0%の方が本部38.3%より有意に高い.また独居率は,支部12.8%,本部17.0%で,有意差がない. 受診率は,全体で75.4%であり,支部76.0%,本部74.5%で有意差はない. 診断名の上位**3**は,全体でアルツハイマー型54.1%が最も多く,脳血管性型6.6%,レビー型6.3%である.支部は,アルツハイマー型,レビー型,脳血管性型の順である.一方本部は,アルツハイマー型,脳血管性型,レビー型の順である. 介護度は,全体で要支援1,2が7.1%,要介護1,2が32.6%,要介護3,4,5が24.3%である.支部：本部の比較では,要支援1,2が（8.3%：5.7%）, 要介護1,2が(30.4%：35.7%),要介護3,4,5が(26.5%：21.4%)である.支部は,本部より要支援,要介護3,4,5が多く,要介護1,2が少ない傾向にある. 利用サービス（**11**項目設定）は,全体で「3.通所サービス」26.6%で最も多い.支部と本部の比較では,有意差はない.

4．相談内容と対応： 相談内容は,累計総数**4,378**件である.受電件数2,582から算出すると一人平均1.7件で,約2件となる.累計総数を７大分類した結果は,上位から「C相談者の心身」27.0%,「A-1認知症のめだつ症状」22.9%,「C人間関係」14.0%,「Dサービス利用」13.9%,「F医療関係」9.4%,「A-2認知症の生活障害」8.3%,「E経済的悩み」2.3%,「Gその他」2.2%である.大分類の組み合わせ（例：A-1BC）は,全体で92ﾊﾟﾀｰﾝあり,支部の90ﾊﾟﾀｰﾝの方が本部の57ﾊﾟﾀｰﾝより多様である.さらに累計総数を**56**項目に細分類した上位３は,「28.話や気持ちを聴いて欲しい」27.3%,「1.物忘れ」13.1%,「24.家族・親族との関係・不満・葛藤」10.4%である.これら3項目は,支部より本部が有意に高率である. 対応（**12**項目設定）の上位３は,全体で「6.精神的支援」40.8%,「3.症状への対応」21.7%,「1.認知症の情報提供」13.3%である.支部は,「6.精神的支援」が本部より有意に高く,「3.症状への対応」「1.認知症の情報提供」が有意に少ない.対応の組合わせ（例：1･4･6･7）は,全体で298ﾊﾟﾀｰﾝあり,支部の283の方が本部の118より多い.

Conclusion: 相談経路は,特に本部の場合約半数がインターネットである.またAAJの電話相談は,約90%の不特定多数の非会員からであり,社会的貢献度が高い. 要介護者は,同居・別居に関わらず娘の介護を受ける高齢の母親が多い.母娘間であるがゆえに生じる介護ストレスの緩和について検討が必要である. 相談者は,一人約2件の相談内容を抱えており,特に支部は,悩みや対応のパターンも多様である.支部は,身近な生活圏内の相談者へより個別的対応が求められているのか,本部との違いを検討する必要がある. AAJの電話相談入力フォーマット作成事業は、公益財団法人キリン福祉財団の支援助成により実施された。

References: 湯原悦子,尾之内直美,伊藤美智子他：認知症の人を抱える家族を対象にした電話相談の役割-認知症の人と家族の会愛知県支部が行う電話相談5,300件の分析から-,日本認知症ケア学会誌,vol9no1,30～43.

Disclosure of Interest: None Declared

Care research and practice

Social care systems today and of the future

PO1-208

CRAFTING A SOCIAL SPACE FOR DEMENTIA CARE: GOVERNMENT REGULATIONS AND THE ORGANISATIONAL RESPONSE

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Objectives: Population ageing, an increasing focus on dementia as a key policy and health priority, and the growth of mixed welfare economies, has prompted renewed interest in the governance and regulation of aged and dementia care. While much focus has been directed towards care policies and systems on the one hand, and the practice of care on the other, few attempts have been made to understand how organisations providing dementia care services respond to the regulatory environment. This is an area of critical importance, one that can potentially bridge the gap between care practice and care governance, and provide a more detailed account of innovation and risk in dementia care settings. The following paper reports on research conducted as part of the Australian National Health and Medical Research Council-funded Cognitive Decline Partnership Centre on the role and effects of regulation on aged care services for people with cognitive decline. It draws on data generated from a series of in-depth interviews conducted across three levels of aged and dementia care organisations–senior managers, facility managers and direct care workers (54 in total)–to reveal through thematic analysis the different ways regulation creates social spaces for the conduct of care. The discussion presents specific examples on how regulation is variously understood and applied at different levels of the organisation, and details the various organisational approaches and strategies developed in response to regulatory rules and to manage the interface with regulatory agencies. It shows how organisations seek to balance the specific needs of people living with dementia in residential care, innovation and regulation, a balance often represented as that between homelike and worklike environments. The culture of organisations, it is argued, plays a key role in translating regulation into action, linking care practice and care governance, supporting flexible care routines and promoting the choice and rights of care recipients. The paper concludes by presenting a series of policy and practice recommendations, developed in collaboration with key aged and dementia care stakeholders, and with the aim of improving the management, quality and experience of dementia care.

Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

PO2-411

DETECTING COGNITIVE IMPAIRMENT WITH THE FOUR SQUARE STEP TEST

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Introduction: Growing evidences have shown that people with cognitive impairment were associated with balance dysfunction. Four Square Step Test (FSST), which involves multidirectional stepping over obstacles and sequence memory, is a valid balance test in older adults and people with neurological diseases. FSST may be also a valid balance test in people with cognitive impairment.

Objectives: The aims of this study were (1) to explore the correlation between FSST and cognitive function, and (2) to investigate using FSST to detect the cognitive impairment in the community-dwelling adults.

Methods: This study was a cross-sectional descriptive design. Inclusion criteria of subjects were age > 50 years old, community-dwelling and without systematic diseases that could significantly affect their walking ability. All participants received FSST and Mini-Mental Status Examination (MMSE). MMSE was used to assess the general cognitive function. The score of MMSE below 24 was defined cognitive impairment. Pearson correlation analysis was used to evaluate the correlation between FSST and MMSE. The receiver operating characteristic (ROC) analysis was used to determine the optimal cutoff value in detecting cognitive impairment.

Results: Thirty-four community-dwelling adults (age: 77.3 ± 8.7, 4 male and 30 female) participated in this study. The mean of educational level was 7.4 ± 4.7 years and MMSE score was 18.2 ± 7.6. Strong negative correlation was found between FSST and MMSE (r=-0.82, $p < 0.05$). The optimal cutoff value of FSST for cognitive impairment was 10.3 sec. According to this value, the sensitivity was 0.83, specificity was 0.80, and area under the curve (AUC) was 0.91.

Conclusion: FSST, which involving movement and sequence memory, is highly correlated with cognitive function. The poorer cognitive function, the slower FSST completed time. FSST has high sensitivity and specificity to detect cognitive impairment in community-dwelling adults. Clinical staffs can use FSST to early detection cognitive impairment quickly and accurately in community-dwelling adults.

Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

PO2-412

UNDERSTANDING THE IMPACT OF SOCIALISATION ROBOTS ON THE SOCIAL ENGAGEMENT OF OLDER ADULTS WITH COGNITIVE DECLINE

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Objectives: The primary objective of this study is to investigate the impact of a socialisation robot on the social engagement of older adults with cognitive decline, residing in residential aged care facilities in Australia. The secondary objective of this study is to explore staff attitudes to the use of robot technology within the Australian residential aged care context.

This study uses the Zorabot, an interactive, humanoid robot that functions as a socialisation robot. This study is being conducted across three facilities, two will facilitate Zorabot activities and the third is a control. A mixed methods convergent parallel design is being utilised and qualitative and quantitative data is being collected from residents and staff. The Pool Activity Level (PAL) tool is being used to determine resident engagement in activities to compare standard activity programs with Zorabot activities.

The intervention stage of the project is currently underway, preliminary results from staff focus groups and staff surveys suggest mixed opinions towards the use of socialisation robot technology in residential aged care. Twenty-nine percent of staff completing a pre survey responded 'not decided' when asked if humanoid robots can be useful for caring for the elderly and disabled.

Currently the outcomes of socialisation robots on resident engagement have not been analysed as resident data collection began a short time ago, however initial resident reactions to the Zorabot have been positive. Initial results suggest that staff have varying views of socialisation robot technology in aged care. All results will be presented at the conference.

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Care research and practice

Technology and dementia

PO2-414

BEST EVIDENCE FOR PROVIDING SPONTANEOUSLY ACCESSIBLE INFORMATION AND COMMUNICATION TECHNOLOGY-BASED SUPPORT FOR PEOPLE WITH DEMENTIA AND THEIR INFORMAL CAREGIVERS

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Introduction: Use of ICT (Information and Communication Technology) such as telephones or the internet has been widely explored in the provision of care delivery for people with dementia and their informal caregivers. As a part of a large study, this presentation addresses preliminary findings of evidence review concerning the available, effective and feasible support strategies using ICT for people with dementia and informal caregivers. The review specifically examined papers reporting on programs delivered via ICT that people with dementia or informal caregivers can spontaneously access, while seeking information required for: firstly, decision-making; or secondly, seeking available formal or informal support at any stage of dementia.

