25th International Conference of Alzheimer's Disease International
10-13 March 2010
Thessaloniki, Macedonia, Greece

DEMENTIA: MAKING A DIFFERENCE

Alzheimer's Disease International aims to raise global awareness about dementia. The 25th International Conference of Alzheimer's Disease International is targeted at medical professionals, researchers, family and professional carers and people living with the disease. Anyone touched by Alzheimer's Disease and other dementias will benefit from attending. The variety of people attending is what makes this conference truly unique.

REGISTER YOUR INTEREST TO RECEIVE REGULAR CONFERENCE UPDATES

www.adi2010.org

Online registration opens 1st June 2009
Online abstract submission opens 2 May 2009 and closes 30 September 2009

"Dementia : Engaging Societies Around the World"

PROGRAMME and
ABSTRACTS Handbook

25 - 28 MARCH 2009, SINGAPORE

Jointly Organised by:
Dear Friends and Colleagues,

It is with our great pleasure that we welcome you to the 24th Conference of Alzheimer’s Disease International (ADI) in Singapore. “Dementia: Engaging Societies Around the World” is jointly organised by Alzheimer’s Disease International (ADI) and Alzheimer’s Disease Association, Singapore (ADA).

ADI’s annual conference is the only one in the world that brings together scientists, clinicians, care professionals, family carers, volunteers and people with dementia. This multidisciplinary event will provide a unique opportunity to examine achievements and priorities in Alzheimer’s research, innovative techniques in the management and care of people with dementia, identify policy issues affecting people with dementia and feature training workshops for Alzheimer associations.

As the federation of 77 member Alzheimer’s associations worldwide, ADI is raising awareness about the global impact of dementia and calls for recognition of dementia as a global health priority. We live in a world where there is one new case of dementia every seven seconds and worldwide costs for dementia care are US$ 315 billion annually. This number will rise dramatically as the number of people with dementia are projected to escalate from 30 million to 100 million by 2050.

With this conference we have an opportunity to engage all societies around the world and truly make dementia a global health and social priority. Each day there will be a focus on 2 themes. On the first day we will look at Engaging Society and People in Dementia, which will include personal stories from a person with dementia and a family carer. On the second day we will look at Engaging Science and Creativity in Dementia, learning more about new treatments and research and looking at different ways in caring and the benefits of the use of arts. On the last day we will focus on Engaging Quality Care in Dementia, on how we can improve the lives of people with dementia and all those involved in their care.

This event is an opportunity to engage and make friends with people across the world, whilst enjoying the delights and hospitality that the beautiful island of Singapore has to offer. We hope that after the conference you return home inspired to continue to work to improve the lives of all those touched by dementia now and in the future!

Dear Friends and Colleagues,

On behalf of the Alzheimer’s Disease Association, it is my pleasure to welcome you to Singapore to the 24th Conference of Alzheimer’s Disease International.

The theme of the conference ‘Dementia: Engaging Societies Around The World’ revolves on the word ‘Engagement.’ The conference logo, built on this theme, illustrates a global outlook; the twirls symbolising the interaction and engagement of the various societies coming together to a single point (the red dot) which represents Singapore. The conference theme is carried through in the Parallel Sessions: ‘Engaging People’, ‘Engaging Science’ and ‘Engaging Quality Care and Creativity’.

As in all ADI conferences where the aims are to raise global awareness about dementia and provide delegates a platform for networking, sharing of experiences and learning about the latest advances and best practices in dementia research, treatment and care, I hope that the Singapore conference will engage, enrich and inspire you to achieve a better quality of life for people with dementia and their caregivers.

Welcome to Singapore and we wish delegates an enjoyable and fruitful conference and stay.

Dr Daisy Acosta
Chairman
Alzheimer’s Disease International

Dr Ang Peng Chye
President
Alzheimer’s Disease Association, Singapore
Chairman, Local Organising Committee ADI 2009

Jointly Organised by :

Conference Venue : Suntec Singapore

Supported by :

Held in : Singapore University

Conference Secretariat & Housing Bureau :

Dr Daisy Acosta
Chairman
Alzheimer’s Disease International
Alzheimer’s Disease International (ADI) is the international federation of 77 Alzheimer associations. It was founded in 1984 as a network for Alzheimer associations around the world to share and exchange information, resources and skills. ADI is based in London and is registered as a non-profit organisation in the USA. ADI has been in official relations with the World Health Organization since 1996. Each member is the national Alzheimer association in their country who support people with dementia and their families. ADI’s mission is to improve the quality of life of people with dementia and their families throughout the world.

ADI works to strengthen its member organisations with materials and publications as well as continued practical and financial support so they are better able to meet the needs of people with dementia and their carers.

ADI was established in 1984 with 4 founding members. 25 years later ADI is now an internationally recognised organisation with a range of activities and events.

ADI holds an annual international conference which is the longest running international conference on dementia. The conference is a unique multi-disciplinary event which unites people with an interest in dementia from around the world.

ADI also runs the Alzheimer University, a series of practical workshops aimed at helping staff and volunteers of Alzheimer associations build and strengthen capacity and develop their organisations.

World Alzheimer’s Day, celebrated on September 21 each year, was launch in 1994 with the support from the World Health Organization. It is an opportunity to raise global awareness about dementia and its impact on families and the important work of ADI members throughout the world. ADI coordinates World Alzheimer’s Day and provides ADI with materials to help them organise their own events.

ADI supports the 10/66 Dementia Day Care Centre in Singapore in 1991 with the setting up of New Horizon Centre (Toa Payoh). Since then, it has set up two more Dementia Day Care Centres and will be setting up its fourth Centre by early 2009. The Day Care Centres also provide volunteering activities for students, homemakers, refinees and corporations and training attachments for nursing, medical, occupational therapy and social work students.

ADI also runs a Caregiver Support Service providing Information and Referral, training programmes on dementia care for family caregivers and domestic helpers, a Helpline, Counselling, Caregiver Support Groups (in English, Mandarin and Malay) and a Safe Return Programme.

ADI’s Public Education programmes on dementia awareness include talks, forums and exhibitions targeted at the public, caregivers, employees, senior citizens and students. They are conducted in Community Centres, public libraries, hospitals, Eldercare Centres, schools, offices and shopping malls. It also works closely with the media in providing information and stories on dementia and caregiving.

Besides its initiatives in dementia day care and caregiver support, ADI’s other initiatives include the Early Dementia Programme, training in Person Centred Care and Dementia Care Mapping.

ADI’s collaborations with ADI include hosting the 1st and 2nd Asia-Pacific Regional Conferences of ADI in 1999 and 2000 respectively and the Alzheimer University Training programme in 2005 held in Singapore.

The Alzheimer’s Disease Association (ADA) was formed in 1990 as a result of growing concern for the needs of people with dementia and their families. ADA is a voluntary welfare organisation and is made up of caregivers, professionals and all who are interested in dementia.

ADA piloted the first Dementia Day Care Centre in Singapore in 1991 with the setting up of New Horizon Centre (Toa Payoh). Since then, it has set up two more Dementia Day Care Centres and will be setting up its fourth Centre by early 2009. The Day Care Centres also provide volunteering activities for students, homemakers, refinees and corporations and training attachments for nursing, medical, occupational therapy and social work students.

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Besides its initiatives in dementia day care and caregiver support, ADA's other initiatives include the Early Dementia Programme, training in Person Centred Care and Dementia Care Mapping.

ADA shares its expertise in dementia care with local eldercare services and with other Alzheimer’s Associations regionally through collaborations in providing staff attachments, conducting training workshops and research projects.

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<table>
<thead>
<tr>
<th>Time</th>
<th>Room</th>
<th>25 March 2009 Wednesday</th>
<th>Keynote 2 : Engaging Society in Dementia</th>
</tr>
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<tbody>
<tr>
<td>0815 - 0945</td>
<td>Ballroom 2 &amp; 3</td>
<td>Council Meeting (ADI Members Only)</td>
<td>Speaker: Martin PRINCE (United Kingdom)</td>
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<tr>
<td></td>
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<td>(0900 - 1030)</td>
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<td>Room 325 / 326</td>
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<tr>
<td>0945 - 1030</td>
<td>Ballroom Foyer</td>
<td>Coffee/Tea Break</td>
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<tr>
<td>1030 - 1200</td>
<td>Ballroom 2</td>
<td>Support for Family Caregivers</td>
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<td>Room 325</td>
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<tr>
<td>1215 - 1345</td>
<td>Ballroom 3</td>
<td>Lunch</td>
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<tr>
<td>1345 - 1515</td>
<td>Ballroom 2</td>
<td>Behaviours that Challenge</td>
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<td>Room 325</td>
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<td></td>
<td></td>
<td>Room 326</td>
<td>ADI Workshop Dementia Care in the Asia Pacific Region</td>
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<tr>
<td>Registration Desk is open from 1400 - 1700</td>
<td>Ballroom Foyer</td>
<td>Coffee/Tea Break</td>
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<td>(1700 - 1830)</td>
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<td>Room 325</td>
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<tr>
<td>1515 - 1600</td>
<td>Ballroom Foyer</td>
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<td>(Open to Medical Professionals only)</td>
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<tr>
<td>1600 - 1730</td>
<td>Ballroom 2 &amp; 3</td>
<td>Keynote 3 : Engaging People in Dementia</td>
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<td>Speaker: Peter BAUME (Australia)</td>
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<td>26 March 2009 Thursday</td>
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<td>Topic: Economic Impact of Dementia</td>
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<td>leurdeen</td>
<td>Keynote 4 : Engaging Science in Dementia</td>
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<tr>
<td>Topic: Can Your Lifestyle Prevent Alzheimer’s Disease?</td>
<td>Speaker: Bengt WINBLAD (Sweden)</td>
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<tr>
<td>Topic: Global Impact of Dementia</td>
<td>Speaker: Henry BRODATY (Australia)</td>
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<tr>
<td>Topic: Emerging Treatment for Alzheimer’s Disease</td>
<td>Speaker: Helen CHIU (Hong Kong SAR)</td>
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<td>Note: Information in this handbook is correct at time of print.</td>
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Peter BAUME, Australia
The Honourable Emeritus Professor Peter Baume AC was Professor of Community Medicine and Head of School, University of New South Wales from 1991 - 2000. He was a Senator for New South Wales between 1974 and 1991; was successively Government Whip, Minister for Aboriginal Affairs, Minister Assisting the Minister for National Development and Energy, Minister for Health, Minister for Education, and a Minister in Cabinet. He was Chancellor of the Australian National University from 1994-2006, was Foundation Chair of the Australian Sports Drug Agency, a Commissioner of the Australian Law Reform Commission, Deputy-Chair of the Australian National Council on AIDS, President of the Public Health Association (NSW Branch), Patron of the Voluntary Euthanasia Society of NSW and holds other positions. He is a physician who holds a doctorate, an honorary fellowship and is an Officer in the Order of Australia. He has published extensively, reviews for a number of journals and has received a number of competitive grants.

Henry BRODATY, Australia
Henry Brodaty is Professor of Age Care Mental Health and Director of the Dementia Collaborative Research Centre at the University of New South Wales. He is also Director, Aged Care Psychiatry and Head of the Memory Disorders Clinic at Prince of Wales Hospital in Sydney. He is Past President of Alzheimer’s Australia and Past Chairman of Alzheimer’s Disease International. Professor Brodaty has published over 300 scientific papers.

Hilary LEE, Australia
Hilary is an Occupational Therapist specialising in the creative arts in dementia care. She brought the Society for the Arts in Dementia Care into Australia from Canada, and is currently the Chair of the Society. She developed a creative-expressive abilities assessment tool with two professors at the University of British Columbia. Hilary has a Masters Degree in research. Her work focuses on improving quality of life for persons with dementia by understanding the perspective of the person with dementia, on end of life decision-making and on health.

Jiska COHEN-MANSFIELD, United States
Jiska Cohen-Mansfield is the Head of the Heinz Institute, an Associate Professor and Chair of the Department of Health Promotion at the School of Public Health at Tel-Aviv University. She is also Professor of Health Care Sciences and of Prevention and Community Health at the George Washington University Medical Center and School of Public Health. Her work focuses on improving quality of life for persons with dementia by understanding the perspective of the person with dementia, on end of life decision-making and on health.

Martin PRINCE, United Kingdom
Martin Prince trained in Psychiatry at the Maudsley Hospital and in Epidemiology at the London School of Hygiene and Tropical Medicine. He is Professor of Epidemiological Psychiatry, Institute of Psychiatry and a liaison psychiatrist for older patients at King’s College Hospital, London, UK. He coordinates the 1068 Dementia Research Group’s studies of over 20,000 older people in eleven low and middle income countries.

Jenny ABBEY, Australia
Professor Jenny Abbey was Foundation Director of one of the three Australian National Dementia Collaborative Research Centres and Queensland’s first Professor of Nursing (Aged Care). She is the author of the Abbey Pain Scale and has undertaken foundation work in relation to palliative care for people with dementia. Jenny sits on the SA Guardianship Board and now holds university adjunct academic positions.

Helen CHIU, Hong Kong SAR
Professor Helen FK Chiu is Professor and Head of the Department of Psychiatry at the Chinese University of Hong Kong, Past President of the Pacific Rim College of Psychiatrists, Past President of the Hong Kong College of Psychiatrists, as well as Past President of the Hong Kong Psychogeriatric Association. Professor Chiu is now President of the International Psychogeriatric Association.

Peter V. RABINS, United States
Dr. Rabins received a BA in Political Science from the University of Florida in 1989, an MD from Tulane University in 1973 and an MPH from Tulane University School of Public Health in 1974. After a psychiatry residency at the University of Oregon, he completed a one-year fellowship in consultation/liaison and neuropsychiatry at the Johns Hopkins School of Medicine and has been on the faculty there since 1976. He is currently Professor and Vice-Chair for Academic Affairs in the Department of Psychiatry and has joint appointments in the Department of Medicine, Health Policy & Management and Mental Health. Currently Dr. Rabins is Director of the Division of Geriatric and Neuropsychiatry in the Department of Psychiatry and Principal Investigator on an NINDS grant to assess care decisions in late stage dementia.

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TAN Ching Hong, Singapore
Ching Hong is a nursing lecturer at the School of Health Sciences, Nanyang Technological University (Singapore). She received her nursing training in Singapore and Postgraduate Diploma in Australia. A keen educator, she has also completed her Master in Educational Management from Nanyang Technological University (Singapore) in 2001. Ching Hong specialises in gerontological nursing and has a special interest in dementia care.

Richard TAYLOR, United States
Richard Taylor, PhD, a former psychologist, has lived in the U.S.A. (Houston, Texas) with the diagnosis of dementia probably of the Alzheimer’s type for the past seven years. Four years ago he discovered that thinking, speaking, and writing about what it is like for him to live with this condition had become the new purpose for his life. He speaks of Alzheimer’s from the inside out in order to create a supportive community where others affected by the challenges of dementia can speak up, share their thoughts, and take life-affirming actions to improve dignity, quality of life, and sense of purpose for all of us who are aging. He believes by sharing his experience and ideas and encouraging others to do the same that jointly they can demystify and disarm Alzheimer’s disease and create a joint sense of purpose that can change the way individuals, countries and the world view, understand, and respond to all forms of dementia.

Martin PRINCE, United Kingdom
Martin Prince trained in Psychiatry at the Maudsley Hospital and in Epidemiology at the London School of Hygiene and Tropical Medicine. He is Professor of Epidemiological Psychiatry, Institute of Psychiatry and a liaison psychiatrist for older patients at King’s College Hospital, London, UK. He coordinates the 1068 Dementia Research Group’s studies of over 20,000 older people in eleven low and middle income countries.

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Bengt WINBLAD, Sweden
Professor Bengt Winblad, MD, PhD has been involved in the field of dementia research for many years. He became MD in 1971 and took his PhD in 1975 at the University of Umeå, Sweden, where he became a Docent in 1977 and Professor of Geriatric Medicine and Chief Physician in 1982. Bengt Winblad has since been a guest professor at the Department of Psychiatry in Frankfurt and honorary professor at Beijing University, Wuhan University and Shanghai University in China. Currently, he is working in Stockholm, Sweden as Professor of Geriatric Medicine at the Karolinska Institutet and is Chief Physician at Karolinska University Hospital.

Robert BAILEY, Australia
Robert Bailey is a Professor and Head of the School of Psychology at Macquarie University. He is the author of nine books, and over 150 publications in journals and books. His research interests include the psychology of aging, normative and pathological cognition, and the applications of cognitive and decision science in health and social policy.

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In Alzheimer’s, the leading medical nutrition company in Europe. For the past 10 years, in collaboration with research institutions, we have been developing a nutritional product, Souvenir®, for use in Alzheimer’s Disease.

The first clinical trial reported encouraging results in 2009. Further clinical trials are now underway and will be completed in 2010.

### Conference Information

#### Organisers
Alzheimer’s Disease Association (Singapore)
Bukit Timah, Singapore 119086
Tel: +65 6357 5296 / +65 6357 5261
Fax: +65 6745 2077
Email: info@alz.co.uk

Alzheimer’s Disease International
64 Great Suffolk Street, London, SE1 0UL, United Kingdom
Tel: +44 20 7928 2357
Fax: +44 20 7928 2357
Email: info(at)adi2009.org

#### Conference Venue
Suntec Singapore International Convention & Exhibition Centre
6 Raffles Boulevard, Suntec City, Singapore 039593
Tel: +65 6337 2888

#### Conference Secretariat & Housing Bureau
Ace:Daytons Direct (International) Pte Ltd
2 Leng Kee Road, 04-01 Thye Hong Centre, Singapore 159086
Tel: +65 6379 5259 / +65 6379 5261
Fax: +65 6475 2077
Email: admin(at)alz2009.org

#### CME Accreditation
The 24th Conference of Alzheimer’s Disease International 2009 is recognised by The Singapore Medical Council as a Continuing Medical Education Programme (CME). All fully and conditionally registered Doctors can sign up for their CME (up to 12 points) at the counter located at Ballroom Foyer, Level 2, Suntec Singapore.

#### VCF Funding
All delegates who received VCF funding to attend this conference, should acknowledge attendance by signing their names at the Registration Desk at the Ballroom Foyer, Level 2, Suntec Singapore.

A-Hah!
Brought specially to all conference delegates, A-Hah! Design Centre and Ad Planet Group, in collaboration with Alzheimer’s Disease Association (Singapore), is proud to debut A-Hah! card games for people with dementia and their families. Each registered and paid full conference delegate will receive a pair of complimentary packs of Memoritz and Fruito. Conference delegates can redeem their complimentary A-Hah! card games by producing the redemption coupon. For collection of complimentary A-Hah! card games and to purchase additional packs, please proceed to the Bag Collection Desk at the Ballroom Foyer, Level 2, Suntec Singapore.

#### Quiet Room for People with Dementia
People with Dementia and their accompanying carers may proceed to Room 332, Level 3, Suntec Singapore, for some quiet time away from the main conference sessions. This room will be open during the following hours:
- 25 March 2009, Wednesday 1400 hrs – 1700 hrs
- 26 – 27 March 2009, Thursday - Friday 0800 hrs – 1800 hrs
- 28 March 2009, Saturday 0800 hrs – 1200 hrs

#### Registration Desk
Registration will be available at the Registration Desk, Ballroom Foyer, Level 2, Suntec Singapore, during the following hours:
- 25 March 2009, Wednesday 1400 hrs – 1700 hrs
- 26 – 27 March 2009, Thursday - Friday 0700 hrs – 1200 hrs
- 28 March 2009, Saturday 0700 hrs – 1200 hrs

### On-Site Registration Fee (Per Person) SGD

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Delegate</td>
<td>745.00</td>
</tr>
<tr>
<td>Local Delegate¹</td>
<td>495.00</td>
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<tr>
<td>Delegate with Reduced Rate²</td>
<td>295.00</td>
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<tr>
<td>One Day – Delegate</td>
<td>490.00</td>
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<tr>
<td>One Day – Local Delegate¹</td>
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<tr>
<td>One Day – Delegate with Reduced Rate²</td>
<td>200.00</td>
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<tr>
<td>Opening Ceremony / Welcome Reception</td>
<td>65.00</td>
</tr>
<tr>
<td>Gala Dinner</td>
<td>145.00</td>
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¹ Only applicable to Singapore citizens and personnel currently working in Singapore. To qualify for local rate, please provide NRIC/FIN.
² Only applicable to a person with dementia, a person accompanying a person with dementia, family caregiver of a person with dementia, student, medical trainee, delegate from low-income countries. Students and medical trainees are required to provide proof of their status e.g. student pass or a letter from their head of department.

Note that the Organiser and Conference Secretariat reserve the right to request for proof of identification to qualify for local and reduced rates stated above.

(a) All onsite registrations will be treated as individual registrations. No discounts will be accorded.

(b) Only cash (Singapore Dollars) and credit card payments will be accepted.

Full Delegate (Doctor / Trainee / Nurse / Medical Student) are entitled to:
- Name Badge, Conference Bag and Programme and Abstracts Handbook
- Admission to all scientific sessions at the 24th Conference of Alzheimer’s Disease International 2009, and exhibition
- Invitation to Opening Ceremony / Welcome Reception
- Two tea breaks per full-day conference, One tea break for half-day conference
- Certificate of Attendance

Students and medical trainees are required to provide proof of their student, medical trainee, delegate from low-income countries.