Objectives: To determine best evidence for providing spontaneously accessible ICT-based support for people with dementia and their informal caregivers

Methods: Comprehensive Systematic Review method developed by the Joanna Briggs Institute was employed. Due to the limited number of rigorous randomized controlled trials, other study designs were also considered for inclusion.

Results: Of the 29 included papers, only three were randomized controlled trials. The majority of included papers utilized a descriptive program report design, followed by quasi-experimental studies, qualitative studies, mixed method studies and validation studies . A strong preference for using the internet rather than telephone emerged and the majority of programs used the internet alone or in combination with the telephone. Most reported programs aimed to provide support for informal caregivers, while a few programs targeted both informal caregivers and people with dementia. The most commonly reported programs included online forums or online support groups for informal caregivers providing opportunities to discuss and share their unique needs and challenging experiences with other informal caregivers and/or health care professionals. Other programs included providing self-dementia risk assessment tools, telehealth service that users can access as and when needed and information websites.

Conclusion: Despite the increasing importance and potential of ICT in the area of dementia care, only a limited number of high quality papers was identified in evaluating ICT-based programs for people with dementia and informal caregivers. More studies are urgently needed using a rigorous study design to build a strong evidence base for providing spontaneously accessible ICT-based programs for people with dementia and informal caregivers.

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Care research and practice

Technology and dementia

PO2-417

DEVELOPING A WEB-BASED PLATFORM FOR PEOPLE LIVING WITH DEMENTIA AND THEIR CAREGIVERS: A USER-PARTICIPATORY STUDY.

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Introduction: Due to the increasing number of people living with dementia (PLWD), research has explored low cost-effective interventions, such as web-based interventions, to address the needs of PLWD and their caregivers, and to reduce the cost of care (Blom et al., 2013).

Objectives: This study is part of a larger European project, in which Italy, Spain, France, United Kingdom and Greece aim to develop a web-based platform (CAREGIVERSPRO-MMD) to improve the quality of life of PLWD and support for caregivers. The present study explores the needs of PLWD and caregivers, and used their insight to develop the web-based platform.

Methods: This platform aims to provide services based on social networking, self-administered health-monitoring questionnaires, a medication information and reminder system, and input-guided educational material. It will also incorporate gamification to motivate and reward users' engagement with the platform. PLWD, caregivers and healthcare professionals were presented with video demonstrations of the platform, were able to access and use the platform and participated in focus groups or individual semi-structured interviews to share their thoughts about the current version of the platform. The web-based platform was further developed based on participants' responses, and a second study followed to confirm that the platform meets their needs.

Results: Results from both stages of this study are expected to reveal PLWD and caregivers' preferences and needs for the platform. The first study revealed PLWD and caregivers' value social network and information on local resources; however, there are concerns about ethical issues when sharing personal information online.

Conclusion: The findings from this study show how users' involvement in the development of a web-based intervention can help designers develop a platform with which PLWD and caregivers will be engaged.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 690211.

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Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

PO2-416

INTERNET BASED INTERVENTIONS FOR PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS; A SYSTEMATIC REVIEW, META-ANALYSIS AND FUTURE PERSPECTIVE

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Introduction: Dementia poses a considerable socio-economic burden to society. Care needs progress throughout disease course, and on a global scale informal care predominates, exerting significant long-term stresses on those caring. Supporting carers is of substantial public health interest but effective, scalable interventions are currently lacking. Here we present the results from our review of existing literature on internet-based interventions to assist carers of people with dementia.

Objectives: We undertook a systematic search and meta-analysis to update existing knowledge of the field.

Methods: We undertook a systematic search to identify update existing knowledge of the field. Our primary outcomes of interest were mental health and caregiver burden/perceived stress. Our secondary outcomes of interest included; knowledge skills, quality of life for carers, quality of care, challenging behaviour, coping and self-efficacy. Wherever possible we undertook random effects meta-analyses to explore data in a quantitative manner.

Results: Our search has identified 30 studies testing internet-based interventions for carers of people with dementia, of which eight were randomised control trial (RCT) design. We will summarise current intervention designs across all studies and indicate the online interventions involved. For RCT studies we will summarise each in terms of methodology and quality, and also present our meta-analysis results.