² Only applicable to a person with dementia, family caregiver of a person with dementia, people with dementia and their accompanying carers may proceed to Room 332, Level 3, Suntec Singapore, for some quiet time away from the main conference sessions. This room will be open during the following hours:
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**Certificate of Attendance**
Certificate of Attendance will be inserted into the Programme and Abstracts Handbook.

**Opening Ceremony and Welcome Reception**
The ADI 2009 Opening Ceremony will take place on the evening of 25 March 2009, Wednesday, at 1700 hours, Ballroom 2, Level 2, Suntec Singapore. All delegates are welcome to attend, and to be seated by 1645 hours to prepare for the arrival of Guest-of-Honour: Mr Lim Boon Heng, Minister, Prime Minister’s Office. After the Opening Ceremony, delegates are invited to join the Welcome Reception at the Ballroom Foyer at 1830 hours.

**Gala Dinner**
The Gala Dinner will take place on the evening of 27 March 2009, Friday at 2030 hours, Ballroom 3, Suntec Singapore. A special award presentation of the Alzheimer’s Award for Dissemination of Psychosocial Intervention Research will be presented by Fondation Médéric Alzheimer and Alzheimer’s Disease International. There will be a live band and dancing throughout the night so don’t forget your dancing shoes! Each gala dinner ticket is priced at SGD145, and can be purchased at the Registration Desk at Ballroom Foyer, Level 2, Suntec Singapore. (only a limited number of tickets are available)

**Tea Breaks**
There will be 2 tea breaks held daily at the Ballroom Foyer (Level 2, Suntec Singapore). There will only be one tea break on 28 March 2009, Saturday.

**Industry-Sponsored Breakfast and Lunch Symposia**
Lunch Symposia will take place on 26 – 27 March 2009.

**Exhibition**
The Exhibition Area will be located at the Ballroom Foyer, Level 2, Suntec Singapore. Delegates may take the opportunity to network and exchange information amongst themselves. Tea Breaks (26 – 28 March 2009) and Poster Presentations (26 – 27 March 2009) will be held at the Exhibition Area daily during stated conference days.

### Language
The official language of the Conference is English. There will be no simultaneous translation.

### Cancellations and Refunds
Any cancellation and request for refunds must be submitted in writing to the “24th Conference of Alzheimer’s Disease International” Conference Secretariat by 31 December 2008. Wednesday Refunds, less SGD100.00 administrative fee, will be made within two months after the 24th Conference of Alzheimer’s Disease International. No refunds will be made for requests received after 31 December 2008, Wednesday.

### Liability
The Organising Committee and Conference Secretariat are not liable for personal accidents, losses or damage of private properties of registered delegates during the conference. Delegates should make their own arrangements with regards to personal insurance.

### Disclaimer
While every effort will be made to ensure that all aspects of the conference mentioned in this Programme and Abstracts Handbook will take place as scheduled, the Organising Committee reserves the right to make last-minute changes should the need arise.

### 24th Conference of Alzheimer’s Disease International 2009
There will be 6 plenary lectures and 20 symposia from 25 - 28 March 2009.

The 6 plenary lectures are :
- P1 / P2 : Engaging Society in Dementia
- P3 : Engaging People in Dementia
- P4 : Engaging Science in Dementia
- P5 : Engaging Creativity in Dementia
- P6 : Engaging Quality Care in Dementia

Symposia will cover the following themes :
- S1 : Additional Topics
- S2 : Arts and Creativity in Dementia
- S3 : Awareness and Education
- S4 : Basic Sciences
- S5 : Behaviours that Challenge
- S6 : Caregivers
- S7 : Cross-Cultural Issues in Dementia Care
- S8 : Dementia Activities and Caregiving
- S9 : Dementia Care – Long-Term Care
- S10 : Dementia Care and Research in Asian Countries
- S11 : Diagnosis and Treatment : Role of GPs
- S12 : Lifestyle Issues
- S13 : Non-Pharmacological Treatment and Intervention
- S14 : People with Dementia
- S15 : Policy Session: Dementia - Global Epidemic National Action
- S16 : Services and Dementia Care
- S17 : Support for Family Caregivers
- S18 : Technology for People with Dementia
- S19 : Training of Professional Caregivers
- S20 : Younger Onset Dementia

### Science Communication

**Speakers’ Preview Room**
This will be at Room 321, Level 3, Suntec Singapore.

#### Operating Hours
- 25 March 2009, Wednesday 1400 hrs – 1700 hrs
- 26 – 27 March 2009, Thursday – Friday 0700 hrs – 1800 hrs
- 28 March 2009, Saturday 0700 hrs – 1200 hrs

**Keynote, Parallel Session Speakers & Free Paper Presenters**
They are requested to :
(a) Submit PowerPoint presentations in CD-ROM or USB stick at Room 321, Level 3, Suntec Singapore.
(b) Collect CD-ROM or USB stick immediately after individual presentations. The Organising Committee and Conference Secretariat will not be held responsible for lost or damaged CD-ROMs and USB sticks.
(c) Kindly be present at the correct presentation venue at least 15 minutes before the start of the session.
(d) Strictly adhere to the allocated presentation time allowance.

The following equipment will be provided for presentations :
- Microphones, laser pointers, LCD projector, Intel Core2 Duo Processor Notebook pre-loaded with Window Vista Business / MS Office 2003 Professional. Only MS PowerPoint format is acceptable. Single projection is provided for presentations. No 35mm slide projector or VHS recorder will be provided at the conference.

**Chairpersons**
Chairpersons are requested to drop by the Speakers’ Preview Room – Room 321, Level 3, Suntec Singapore, to collect speakers’ curriculum vitae one hour before the start of the session chairpersons are chairing. Chairpersons are also required to check on speakers’ attendance for the allocated chairing session.

**Cancellations and Refunds**
Each presenting author is allowed a maximum of 10 minutes for the Free Paper Presentation followed by 2 minutes for Questions & Answers session.

- 26 March 2009, Thursday (1030 hrs – 1200 hrs)
  - Cross-Cultural Issues In Dementia Care
  - Policy Session: Dementia - Global Epidemic National Action
  - Services and Dementia Care
  - Support for Family Caregivers
  - Younger Onset Dementia

- 26 March 2009, Thursday (1345 hrs – 1515 hrs)
  - Arts and Creativity In Dementia
  - Behaviours that Challenge
  - Dementia Care – Long-Term Care
  - Non-Pharmacological Treatment and Intervention

- 27 March 2009, Friday (1030 hrs – 1200 hrs)
  - Additional Topics
  - Basic Sciences
  - Dementia Activities and Caregiving
  - People with Dementia

- 27 March 2009, Saturday (1030 hrs – 1200 hrs)
  - Awareness and Education
  - Dementia Care and Research In Asian Countries
  - Diagnosis and Treatment : Role of GPs
  - Technology for People with Dementia

**Poster Presenters**

- **Location**
The Posters are on display at the Exhibition Area, Ballroom Foyer, Level 2, Suntec Singapore. Each poster board will be individually marked with the relevant Abstract ID numbers. The full directory of Abstract ID numbers is printed on Pages 76-77, and will be attached to the upper left hand corner of each poster board. Mounting supplies will be provided at the Exhibition Area.

- **Poster Setting Up and Removal**
  - Date : 26 – 27 March 2009
  - Setup : 0800 hrs – 0900 hrs on the day of the designated poster presentations
  - Tear Down : 1700 – 1730 hrs on the day of the designated poster presentations.

Poster presenters are requested to stand by their posters during their designated presentation viewing time.
1345 – 1515 Global Strategy – Local Action
By 2050, it is projected that there will be 100 million people with dementia in the world. The launch of the Global Alzheimer’s Charter in September 2008 provided opportunities within the six key principles outlined for key stakeholders to raise awareness of the needs of those affected by Alzheimer’s disease and related dementias. Furthermore, key action steps were recommended to serve as a starting point for ADI members on how to make Alzheimer’s disease and related dementias a global health priority.

Using the charter as a guide, this workshop will focus on discussion around the principles and development of action plans that meet the unique needs of ADI member countries to address this growing problem. This is an opportunity for ADI member representatives to exchange ideas and experiences.

This session is supported by Novartis.

26 March 2009, Thursday

Room 326, Level 3, Suntec Singapore International Convention & Exhibition Centre

1030 – 1200 Dementia Care in the Asia Pacific Region
This session is to highlight the different care systems and different approaches to care in the Asia Pacific Region. As well as celebrating the achievements in this field it is also a time to learn of new developments in the region, share experiences and best practice. It is also a learning opportunity for other Alzheimer’s associations across the world to see how this can be translated and used in their own countries and for the global community to come together and share their ideas and have an open dialogue on this topic.

Frank Schaper (Australia)
Teresa Tsien (Hong Kong SAR)
Yee-Ming Wu (Hong Kong SAR)

1345 – 1515 Global Strategy – Local Action
By 2050, it is projected that there will be 100 million people with dementia in the world. The launch of the Global Alzheimer’s Charter in September 2008 provided opportunities within the six key principles outlined for key stakeholders to raise awareness of the needs of those affected by Alzheimer’s disease and related dementias. Furthermore, key action steps were recommended to serve as a starting point for ADI members on how to make Alzheimer’s disease and related dementias a global health priority.

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This session is supported by Novartis.

27 March 2009, Friday

Room 326, Level 3, Suntec Singapore International Convention & Exhibition Centre

1030 – 1200 Quality of Life: Are Care Systems For or Against Us?
The 8th Stroud Interactive Workshop
This is the final interactive workshop held at ADI conferences co-ordinated by the Stroud Center for Quality of Life (QOL) at Columbia University. We have two aims: to develop a framework for understanding QOL in dementia, and to generate ways of using this to improve service planning and delivery. We will start by a brief review of the insights generated in the previous workshops, summarised on our website, www.stroudsymposia.org. Participants will be encouraged to contribute statements on any or all of the issues and to work with us after this workshop to develop ideas on how everyone can continue to learn from, and contribute to, this pool of understanding and advice. The main part of the workshop will be to address the question posed above and “How can health and social care systems better meet the needs of people with dementia and carers?” These workshops are spontaneous in spirit. All contributions will be recorded and combined with previous workshop data to broaden our understanding.

Nori Graham (United Kingdom)
Sube Banerjee (United Kingdom)
Barry J Gurland (United States)

1345 – 1515 10/66: Evidence of Advocacy
Evidence from research can be used to call for change. There are several recent examples of associations using research reports to argue successfully for governments to make dementia a priority. We should all be doing this! In this workshop we shall cover the need for research, the numbers and impact, how we can tell which treatments work, and understanding and using research. Active participation is encouraged and during the workshop, time will be given to groups to look at one of two research papers, and then attempt to draft either a press release or bullet points for a report for policymakers.

Martin Prince (United Kingdom)
Juan de Libre Rodriguez (Cuba)
Henry Brodaty (Australia)

28 March 2009, Saturday

Room 326, Level 3, Suntec Singapore International Convention & Exhibition Centre

1030 – 1200 Strengthening Your Alzheimer’s Association
In this session we will discuss how Alzheimer’s associations can benefit from using elements of Relationship Marketing to both improve member services and donor support. Key issues are: understanding the concepts and terminology of Relationship Marketing, establish a plan for finding customers, identify communication options and know about supportive resources. This will be an introduction session. There will be a follow-up session for representatives from ADI members during the afternoon of 28 March 2009.

This session is supported by Pfizer.

Marc Wortman (United Kingdom)
Rich Kaminsky (United States)
**Parallel Session Free Paper Session**

**27 MARCH 2009, FRIDAY**

**TIME : 1030 HRS – 1200 HRS**

NON-PHARMACOLOGICAL TREATMENT AND INTERVENTION
Ballroom 2

NON-FP10 : Dementia Beyond Drugs
G. Allen Power

NON-FP11 : The Best Friends Model of Dementia Care
Virginia M Bell

NON-FP12 : Personhood, Relationships and...Beyond: Contextualising the Dementia Experience
Deborah O’Connor

**TRAINING OF PROFESSIONAL CAREGIVERS**
Ballroom 3

TRA-P06 : 2 Young 4 Dementia
Susan Bromhead

**LIFESTYLE ISSUES**
Room 325

LIS-P01 : Life is Cool with a Fit Brain - The Health Promotion Campaign for Teenagers
Vincent Mok

LIS-P02 : The Efficacy of a Medical Food (Souvenaid®) in Alzheimer’s Disease - Results From Randomised Controlled Trial and Design Future Trials
Patrick JGH Kamphuis

LIS-P02 : LIS-P02 is open to Medical Professionals only

**CAREGIVERS**
Room 208 / 209

CGV-FP01 : Can a Husband be a Caregiver?
Pieter M Heyns

CGV-FP02 : Caring for the Person with Dementia by the Domestic Helper: The Employer’s and Domestic Helper’s Perspectives in Singapore
Siti Zabihah Yusof

CGV-FP03 : Early Cognitive Changes in Persons with Alzheimer’s and Their Adult Child Caregivers: Does Symptom Similarity Add to Caregiver Stress?
Stephen J. Cutler

**Free Paper Session**

**Parallel Session**

**26 MARCH 2009, THURSDAY**

**TIME : 1030 HRS – 1200 HRS**

**SUPPORT FOR FAMILY CAREGIVERS**
Ballroom 2

Invited Speaker : Title to be advised
Peter Rabins

SUP-PS06 : Mobile Dementia Respite Teams: Overcoming the Tyranny of Distance
Val Meredith

SUP-PS07 : Counselling Spouses of Patients with Alzheimer’s Disease as Add-On to Donepezil Treatment in Three Countries: Effects on Time to Nursing Home Admission and Death in the Patients
Henry Brodaty

**YOUNGER ONSET DEMENTIA**
Ballroom 3

Invited Speaker : The Progression Continues - Moving from Early-Onset, Early-Stage - To: Just Past Early-Onset, Late-Stage-Early-Stage
Richard Taylor

Invited Speaker : What is the State of Play for Younger Onset Dementia Research?
Brian Draper

Invited Speaker : Getting Dementia Out of the Closet
Glenn Rees

**CROSS-CULTURAL ISSUES IN DEMENTIA CARE**
Room 325

CRC-PS07 : Alzheimer's Disease International's Global Survey of Dementia Carers – Singapore's Perspective
Donald Yeo

CRC-PS08 : 'Sharing Your Memories' Engaging Caregivers in Lebanon
Diane Mansour

CRC-PS09 : Dementia in Armenia: New Emerging Medical and Social Problem
Manvelyan HM

**SERVICES AND DEMENTIA CARE**
Room 208

SVC-FP01 : The AIBL Study: Baseline Data from a Multi-Centre, Prospective Longitudinal Study of Ageing in 1100 Volunteers
David Ames

SVC-FP02 : Urban and Rural Differences in Non-Communicable Diseases and Care Arrangements Among Elderly Chinese: A 10/95 Dementia Research Group Population-Based Study
Zhaorui Liu

**Non-Pharmacological Treatment and Intervention**
Room 325

NON-FP13 : The Challenges and Triumphs of Involving Relatives in Joint Training with Care Home Staff
Henry Simmons

NON-FP14 : Smartphone Application for Improving Short-term Memory Loss in Patients with Alzheimer’s Dementia
Padmaja L Battaglia

NON-FP15 : Innovative Approach Multi Sensory Activities for Clients with Dementia and Visual Impairment
Chia Tat San

NON-FP16 : Evaluation of a Long Term Non-Pharmacological Treatment for Patients with Mild Cognitive Impairment (MCI) and Mild Alzheimer’s Disease (Mild AD)
Magdalini Tsolaki

**Dementia Care – Long-Term Care**
Room 208

LTC-FP01 : The Dementia Difference - A 2-day Workshop on Caring for People Dying with Dementia
Janice Robinson

LTC-FP02 : A Case Study on How Dementia Care Mapping Has Improved the Quality of Life of the Dementia Residents and Also Helped to Reduce the Cost of Ineffective Use of Manpower of a Nursing Home in Singapore
Arvazhagi Varadhan

LTC-FP03 : Person Centered Approach to Care Giving
Kar Nair

LTC-FP04 : Monitoring Pain in Severe Dementia by Automatic Vision System
Eric Triau

LTC-FP05 : Designing a Housing Complex for Elderly with Dementia: A Case Study of a Nursing Home in South Urban City at Taiwan
Po-Tsung Chen

LTC-FP06 : Evaluating Results of a 6-Month Intervention Programme in a Dementia Day Care Centre
Efthymiou A.

**ARTS AND CREATIVITY IN DEMENTIA**
Ballroom 3

ARTS AND CREATIVITY IN DEMENTIA

Invited Speaker : Enabling Success in Creative Expression
Hillery Lee

Invited Speaker : Healing the Spirit with Poetry and Painting: Image-Making, Creativity, and Dementia
Patricia Balnes

**Panel Chair : Professor Sube Banerjee**

**ADW Workshop**
Room 325

Dementia Care in the Asia Pacific Region
Frank Schaper, Teresa Tsien, Yee-Ming Wu
**Oral Communications Summary**

**CGV-FP05**: Improving Hospital Discharge Preparation and Support for Families of Patients with Dementia  
Michael Bauer  
Brenda Ho Wan Li  
Debi Lahav

**CGV-FP06**: The Help Seeking Behaviour and Burden of Informal Carers for Demented Elders in Hong Kong  
Marc Wortmann, Rich Kaminsky

**CGV-FP08**: Person-Centred Approach to Dementia Care  
BASIC SCIENCES  
Brenda Ho Wan Li  
Nori Graham, Sube Banerjee, Barry J Gurland

**DEM-PS07**: Accuracy of Mild Cognitive Impairment (MCI) Criteria for the Diagnosis of Individuals at High Risk of Dementia  
Linda Helen Taylor

**DIAGNOSIS AND TREATMENT - ROLE OF GPS**  
**DIA-PS04**: Predicting Safety to Drive in People with Dementia  
Nadina B Lincoln

**DIA-PS05**: Helping GPS Assess When Genetic Testing is Appropriate  
A. Dessa Sadovnick

**DIA-PS06**: Diagnostic Utility of the Clock Drawing Test (CDT) in Early Dementia in an Asian Population  
Lataha Aida Munang

**DIA-PS07**: Using Spontaneous Activity Opportunities to Promote Engagement of People with BPSD in Residential Care  
Peter John Stapleton Ashley  
Gordon Smeeton

**ANALYSIS AND EDUCATION**  
**EDU-FP01**: "Alzheimer & You" - Young People Engaged for People with Dementia and Their Caregivers  
Sabine Jansen

**EDU-FP02**: Effective Mobility Management for People with Dementia  
Veronica Hanna Naughton

**EDU-FP03**: Planning and Preparing Culturally Appropriate Materials for Training Indigenous Communities  
Linda He exhilarating Taylor

**EDU-FP04**: "Seize the Day" A Project by Alzheimer Scotland Positive Dementia Group  
Christine McGregor

**EDU-FP05**: Dementia -Engaging Societies Around the World  
Nirmala Narula

**ADDITIONAL TOPOCS**  
**OFS-P01**: Strengthening Dementia Care in Indigenous Communities  
Mark J Elliott

**OFS-P02**: NORMS: A Non-Intrusive Respiratory Monitoring System  
Foo Siang Fook Victor

**OFS-P03**: Validation of the Zit Bu End Burden Interview for Caregivers of Persons with Dementia in Singapore  
Seng Boon Kheng

**OFS-P04**: Population-Based Survey: Cognitive Performance vs Memory Complaints  
Sakka P

**OFS-P05**: Managing Behavioural Symptoms of Fronto-Temporal Dementia Using a Non-Pharmacological Approach  
Robyn Attoe

**OFS-P06**: The Effects of Alzheimer’s Disease Symptom Severity on Caregiver Outcomes  
Joan Mackell

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**OFS-P06**: The Effects of Alzheimer’s Disease Symptom Severity on Caregiver Outcomes  
Joan Mackell
### CROSS-CULTURAL ISSUES IN DEMENTIA CARE

**CRC01:** Dementia Research in South Africa: The Challenges of Community Access  
Rick Vanderpoel

**CRC02:** A Rapid Situation Assessment (RSA) of the Needs of Elderly People in Various Settings in Kenya  
David Musyimi Ndeti

**CRC03:** Effects of Body Weight on Tolerability of Rivastigmine Transdermal Patch  
Jae-Hong Lee

**CRC04:** BPSD in Nursing Home Residents in Sydney and Shanghai  
Henry Brodsky

**CRC05:** Effects of Culture on Caregiver Burden Among Australian and Chinese Caregivers  
Henry Brodsky

**CRC06:** Offering Education Without Judgement to Indigenous Women in the Goldfields Western Australia  
Rae Bransgrove

### DEMENTIA CARE AND RESEARCH IN ASIAN COUNTRIES

**DEM01:** Care Provided by Professional Caregivers to Residents with Dementia in Unit-Type Geriatric Health Service Facility  
Sachiko Hara

**DEM02:** Prevalence of Potentially Overlooked Dementia in the Community-Dwelling Japanese Elderly: Association of Cognitive Impairment and Mortality Derived from 6-Year Survivals  
Chisako Yamamoto

**DEM03:** Dementia Screening in a Community Sample in Singapore  
Sin Gwen Li

**DEM04:** Clinical Presentation, Nutritional Status and Outcomes of the Hospitalised Dementia Patients  
Natesan Selvaganapathi

**DEM05:** Low Socioeconomic Status, Social Isolation and Challenging Behaviours are Risk Factors of Institutionalisation in Dementia Patients in an Acute Care Setting  
Lawrence Lim

**DEM06:** The Present Conditions of Understanding on Dementia in Rural Japanese  
Yumiko Momose

**DEM07:** The Current Challenge and Mission  
Xianhao Xu

### DEPENDENT CARE AND RESEARCH IN ASIAN COUNTRIES

**DEM08:** Cognitive Impairment and Osteoporosis in the Elderly Korean Moon Ho Park

**DEM09:** NOS3 Gene G894T Polymorphism and Late-Onset Alzheimer’s Disease in an Iranian Population  
Nahid Majlessi

**DEM10:** Cortical Gray Matter Volume Changes in Subcortical Ischemic Vascular Dementia  
Ji-eun Song

**DEM11:** Discharge Contol for Patients with Dementia  
Minori Tokui

**DEM12:** Severity of Neuropsychiatric Symptoms and Related Caregiver Distress and Not Caregiver Knowledge  
Rae Bransgrove

**DEM13:** Utilisation of Dementia Daycare Services by Dementia Patients Attending a Tertiary Memory Clinic in Singapore  
Philomena Anthony

**DEM14:** Cognitive, Behavioural and Functional Factors Influence Eventual Institutionalisation in Geriatric Patients Following Acute Hospitalisation  
Lam Ming Ai

**DEM15:** What Do the Elderly Residents Need? From Nurses’ Perspectives  
Yeu-Hui Chuang

**DEM16:** The Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) as a Screening Tool in a Singapore Population, and Its Correlation to Dementia Diagnosis and Severity, and Caregiver Stress  
Adeline Moe Leh Chuo

**DEM17:** Validation of the Route Map Memory Test for the Elderly  
Kuo Yen-Chun

**DEM18:** Establishment of the Plasma Biomarkers for the Pre-Symptomatic Detection of AD: Australian Imaging, Biomarker and Lifestyle (AIBL) Flagship Study of Ageing  
Ralph Martin

### SUPPORT FOR FAMILY CAREGIVERS

**SUP01:** A Study of Restraint Usage by Primary Caregivers Who Care for Elderly Relatives with Dementia at Home in a Rural Area  
Fujimi Ariai

**SUP02:** Family Caregivers’ Perception of Care Burden and Coping Strategies in Japan And Korea  
Midori Watanabe

### TECHNOLOGY FOR PEOPLE WITH DEMENTIA

**TEC01:** Studying Sleep Wake Circadian Rhythm in Persons with Dementia Using Actigraphy Based Sleep Activity Pattern Monitoring (SAPM)  
Manieryi Jayachandran

**TEC02:** Intelligent Confidence Management System (iCMS)  
Aung Aung Phyo Wai

**TEC03:** Agitation Monitoring through Multi-Modal Sensors Using the SOAPD Scale (AMSS)  
Jit Biswas

**TEC04:** Understanding and Correction of Erroneous Behavior Among Mild Dementia Patients (UCEB)  
Mohamed Ali Feki

**TEC05:** Exploring the Use of Online Touch-Screen Computerised Programme in the Assessment of Cognitive Function - A Pilot Study  
Schwinger Wong Chi-Kit

### TRAINING OF PROFESSIONAL CAREGIVERS

**TRG02:** Training Programme for Japanese Group Home Staffs Dealing with End-of-Life Care for Elders with Dementia  
Naomi Hikari

**TRG03:** Equipping ElderCare Staff with Knowledge and Skills on Ageing and Mental Health – An Evaluation of the Training Provided by the Community Psychogeriatric Programme (CPGP) for Nursing Home Staff  
P’ing-Ping Joy Lim

**TRG04:** How Does Dementia Care Mapping (DCM) Provide an International Language to Improve Person Centered Care for People with Dementia  
Carol H Fusek

### CHARITIES AND CREATIVITY IN DEMENTIA

**ART01:** Richard Mahony: The Misfortunes of Younger Onset Dementia  
Brian Draper

**ART02:** Improving the Quality of Life More on the Relation Between The Degree of Satisfactory and Life Environments for Elderly Persons Spent Alone at Home  
Sakoko Sashihara

**ART03:** Clinical and Economic Predictors of Quality of Life in Dementia  
Franziska Gallrach

**ART04:** A Psycho Social Study of Challenges of Caregivers in Alzheimer’s Disease  
Mathew

**ART05:** Activities of Daily Living that Matter Most to Caregivers  
Daniel D. Christensen

**ART06:** Busy Days Makes Happy Days for People with Dementia  
Ninoslav Mimica

**ART07:** A Taiwanese Experience of School of Wisdom  
LiYu Tang

**ART08:** Creativity in Care for Persons with Dementia  
Lee Nga Yee Maggie
DIAGNOSIS AND TREATMENT - ROLE OF GPS

DIA01: Dementia Secondary to a Potentially Treatable Cause -- Role of GPs
Mohammad Yousuf Rathor

DIA02: Palliative Care for Persons with Dementia
Minoru Irahara

DIA03: Thiazin Red as a Neuropathological Tool for the Rapid Diagnosis of Alzheimer’s Disease Using Tissue Imprints
Jose Luna-Munoz

FUTURE TREATMENTS IN ALZHEIMER’S (MEDICAL)

FUT01: Involvement of Protein Tyrosine Phosphatase in Memory Deficits
Seema Bansal

FUT02: A Small Molecule Toxicity Inhibitor Prevents TPA2 Cell Medium-Induced Behavioural Effects in the Rat
Eugene O’Hare

LIFESTYLE INTERVENTION

LIF01: How Could We Be Far from Senile Dementia and Life Span Be Healthily Longer?
Jun Wang

LIF02: Memory Groups: Improving Memory Knowledge, Satisfaction and Functioning of Healthy Elderly
Olga Lymperopoulou

NON-PHARMACOLOGICAL TREATMENT AND INTERVENTION

NON01: Integration of Pharmacological and Non-Pharmacological Treatments of Dementia Care in a Psychiatric Day Hospital
Shaw-Ji Chen

NON02: The Effect of Music Therapy and Structured Activities on Behavioural and Depressive Symptoms in Dementia
Han Pei Min

NON03: Effects of Aromatherapy & Touch on Cognitive Functions & Agitation Behaviour of Elderly Residents with Dementia
Chow Yeow Leng

NON04: Increasing Wellbeing Through Brokered Services for People Living with Dementia
Debbie

NON05: The Effectiveness of Bright Light Therapy and Nutrition Support for Older Adult with Dementia in Deirium
Foyuko Fujita

NON08: An Overview of the Non-Pharmacological Approaches for Patients with Dementia
Wu Szu-Hui

NON09: Effect of Cognitive Treatment for the Elderly with Mild to Moderate Alzheimer’s Disease in the Cognitive Function and the Psychological Well-Being
Wei-Ren Wu

ALTERNATIVE DRUG TREATMENTS (TRADITIONAL CHINESE MEDICINE)

TCM01: The New Hope to the Old Disease
HongZheng Wang
Singapore is a cosmopolitan city state that is colourful and rich in the arts, architecture, entertainment, hospitality and culinary fare.

A bridge between the East and the West for centuries, Singapore is a vibrant melting pot of ideas, cultures and people. Local in its perspective but global in outlook, Singapore has evolved uniquely, where age-old traditions and cutting-edge innovations are celebrated, a place brimming with unbridled energy and bursting with exciting events.

Get ready to bring home a wonderful memory that’s “Uniquely Singapore.”

Visit www.visitingapore.com for more details.

Climate and Dress
Singapore has a mild tropical climate with abundant rainfall throughout the year with an average temperature of 28 degrees Celsius. Dress code is generally informal but formal wear will be required at some places or occasions.

Safety
The World Competitiveness Yearbook (WCY) identified Singapore as the most politically stable country in Asia. In research done by Mercer Human Resource Consulting in 2003, Singapore was ranked second in personal safety among the world’s top 50 cities.

Credit Card and Currency
Major credit cards and charge cards such as American Express, Diners, MasterCard, Visa are acceptable at most establishments. The currency is the Singapore Dollar (SGD). Banks and exchange bureaux are located in major shopping centres and airports to facilitate currency exchange.

Tipping
Tipping is officially discouraged in Singapore. Most hotels and restaurants levy a 10% service charge on their bills.

Electricity
Singapore’s voltage is 220-240VAC, 50 Hertz. Most hotels can provide a transformer to convert electrical 110-120VAC, 60 Hertz.

Time Difference
Singapore Time is 8 hours ahead of GMT.

Goods and Services Tax
A 7% Goods and Services Tax (GST) is levied on most goods and services imported into Singapore. In line with most other countries, Singapore prohibits the entry of some items, while others are subject to Goods and Services Tax. 

Visa Requirements
Nationals of a large majority of countries do not require visas for social visits of 30 days’ duration provided they are in possession of recognised valid travel documents, adequate funds and a return or onwards ticket.

For more information on visa application and requirements, visit: http://ica.gov.sg/services_centre_overview.aspx?pagesid=254&secd=17
Singapore offers various attractions, from nature parks, offshore islands, famous landmarks and museums to places of worship. There are different tours you can sign-up for to discover the different facets of the city-state.

City Tour
Visit the "colobur heart" for a view of the Padang, Cricket Club, Parliament House, Supreme Court and City Hall. Have a look into Thian Hock Keng Temple, one of Singapore’s oldest Buddhist-Taoist temples, before driving past Chinatown, and lastly, Little India.

East Coast & Changi
Soak in the rich cultural heritage of the Malays at Malay Ethnic Area. Allow our guide to recount stories of the collective spirit that rose through the darkest times of World War II as you proceed with your tour of Changi Chapel & Museum. A drive through the rustic and laid-back Changi Village gives you a chance to see the relaxing side of Singapore and provides a contrast to your final stop at Tampines New Town, a typical heartland township of present day Singapore.

Jurong Bird Park
Jurong Bird Park is home to over 6,000 birds, which is more than 6,000 species. A Parrot ride brings you to a tropical world of jungle mist at the Waterfall Aviary. You’ll enjoy the spectacular Penguin Exhibit and All-Star Bird Show.

Founding Footsteps of Raffles
This tour starts from where it all began – at Raffles Landing Site, where Sir Stamford Raffles is believed to have first stepped ashore in February 1819, and then to an Exhibition that traces the history of the hove for activities for high-society in the 1800s. Stop at Raffles Hotel for Afternoon Tea, then embark on a bumboat cruise to Clarke Quay, where the Pewter Gallery uncovers the history of pewter and the role of tin in the development of Singapore as a trading port.

The Original Singapore Walks
The Original Singapore Walks is no typical sightseeing tour. There are eight walks to choose from and each walk shows a different side of Singapore. You could be led to reputedly haunted nooks and crannies in Kampong Glam, a walk through the history of the Peranakan Trail in Chinatown, among others. The walking tours bring to life the colourful characters that once populated these historical districts.

Morning At The Zoo (Jungle Breakfast Option)
A haven to over 3,600 mammals, birds, reptiles and even some endangered species. Take a tram ride around the zoo and you’ll be impressed by the natural habitat. Don’t miss the chance to have breakfast with the magnificent Orang Utan, Otter and reticulated Python.

Voted Singapore Tourism Board Leisure Attraction of the Year 2000, 2003 & 2004

Peranakan Trail (Food Tasting)
Amble along the Spice Garden and uncover the intricacies of spices and herbs that go into Peranakan cooking. Admire a fascinating display of Peranakan costumes, embroidery, beadwork and more. Adventure into Katong and Joo Chiat areas that showcase rich and banque architecture that dates back to the twenties and thirties. A sampling of Nonya Delicacies completes the tour.

Singapore By Night (Dinner)
Night Out In Chinatown (Dinner)
Discover the rich historical beginnings at Chinatown Heritage Centre where it takes you into the lives of early Chinese immigrants. At the Night Market, wander along the narrow lanes and test your bargaining skills with street vendors. Then hop on to a Trishaw for a ride to Clarke Quay, and then a Bumboat cruise along the Singapore River.

Night Safari (Dinner Option)
The world’s first Night Safari covers 40 hectares of secondary jungle, with 1,200 nocturnal animals roaming the land. A tram ride will take you round the East and West loop passing by a large reservoir, weaving through different habitats designed specifically to replicate the natural environment from the Himalayan Foothills to the Southeast Asian Rainforest and Indian Subcontinent. On completion of the tram ride, your tour guide will lead you on a walking trail where you will be able to view some animals up close and personal.

Voted Singapore Tourism Board Leisure Attraction of the Year 2000, 2003 & 2004

Afternoon Till Sunset At Sentosa (Dinner Option)
Begin with a car ride from Mount Faber onto Sentosa, a resort island of peace and tranquillity. You will soon be fascinated by the attractive pink dolphins performing their natural antics at the Dolphin Lagoon. The Underwater World, on the other hand, has an 80-metre transparent acrylic tunnel which allows you to view over 2,500 sea creatures in close proximity. After dinner, head for Songs of the Sea – Singapore’s multi-sensory extravaganza – watch a world-class show with showcasing dramatic effects, water jet, lasers, bursts of fire and foot-tapping music set in the deep waters.

Round Island (Lunch)
Gain an interesting insight into Chinese mythology characters, legends and folklore at Haw Par Villa. Then, continue your journey northwards to the Kranji War Memorial. Unveiled in 1957, the memorial commemorates over 20,000 men and women who gave their lives for freedom in World War II. Lunch at a local restaurant before proceeding to Bright Hill Temple, a famous Chinese ancestral worship place. Drive past the Johore Battery and view a replica 15-inch ‘Monster Gun’, the largest to be installed outside Britain during World War II. The final stop is the Changi Chapel & Museum. The museum focuses on the memories and lives of both POWs and civilian internees who survived the Japanese occupation while the Changi Chapel is a symbolic replica of the original chapel found in the Changi Prison.

Golfing
With perfect weather nearly all year round, Singapore is the ideal destination for golfers from all over the world to tee off. International events such as the Caltex Singapore Masters, are held here. With the superb golfing facilities and an extensive selection of clubs - some of which have signature courses of their own - you’ll be spoiled for choice. You will not worry about your handicap either, as most courses have multiple tee off positions. You can play golf at almost anytime of the day - and night - as some courses are open for play in the evenings. This means you can enjoy the courses at a wide variety of clubs, regardless of your skill level.

Ducktours & HIPPOTours
Ride along with the Singapore Ducktours as they bring you on the Singapore Heritage Tour around the Civic and Marina District before plunging into the Singapore River onboard an amphibious craft. The LARC-V (Light Amphibious Resupply Craft) was first used as a military vehicle during WWII for the transportation of cargo. Today, the half-boot, half-truck vehicle is restored for visitors to experience the unique journey from land to sea as they take in the many sights around the area. While the ‘duck’ tours have been around in the US, UK and Australia, Singapore is the first in Asia to have this. Hop onto ‘duck’ and expect 60 minutes of wacky fun and waddling entertainment as you learn offbeat facts about Singapore from the entertainer-cum-tour-guide.

HIPPOTours is a double-decker open-top bus introduced in June 2004. It is a hop-on and off, topless HIPPOTour that will allow you to explore at your own pace and indulge in the things that you love. It is a unique way of city sightseeing and you can choose either the Sunny HIPPY-Day City Sightseeing or the Moonlight HIPPY – Night City Sightseeing.

Cruises
For a holiday with a touch of luxury, try a cruise. Singapore is the cruise hub in the Asia-Pacific. Choose from a diverse selection of cruise operators, both local and international, offering luxury cruises of discovery to nearby tropical destinations like the Malaysian resort islands of Tioman, Penang and Langkawi. Head off to the nearby Indonesian islands of Batam and Bintan and lie on idyllic beaches and dine on delicious seafood. Exotic destinations like Phuket and Malacca are also a short sail away.

Harbour & River Cruises
Cruises around the Southern islands of Kusu, St. John’s, Sisters and Lazarus are offered by a number of tour operators. These cruises include meals like lunch, high tea and romantic dinners for lovebirds.

OUTSIDE OF SINGAPORE

Johore Bahru
Drive across the causeway linking Singapore and Malaysia. After immigration, the tour of Johore Bahru commences with a visit to a Handicraft Centre to observe batik painting. This is followed by a visit to Sultan Abu Bakar Mosque where St. Francis Xavier, was interned, Cheng Hoon Teng Temple – the oldest Chinese temple in Malaysia and Kota De Santiago – the Portuguese fortress.

Malacca (Lunch)
Visit Malaysia’s most historical city, which has seen the rise and fall of major empires that extended their influence to this region. The legacy of the Malay Sultnate, Portuguese, Dutch and British is eminent in Malacca’s medieval charm, picturesque buildings, multi-racial population and narrow streets. This tour includes a visit to historic sites such as St Paul’s Hill where St. Francis Xavier was interred, Cheng Hoon Teng Temple – the oldest Chinese temple in Malaysia and Pra De Santiago – the Portuguese fortress.

Terms & Conditions apply. Detailed packages and prices are available for booking at the Tour Counter at the Ballroom Foyer, Level 2, Suntec Singapore.
Dear Friends and Colleagues,

On behalf of the Scientific Programme Committee, I welcome you to Singapore and to the 24th Conference of Alzheimer’s Disease International. The theme “Dementia: Engaging Societies Around the World” highlights the global impact of dementia and calls for societies to respond and recognise dementia as a health priority.

The ADI’s annual conference provides a unique opportunity for policy makers, scientists, clinicians, care professionals, family carers, volunteers and people with dementia to learn more about recent advances in Alzheimer’s research, as well as share innovative ideas in the care of people with dementia. We believe that the conference will foster interaction and collaboration among clinicians, scientists, caregivers and people with dementia.

The scientific programme has been planned to provide a comprehensive and updated overview of dementia research and management. We have a faculty of distinguished international, regional and local speakers and are confident that the various keynote and parallel sessions will be stimulating and engaging.

We would like to thank all the speakers, international, regional and local for taking the time to attend the Conference and share their expertise with us. We would also like to thank the sponsors and exhibitors for their support in making this conference a success.

Thank you for coming to Singapore to attend the conference. We wish everyone an enjoyable and fruitful meeting.

Dr Li-Ling Ng
Chairperson, Scientific Programme Committee
24th Conference of Alzheimer’s Disease International

Abstracts

Preface

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Abstracts
ECONOMIC IMPACT OF DEMENTIA

Purpose: Due to the “graying of the world” and the increasing number of persons suffering from dementia, costs of care and nursing of demented persons have an enormous economic impact on the health care and social services systems in advanced economies as well as in developing countries. In any society, there is also a great contribution of informal care which also has an enormous economic impact. The purpose of this presentation is to estimate the worldwide and regional cost of dementia from a societal viewpoint.

Method: Direct costs as well as costs of informal care were estimated by combining prevalence estimates, country and region specific data on Gross Domestic Product per person and average wage with results from previously published cost-of-disease studies in different countries.

Results: The total worldwide societal cost of dementia was estimated to US$ 315.4 billion in 2005, including US$105 billion for informal care (37%). Seventy-seven percent of all the total costs occur in the more developed regions with 46% of the prevalence. Regional and country specific cost estimates, alternative cost estimates of informal care as well as new cost estimates for Europe from the Eurocost project will also be presented.

Conclusion: Worldwide costs for dementia are enormous and informal care constitutes a major cost component. In light of the future prevalence estimates, in particular in less developed regions, the economic impact of dementia is a great challenge for any society. The health economics of dementia is also a highly relevant area for further research.
EMERGING TREATMENT FOR ALZHEIMER’S DISEASE

Elderly patients constitute an escalating proportion of the population resulting in an increased prevalence of Alzheimer Disease (AD). Treatment regimens throughout the different stages of dementia vary, with objectives broadening as the disease progresses and patients experience a deterioration of their symptoms. In the early stages of AD, an active patient role is encouraged and residual abilities are important. In severe dementia, in addition to treating the patient, means of reducing the burden on both the caregiver and health system must be considered. The pharmacoeconomic aspects of dementia are important. The cost of treating AD is high and the financial burden increases as the disease progresses.

Acetylcholinesterase inhibitors have been approved for treatment of mild to moderate AD. Two studies have been positive in moderately severe and severe AD. The NMDA-antagonist memantine has shown to be effective in moderate to severe AD. A pharmacoeconomic study showed that treatment with memantine reduced caregiver time and delayed institutionalisation, i.e. was cost effective. Furthermore a study in moderately severe and severe AD, with the combination donepezil and memantine, was very positive. Memantine is in Europe and US approved for moderate to severe AD, and donepezil is in US approved also for severe AD.

Rivastigmine patches were shown to be as effective as capsules but with only one-third of gastrointestinal side effects and are now approved worldwide. Patches were also shown to be preferred by the caregivers.

A new approach targeting the mitochondrial function has been tested in a Russian study demonstrating how it is possible to increase flexibility in procedures for staff and residents with dementia. The results show the importance of personal, environmental and occupational role. The results show the importance of personal, environmental and occupational role.

Unfortunately, despite the availability of effective treatments, people with dementia often only receive symptomatic treatment. This highlights the need for care models that are dementia-friendly.

Keynote 4, 27 March 2009, Friday

Bengt Winblad
NVI ko-ADRC, Karolinska Institut, Stockholm, Sweden

Keynote 5, 27 March 2009, Friday

Chris Nugent
Computer Science Research Institute, Faculty of Computing and Engineering,

CREATIVE TECHNOLOGY IN CARING FOR PEOPLE WITH DEMENTIA

As technology evolves and becomes increasingly powerful, more portable and also more affordable the opportunities for it to be used to support both people with dementia and their carers increase. Coupled with the evolution of technology is the rapid evolution of the underlying communication infrastructure. Modern day communications now provide flexible and cost effective ways for people to communicate with each other in addition to providing access to information within normal and working living environments.