Conclusion: There has been continued interest in the utility of Internet based interventions to support caregivers, but to date, few trials have used randomised control design. The strengths and weaknesses of published articles in the field will be discussed including using quality measures from trial design and public health. Further using these data, we will outline where research could go next, including the need to tailor interventions to individuals' needs and a need to conduct RCT studies in this area within lower and middle-income country settings.

Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

PO2-418

ACTIVE@HOME: PLAYFUL FLEXIBLE MULTIMODAL DAILY TRAINING, MOBILE MULTISENSORY DIAGNOSTICS AND RECOMMENDER SYSTEM WITHIN A SOCIAL NETWORK OF PEOPLE WITH DEMENTIA

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Introduction: Living at home with adequate care is a key objective for persons with dementia. Most therapies exclusively stimulate cognitive processes but studies clarified that locomotion and social activity positively impacts the progress of dementia (Luttenberger et al., 2012). Highly challenging is daily motivation to perform the multimodal exercise.

Objectives: In the project Active@Home (AktivDaheim), a serious game was developed for multimodal training performed by carer and clients. Key element is an interactive mat that performs sensing about a board game type interaction being performed at social events of people with dementia. Sensed data provide indications for tuning of weekly playful training sessions at home facilitated by informal carer using easily configurable services on a Tablet PC.

A key problem in developing knowledge about dementia is lack of data about mental processes as they evolve over time. Eye tracking data was applied for non-obtrusive sensing and daily monitoring of dementia profiles.

Methods: An anti-saccade measuring paradigm was used for the analysis of eye movements that were captured during playing the Tablet PC based training units. The paradigm is known to detect impulse control problems as they occur in executive function related neurodegenerative diseases such as in Alzheimer (Crawford et al., 2005).

Additional data were achived from the analysis of picture comparison following the approach of (Lagun et al., 2011).

Results: In a 1 month study (4 training sessions) with 15 participants excellent user feedback with high motivation to continue the use of the prototype was collected.

Fusion of antisaccadic and visualspatial memory defects showed the best performance for a classifier that was able to discriminate the eye movement features of non-dementia users (MMSTE = 30 avg.) from those of users with dementia being within the first stage of the disease (MMSTE = 25 avg.).

Conclusion: The prototype with 20 multimodal training units personalises for daily requirements. The Active@Home serious game and its sensing diagnostic toolbox offer affordances for entertaining, measuring and analysis of behavioral parameters, to enable people with dementia to stay longer at home and slowing down the progress of disease.

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Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

PO2-415

INTERACTIVE APP BASED PLATFORM SERVICE FOR DEMENTIA CARE

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Introduction: The incidence of dementia tends to explosively increase with the advent of an aging society worldwide. Patients with dementia usually need to be assisted in the activities of their daily living. Therefore, caregivers should take care of their patients with dementia 24 hours a day, 7 days a week, which may put a huge burden on them.

Objectives: We plan to develop the platform and the mobile application for caregivers and patients with dementia. This study was conducted to development and to assess efficacy of therapeutic Intervention programs for CAREgivers of patients with dementia (I-CARE) using APP platform.

Methods: following four features: 1) medical information related to dementia and dementia care; 2) home-based managing strategies to handle such patients' abnormal behaviors, based on experts' opinion; 3) personalized health service about biosignals such as physical activity and sleep, based on the data made available from wearable devices; and 4) the stress control program designed to reduce the stress burden of caregivers. The subjects included 12 treatment group (5 men, 7 women; mean age 71.00±9.68 years, mean education 9.15±4.83 years) and 9 control group (9 women; mean age 61.66±9.20 years, mean education 10.55± 5.12 years) which are caregivers of mild to moderate dementia of AD. The team used standard protocols to treat behavioral and psychological symptoms of dementia and stress management.

Results: In comparison between baseline and follow up, the treatment group using APP platform was observed tendencies ZBI decline about 6 points (40.75±15.78 34.25±15.96) while the control group ZBI has increased about 3 points (44.22±19.19 47.88±10.98). However, there were no significant changes in the other outcome measures. By developing this service, we expect to 1) decrease the healthcare cots spent on unnecessary medical services for dementia patients; 2) reduce the burden of caregivers; 3) prevent unexpected accidents related to patients using monitoring biosignals; and 4) reduce socioeconomic differentials in access to medical services.

Conclusion: The results showed that there is a tendency to reduce the caregiver's burden by using APP platform program. However, the number of subjects completed is not enough, thus larger sample size will be required to confirm the effect of the program.