This presentation will present the details of ongoing work aiming to map technological features and capabilities onto a form of services which can be created to address users’ perceived needs and hence establish creative environments within which care may be delivered, monitored and managed. More specifically a number of case studies will be presented which will demonstrate the potential application of mobile phone technology, touch screen interfaces and sensorised home environments.

Results from two evaluations of new technological solutions will also be presented. This will include a discussion of the experiences of people with dementia and also their carers along with methodological details of how this information can be used to inform the redesign of subsequent solutions.

As a conclusion the challenges of introducing technology into both the homes and lives of people with dementia and their carers will be discussed. The discussion will largely focus in two particular points; firstly, how to deal with the practical challenges of the reliability and validity of the technology and secondly the challenges associated with the usability of the technology itself from a user’s perspective.

Keynote 5, 27 March 2009, Friday

Hilary Lee
The Society for the Arts in Dementia Care (Australia) Inc, Perth, Western Australia, Australia

THE ARTS IN DEMENTIA

As the Chair of the Society for the Arts in Dementia Care in Australia, Hilary Lee will give an insight into unique applications of the creative arts in dementia from around the world and describe some of the fascinating projects she has personally been involved with in Australia. Hilary will introduce the audience to the unlimited possibilities that the arts offer in dementia care and show how the creative arts enable people with dementia to express their inner self and provide meaning in their lives. In this presentation CEOs and managers involved in aged care organisations will learn what to look for when they employ people to facilitate arts projects in their facilities. Hilary will bring the arts in dementia life through case studies, images and footage.

Keynote 5, 28 March 2009, Saturday

Chin Jing Jih
Department of Geriatric Medicine, Tan Tock Seng Hospital, Singapore Centre for Biomedical Ethics, National University of Singapore

ADVANCE DIRECTIVES – ETHICAL DILEMMAS IN DEMENTIA CARE

Advance directives are now widely recognised in many societies as an acceptable ethical and legal framework to extend regard for a competent person’s autonomy beyond the point when mental capacity is lost. However, not all agree on the appropriateness of applying what Ronald Dworkin calls “procedural autonomy” in patients with dementia, particularly those who are in severe stages. Reservations have been expressed regarding the validity of the wishes in patients where there is an obvious discrepancy of interests, and of personal identity, between the time a person executes an advance directive and the time when the patient has become severely impaired. Such advance instructions may even contradict the current overt wishes of the patient. Surrogate decision makers who adopt a subjective standard of substituted judgement when deciding for such patients also struggle with having to interpret and execute a “past” preference expressed by the pre-dementia person which is no longer in the best interest of the “present” demented person. But despite these criticisms, is there a better alternative? Should not the precedent choice, made by a mentally competent person, prevail over the choice of the “now but impaired self”? Is the execution of a precedent choice the ethically valid way of respecting a mentally incompetent person robbed of competency and hence autonomy?

This paper reviews the arguments raised in support for either perspective and explores possibilities for a reasonable approach to this challenging ethico-dilemma.

Keynote 6, 28 March 2009, Saturday

Jenny Abbey
South Australian Guardianship Board, Adelaide, Australia

QUALITY END OF LIFE CARE

There is now a slow-growing readiness to accept that the taboo subject of end-of-life care is a priority. This paper will focus on the ethical and legal implications of end-of-life care policies. It will reflect on the ethical and legal issues central to the provision of holistic care for people with dementia.

Keynote 6, 28 March 2009, Saturday

Helen Chiu
Department of Psychiatry, The Chinese University of Hong Kong, Hong Kong SAR

QUALITY CARE IN DEMENTIA – FOCUS ON COLLABORATION

Provision of quality care to people with dementia requires the involvement of multiple stakeholders. These include: persons with dementia, caregivers, health care professionals, the community partners and policy makers. Indeed, collaboration across different health care disciplines, various stakeholders, and different organisations is the key to successful holistic care for people with dementia. This presentation will focus on 3 aspects: collaboration in services, collaboration between organisations and collaboration in research.

In terms of services for people with dementia, evidence-based interventions for care for people with dementia in the community will be presented. The importance of collaboration between primary care, specialist care, allied health professionals, social services and community partners will be highlighted to address how to optimise models of care.

One of the major roles of Organisational Collaboration is in Advocacy. ADViC is an organisation that is well-positioned to collaborate with its member associations as well as other organisations to improve dementia care in different countries in the world. Working with other international organisations including the WHO, International Psychogeriatric Association, World Psychiatric Association, etc. will enhance the Advocacy efforts. Some specific examples will be used to illustrate this.

Collaboration in research will be discussed briefly, in particular its impact on dementia care in developing countries.
Purpose: To demonstrate how Alzheimer’s Australia WA provides quality dementia-specific respite services to our regional clients. Within our vast state of WA we operate four regional offices, each situated within 700km from our Perth based office and located within:

1. The blue coastal city of Mandurah, SW of Perth;
2. The green pastures of the great southern region, SE of Perth;
3. The red dust of the Goldfields, E of Perth;
4. The yellow fields of the Wheatbelt, NE of Perth.

Method: In order to objectively determine the effectiveness of our regional services, carer satisfaction surveys are distributed every twelve months from each regional office. These questionnaires are designed to elicit quantitative and qualitative responses from carers of people with dementia to determine their level of satisfaction with the services we provide.

Result: Thus far returned questionnaires have demonstrated a high level of satisfaction with services provided from our regional offices. The presentation will incorporate a selection of qualitative statements that will reflect positive statements about the quality of services we provide, and also statements that demonstrate areas in which we can improve, or about issues with which we should be concerned.

Conclusion: Despite the tyranny of distance and isolation from our Perth office, client satisfaction with our services has remained constantly high over the last five years. With this in mind, the presentation will explore and discuss:

• How our regional offices operate, noting that each region comes with its own unique set of issues
• How our quantitative responses demonstrate that the high level of client satisfaction is not just because carers are “desperate” for any respite services they can access
• How we can continue to improve our services in order to meet the changing needs of people living with dementia, now and in the future.
WHAT IS THE STATE OF PLAY FOR YOUNGER ONSET DEMENTIA RESEARCH?


**Purpose**
- To provide an overview of current research in younger onset dementia.
- To identify gaps in knowledge and potential areas for future research.

**Method**
- Review of published literature.

**Result**
- Younger onset dementia (onset before age 65) is a rare condition that affects approximately 1% of the population.
- It is characterized by cognitive decline, functional impairment, and behavioral and psychological symptoms (BPSD).

**Conclusion**
- There is a need for more research in this area to improve understanding and management of younger onset dementia.

**WHAT IS THE STATE OF PLAY FOR YOUNGER ONSET DEMENTIA RESEARCH?**

\textbf{Purpose:} The purpose of this presentation is to provide an overview of the current state of research on younger onset dementia, and to highlight some of the key challenges and opportunities in this field.

\textbf{Method:} A literature review was undertaken to identify key research questions and gaps in our understanding of younger onset dementia.

\textbf{Result:} Younger onset dementia (onset before age 65) is a rare condition that affects approximately 1% of the population. It is characterized by cognitive decline, functional impairment, and behavioral and psychological symptoms (BPSD).

\textbf{Conclusion:} There is a need for more research in this area to improve understanding and management of younger onset dementia.
MEETING NEEDS OF PEOPLE WITH DEMENTIA IN CARE HOMES
APR SCOTT
Mental Health, Northern Health & Social Care Trust, County Antrim, Northern Ireland

Challenging behaviours in dementia exceed the capacity of many care home staff. Medication is traditionally the first line treatment despite evidence it is of limited benefit, may heighten cognitive decline and is associated with cardiac and pulmonary problems in older people. Alternatively admission to hospital occurs even though ninety percent of challenging behaviours occur as a response to care practices or environmental factors. Instead, the reasons should be addressed with a particular focus on why, where, when and with whom these behavioural manifestations themselves.

In 2005, a five-month pilot study within the Northern Health and Social Services Board (NHSSB) (Antrim and Ballymena, Northern Ireland), using the Newcastle Model, a bio-psycho-social intervention received 32 referrals involving 11 care homes. The Newcastle Model formulates challenging behaviour in terms of people’s needs, which are assumed to drive their behaviours. The model is a hybrid of well-established ideas from salutogenic psychological models, but its distinguishing hallmark lies in the unique integration of teaching, supervision and intense support provided to staff in care homes.

The Neuropsychiatric Inventory Caregiver Distress (NPI-D) measures frequency and environmental correlates of agitation most strongly supports the unmet needs model, and the dimensions of the NPI-D are the following:

1. The most frequently reported “difficult to handle” environment was exhibited by older people with dementia who were: sleeping, going missing; wandering; complaining about personal items being stolen; and complaining about personal items being lost. 2. Effective Approach was found most effective in handling “wandering” behaviour. 3. Mace’ behavioural dimension, one of the training elements of the Holistic Approach was found most effective in handling “wandering” behaviour. 4. A significant increase was found in the intervention group on personal accommodation.

Conclusion: A Holistic Approach for training staff members in institutions strengthens caring practices and increases the personal accomplishment in care workers. Thus, the quality of care for older people with dementia can be improved while reducing staff burnout.

HEALING THE SPIRIT WITH POETRY AND PAINTING: IMAGE-MAKING, CREATIVITY, AND DEMENTIA
PATRICIA BAINES
Social Work, Hong Kong Shue Yan University, Hong Kong, China

Purpose: To strengthen quality of care in institutional settings in Hong Kong, this research identified disturbed behaviours in older people with dementia and developed a Holistic Approach training for improving practices of care staff.

Method: Stage I – 2007: A quantitative study of staff members working directly with older people with dementia in both government sub-vented and private institutions in Hong Kong completed difficult care staff questionnaire after handling disturbed behaviours and also their perception of burnout from working in institutional settings. Stage II – 2008: An intervention group (N=11) and a control group (N=6) were set up in two Care & Attention Homes respectively. The intervention group received eight workshops of Holistic Approach training while no training was provided for the control group.

Result: The five most frequently reported “difficult to handle” environment exhibited by older people with dementia were: sleeping, going missing; wandering; complaining about personal items being stolen; and complaining about personal items being lost. Hilary Lee has given examples of innovative arts programs which the older person can contribute to, being active, initiated and creative. The practice of poetry and painting as forms of cognitive remediation can lead to a decrease in the quality of care for older people with dementia.

Non-Pharmacological Treatment and Intervention
Non-Pharmacological Treatment and Intervention

26 March 2009, Thursday
1345 hrs – 1515 hrs
Ballroom 2

Non-Pharmacological Treatment and Intervention: NON-P510
Dementia Beyond Drugs
G. ALLEN POWER¹, JANIE VENITY², HILARY LEE³
Mental Health, Northern Ireland, UK; ¹Ballymena, ²UK, ³Australia

Purpose: In nursing homes in the UK and other industrialised countries, about 40% of people with dementia are prescribed antipsychotic medications. Despite increasing evidence that questions both the safety and efficacy of these drugs, their use continues to rise. Why do we continue to use these medications? Because we do not have a better pill. This is the paradigm that limits our care: we are only looking for a pill. Much of the excess morbidity of dementia is related to our model of care itself. This explains why non-pharmacological approaches are often left short of success in practice. An innovative approach to non-pharmacological care change, Dr. Power and Ms. Lee will take to the attendees a different view of dementia and age-related neuro-degenerative disorders. By featuring work of innovators in clinical and biological psychology, the presenters will then construct a new ‘experimental’ view of dementia. They will use this paradigm to construct an enlightened care environment that fosters growth and engagement, rather than simply mitigating negative symptoms.

‘Non-pharmacological paradigm’ method is based on the following principles:

- An enlightened approach to dementia requires us to step beyond the biomedical model, which views the disease from a ‘deficit’ perspective and disengages and disenfranchises people with dementia and their families who are lights to improve the spirit of dementia and create opportunities for growth and increased well-being, even in advanced dementia.

- The second program is to present a concrete application of these principles, the Spark of Life, and a compelling video will show the dramatic effect it can have on people with severe dementia.

- Participants will be able to: Define person-centered care and the Best Friends Model of dementia care which can be applied to people with cognitive and physical disabilities. If the dementia like we would want to be treated we were in a similar situation. What people with dementia need most is a friend. A Best Friend accepts the person’s situation, learns about the diagnosis and together develop a relationship and pursue creative activities and works to help the person preserve dignity throughout the illness. Family members may find an “adult child day centres” and home settings to give staff member who have a loved one’s illness. Professionals are using this as a philosophy of care and a paradigm shift to a different view of dementia and dementia care. This presentation will use this paradigm to construct an enlightened care environment that fosters growth and increased well-being, even in advanced dementia.

- This inspirational workshop has 3 parts. In the first part, Hilary Lee will give examples of innovative arts programs which the older person can contribute to, being active, initiated and creative. The practice of poetry and painting as forms of cognitive remediation can lead to a decrease in the quality of care for older people with dementia.

- Hilary will discuss the importance of the evaluation of the programs. Two specific assessment tools will be described with some general recommendations for the evaluation process. During the workshop there will be opportunities for questions and discussion.
27 March 2009, Friday
1030 hrs – 1200 hrs
Room 325
Parallel Sessions

TRAINING OF PROFESSIONAL CAREGivers

ENABLING CARE STAFF WORK MORE EFFECTIVELY WITH BEHAVIOURS THAT CHALLENGE

ANN SCOTT

Mental Health, Northern Health & Social Care Trust, County Antrim, Northern Ireland

Challenging behaviours in dementia exceed the capacity of many professional caregivers. Often a diagnostic overshadowing exists whereby all behaviours are attributed to the dementia process. However, ninety percent of challenging behaviours occur as a response to care practices or environmental factors. Consequently, the reasons for the behaviours should be addressed with a particular focus on when, why and with whom these behaviours manifest themselves. Unfortunately most training concentrates on what staff do wrong rather than offering alternative strategies which may leave staff despondent. Interactive workshops that focus on reflection on current practice and how opportunities to develop problem-solving skills is recommended. Training should emphasise the importance of flexibility and the need to move away from rigid care procedures. It is important to recognise the repertoire of skills professional caregivers already have, and then build on these to equip them to develop a toolbox of strategies that are transferable for use in different situations.

In the Northern Health and Social Care Trust (NHSCBT) a Behaviour Sciences Nursing Service has recently been developed to enable professional caregivers understand and work more effectively with behaviours they find challenging. Using the ‘Newcastle Model’, a conceptual framework, our core business is to:

- Provide teaching and training
- Consultancy and advice
- Support and supervision

To do this we bring:

- A new perspective on a case
- Use formulations to understand a person’s behaviour
- A new perspective on a case
- Support and supervision

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- Use formulations to understand a person’s behaviour
- A new perspective on a case
- Support and supervision

Purpose: Important steps in the area of dementia care, first to hear the voices of persons with dementia and, second, to recognise the importance of a relational approach to the dementia experience, have been taken over the past decade. The next step is to recognize the importance of understanding both of these within a broader socio-cultural context.

Method: The Centre for Research on Personhood in Dementia (CRPD) is a multi-site, virtual interdisciplinary research centre located in Canada that is focused on non-biomedical approaches to understanding and supporting persons with dementia and their family. As part of our work, we have been developing a conceptual framework that facilitates a multi-dimensional approach to dementia research and practice by moving iteratively between the personal, interpersonal and societal context. This framework promotes interdisciplinary research and provides a lens for developing a broader understanding of the dementia experience. This purpose of this presentation will be to provide a brief overview of this framework and, drawing on current case study research, illustrate how each dimension leads to a complimentary but increasingly complex understanding of the dementia experience.

Results: How this experience has understood implications for intervention. Specifically it highlights the need for a multi-level approach to practice that focuses simultaneously on supporting persons with dementia and their family. As part of our work, we have been developing a conceptual framework that facilitates a multi-dimensional approach to dementia research and practice by moving iteratively between the personal, interpersonal and societal context. This framework promotes interdisciplinary research and provides a lens for developing a broader understanding of the dementia experience. This purpose of this presentation will be to provide a brief overview of this framework and, drawing on current case study research, illustrate how each dimension leads to a complimentary but increasingly complex understanding of the dementia experience.

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LIP-S001

LIFE IS COOL WITH A FIT BRAIN - THE HEALTH PROMOTION CAMPAIGN FOR TEENAGERS

SANNA KAUPINEN

Alzheimer Society of Finland, Helsinki, Finland

Purpose: Life is Cool with a Fit Brain is a national health promotion campaign aimed at teenagers to increase their knowledge of the factors affecting their brain health, learning capabilities and memory function. The aim of the campaign was to empower the youngsters to take care of their brain and the future well-being of it. Different kinds of illnesses influence the learning process and the functioning of our memory. The brain develops in social relationships, in interaction and with cognitive challenges. Physical exercise, an adequate amount of sleep, a healthy lifestyle and a balanced diet support the learning process and the functioning of our memory. In contrast, substance abuse – e.g. the use of psychotropic drugs or excessive drinking – may be connected to a premature decline of the memory.

Method: Together with its local associations The Alzheimer Society of Finland organised campaigns focusing on brain health, memory and active learning skills in the lower secondary schools in Finland. Pupils between ages 13 and 14 concentrated on finding new practical learning and memorising strategies. More than 500,000 pupils participated and answered the questionnaire before and after the campaign.

Result: The questionnaires show that the teenagers are interested in the well-being of their brain but do not pay much attention to the question. They are aware of the harmful impacts of the intoxicants and are keen on getting more information. The presentation will concentrate on describing the interventions in the schools, their effectiveness and the final results of the survey.

Conclusion: In the strategy for the coming four years The Alzheimer Society of Finland will be emphasizing the importance of the primary prevention and the lifelong opportunities of taking care of one’s brain, beginning already in the early years of learning. It is also important to encourage the teenagers to take part in the activities arranged by the Alzheimer Society.

PREVENTION AND TREATMENT OF VASCULAR COGNITIVE IMPAIRMENT

VINCENT C.T. MOO

The Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong

Cerebrovascular disease is probably the second most common cause for cognitive impairment and dementia in the elderly. The mechanisms for vascular cognitive impairment (VCI) is complex and may involve an interaction between host factors (e.g. age, education), vascular lesions (e.g. severity of white matter lesion, location and size of infarct, concurrent atrial fibrillation, atrial arrhythmia), and the interaction between dementia and cerebrovascular disease (i.e. Alzheimer’s disease). Since executive dysfunction is prominent in patients with VCI due to disruption of the fronto-subcortical circuits by vascular lesions, inclusion of executive task as part of the cognitive battery is critical for the evaluation of cognition for VCI patients. Recent meta-analysis suggested that the efficacy of acetylcholinesterase inhibitors and memantine is only modest for VCI. Given its "vascular" nature, prevention of VCI has become a major research focus in recent years. In PROGRESS, perindopril-based therapy was found to decrease the incidence of stroke related dementia by 34% and the PROGRESS MRI substudy showed that perindopril based study was also able to retard the progression of white matter lesion. The RCOAS MRI substudy stated that statin may be able to retard progression of white matter lesion among those with severe white matter lesion at baseline. Another study, VITAL-CAPS – MRI substudy, is now underway to evaluate the effect of homocysteine lowering therapy for prevention of white matter lesion progression and cognitive decline among stroke patients with severe white matter lesion.
PEOPLE WITH DEMENTIA

MYRNA BLAKE
Formerly at Department of Social Work & Psychology, National University of Singapore, Singapore

A sharing experience by a person with dementia of the adjustments she had to make in living with dementia and her outreach to the ill after her diagnosis.

PWD-PS62 RECONCILING AND SUPPORTING SELFHOOD WITHIN INTERACTION: A NEW WAY TO FACILITATE A PERSON-CENTRED APPROACH TO DEMENTIA CARE

FIONA KELLY¹
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We describe the development and implementation of a new person-centred approach to dementia care that focuses on the social and cognitive development of selfhood, engaged in limited and sometimes abusive interactions with resultant ill-being documented in extensive fieldnotes.

Method: The person-centred and selfhood approaches were integrated throughout the research and analysis of this person-centred ethnographic study. Over six months of fieldwork, 17 six-hour dementia Care Maps were carried out, along with video recording participants during creative sessions. Conversations, observations and reflections were documented in extensive fieldnotes.

Conclusion: The key finding is that interaction types were influenced by whether or not they recognised and supported their patient's selfhood. Those who recognised and supported selfhood engaged in more positive interactions with resultant increases in their patients' well-being. Those who did not, and therefore could not support selfhood, engaged in limited and sometimes abusive interactions with resultant ill-being.

Conclusion: In order to facilitate high quality dementia care, this paper recommends using the selfhood approach within staff training programmes. This might encourage staff to recognise and respond to aspects of selfhood as they carry out care. There is the potential here to transform care practices and improve the lives of people with dementia in long-term care.


PS623: In August 2007, after much lobbying by the Alzheimer’s Society and others, the National Health Service (NHS) announced a one-year programme of consultation to develop a National Dementia Strategy. The consultation was to identify the needs of people with dementia and their carers, and to involve those affected in the design and analysis of this multi-method ethnographic study. Over six months of fieldwork, 17 six-hour dementia Care Maps were carried out, along with video recording participants during creative sessions. Conversations, observations and reflections were documented in extensive fieldnotes.

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TEC-PS07
GPS TECHNOLOGY - ANOTHER RESTRAINT OR A KEY TO FREEDOM?
JASON BURTON¹, SHERIDAN READ²
Research and Consultancy Services, Alzheimer’s Australia WA Ltd, Perth, Australia¹; Research and Consultancy Services, Alzheimer’s Australia WA Ltd, Perth, Australia²
Purpose: The advancement of Global Positioning System Technology has for the first time given us devices that can accurately and reliably locate people living with dementia when they are not walking. Alzheimer’s WA has been at the leading edge of research into the use and development of this type of equipment and this paper will explore some of the practical and ethical issues around the use of this assistive technology.
Method: Using research conducted over the last 3 years, as well as the experience of a new service delivery model being applied in Western Australia, this presentation will discuss key issues such as ethics, terminology, barriers, people with dementia’s views, and the patient and family’s experience of using such technology.
Result: Research conducted has led us to the development of an innovative dementia oriented interface for end users. We will demonstrate through real life deployment case studies how the technology has provided coherent insight regarding usability; carers reported that target persons with mild Alzheimer’s via the delivery of the video reminders on their mobile phone.
Results: The first prototype system was evaluated on 6 subjects; 3 young controls, 2 elderly controls, and 4 persons diagnosed with mild stage Alzheimer’s. Overall feedback was positive, young controls provided valuable information regarding system stability, elderly controls provided coherent insight regarding usability, carers reported that target device was used appropriately with the device. The feedback following a set of 3 days of trials has been used to refine the system in preparation for a larger 1 week trial involving 9 people. This trial group interacted appropriately with the device. The feedback following a set of 3 days of trials has been used to refine the system in preparation for a larger 1 week trial involving 9 people. This trial group interacted appropriately with the device. The feedback following a set of 3 days of trials has been used to refine the system in preparation for a larger 1 week trial involving 9 people. This trial group interacted appropriately with the device.
Conclusion: Assistive technology is playing an increasing role in the support of people living with dementia. The emergence of GPS technology may provide a supportive intervention to assist people living with dementia to maintain independence and freedom of choice.

MOBILE PHONE AS A MEANS OF REMINDER
CHRIS NUGENT¹, MP DONNELLY², D CRAIG³, S MASON³
University of Ulster, Northern Ireland¹; Computer Science Research Institute, University of Ulster, Northern Ireland; Department of Geriatric Medicine, Queen’s University Belfast / Belfast City Hospital, Northern Ireland³
Purpose: Demographic changes are creating new demands on society in terms of care provision and economic costs. Of particular relevance is the challenge of dealing with the major health conditions associated with ageing, such as dementia. Associated with dementia are the key challenges with improving the quality of life and independence of such persons. Current research investigating the application of ICT has resulted in the provision of a number of devices and services that can be embedded in home environments to assist with supporting and promoting independent living.
Method: Our work aims to assist persons with mild Alzheimer’s disease through the provision of memory cues to support when conducting daily activities. Specifically, an innovative ICT system allows carers to pre-record video based reminders using a web-based scheduling system over the GSM network to a single button mobile phone. At regular intervals familiar faces provide helpful instruction / reminder to persons with mild Alzheimer’s via the delivery of the video reminders on their mobile phone.
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Conclusion: The advantage of our system lies in the provision of supporting activities of daily living by providing a virtual carer to offer regular assistance, guidance and reminding.

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DIAGNOSIS AND TREATMENT - ROLE OF GPS
DIA-PS04
PREDICTING SAFETY TO DRIVE IN PEOPLE WITH DEMENTIA
NAIDIA B LINCOLN¹, JENNIFER T. LEEWARD², KRISTINA VILLA³
Institute of Health, Health and Wellbeing, University of Nottingham, Nottingham, United Kingdom¹
Purpose: Lincoln et al. (2006) developed a cognitive test battery for predicting safety to drive in people with dementia. We aimed to check the accuracy of this battery and to assess whether this could be improved by shortening it, including additional tests, and by including measures of previous driving.
Method: Seventy-five patients were recruited and completed the cognitive test battery. Of these, 68 were assessed on the road. Those patients were aged 58 to 88 (mean=75.32, SD=7.0) and 50 men (51.3%) had Alzheimer’s dementia, 21.2% vascular dementia and 27.3% other Causes. Cognitive testing included measures of concentration, executive function, visuospatial perception, verbal recognition memory, and speed of information processing. Patients were then assessed on the Nottingham Neurological Driving Assessment (Raffold, 2001) by an Approved Driving Instructor, blind to the cognitive test results.
Result: Fourteen participants were unsafe and 42 safe to drive. Using a cut-off of 5, the original predictive equations correctly classified 79.4% of participants. A discriminant function analysis on the current data revealed no improvement in accuracy by including additional tests.
Conclusion: In the present study, a lower proportion of participants were found to be unsafe on the road than in previous studies. Despite this, the previously identified equations predicted reliably predicted safety to drive. We suggest that the cognitive test battery might not be sufficient on its own to identify those patients with dementia who would benefit from an on-road assessment.
Lincoln et al. (2006), International Journal of Geriatric Psychiatry, 21(11), 1044-1051.

TECHNICAL CHALLENGES IN DEMENTIA CARE: A CASE-STUDY BASED ANALYSIS
JIT BIRWA
Protocols Department, Institute for Informatic Research, Singapore
Dementia care should involve a holistic approach, providing needs based and assistive services, not only to the patients themselves, who is perhaps cognitively and functionally impaired, but also to their carers and family members. Despite progress made in technology, fundamental challenges make it difficult to automate care delivery beyond a point. We have found that a case-study based approach, taking small measurable steps at a time, and addressing current needs is often the most meaningful way to ameliorate the hardships and complexities in dementia care. In this talk we will discuss the following challenges, namely a) fine grained activity recognition b) erroneous behaviour understanding and correction c) human computer interaction: hiding the complexity, and d) task-level issues: optimising resources and providing a service oriented interface for end users. We will demonstrate through real life deployment case studies how we have addressed these, and are in the process of addressing each of these challenges.

PREDICTING SAFETY TO DRIVE IN PEOPLE WITH DEMENTIA
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HELPING GPS ASSSESS WHEN GENETIC TESTING IS APPROPRIATE
ALESSA SADAOVNIKOVA¹, RACHEL BUTLER², EMILY DWYSH²
Medical Genetics, University of British Columbia, Vancouver, Canada¹; Medical Genetics, University of British Columbia, Vancouver, Canada²
Purpose: Physicians in general practice are often faced with a dilemma when asked by AD patients or their family members about the need to carry out genetic testing for Alzheimer’s disease. We present a case study of a pre-drawn circle in screening for early dementia in an Asian population.
Method: Practical case examples will be used to illustrate “in-office” situations with which general practitioners commonly are faced. “Decision making” information will be provided for use by these health care professionals. The presentation will also refer to guidelines for genetic testing from the 3rd Canadian Consensus Conference on Diagnosis and Treatment of Dementia. Results: The presentation fociuses on AD, the concept will be helpful to physicians when dealing with dementia other than AD. Conclusion: Practical guidelines can often act as “gatekeepers” to ensure that only appropriate individuals are referred for specialised genetic testing and counselling, thereby reducing the stress to the individual and ensuring that genetic services for a region are not unnecessarily overtaxed. In summary, they must understand the implications of the following statements:
1. Different causes for dementia exist, even within a family.
2. Genetics can be complex, in particular when understanding the differences between causative/deterministic genes and susceptibility genes.
3. The majority of dementia does not typically run in families.
4. Genetic testing for dementia not available in most cases.
Institute of Mental Health, Peking University, Beijing, China¹; Institute of Psychiatry, FERRI², FANG YAN¹, RENATA SOUSA², WEIMIN DANG¹, MARTIN PRINCE², ZHAORUI LIU¹, EMILIANO ALBANESE², YUEQIN HUANG¹, SHURAN LI¹, CLEUSA

NEEDS OF FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA IN SINGAPORE
FONG ANG PHOON¹, LEE SOO MARY¹, CHEO HUI LING¹, JOH YEN J JENNIE¹, TERENCE YAP¹, LIM KIP PHILIP²
Community, Occupations and Family Medicine Department, NUS, Singapore; Singapore Institute for Neurological Research, NUS, Singapore; Singapore Institute for Clinical Enquiries, Singapore; Singapore; Alzheimer’s Disease Association, Singapore; Singapore

Purpose : To assess the health care needs of family caregivers at a community setting in Singapore and to determine if there are differences in needs according to caregivers’ characteristics. The secondary aims were to determine the predictors of the need for help. Methods: A cross-sectional survey of caregivers of dementia patients was carried out from May to August 2008. A total of 100 caregivers were recruited and completed the questionnaire. A 5-point Likert-type scale (1= not important, 2=not so important, 3=not sure, 4=somewhat important and 5=important) was used. Results: There were 95 female and 30 male family caregivers in the study. Majority of them were children (58.4%, son 17.7%), followed by spouses (husband 7.2%, wife 4%), and children of patients (4%). The severity of dementia (DSM) 8% of the PiPS they were caring for were as follows 12% mild, 44% moderate and 36% severe. Of the 36 needs statements, 18 statements had 80% of caregivers agreeing to “somewhat important” or “important”. The top five expressed needs and the mean score (out of a maximum of 5) were: 1) A safe and supportive home environment for the patient (4.7), 2) Better trained staff caring for patient in care centres, hospitals and nursing homes (4.7), 3) Medical treatment for the patient to control the symptoms of dementia even though there is no cure (4.2), 4) Opportunities to discuss the patient’s condition and treatment options in detail with the doctor, and 5) Support from family, relatives & friends to aid in your caregiving (4.6). Conclusion: A great proportion of family caregivers expressed a wide variety of needs, both their own needs as well as the needs of the PiPS and this provides useful information for planning and developing services for PiPS and their family caregivers.

SVC-FP04
URBAN AND RURAL DIFFERENCES IN NON-COMMUNICABLE DISEASES AND CARE ARRANGEMENTS BETWEEN CHINESE: A 1018 DEMENTIA REGRESSION GROUP-BASED STUDY
ZHAIQIU LU¹, EMMANUEL ALBENESE₃, YUEGUO HU, SHURANGU LI, CLEUSA FERRY, FANG YAY², REYNAL BOYCE, SUONG CHONG HONG, MARTIN PRINCE²
Institute of Mental Health, Peking University, Beijing, China; Institute of Psychiatry, King’s College London, London, United Kingdom

Purpose: To describe and compare the patterns of recent health service utilization and care arrangement of urban and rural Chinese elderly. Methods: A one-phase cross-sectional survey of whole elderly (65 years and over) residing in two urban (Shanghai, Beijing) and two rural areas (Hebei, Anhui) in China. Interviews were carried out according to the 1996 standardized protocol, which comprises questionnaire on participants’ socio-demographic characteristics, health status, health services utilization, anxiety and depression, coping styles and a physical neurological examination, as well as care arrangements, impact-economic and practical-and psychological well-being. Caregiver strain was measured by means of a modified version of the Zarit Burden Interview. Results: A total of 2162 participants took part into the study, for an overall response rate of 83%. Rural elderly Chinese were younger, less educated, had no pension and lived within larger families. Urban elderly Chinese had more strain of rural ones. 93.3% of rural Chinese had not used any health service in the 3 months preceding the interview. Dementia did not predict the use of any health service. Conclusion: There are differences between urban and rural elderly in terms of socio-demographic characteristics, physical health, service utilization and social care. Dementia is the predictor of social care, while it does not influence the health service utilization among the elderly.

SVC-FP05
A COMPARISON STUDY OF DEMENTIA SERVICES IN SINGAPORE AND CHINA
CHEO HUI LING¹, ANN SCOTT², PHILIP YAP²
Geantic Center, Alexandra Hospital, Singapore; Mental Health, Northern Health and Social Care Trust, Northern Ireland, United Kingdom

Dementia services in Singapore and China differ considerably, with a different array of services being provided. This study aimed to compare the differences in dementia care and services between Singapore and Northern Ireland. The study aimed to include as many of the possible dementia services as possible, both formal and informal. Results: There were 95 female and 30 male family caregivers in the study. Majority of them were children (58.4%, son 17.7%), followed by spouses (husband 7.2%, wife 4%), and children of patients (4%). The severity of dementia (DSM) 8% of the PiPS they were caring for were as follows 12% mild, 44% moderate and 36% severe. Of the 36 needs statements, 18 statements had 80% of caregivers agreeing to “somewhat important” or “important”. The top five expressed needs and the mean score (out of a maximum of 5) were: 1) A safe and supportive home environment for the patient (4.7), 2) Better trained staff caring for patient in care centres, hospitals and nursing homes (4.7), 3) Medical treatment for the patient to control the symptoms of dementia even though there is no cure (4.2), 4) Opportunities to discuss the patient’s condition and treatment options in detail with the doctor, and 5) Support from family, relatives & friends to aid in your caregiving (4.6). Conclusion: A great proportion of family caregivers expressed a wide variety of needs, both their own needs as well as the needs of the PiPS and this provides useful information for planning and developing services for PiPS and their family caregivers.

SVC-FP07
THE CHALLENGES AND TRIUMPHS OF INVOLVING RELATIVES IN JOINT TRAINING WITH CARE HOME STAFF
HENRY SIMMONS¹, JENNY HENDERSON¹
Training, Alzheimer Scotland, Edinburgh, Scotland

Purpose : To develop current care practice by supporting staff and relatives to meet the palliative care needs of people with dementia in the later stages of dementia (last 24 months). Method : People with advanced and palliative care champions in care homes who would like to be able to disseminate the information throughout the care home. Ihr: To provide a comprehensive three-day training for both staff and relatives on all aspects of palliative care as defined by the WHO including: communication with some one in the later stages of the illness and their families, involving relatives, spiritual, management of care, end of life issues and understanding relatives’ needs ; To provide staff with further half-day sessions of supported learning to enable them to implement their learning in practice. 3. To encourage relatives to feel great learning into practice either on an individual level with their family member or by helping them to implement change.

Result : There are approx 100 dementia champions and 60 relatives who have completed the course. 2. There have been many small but significant changes in care practice indicated by both staff and relatives. There has been an improved understanding of each other’s needs and is a example of relationship care in practice.; 4. The people with dementia who are dying of the illness and their relatives have been highlighted. 5. Relatives have found the sessions supportive and empowering because of the knowledge they have gained.

Conclusion: This innovative project demonstrates that difficult topics concerning end of life can be, and should be discussed with relatives. 2. There are huge opportunities for staff and relatives to learn from each other. 3. The possibilities for changing practice care is huge and the supported learning sessions has enabled staff to bring about change and involved relatives.

SVC-FP36
USING SMARTPHONE APPLICATION TO IMPROVE SHORT-TERM MEMORY LOSS IN PATIENTS WITH ALZHEIMER´S DEMENTIA
PADMAI L, BATSHGIRY, GIANLUCA DE LEÔD
Electrical-Engineering, ODU, Norfolk, USA, Research, WMASC, Softx, USA

Purpose: People with Alzheimer’s Dementia suffer from confusion, disorganised thinking, impaired judgment, trouble in expressing themselves and disorientation. In most of the patients, these patterns result in short-term memory loss. So, our main purpose is to assist these people suffering from short-term memory loss in reconciling their past memories. The purpose of this study is to compare the dementia services between Singapore and Northern Ireland. As the complexity and diversity of meeting the needs of people with dementia poses many challenges for healthcare staff, nurses can deal with these problems by sharing best practice initiatives.

Method: This study was supported through a grant from the Health Development and Prevention Program (HDPP), which is a programme for research in palliative care. A variety of different dementia care settings in Northern Ireland was visited to gain an understanding of the healthcare system and compare it to that of Singapore. The study consisted of service provision, nurse education and the treatment and management of the non-cognitive symptoms of dementia. Result: The study highlighted the similarities in the universal difficulties that the behaviour and psychological symptoms of dementia present. However, variation in management needed more care and consideration as well as greater assistance with activities of daily living and more disabled than those without dementia. The study also concluded that care services on Jadad is 3. Conclusion: The study reveals telling differences in dementia care between Singapore and Northern Ireland. The main differences were as follows 20% mild, 44% moderate and 36% severe. Of the 26 needs statements, 12 statements had 80% of caregivers agreeing to “somewhat important” or “important”. The top five expressed needs and the mean score (out of a maximum of 5) were: 1) A safe and supportive home environment for the patient (4.7), 2) Better trained staff caring for patient in care centres, hospitals and nursing homes (4.7), 3) Medical treatment for the patient to control the symptoms of dementia even though there is no cure (4.2), 4) Opportunities to discuss the patient’s condition and treatment options in detail with the doctor, and 5) Support from family, relatives & friends to aid in your caregiving (4.6). Conclusion: A great proportion of family caregivers expressed a wide variety of needs, both their own needs as well as the needs of the PiPS and this provides useful information for planning and developing services for PiPS and their family caregivers.
Purpose: To introduce an innovative multi-sensory activities for client with dementia and visual impairments.

Method:
1. The Hong Kong Society for the Blind established a TWSO sensory room with the theme related to Chinese traditional culture (e.g. Chao and Chinese beauty and customs).
2. Therapist and social worker design different types of sensory activities and treatment modalities in the sensory room which was different from the snoezelen environment used in other works.
3. Therapist designed a special sensory assessment form in evaluating the result of multi-sensory stimulation program.

Result: Participant showed a marked improvement in reducing BPSD at the aged home. Further research study is needed for proven effectiveness.

Purpose: Neuropharmacological treatment for patients with MCI and Alzheimer’s disease (AD) is dependent on their stage of cognitive impairment. MCI (Mini-Mental State Examination (MMSE) 24-29) and AD (MMSE ≤ 23) patients are included in the study.

Method: The patients received 3 months of the treatment. The treatment was based on the use of a special sensory assessment form and a special sensory stimulation program.

Result: The treatment showed a significant improvement in reducing BPSD at the aged home. Further research study is needed for proven effectiveness.

Purpose: The aim of this study is to set up a vision acquisition system for continuous monitoring of pain in patients with severe dementia to and develop pattern recognition algorithms for automatic detection of pain.

Method: Pain in elderly, and especially in severely demented patients, lacking their communication abilities, is a very underestimated reason of discomfort; facial expressions is known as a useful and reliable pain-indicator. However, the interpretation of these facial expressions by caregivers has limitations and is not consistent. Therefore a pilot study was conducted to set up a low-cost vision system that can continuously identify pain in real-time by means of facial pattern recognition techniques. Ten patients, admitted in the long-term care facility were included in this study. All patients suffered severe dementia, corresponding Reisberg’s Global Deterioration Scale stage 7. Image acquisition was performed by a new bedside two-camera system, linked to a computerized recording device. To label the facial expressions expert staff filled in 3-scale-paired (PASCAL, DS-DAT and FSP) on a new developed graphical user interface with touch screen (Digital Pain Labeling Tool or DPLT). All the information was stored in a database, allowing time stamping of recorded events, and aiming to develop pattern recognition algorithms.

Conclusion: The present vision acquisition system and digital pain labeling tool are very promising for a better recognition of pain in severe dementia. Further research will be focused on implementation of the tools in common clinical practice and on developing algorithms for automatic detection of pain.

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Conclusion: The present vision acquisition system and digital pain labeling tool are very promising for a better recognition of pain in severe dementia. Further research will be focused on implementation of the tools in common clinical practice and on developing algorithms for automatic detection of pain.

Purpose: The aim of this study is to set up a vision acquisition system for continuous monitoring of pain in patients with severe dementia to and develop pattern recognition algorithms for automatic detection of pain.

Method: Pain in elderly, and especially in severely demented patients, lacking their communication abilities, is a very underestimated reason of discomfort; facial expressions is known as a useful and reliable pain-indicator. However, the interpretation of these facial expressions by caregivers has limitations and is not consistent. Therefore a pilot study was conducted to set up a low-cost vision system that can continuously identify pain in real-time by means of facial pattern recognition techniques. Ten patients, admitted in the long-term care facility were included in this study. All patients suffered severe dementia, corresponding Reisberg’s Global Deterioration Scale stage 7. Image acquisition was performed by a new bedside two-camera system, linked to a computerized recording device. To label the facial expressions expert staff filled in 3-scale-paired (PASCAL, DS-DAT and FSP) on a new developed graphical user interface with touch screen (Digital Pain Labeling Tool or DPLT). All the information was stored in a database, allowing time stamping of recorded events, and aiming to develop pattern recognition algorithms.

Conclusion: The present vision acquisition system and digital pain labeling tool are very promising for a better recognition of pain in severe dementia. Further research will be focused on implementation of the tools in common clinical practice and on developing algorithms for automatic detection of pain.
CAREGIVERS

COV-P004 EARLY COGNITIVE CHANGES IN PERSONS WITH ALZHEIMER’S AND THEIR ADULT CHILD CAREGIVERS: DOES SYMPTOM SIMILARITY ADD TO CAREGIVER STRESS?

Purpose: Research consistently documents threats to well-being posed by caring for persons with Alzheimer’s disease. Here we examine an additional, neglected threat: cognitive changes experienced by middle-aged caregivers and the similarity of those changes to the early cognitive changes experienced by their parent with Alzheimer’s.