Disclosure of Interest: None Declared

Care research and practice

Technology and dementia

PO2-413

DEMENTIA ASSESSMENT TOOLS: OBSERVATIONAL APPROACH FOR SUBTLE PHYSIOLOGICAL AND BEHAVIOURAL PATTERNS

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Introduction: Based on previous literature and our preliminary results, we anticipate that there will be a pattern of behaviours and physiological measures that are associated with agitation in persons with dementia within the setting of a dementia care unit. Detection of subtle physiological and behavioural patterns associated with agitation variables are integrated into a technological system for detecting agitated behaviours. This system machine-learns and detects subtle physiological and behavioural changes so caregivers can be alerted to try to deescalate agitation of person with dementia. Phase 2 of the study, *Detection of agitation in people with dementia using multimodal sensors: towards a predictive system*, includes a comparison of the predictive system with clinician assessments through observations of recorded video vignettes.

Objectives: This paper will review key dementia assessment tools that will inform our choice of use for the assessment of physiological and behavioural patterns associated with agitation during clinician direct observations of recorded video vignettes.

Methods: A search of major dementia assessment tools was completed. Twenty-five applicable dementia assessment tools were found and one was chosen. Adaption of the dementia assessment tool was completed for use by clinicans during observations of recorded video vignettes.

Results: A pilot of the dementia assessment tool was completed with experienced clinicians in the dementia field and inter-rater reliability was performed. The dementia assessment tool will be used to compare the predictive system.

Conclusion: It is anticipated that the predictive system will be able to detect subtle changes and alert caregivers of the development of agitation by the person with dementia. This alert will assist caregivers so de-escalation interventions can be implemented to decrease agitation. Verification of the system for detecting agitated behaviours will be positively comparable with clinician assessments of video vignettes when a person with dementia is becoming agitated.

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Disclosure of Interest: K. Newman Conflict with: Ryerson University, Alzheimer's Society Research Program, Conflict with: Ryerson University, Conflict with: Ryerson University, L. Schindel-Martin Conflict with: Ryerson University, Conflict with: Ryerson University, A. Iaboni Conflict with: University Health Network, University of Toronto, A. Mihailidis Conflict with: University Health Network, University of Toronto, Conflict with: University of Toronto, A. H. Wang Conflict with: Ryerson University, Alzheimer's Society Research Program, S. Khan Conflict with: Alzheimer Society Research Program, AGE-WELL NCE, University of Toronto, B. Ye Conflict with: Alzheimer Society Research Program, Conflict with: University Health Network, University of Toronto

Well-being

PO2-423

“REMEMBERING YESTERDAY, CARING TODAY” (RYCT) SOCIAL ENGAGEMENT THROUGH CREATIVE REMINISCENCE ARTS PROJECTS FOR FAMILIES LIVING WITH DEMENTIA

Pam Schweitzer*

Objectives: For 20 years, the European Reminiscence Network has been creating and developing an international project entitled “Remembering Yesterday, Caring Today”, focusing on reminiscence in dementia care. Partners across 12 countries cooperate in action research projects supported by the European Union to develop best practice. We work with family carers and people with dementia together, aiming to honour this central relationship. We set up groups of families who are living with dementia, and work with them over a six-month period. The groups meet weekly and in the course of these meetings we explore key moments in their lives. We use a variety of approaches including music, dance, drama, visual art and practical activity. Focusing on the remaining skills and the intact recall of the people with dementia, rather than on their deficits, we can support participants’ sense of identity and social confidence. We lay special emphasis on non-verbal approaches to promote communication and social inclusion. Through the course of these sessions, people with dementia and their family carers strengthen their mutual appreciation and affection and gain new confidence to function socially together with others. We also offer support to family carers to use imaginative ways to stimulate and engage their loved ones at home and between sessions. We often work towards end-products, such as life story books, wall-hangings or memory boxes for families to keep.Since 2013, we have developed a training and apprenticeship scheme for people wishing to qualify in this field and to develop services in their respective countries. A 2-day training scheme, common to all partner countries, is followed by an extended period of 12 weeks’ attachment to a group of families following the ‘Remembering Yesterday, Caring Today’ project. Under skilled leadership, apprentices observe and take direct part in creative reminiscence sessions, and reflect on the experience in a written essay.Pam is now undertaking research concerning reminiscence arts work in Japan.Keywords: Reminiscence, Identity, Remembering, Creativity, Sociable, Fun, Spontaneity, Personal, Life story, Self-expression, Acceptance, Appreciation

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