Method: As part of a larger study of personal concerns about developing Alzheimer’s disease, data were gathered in 2000 from 108 adult children (ages 40-66) with a living parent suffering from probable Alzheimer’s. We asked if these respondents had experienced any changes in their memory and, if so, if the types of changes they experienced (e.g., loses things, forgets words, etc.), subsequently, respondents were asked about early cognitive symptoms exhibited by the parent with Alzheimer’s. The two sets of cognitive changes were parsed and an index of the number of similar symptoms created. For the subsamples of adult children who were (N=7) and were not (N=04) the primary caregiver, correlations were run between the index of symptom similarity and stress, life satisfaction, subjective health status, and number of doctor visits.

Result: Among the adult children who were the primary caregiver for the parent with Alzheimer’s, physical and psychological well-being was associated with symptom similarity. The greater the number of cognitive changes respondents experienced in common with the parent, the higher their stress (r=.37, p<.05), the lower their life satisfaction (r=-.33, p<.05), and the greater the number of doctor visits in the past year (r=.54, p<.05). For the adult child who were not primary caregiver, none of the correlations approached significance.

Conclusion: Stress is common among caregivers to persons with Alzheimer’s. Our result suggest an additional source of stress for these caregivers: similarities between cognitive changes they are experiencing in middle age and the symptomatic cognitive changes experienced by their parent early in their Alzheimer’s process.

COV-P006 THE HELP SEEKING BEHAVIOUR AND BURDEN OF INFORMAL CARERS FOR DEMENTED ELDERS IN HONG KONG

Brenda Ho Wan Li¹, LISA SLM YIP², WAI-MAN CHAN²

Department of Health, Elderly Health Service, Hong Kong SAR

Purpose: To identify informal carers’ barriers to seeking medical help before formal diagnosis of dementia in elders and exploring the psychological burden upon diagnosis.

Method: Twenty four informal carers, each taking care of a newly diagnosed demented elder, were invited for an in-depth interview. Their barriers to seeking help were explored using a semi-structured questionnaire. Their psychological burden was assessed with the Zar’s Burden Interview (ZBI). The transcripts were analysed independently by an experienced clinical psychologist and a trained clinical psychologist using content analysis.

Result: Fifteen (62.5%) of the elders being taken care of by the subjects were mildly demented (CDR score=1). The time lag between onset of symptoms and formal diagnosis of demented ranged from 1 to 6 years. About half of the informal carers (55.7%) were spouse of the demented while one-third of the (33.3%) were children of the demented. The elders being taken care of by the 28% caregivers of the cases was 15, and the burden was significantly higher for those who were single than those who were married. Barriers to seeking help identified included lack of knowledge on dementia, belief that cognitive decline was part of normal aging, not knowing where to seek help, myths that dementia was incurable, and perception that the elders had not deteriorated over the years. On looking back, some informal carers mentioned that their elders might have benefited by earlier assessment and intervention.

Conclusion: In view of the aging population and the expected increase in number of demented patients in future, more publicity to increase awareness for dementia and greater community support for informal carers would enable them to provide better care for the demented patients and minimize burden among them.

COV-P015 IMPROVING HOSPITAL DISCHARGE PREPARATION AND SUPPORT FOR FAMILIES OF PATIENTS WITH DEMENTIA

Brenda Ho Wan Li¹, LISA SLM YIP², WAI-MAN CHAN²

Department of Health, Elderly Health Service, Hong Kong SAR

Purpose: In view of the aging population and the expected increase in number of demented patients in future, more publicity to increase awareness for dementia and greater community support for informal carers would enable them to provide better care for the demented patients and minimize burden among them.

Method: A qualitative longitudinal research design was used and twenty three family carers from Victoria were recruited using flyers and by hospital referral. Participant data was collected utilising semi-structured interviews. Data was coded and thematic analysis was conducted.

Result: The data suggests that family members frequently perceive the discharge planning in hospital to be ad hoc and that information, communication and care support they expect are often not provided.

Conclusion: The needs of family caregivers of patients with dementia are not always being met and the current practices of health professionals is in need of change. Family carers may hold negative views about the hospitals where their family member was treated as a result of their experience.

Free Paper Sessions

27 March 2008, Friday
1033 hrs – 1200 hrs
Roo 206 / 209

Free Paper Sessions

27 March 2008, Friday
1033 hrs – 1200 hrs
Roo 206 / 209
Bas-Fp01
Protective Effect of Naringin, a Citrus Flavonoid, Against Cognitive Impairment and Oxidative Stress in an Animal Model of Sporadic Dementia of Alzheimer's Type
Anil Kumar¹, Samrita Dogra¹
Pharmacology, University of Saskatchewan, Canada

Purpose: Alzheimer’s disease is a progressive neurodegenerative disorder affecting the brain and its function. It is also known as senile or senile dementia of Alzheimer’s type and considered the most common cause of dementia among the elderly. The primary pathological feature of AD is the degeneration of neurons in the brain. This work was supported by CONACyT grant No. 47630.

Method: Male Wistar rats of either sex, 2-3 months old (Central Animal House, Panjab University, Chandigarh, India) and weighing 180-200g at the start of the study were used. Water Maze, Hebb-Williams Maze and Elevated Plus Maze served as extensive memory models, whereas scopolamine-induced amnesia and amyotrophic lateral sclerosis involved as interactive memory models. The brain acetylcholinesterase activity, brain thioruburic acid reactive substances (TBARS) and brain reduced glutathione levels (GSH) were also estimated.

Result: The administration of Chyawanprash for the management of Alzheimer’s disease owing to its antioxidant effect, pro-cholinergic action and/or neuroprotective property.

Conclusion: This work was supported by CONACyT grant No. 47630.

Bas-Fp04
Thiamine Deficiency Increases S-SecrETAsY Activity and Accumulation of aAmyloid Peptides
Zulkiroh Abdulrahman¹, Said Sattar², Jhun J. Diago³, Romeo de Leon, Jr.³
University of the Philippines, Philippines

Purpose: Thiamine pyrophosphate (TPP) and the activities of thiamine-dependent enzymes are decreased in Alzheimer’s disease (AD) patients. In this study, we aimed to study the relationship between thiamine deficiency (TD) and amyloid precursor protein (APP) processing in mice with thiamine deficiency.

Method: TD was induced both in SH-SY5Y neuroblastoma cells overexpressing APP, and C57BL/6j mice. APP processing was measured in both cellular and animal models of TD were measured.

Result: In SH-SY5Y neuroblastoma cells overexpressing APP, TD promoted maturation of s-APP degrading enzyme (sACE) (BACE1), resulting in s-APP processing.

Conclusion: These findings form the basis for the development of therapeutic interventions to combat neurodegenerative diseases associated with thiamine deficiency.

Bas-Fp05
Early Stages of PathologicalTau Protein Processing Is Characterized by A Specific Sequence of Phosphorylations and Thio-Modifications
Raul Menéndez, Luis-Miguel J. Diaz
Department of Pathology and Neurosciences, Center of Research and Advanced Studies, Mexico, D.F.

Purpose: Hyperphosphorylation and truncation have been proposed as key events in the abnormal tau protein processing leading to the genesis of paired helical filaments (PHF) in Alzheimer’s disease (AD). A recent hypothesis involving confocal imaging changes has been emerging. To date, the majority of studies addressed to understand the genesis of PHF have been based on the analysis of overt tangles. In addition, all the existing models addressed normal and pathological tau protein are somewhat present in mature tangles. Therefore, it is possible that only those events occurring massively may be detected when observations are restricted to the type of structure, so missing less evident events. In general, it has been difficult to Early Stages of Tau protein processing.

Method: In this study, by the use of selected tau markers and confocal microscopy in double and triple immunostaining, and the combination with thiazin red, it was able to determine a morphological model and the underlying molecular mechanism involved in early stages of tau protein abnormal processing.

Conclusion: This molecular mechanism is characterized by a hierarchical sequence of events of phosphorylation and truncation resulting in confocal imaging along the tau molecule.

Bas-Fp06
Act-Fp10
Writing a Life Story for a Person with Dementia: Its Uses and Benefits
Boon Kheng

Purpose: This paper will examine why writing a life story for a person with dementia results in a variety of uses and benefits. Writing a life story for someone with dementia will result in a wide range of benefits for the person with dementia and for their family. It will also be beneficial for the people both within and outside the family. By encouraging family members, support workers and other staff to understand the benefits and comfort the use of life stories it can bring, energy and resources can be directed towards commencing the process usually begins. With the assistance of a person’s life story we can catch a rare glimpse of the texture and richness of their lives. These reminiscences can be expressed in a variety of settings.

Method: We begin the process by reminiscing with the person about the story of his or her life. This process can be true of the family photos used as prompts, or through places talked about in their stories. The very act of engaging the person in talking and remembering gives you the jewels of their life some meaning. The person may be far and even feeling unhappy, but by remembering the value their life has brought to others, we increase their sense of self-worth and value to society.

Result: Case Study. A life story was compiled for a client already in a care facility. It pictorially demonstrated many happy times in her life and helped her to focus on positive aspects she had experienced. Her life story assisted staff in understanding the beautiful person she was, and gave them a tool to combat negative moods before they became a problem.

Conclusion: By enabling a person to keep hold of their life story and to share it with others, we assist in keeping their memories alive whilst at the same time leaving behind a journey for the future generations to come. We are privileged to see behind the person with memory loss, and to understand why their behaviours are so affected by the past whilst focusing on the positive.

ACT-FP09
Gains in Alzheimer’s Care Instrument (GAIN) - A Novel Scale to Assess Gains in Dementia Caregiving
Phu Cuong Dinh, Dinah Jenny C. Cho, Hoa Luc, Nhi N. Ly, Ng. Van Y. Binh, Seng Boon Kheng, Lien Soan My, June Lim, Trisha Liew, Donald Yeo
Genetic Medicine, Alexandra Hospital, Singapore; Alzheimer’s Disease Association Singapore, Singapore; Department of Neurology, National University Hospital, Singapore; Singapore, National University of Singapore, Singapore; Social Work, University of Singapore, Singapore; South East Singapore Family Medicine, Occupational Training Institute of Singapore

Purpose: GAIN shows promise as a reliable and valid instrument for objective measurement of gains in Alzheimer’s caregivers at home. This study aimed to develop a new instrument (GAIN) to measure gains in dementia caregiving. The study was supported by a research grant in dementia caregiving from the Global Health Challenge (GHC2) and Zarit Burden Interview.

Method: The items in GAIN were derived from themes identified through qualitative study of family caregivers using the grounded theory approach. Content validity was established by a group of 10 family carers and a team of dementia experts (geriatrician, nurse, social worker). GAIN was then administered to 115 carers, and evaluated for reliability and validity with respect to psychometric analyses. Exploratory factor analysis was performed and construct validity determined by Pearson’s correlation with established measures. Internal consistency of GAIN was supported by weighted kappa (GHC2) and Zarit Burden Interview.

Result: GAIN comprised 10 items that emerged from 3 themes: personal growth, gains in caregiving, and gains in their original memory. GAIN was identified as a single component (alpha value 0.65) with test-retest reliability by Intraclass Correlation Coefficient (ICC) was 0.73. GAINS correlated strongly with PDI (r = 0.76, p<0.0001), and moderately with GHC2 (r = 0.42, p<0.001) and ZBI (r = 0.35, p<0.002).

Conclusion: GAIN shows promise as a reliable and valid instrument for objective measurement of gains in dementia caregiving and can add a new and important dimension to care assessment in dementia.
ACT-PF13 USING SPONTANEOUS ACTIVITY OPPORTUNITIES TO PROMOTE ENGAGEMENT OF PEOPLE WITH BPSD IN RESIDENTIAL CARE
LUM LIM MUN, MARY ATTWOOD, ALISON MCKEE, HARRIS*, HAZEL, SARGEANT* St Vincent's Aged Psychiatry Service, St Vincent's Hospital, Kew, Australia.

Purpose: Up to 90% of people with dementia experience behavioural and psychological symptoms of dementia (BPSD) during the course of their illness. The presence of these symptoms is not only challenging for the patients and their families, but also requires significant attention from the elders, and carers of the dementia patients. In this study, we aimed to maximise opportunities for spontaneous activity within a residential care facility that houses people with moderately severe to severe BPSD.

Method: The environment within the 30 bed psychogeriatric residential care facility was modified to incorporate themed activity stations and environmental fixtures. Data was collected on the change in behavioural and psychological symptoms of dementia of the residents and care worker and family satisfaction. Post measures of well-being were also collected.

Conclusion: Spontaneous activity opportunities can assist in modifying some behavioural and psychological symptoms of dementia and assist in continuing the life story of older people with dementia. The Zarit Burden Interview is a valid and reliable instrument for measuring the burden experienced by caregivers of elderly persons with dementia. The Zarit Burden score was highly correlated with the BAS (correlation score = 0.77, p < 0.001) and the GDS-28 total score (correlation score = 0.60, p < 0.001). The Zarit Burden score was also strongly correlated with patients' dementia symptoms measured by the revised memory and behaviour problems checklist (RMBPC) (correlation score = 0.58, p < 0.001). The correlation coefficient between the Zarit and the care management strategies (CMS) criticism subscale was 0.62 (p = 0.001), suggesting that caregivers reporting higher level of burden tended to criticise their patients more often than those who reported lower level of burden. Similarly, the correlation coefficient between the Zarit and the sense of competence scale was 0.57 (p = 0.001). This finding shows that those caregivers less competent in dealing with their patients experienced higher level of burden. In terms of reliability, the Zarit Burden Interview item scores were satisfactory. Conclusion: The Zarit Burden Interview is a valid and reliable instrument for measuring the burden experienced by caregivers of elderly persons with dementia. This study is aimed to validate the Zarit Burden Interview in Singapore.

Method: A convenient sample of 155 caregivers of patients with dementia seen at the Alzheimer's Disease and Related Disorders Clinic of the Alexandra Hospital in Singapore was interviewed using the Zarit Burden Interview together with the Burden Assessment Scale (BAS) and Geriatric Depression Scale (GDS-28). The caregivers were asked to complete the Zarit Burden Interview and some other questionnaires. The BAS and GDS-28 were validated in Singapore in previous studies. The Zarit Burden Interview was administered to all 152 of the caregivers except for two who were absent at the interview. For assessing construct validity, the correlations between the Zarit Burden Interview and other relevant scales were examined by Pearson's correlation coefficient. The internal consistency and test-retest reliability of the Zarit Burden score was assessed using Cronbach alpha and intra-class correlation coefficient (ICC), respectively.

Purpose: Dementia is becoming an increasing problem in Singapore’s ageing population. This is related to actual memory dysfunction. The purpose of the current study was to validate the Zarit Burden Interview in Singapore.

Method: A convenient sample of 155 caregivers of patients with dementia seen at the Alzheimer's Disease and Related Disorders Clinic of the Alexandra Hospital in Singapore was interviewed using the Zarit Burden Interview together with the Burden Assessment Scale (BAS) and Geriatric Depression Scale (GDS-28). The caregivers were asked to complete the Zarit Burden Interview and some other questionnaires. The BAS and GDS-28 were validated in Singapore in previous studies. The Zarit Burden Interview was administered to all 152 of the caregivers except for two who were absent at the interview. For assessing construct validity, the correlations between the Zarit Burden Interview and other relevant scales were examined by Pearson's correlation coefficient. The internal consistency and test-retest reliability of the Zarit Burden score was assessed using Cronbach alpha and intra-class correlation coefficient (ICC), respectively.

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Method: ALISSA WESTPHAL¹, ROBYN ATTOE¹, DANIELLE HARRIS¹, HAZEL SARGEANT¹. The purpose of this long-term care facility was to maximise opportunities for spontaneous activity within a residential care facility that houses people with moderately severe to severe BPSD. The Zarit Burden Interview is a valid and reliable instrument for measuring the burden experienced by caregivers of elderly persons with dementia. The Zarit Burden score was highly correlated with the BAS (correlation score = 0.77, p < 0.001) and the GDS-28 total score (correlation score = 0.60, p < 0.001). The Zarit Burden score was also strongly correlated with patients' dementia symptoms measured by the revised memory and behaviour problems checklist (RMBPC) (correlation score = 0.58, p < 0.001). The correlation coefficient between the Zarit and the care management strategies (CMS) criticism subscale was 0.62 (p = 0.001), suggesting that caregivers reporting higher level of burden tended to criticise their patients more often than those who reported lower level of burden. Similarly, the correlation coefficient between the Zarit and the sense of competence scale was 0.57 (p = 0.001). This finding shows that those caregivers less competent in dealing with their patients experienced higher level of burden. In terms of reliability, the Zarit Burden Interview item scores were satisfactory. Conclusion: The Zarit Burden Interview is a valid and reliable instrument for measuring the burden experienced by caregivers of elderly persons with dementia. This study is aimed to validate the Zarit Burden Interview in Singapore.

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OTHE-056
MANAGING BEHAVIOURAL SYMPTOMS OF FRONTAL-TEMPORAL DEMENTIA USING A NON-PHARMACOLOGICAL APPROACH
ROOM 5AT:8, ALISSA WHYTE
St Vincent’s Aged Psychiatry Service, St Vincent’s Hospital Melbourne, Kew, Victoria, Australia
Purpose: Researchers estimate that at least 2% of all people with dementia have fronto-temporal dementia (FTD). Initial symptoms of FTD are primarily associated with changes in personality and behaviour. Whilst there are a number of behavioural variants, ranging from executive to quaestional and palilalia, people with mild-to-moderate FTD tend to have intact short-term memory. The presence of such behavioural symptoms, for example, emotional and behavioural dysregulation, disinhibition and sexually inappropriate practices in the presence of an intact short-term memory can result in care workers misinterpreting the degree of impairment and the underlying causes for the behaviour. Consequently, there exists a high degree of care burden due to difficulties in managing behavioural symptoms and poor understanding of the same.
Method: A case study approach was used to investigate the impact of non-pharmacological interventions in managing behavioural symptoms of FTD for three older people in residential care facilities. The Queen Elizabeth Behavioural Assessment Graphical System and Chartz modified Care Burden Interview were used to assess behavioural symptoms and care worker stress respectively prior to and following the implementation of a comprehensive individualised behaviour management plan.
Result: Reductions in both behavioural symptoms and care worker stress were achieved and all people were able to remain in their residential care facilities instead of being moved.
Conclusion: Modifying the environment and approach used together with providing appropriate activities and education to care workers more effectively managing behavioural symptoms in people with FTD.

OTHE-057
THE EFFECTS OF ALZHEIMER’S DISEASE SYMPTOM SEVERITY ON CAREGIVER OUTCOMES
JOAN MACHILLI, HOWARD RUFFET, HENNA KAMNAP, SUSAN C BOLGE, MEDJ DEL VALLE, RIMA PIKOVSKAYA, JOSE ALVIR, CHARLES D PETRIE
Alzheimer Disease Management Team, Pfizer Inc, New York, USA¹, The Alzheimer’s Drug, Discovery Foundation, New York, USA², Consumer Health Services, Prinston, USA¹, Pfizer Inc, New York, USA³
Purpose: To quantify effects of Alzheimer’s disease (AD) symptom severity on caregiver outcomes.
Method: Data were collected via self-administered questionnaires from 1077 unpaid adult caregivers of AD patients in 2007. Symptom severity was measured using the Alzheimer’s Disease Assessment Scale - Cognitive subscale (ADAS-Cog). Measures included: Caregiver Burden Scale: diagnosis of anxiety and depression; RR visits: days hospitalised in the past 6 months; Linear and logistic regression models were developed to determine the independent effects of AD symptom severity on each outcome. Covariates included caregiver demographics, relationship to patient, living with patient, patient functioning, and interactions of patient severity with other covariates.
Result: Patient severity was a significant predictor (P < 0.05) of all caregiver outcomes. As a predictor of caregiver burden, severity had a regression coefficient of 0.326, and the interaction of severity and functional comorbidity had a regression coefficient of 0.051. Further analysis of RR visits demonstrated that 434 (40%) of RR visits occurred in the 30 days prior to assessment, and 377 (34.9%) of RR visits occurred in the 30 days prior to assessment. For each increase in RMBC severity score, caregiver was 1.51 times as likely to be diagnosed with anxiety and 1.81 times as likely to be diagnosed with depression. Patient symptom severity is a significant predictor of poorer caregiver outcomes, including greater burden, mood of anxiety and depression, lost work productivity, and healthcare resource use.

OTHE-058
AWARENESS AND EDUCATION
EDU-F01
“ALZHEIMER & YOU” - YOUNG PEOPLE ENGAGED FOR PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS
SABINE KOEHR, LINDA HELEN TAYLOR¹, DEUTSCHE ALZHEIMERS GESELLSCHAFT, BERLIN, GERMANY
Purpose: Dementia is usually seen as a problem of old age. But also young people are involved in the disease because their grandparents or even parents have got the disease. Many young people are willing to commit themselves in voluntary projects but too seldom they are active with or for people with dementia.
Method: The German Alzheimer Association “Deutsche Alzheimer Gesellschaft” has announced on World Alzheimer’s Day 2007 a competition for young people between 14 and 21 years old. The patronage of the competition was taken by the Federal Minister for Family Affairs, Senior Citizens, Women and Youth. A special website has been designed to give accompanying information especially for young people. Sponsors have given attractive prizes like mobile-phones, books, games and so on.
Result: Nearly 700 pupils in more than 100 groups had become active and sent documentation of their activities in the field of dementia. A jury with well known prominent figures like as VRB moderator, a young actress and a snowboarder decided about the winners. They had to choose between pictures, films, photo documents, songs and other moving documents. In September 2008 prizes were given to single pupils but also to classes for their engaged work.
Conclusion: To use the ideas of the young people a second project step is planned. Materials for school lessons will be developed to motivate more schools and more pupils to think about dementia and to support caregivers but also people with dementia in their caregivers.

EDU-F02
EFFECTIVE MOBILITY MANAGEMENT FOR PEOPLE WITH DEMENTIA
VERONICA HANNA NAUGHTON¹, OCCUPATIONAL THERAPIST, ROYAL PARKHOSPITAL, PERTH
Purpose: To develop an essential training programme to assist health professional staff to implement effective mobility management strategies for people with dementia.
The project was motivated by a gap in expertise on this topic and a demand from interested health care personnel. Funding for the project was provided by the Australian Government and administered by the Dementia Study Training Centre at Curtin University of Technology. The training package, the “In the Company of Living” was developed by Alzheimer WA and McCue Learning to develop the training programme and learning package.
Method: The programme was developed and delivered by an occupational therapist and two physiotherapists experienced in mobility strategies to two groups of 16 health professionals with an occupational therapy, physiotherapy or nursing background. Topics included theoretical components including benefits of maintaining mobility, barriers to movement and communication strategies to enhance mobility. Practical strategies, including a range of practical techniques using principles of movement (a movement of facilitation). A comprehensive training manual with the relevant theory base and practical strategies presented in a photographic format supported the training.
Result: A formal evaluation process was conducted and feedback received from all participants highlighted new learning gained, greater insight into use of techniques and strategies to promote mobility and a desire to transfer knowledge to other health care personnel working in the field of dementia.
Conclusion: Attaining programmes which explore the use of effective mobility strategies for staff working with dementia clients was found to be extremely successful and it has been recommended by all participating, that further training courses of this type be delivered in the future to a wider range of health care personnel including support workers.

EDU-F03
PLANNING AND PREPARING CULTURALLY APPROPRIATE MATERIALS FOR TRAINING INDIGENOUS COMMUNITIES
LINDA HELEN TAYLOR¹, EDUCATION, ALZHEIMERS WA, PERTH, AUSTRALIA
Purpose: Provide training to healthcare workers about dementia in rural and remote Australia poses specific challenges, especially when literacy and numeracy issues prevail. The vast and varietal geography of the north-west of Australia can also create challenges within itself. Training which is not contextual or culturally sensitive often results in lack of completion by participants in obtaining dementia specific credentials.
Method: To reduce at least half of all patients with dementia in the Australian community must have a proper diagnosis and receive medical care.
Result: The adaptability of the content, flexibility in method of delivery and assessment, as well as trainee-student ratio contributed to the success of this workshop. The enthusiasm and commitment of the student group to the training was a large factor in the success of the CACI project. Each ADI participant completed the required assessments and obtained competent.
Conclusion: The purpose of this presentation will demonstrate that cross cultural issues can be successfully and tactfully negotiated when entering other cultures when there is enthusiasm, creativity, encouragement and commitment, despite the lack of resources.

EDU-F04
“SEIZE THE DAY” A PROJECT BY ALZHEIMER SCOTLAND POSITIVE DEMENTIA GROUP
CHRISTINE MCGREGOR¹, Alzheimer Scotland, Ardorn on Dementia, Edinburgh, UK
Purpose: In the summer of 2008, BBC Scotland and the Big Lottery Fund launched an exciting initiative giving six voluntary groups across Scotland the chance to win up to £500,000 each for projects aimed at improving the lives of people over 50 in Scotland. The groups had to participate in making a TV film about their project and compete with others for the best film. The winners being chosen by the votes of the viewing public.
Result: “Seize the Day” A Project By Alzheimer Scotland Positive Dementia Group won £500,000 with their programme which would help those with a diagnosis of dementia and their carers to find positive ways of living with this progressive and long-term condition.
Conclusion: The purpose of their programme would offer training, education and peer support, helping people to stay involved in their own communities, as well as raising local awareness to improve the day-to-day experiences of people with dementia.

EDU-F05
ENGAGING SOCIETIES AROUND THE WORLD
SWIT, NIRMALA NARULA
Alzheimer’s & Related Disorders Society of India (ARDSI), ARDSI – Delhi Chapter, New Delhi, India
Purpose: My Chapter in Delhi is deeply involved with these services and in addition is imparting training of professional caregivers (117) on a regular basis. I will therefore address 1, 4, 5, 6, 8, 9, 14, 17 as follows:
1. Understanding dementia and caring for the victims
2. Support for family caregivers
3. Alternative (new) drug treatments
Method: 1. Statistic shows that persons above age 60, will be needing services critical to physical and mental problems due to dementia - to maintain dignity and respect in old age and provide a reasonable and, easy access to health services outside of government health services
2. Information now available world wide on web sites about dementia, its causes and management - must be understood as well as, other relevant aspects of aging and its travels for caregivers, and at the very least - considered. Countries like India, with aging populations have been involved in efforts to influence government for action: involving the U.N. for adoption of the requirements of the aging populations - as well as protection under Asian Regional Human Rights Law (Asia has no regional human rights instrument on aging).
3. Under international law, the rights of older people are already protected: e.g., Universal Declaration of Human Rights International Covenant of Civil and Political Rights, Int. Covenant on Econ. Soc. & Cultural rights.
4. Rights of persons with disabilities, which includes inability of ADL.
5. African human rights law, helps the elderly women in every spheres.
6. Human rights law in the Americas, every one has the right to social security in old age and of taking care of disabilities enabling those unfit mentally or physically to live a decent life in old age. Discussions for improving the world’s thinking can go on and on. Meanwhile, in life-like this, we can together, make the existing systems work better, at least get it in a functional mode.
Result: We are very fortunate in India there is now in place several policies which benefit the elderly including providing pensions. GOI has also, declared in no uncertain terms that “dementia” is to be considered as ailing problem in the health of the fast aging population.
Conclusion: It behoves organisations like yours and ours to work together in this field and show the impact of care giving services so that the government can take over a larger network eventually.
**CROSS-CULTURAL ISSUES IN DEMENTIA CARE**

**CRC02**

**A RAPID SITUATION ASSESSMENT (RSA) OF THE NEEDS OF ELDERLY PEOPLE IN VARIOUS SETTINGS IN KENYA**

**DAVID MUSYIMI NDETEI**, **LINCOLN IMBUGWA KHASAKHALA**, **NARAYAN WANGARI KURIA**, **VICTORIA MUTISO**, **SUSAN MURUKUNGU**, **BETTY BAGAKA**

Psychiatry, University of Nairobi/Africa Mental Health Foundation, Nairobi, Kenya¹; Research, Africa Mental Health Foundation, Nairobi, Kenya²

**Purpose**

To determine the needs of the elderly (60+ years) and their caregivers in a rural and urban community, homes for the elderly and medical facilities in Kenya.

**Method**

This was a cross-sectional purposively designed study that was conducted among elderly people and their caregivers in urban and rural community settings. In order to obtain qualitative data, focus group discussions and individual interviews were held with the elderly people and their caregivers. The Community Screening Interview for the Elderly (CSI-E) was used to establish the presence of dementia among the elderly.

**Result**

Out of 300 elderly people who were recruited into the study, 25.5% were male, 74.5% were female. 68% were aged between 60 and 70 years, 87.6% were Christians and 45.5% were widowed. One hundred and ten (37%) lived alone, 24.8% lived with a partner while 27.7% lived with a relative. Some of the DSM-IV/ICD-10 diagnoses that were made among the elderly included depression, schizophrenia and affective disorder. At least 36.2% (n = 109) answered in the affirmative during the initial screening for dementia. The CSI-D was used to establish the presence of dementia among the elderly.

**Conclusion**

African levels of literacy as well as language issues and community cohesion does not allow for easy community access in the case of dementia research. A high level of suspicion still exists regarding the application of “Eurocentric” research in township communities, resulting in careful negotiations with community counsellors and vital demonstration of the larger term benefit to the community. The right to conduct research is very much a function of continuing effort to maintain sound relations with key community figures. Negative feedback within the community must be avoided at all costs due to heavy reliance on word of mouth within these communities.

**CRC03**

**EFFECTS OF BODY WEIGHT ON TOLERABILITY OF RIVASTIGMINE TRANSDERMAL PATCH**

**JAE-HONG LEE**

Department of Neurology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea

**Purpose**

The rationale for transdermal drug delivery is to provide optimal therapy whilst avoiding adverse events (AEs). Rivastigmine patch is the first skin patch for Alzheimer’s disease (AD). This analysis investigates whether an association exists between extreme low body weight and AEs.

**Method**

Using data from a randomised, 24-week AD trial, AEs were re-evaluated on the basis of extreme low weight (<50 kg: n=126), medium weight (50-80 kg: n=117) and high weight (>80 kg: n=129) at baseline. In patients who received target dose 9.5 mg/24h rivastigmine patch, 12 mg/day rivastigmine capsule, or placebo.

**Result**

Overall AEs were mostly mild. Among extreme low-weight patients, nausea was reported by 9.1%, 27.3% and 3.7% of patients in the patch, capsule and placebo groups; vomiting was reported by 4.9%, 12.1% and 0.0%, respectively. Among medium-weight patients, 7.6%, 25.4% and 5.6% reported nausea; 6.3%, 18.6% and 4.3% vomiting. Among high-weight patients, 4.4%, 18.6% and 2.4% reported nausea; 6.7%, 11.6% and 0% vomiting. All extreme low-weight patients reached target dose 9.5 mg/24h patch, yet mean capsule dose at Week 24 was only 8.8 mg/day. High-weight patients also all reached target dose 9.5 mg/24h patch, and 11.3 mg/day capsules on average. Efficacy and discontinuations due to AEs were unaffected by weight.

**Conclusion**

Extreme low-weight patients tended to report more nausea than high-weight patients. This was more marked with capsules than patch. All extreme low-weight patients were able to reach target dose 9.5 mg/24h patch. Smooth, continuous delivery with rivastigmine patch allows access to optimal therapeutic doses.

**CRC04**

**BPSD IN NURSING HOME RESIDENTS IN SYDNEY AND SHANGHAI**

**HENRY BROUGHAT**, **HELEN ZONG YING WU**, **LEE-FAN LOW**, **SHUFI XIAO**

Primary Dementia Collaborative Research Centre, University of New South Wales, Sydney, Australia¹; Geriatric Psychiatry, Shanghai Mental Health Centre, Shanghai, China²; Jiaotong University, Shanghai, China³

**Purpose**

The aim of the present study was to increase our understanding of the effects of culture on BPSD by comparing the rates of BPSD in nursing home residents across three residential facility types (1) mainstream nursing homes in Sydney, (2) ethno-specific Chinese nursing homes in Sydney, and (3) a long-term high care facility in Shanghai known as a dementia hospital.

**Method**

149 residents and their caregivers voluntarily participated in this study. The rates and levels of BPSD were assessed by interviewing staff members with the Neuropsychiatric Inventory (NPI). Clinical interviews using the Mini-Mental State Examination (MMSE) and Global Deterioration Scale (GDS) were conducted with residents to assess their dementia severity.

**Result**

The mean NPI score for the sample was 28.5 (SD = 17.2) with no significant differences across the three facility types. Comparison of NPI subscale showed residents from the ethno-specific Chinese group to have lower rates of hallucinations than Shanghai residents (p = 0.030), but not compared to mainstream residents. Shanghai residents had lower frequencies of depression and irritability than ethno-specific Chinese residents (p = 0.030; p = 0.004 respectively), but not when compared with mainstream residents.

**Conclusion**

The prevalence of BPSD does not appear to be mediated by culture and ethnicity. Differences between groups are likely to be due to the effects of facility environment and consistency of staff reports. Longitudinal studies in different ethnic groups are needed to elucidate the effects of culture on the development and progression of BPSD over time.
Purpose: The aim of the present study was to determine the effects of cultural on caregiver burden by comparing levels of burden among caregivers of three different ethnic groups: (1) Chinese, (2) Australian-Chinese, and (3) Australian non-Chinese.

Method: Caregivers and patients who resided in four mainstream nursing homes in Sydney. Levels of caregiver burden were assessed using the Zarit Burden Interview, a scale that reflects caregiver's perception of strain and difficulty of their roles, and the Mini-Mental State Examination (MMSE) was used to assess the patients' cognitive function. The MMSE is a brief screening tool for dementia that is widely used around the world.

Result: A total of 130 caregivers participated in the study, with 44 Chinese caregivers, 43 Australian-Chinese caregivers, and 43 Australian non-Chinese caregivers. The mean age of the caregivers was 55.2 years, with 77% being female. The mean age of the patients was 82.7 years, with 79% being female.

Conclusion: The results indicated that the burden of caregivers varied significantly across the three ethnic groups, with Australian non-Chinese caregivers experiencing the highest burden. The findings highlight the need for culturally sensitive care and support for caregivers of different ethnic groups.

Demise LOW: SOCIOECONOMIC STATUS, SOCIAL ISOLATION AND CHALLENGING BEHAVIOURS ARE RISK FACTORS OF INSTITUTIONALIZATION IN DEMENTIA PATIENTS

Purpose: To explore the relationship between socioeconomic status, social isolation, and challenging behaviours and institutionalization in dementia patients.

Method: A cross-sectional study was conducted in a large metropolitan city in Australia. A random sample of 100 dementia patients and their caregivers was recruited. The caregivers completed a questionnaire that included questions about their sociodemographic characteristics, the patient's health status, institutionalization, and the challenges they faced in managing the patient's daily care.

Result: The results showed that lower socioeconomic status, social isolation, and challenging behaviours were significantly associated with institutionalization. The odds of institutionalization were higher for patients with lower socioeconomic status and those who were socially isolated. Additionally, patients with more challenging behaviours were more likely to be institutionalized.

Conclusion: Caregivers and healthcare professionals should be aware of the risk factors associated with institutionalization in dementia patients and take proactive measures to prevent institutionalization.
Purpose: In China, we are experiencing a demographic revolution. The population is growing fast especially those age 85 years and old (or the oldest – 84) and those young is growing slowly. It is expected that 500 million of population whose age are above 60 years in 2050. As the living condition improved, people are living longer, disability rates are declining. It is estimated that between 2020 and 2030 those age 60 years and older will double, and by 2050, there will be 400 million of these people 60 years old. This incidence of the disorder increases, such that up to 8.7% of those over age 65 is Beijing, while 2.3% of those age 70-79, 2.5-35% of those age over 80 years in China. More than 6 million are believed to suffer from some degree of Alzheimer’s disease now. China has 1.3 billion populations with huge number of AD patients, which increases the large number of AD patients in the world. This is a serious challenge to AD-China.

Method: To deal with this challenge, AD-China organised many activities to unite hospitals, universities and research institutes, enterprises and pharmaceutical groups to work together. Every year AD-China conducted the large-scale public scientific activity, invited the famous scientists and specialists from different fields to give lectures conducted various training classes, and organise various scientific and cultural activities. The preliminary report of AD-China was done and AD-China received great feedback from public and press. The activities obtained the government, enterprise and society’s gain.

Result: This study assessed the importance of organizing activities of network and research collaboration in national-wide, especially efforts to increase public awareness.

Conclusion: AD-China will devote itself to promote advanced research and public education in AD, to encourage international exchange and cooperation network.

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Purpose: The aim of the study was to explore the correlation between the cognitive function and the dementia patients in Japan. We retrospectively reviewed case histories of patients admitted to the medical social worker. The dementia patients who were treated in the tertiary Memory Clinic. The caregivers had to spend minimum of 15 caregiving hours per week. The dementia patients in Japan.

Purpose: The purpose of this study is to deal with the need of delivering health care for the dementia patients in Japan. The caregivers had to spend minimum of 15 caregiving hours per week. The dementia patients in Japan.

Method: The method was collected by interviews (to the dementia patients who were admitted in Hospital, and their family) and from the Physicians and nurses’ reports.

Result: We found that only 20% (n=20) of patients attended dementia daycare. Most of the dementia daycare had moderate dementia (90%) with a global CDR score of 1.40±0.72. They had significantly more depressive symptoms, sleep disturbances and mood swings compared to non-dementia patients (p<0.05). 50% of dementia patients had no daytime caregiver. 50% of the daytime caregivers were reported being depressed by their care in need of help, 45% said their own health suffered and 75% expressed frustration with their patient, which was independent of functional status. Among the non-dementia day attenders, majority (50%) had mild dementia and reasons given for daycare inclusion ability to cope with care (62.5%) and caregiver preferences to have lived ones at home (48%).

Conclusion: Dementia daycare utilisation has increased from an earlier 2001-2002 study (9%). Behavioural problems, caregiver stress and coping abilities determined dementia daycare utilisation. The lower uptake among mild dementia patients highlights the need for setting-up appropriate programmes to cater to this specific group.

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Support for both Stroke Survivors and Caregivers Enhances Coping Skills and Reduces Depression

Pei-Chi Lin, Sheng-Chun Su, Min Chen, Francisca Lapa, Maria Cristina Nitzan¹, Domieno Inzitari²

Neuropsychiatric Institute of University of Washington, Seattle, WA, USA; ¹Neuropsychological and Psychiatric, University of Florence, Florence, Italy

Purpose: A sudden pathological event such as a stroke implies not only direct consequences for the patient but also indirect consequences for family members and, in particular, for primary caregivers. The long-term fulfillment of this role may lead to disruption of the caregiver's personal psychological equilibrium, increasing the probability of depression. Various studies have brought to light certain characteristics, intrinsic and extrinsic, that have a negative impact on the outcomes of stroke and the frequency of its complications. The purpose of this study was to explore the causes of depression in the patient and/or caregiver.

Method: We included 40 caregivers and 40 stroke survivors (n=80, mean age 60.70±8.183) recruited from the Stroke Unit of the University of Florence. The ad hoc protocol included neurological, neuropsychological, functional, and psycho-emotional assessments. The study was structured as a repeated measures design (3-months phase, and three- to six-month follow-up) in order to track changes over time in the individual variables considered (dependent sample tests). The levels of depression, the caregivers' and patients' quality of life, the caregivers' stress and the patients' burden were evaluated. To avoid the usage of physical restraint, the primary caregiver/patient pairs engaged in musical therapy sessions.

Result: Our data suggest a peak improvement in patients of all variables considered at three months after stroke. The psycho-emotional burden remained high over time in caregivers and was associated with cognitive impairment in the patients at the three months. Moreover, significant associations were observed between coping skills in caregivers and cognitive impairment and depression in patients at the sub-acute phase. Similar coping strategies in the caregiver-patient pairs emerged at six months.

Conclusion: The employment of active coping strategies on the part of the caregiver and his/her full involvement in the caregiving process facilitate depression and help prevent the emergence of depression in the patient. This study is ongoing, and it is clearly shown the importance of early (sub-acute phase) practical and emotional support not only to patients, but also to caregivers to prepare for the role of caregiver.

Support for Family Caregivers

The study aimed to examine the ecological validity of the test in patients with dementia.

Method: The Route Map Memory Test was administered to the control (n=43, age: 64.26 ± 10.45) and AD group (n=30, age: 66.13 ± 10.52). The data were collected using a questionnaire employing the Carer’s Assessment of Burden Interview (ZBI). It was distributed through visiting nurses and public health nurses supported in order to prevent premature institutionalisation.

Conclusion: The assessment of the questionnaires and the Caregivers’ Interview (ZBI) were undertaken in five nursing homes. Sixteen nurses who were registered nurses, undertook the care needs of the elderly residents in the nursing homes are poorly understood.

Support of Restraint Usage by Primary Caregivers Who Care for Elderly Relatives with Dementia at Home in a Rural Area

Kenjiro Miyatake¹, Kazunori Takeda¹, Ayako Imasaka¹, Mitsuhiro Sawamura¹, Akiharu Watanabe¹, Tsutomu Nakamura¹, Motoko Nishimoto², Kazuhiko Morie², Kaoru Kinoshita², Yoshihiro Shiobara², Tomihiro Kato³, Kei Tamura³, Midori Watanabe³, Yumiko Momose², ShigeYo Okuno³, Motoko Okumura³

Department of Nursing, Chugoku National College of Nursing, Okayama, Japan; ¹Department of Neurology and Geriatric Medicine, Chugoku General Hospital, Hiroshima, Japan

Purpose: Providing a better nursing care, the care quality within nursing homes has become an important and urgent issue to study. To meet individual’s needs has been a significant element of nursing care for dementia. However, the majority of the elderly residents in the nursing homes are not being provided with the best care possible. Therefore, this study was to explore the care needs of the elderly residents including physical and emotional care needs, dementia elderly persons in Taiwanese nursing home from nursing professionals’ viewpoint. The findings fill in an important gap in nursing knowledge about the care needs of the older residents who live in the nursing homes. It can provide the information for nursing practice and education. Also it has the potential to influence policy making in Taiwanese long care.

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Purpose: To employ ambient intelligence technology to monitor and assist the living-alone elderly to detect errors in the execution of planned activities, and guide them back to the correct activity. With the use of modern sensor networking technology, and system directed observation, we were able to achieve objective outcomes, without the need of caregivers, thereby freeing manpower and enabling ambient monitoring of elderly patients in non-clinical settings. AMSS showed very good recognition rate of above 92% for some of the items on the SCOPA scale, whereas on other items the recognition rate was a modest 40% to 60%. The false alarm rate can also be reduced by at least 55% with additional sensor modality. For two items on the scale, further research is needed to develop pattern recognition algorithms.

Conclusion: AMSS has good performance in detecting certain attributes of agitated behaviour among persons with dementia, and good potential, with further development to detect other attributes of agitated behaviours among these persons. AMSS permits an objective assessment of agitation level, and one that is free from bias. It also offloads the time-consuming and tedious task of manual observation of agitation.

TEC03 AUTOMATED AGITATION MONITORING (AAM) WITH THE SCALE FOR OBSERVATION OF AGITATION IN PERSONS WITH DEMENTIA (SCOPA) THROUGH MODERN SENSOR NETWORKING TECHNOLOGY

JIT BISWAS¹, VICTOR FOO SIONG FOOK²; MANIYERI JAYAVANDHAN¹, AUNG AUNG PHYO WAI¹

Networking Protocols, Department of Computer Engineering, Suntec City, Singapore; ²Geriatric Medicine, Alexandra Hospital, Singapore

Purpose: Background: Agitation is a commonly exhibited behaviour among persons with dementia. The Scale for Observation of Agitation in Persons with Dementia (SCOPA) is frequently used by doctors and caregivers in the assessment of agitation among these persons. One of the challenges faced by doctors and caregivers is the detailed and continuous monitoring required in order to accurately carry out agitation rating according to the SCOPA scale. Aim: To collect and analyse data from multi-modal sensors deployed in a pilot study to automatically rate agitation according to the SCOPA scale.

Method: Modern sensor networking technology, and a system of multi-modal sensors was deployed in a hospital ward in order to collect the data required by the SCOPA scale. Analytical tools were developed in order to analyse the data collected and interpret the SCOPA scale rating.

Result: From the data collected, it was possible to automatically interpret the SCOPA scale rating. The correlation between the automatic rating and the ratings assigned by experts was found to be high, indicating that the sensor networking technology and the system implemented were able to accurately rate agitation in persons with dementia.

Conclusion: Using modern sensor networking technology, it is possible to automatically rate agitation according to the SCOPA scale through smart sensors, and an interpretative system.

TEC04 UNDERSTANDING AND CORRECTION OF ERRONEOUS BEHAVIOR AMONG MILD DEMENTIA PATIENTS – AN OBSERVATION OF AGITATION BEHAVIOUR AMONG PERSONS WITH DEMENTIA (OBSERVATION OF AGITATION BEHAVIOUR AMONG PERSONS WITH DEMENTIA (SOAPD)) THROUGH USER-ADAPTED INTELLIGENT INTERFACES

MOHAMED ALI FEHT, JIT BISWAS¹, ANDREI TOLTSIKOV, PHILIP YAP LIN KAT²; JUNISHA JUMALA¹, SEOK SOO JUNG¹, HWAN JING KOH¹

Networking Protocols, Department of Computer Engineering, Suntec City, Singapore; ²Geriatric Medicine, Alexandra Hospital, Singapore

Purpose: Mild dementia patients have problems with correctly executing plans. As a result, they tend to have problems with an inflexibility or continuity of an activity. To remedy this problem, we conducted a study to investigate the cause of the problem in the elderly patients and to find a solution to it. The objective of the study was to understand the cause of the problem in the elderly patients and to find a solution to it.

Method: User-adapted Intelligent Interface - A user-adapted intelligent interface is an interface that is designed to be used by a specific user. In this study, we used an intelligent interface that is designed to be used by elderly patients with mild dementia. The interface is designed to adapt to the user's needs and preferences over time.

Result: The results of the study showed that the user-adapted intelligent interface was able to help elderly patients with mild dementia to execute plans more accurately and with less confusion. The interface was also shown to be effective in reducing the number of errors that were made by the elderly patients.

Conclusion: The user-adapted intelligent interface is a promising tool for helping elderly patients with mild dementia to execute plans more accurately and with less confusion. The interface is also shown to be effective in reducing the number of errors that are made by elderly patients.
ACTIVITY4 FOR PEOPLE WITH DEMENTIA

ACT41 ASSESSMENT OF DAILY ENERGY EXPOSURE OF ELDERLY WOMEN WITH ALZHEIMER DISEASE LIVING IN NURSING HOME

DARUWALE, MAMEE MAJUMDAR, LUCYNA MAJUMDAR, BOZENA LESZCZYNSKA, KATARZYNA GUSTAW-ROTHENBERGER

Department of Dietetics, Faculty of Human Nutrition and Consumer Sciences, Warsaw University of Life Sciences-SGGW, Warsaw, Poland; Zakład Opiekunkowo-Leczniczy, Kórzytnica, Poland; Department of Neurodegenerative Diseases, Institute of Agricultural Physiology, Poznan, Poland

Purpose: The aim of the study was to evaluate the daily energy expenditure of the elderly women with Alzheimer disease living in nursing home.

Method: 26 women living in the nursing home with Alzheimer disease participated in the study. The average age of participants was 77.4 ± 7.5 (75-91). The participants had severe and very severe cognitive decline according to the Global Deterioration Scale for assessment of Primary Deterenerative Dementia. Method: The measurements of height and body mass was taken from all women and Body Mass Index (BMI) was calculated. Daily Energy Expenditure (DEE) and physical activity energy expenditure were collected using SenseWear Pro Armband made by BodyMedia. The armband was worn on the backside of the upper right arm (the triceps muscle) touching the skin. It was worn for the minimum period of 24 hours without any breaks. Daily Caloric Needs (DCN) was also calculated using Basal Metabolic Rate (BMR) and physical activity factor. BMR was calculated using Harris-Benedict formula with modification of Department of Health USA. The physical activity was defined as a sedentary life style factor (1.4). All of the protocols were approved by the Bioethical Commission of Regional Medical Chamber in Warsaw.

Result: The average BMI for the group of women was 21.5±2.4mg/m² (18.3-31.2) 5 participants had BMI lower than 15,15 women had good state of nutrition (BMI 18.5-25) and 6 were obese (BMI >30). Based on the individual measurements the average DEE was 1359±249kcal (966-2073 kcal). The medians of active energy expenditure was 5 kcal (0.358 kcal). The average DEE was 1670±173 kcal (1395-2051 kcal).

Conclusion: The daily energy expenditure in group of women with Alzheimer disease was small.

ACT72 DEMENTIA AS A STRONG INDEPENDENT PREDICTOR OF REHABILITATION EFFICIENCY AND EFFECTIVENESS

GEORGE OCAFIN-HATTON, TRAVIS EPPING, FONG NGIOH PEOOCH, CHAN KIO KONG, EDWARD MERONI, LEE KOE KIENG, CHEONG SENG KYWING, WONG TEEK YEE, CHEONG ANGELA, DAVID KCHOH

Community, Occupational and Family Medicine Department, Yong Loi Lin School of Medicine, National University of Singapore, Singapore; Medical Department, St Luke’s Hospital, Singapore; Medical Department, Ang Mo Kio Thye Hua Kowar Hospital, Singapore; Rehabilitation Department, St. Andrew’s Community Hospital, Singapore; Medical Department, Bright Vision Hospital, Singapore

Purpose: To study the predictors of rehabilitation efficiency (RE) and effectiveness (REy) among patients in a geriatric rehabilitation hospital.

Method: We manually extracted data from medical records of all inpatients admitted to a geriatric rehabilitation hospital from 1996 to 2005 who received at least 2 weeks of rehabilitation (n=222). We collected socio-demographic data, primary diagnosis for admission and medical co-morbidity data. We used multiple linear regression to identify independent predictors of RE and REy.

Result: The overall mean RE was 42.6% (SD = 36.4) and overall mean REy was 41.4 units per 30 days (SD = 28.2). The independent predictors of poorer REs were dementia (beta=-14.10), hemiplegia (beta=-10.30), lower admission BI score (beta=-7.77), peripheral vascular disease (beta=-6.95), older age (beta=-5.44), ischismic heart disease (beta=-5.29), and more carers available (beta=-2.02). The independent predictors of poorer REy were a subset of the predictors of REs - dementia (beta=-7.40), peripheral vascular disease (beta=-4.30), admission BI score (beta=-2.80), older age (beta=-2.29).

Conclusion: Dementia is a strong independent predictor of rehabilitation effectiveness and efficiency among patients in a geriatric rehabilitation hospital.

ACT73 BUSY DAYS MAKES HAPPY DAYS FOR PEOPLE WITH DEMENTIA

NATALIE BELL¹

Dementia Activities, Henvey Bay, Australia

Purpose: Dementia Activities aim to reduce behaviour of concern in people with dementia and optimise quality of life through the use of pleasurable and purposeful activities which are designed to utilise familiar items in an adapted manner which supports dignity and cognitive function.

Method: Person-centredness was central to all aspects of the design process and guided the identification and development of appropriate resources that could be adapted for use throughout the disease continuum. Sensory stimulation and reminiscence were employed as integral components of design along with the need to allow people with dementia to continue to have access to familiar items rather than unfamiliar and patronising imitation products. Colour theory was also incorporated to stimulate engagement with the resources and aid the use of resources through the application of high contrasts and specific colour selection. Resources were developed to be portable and able to be used by all members of a care team in a variety of settings.

Result: Dementia Activities products have been used successfully with people with dementia in a variety of settings. Those have included:
- A gentleman attending a community day centre who was withdrawn and not engaging in regular activities was provided with a Busy Day Hardware Kit and with minimal encouragement began to interact with the resources in the kit. This resulted in increased engagement between the gentleman and other group members, reduced boredom and staff observations of increased self-evaluation; and
- A gentleman in a residential care setting was repeatedly exposing himself and undressing in living areas. The gentleman was provided with a Busy Day Activity Apron and assayed the behaviour and instead enjoyed showing others his apron. This resulted in improved quality of life for the gentleman and others sharing his environment as he no longer was receiving negative reinforcement from parents and responded to his new apron; and
- A lady living in a residential care setting who was withdrawn and had minimal verbal interaction was provided with a Busy Day Sewing Activity Kit and Busy Day Activity Apron. This lady made connections between the buttons in the kit, on the apron, and her own clothing and expressed this to family members. The lady also initiated engaging in and with activities which were related to her resources.

Conclusion: In order to engage people with dementia in activities it is crucial to have a variety of easy to use resources available that can be used by any member of the care team without the need for special training. The use of sensory stimulation, reminiscence and person-centredness can be adapted by people with dementia at their own level and can aid in developing self-evaluation through the ability to experience success and positive reinforcement.

ACT75 PROMOTING ACCESSIBILITY TO APPROPRIATE ACTIVITIES FOR PEOPLE WITH DEMENTIA IN RESIDENTIAL CARE

ALTRIBBA, ROBY HATTIE, DANIELLE HARRIS, HAZEL SARGENT²

St Vincent’s Aging Psychology Service, St Vincent’s Hospital, Kew, Australia

Purpose: The benefits of engaging in activities for people residing in residential care facilities have been extensively documented. Activities provide people with a sense of meaning, identity, role and purpose and as a medium for communication. For those with dementia, the abilities to initiate, engage and terminate activities of interest can become impoverished. Consequently, people with dementia increasingly rely on their carers to adapt activities so they can continue to experience associated benefits. Unfortunately, the range of activities offered within residential care facilities can be limited. Limitations can occur due to funding, lack of knowledge, creativity, knowledge or the value placed on specific provision. This paper explores the development of an innovative program called the Leisure Resources Facilitation Toolkit. The first in Australia, this library seeks to address the limitations impacting on the provision of activities for people with dementia in residential care by providing facilities with access to a range of leisure activity resources, education and access to experienced allied health professionals.

Method: Grant funding was obtained to develop the library and it was opened in September 2008. The library provides a range of activity items including themed reminiscence boxes containing familiar objects, tackle box activities, therapeutic drills and an extensive range of multisensory resources such as fibre optic units, bubble tubes, sensory books and so on. Feedback from residential care facility was obtained using survey collection methods.

Result: The library’s development, outcomes, including feedback from residential care facilities, limitations and future directions will be addressed in this session.

Conclusion: A library service containing issues activity items appropriate for people with dementia in residential care can address some of the issues regarding accessibility of activity resources and provides opportunities for carers to expand their knowledge in this regard.

ACT76 ALZHEIMER’S DISEASE AND STIGMA FIGHT IN CROATIA

NINOSLAV MIMICA¹, GORAN SIMIC², MIRA DAJCIC³, MIHOVIL MLADINOV², MORANA TRESCEC-IVICIC⁶

¹University of Zagreb, Department of Psychiatry, Psychiatric Hospital Vipac, Zagreb, Croatia; ²Croatian Institute for Brain Research, Medical School, University of Zagreb, Zagreb, Croatia; ³Medical School, University of Zagreb, Zagreb, Croatia; ⁴University Hospital Center Zagreb, Medical School, University of Zagreb, Zagreb, Croatia; ⁵Practitioner Ambulance, Triny, Zagreb, Croatia; ⁶Neuropsychiatric Hospital, “Dr. Ivan Batkovic” Porevac, Croatia; Nursing Home for Older and Incapable People, “Mladosvast”, Zagreb, Croatia

Purpose: One of priority goals of Alzheimer Disease Societies Croatia (ASDC) is fight against stigma.

Method: ASDC was founded in 1999. We still don’t have staff so, the whole work is done by volunteers.

Result: In our Counselling centre we have monthly meetings for families of persons with dementia (PHD) and all other interested. The ASDC has published four booklets, and numerous leaflets in large number and we distributed them for free in public places. Till know our Centre has a network of contacts (TV, radio, print media) and we have organised numerous lectures. Meetings, Conferences and Congresses. In 2008 on the 4th Croatian Congress on Alzheimer’s Disease With International Participation which was held on St. Andrews Island near Rovinj, Croatia we have had an exhibition of paintings under the name: “Fall of Man – Faces of Dementia” done by our colleague Ljubomir Radovanovic. Every year we celebrate the World Alzheimer’s day (September 21st) in public, on most popular squares in Zagreb. We have also organised the humanitarian public happening called “Summer evenings on Zrinjevac” in which we collected money for the ASDC. Our web-site (www.alzheimer.hr) is rebuild and we now have much more visitors. On our Hot-line we are receiving calls every day, and we are regularly replying to numerous letters coming through e-mail.

Conclusion: With all these activities mentioned before we are fighting stigma in AG, and due to this helping PHD and their caregivers.
ACT06  CREATIVITY IN CARE FOR PERSONS WITH DEMENTIA

LIU NGA YEE MAGGIE¹, DAVID LK DAI², YEE-MING WU¹, ELISE OY CHUNG³,
Jeannette Hsu⁴, Diana Yu⁴, Hong Kong Alzheimer’s Disease Association, Hong Kong, China¹;
Jean Hesseltine, Hong Kong University of Science and Technology, Hong Kong, China²;
John Tanner, Kings College London, London, United Kingdom, UK³

Purpose: Creativity is the ability to produce work that is both novel and appropriate, and it is important at both the individual and societal levels. At the individual level, creativity is important for solving problems in daily life, while at the societal level, creativity leads to new scientific findings, movements, inventions and social programmes. (Stemberg et al. 2005). To examine the creative elements of the activities of HKADA in clients with dementia, carers and the organisation under the framework of Stembarg.

Method: Focus group discussion and observation of activities.

Result: 1) Persons with dementia: By adding recreational elements, especially those of a traditional Chinese nature which clients are familiar with, such as Chinese Calligraphy, Chinese traditional music and Chinese opera, arts and crafts, etc., into different daily programs for clients with dementia at the Day Centre, changes in behaviours and performance could be observed in clients. Client’s attention span, motivation, comprehensive and expressive functions were increased. At the same times, some behavioural and mood problems, e.g. wandering, anxiety, repetitive speech, were reduced. The Art of Chinese Intelligence is applied and promoted in therapy and prevention activities.

2) Carers: A series of programs were organised for caregivers, including mentorship support and motivating them to bring out creativity to different leisure activities. These could successfully reduce their carer stress, and rediscover their innate talents. The carers were encouraged to voice out their feelings and needs through different channels, such as writing letters and articles in the newsletter, and participate in ‘voice-on-line’ discussion forums through the internet.

Conclusion: The creative model was incorporated into the development of the Association.

(a) the stimulating environmental design of the new Day Center, such as colourful wall painting;
(b) collaboration with Brain Health Unit to develop a new treatment device, i.e. paper and pencil novel by4 could bring the elderly person into the room of his own home; and
(c) early screening of people in community with memory problems or early dementia symptoms and motivational training to facilitate early diagnosis.

Conclusion: Dementia care offers a model of multi-dimensional application of creativity on an individual and societal level in solving the many problems relating to dementia management, enhancing quality of life, humanity and dignity of a person and advancement of society.

“Note: Brain Health Unit  is a joint venture collaborated by the Centre for Telehealth and Teleradiology of the Faculty of Health and Social Sciences, The Hong Kong PolyU and Hong Kong Alzheimer’s Disease Association.

ART08  INVESTIGATING THE MISFORTUNES OF YOUNGER ONSET DEMENTIA

BRIAN CRAPSER¹
Academic Department for Old Age Psychiatry, University of NSW, Sydney, Australia

Purpose: To outline Henry Harland Richardson’s 1929 novel ‘Ultima Thule’, the third novel of the famous ‘Fok Ying’ series, and demonstrate how it graphically describes the onset and evolution of younger onset dementia in a manner that still provides lessons for practitioners in the 21st Century.

Method: This poster will summarise the key passages from ‘Ultima Thule’ in order to show how Richardson described the final years of Mahony’s fallen 19th century colonial venture partly due to the younger onset dementia that was modelled on Richardson’s experiences with her father who died of General Paralysis of the Insane.

Result: Ultima Thule. Richardson describes the evolution of younger onset dementia with its early symptoms of depression, subjective and objective memory changes, irritability, and coarsening of personality and their associations with impaired daily functioning, marital stress, reduced capacity to work as a doctor and vocational suicide despair. As the dementia evolves, the novel depicts the difficulties that families have in recognising and dealing with the early symptoms of dementia, and the impact of younger onset dementia on the spouse and young children. As the dementia progresses sections of the novel are written from the perspective of one of Mahony’s children, Cuffy, who represents Richardson as a child. The experiences that Mahony has in a 19th Century Victorian asylum where he was treated as a recalcitrant prisoner rather than a person with severe disability provide a stark backdrop to the author’s description of human family care – an exor separated for patient care.

Conclusion: Ultima Thule remains relevant for younger onstat dementia in the 21st Century as the issues raised in the novel have not disappeared and the themes of the early symptoms of dementia, and the impact of younger onset dementia on the spouse and young children. As the dementia progresses sections of the novel are written from the perspective of one of Mahony’s children, Cuffy, who represents Richardson as a child. The experiences that Mahony has in a 19th Century Victorian asylum where he was treated as a recalcitrant prisoner rather than a person with severe disability provide a stark backdrop to the author’s description of human family care – an exor separated for patient care.

27 March 2008, Friday
1215 hrs – 1345 hrs
Exhibition Area, Ballroom Foyer, Level 2, Suntec Singapore

ALTERNATIVE DRUG TREATMENTS (TRADITIONAL CHINESE MEDICINE)

TCH01  THE NEW HOPE TO THE OLD DISEASE

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Institute of Materia Medica, China Academy of Medical University, Beijing, China¹; Biology, Beijing Jianzhu University, Beijing, China²

Purpose: It is all known that Alzheimer’s disease (AD) is the disorder affected people’s life quality and is the heavy burden to the economy of our society and families. China is a country that has the highest rate of elderly people in the world. Traditional Chinese Medical (TCM) doctors actively deal with this disease based on TCM theory and practice since there is no specific therapy for this disease. In the early time, traditional Chinese medicine recognised dementia and had some therapies. Since Pre-Qin-dynasty, the famous medical book ‘Zuo Zhuan’ described demented term. In Han-dynasty and Song dynasty, there were some prescriptions for patients. The early syndrome of dementia was characterised by emotion and memory disorder corresponding to heart, brain and kidney, and it is also the deficiency of spleen and kidney or deficiency of liver and kidney or deficiency of liver and kidney of lung and kidney. The treatment was to enhance essence and marrow, to reduce turbidity and toxin.

Method: Based on the characteristic of deficiency, stagnation, pathological manifestation of senile dementia, this article proposed several approaches of traditional Chinese medicine to Alzheimer’s disease. Such as: single components, simple and appropriate prescription, ready-made-prescription (patent medicine), acupuncture, psychotherapy, etc.

Result: Using statistic analysis to the data collected over thousand of people, it was suggested that the symptom of patients was improved by utilising the above approaches. The article also discussed possible mechanisms for the above herbal formulas.

Conclusion: Using statistic analysis to the data collected over thousand of people, it was suggested that the symptom of patients was improved by utilising the above approaches. The article also discussed possible mechanisms for the above herbal formulas.

27 March 2008, Friday
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CARE01  IMPROVING THE QUALITY OF LIFE MORE ON THE RELATION BETWEEN THE DEGREE OF SATISFACTORY AND LIFE ENVIRONMENTS FOR ELDERLY PERSONS

SATOMI SASAHARA¹, TETSUYA AKAGI²
Department of Architecture, Faculty of Engineering, Kogakuin University, Tokyo, Japan

Purpose: The care plan made based on Long-Term Care Insurance for the Elderly in Japan is given priority only in the management of the recognised service. As a result, the management of overtime from which service provided is hardly considered. Therefore, neither the tie with the elderly people at home nor how does the situation influence their daily life have been clarified yet. The purpose of this study is to improve the quality of life in their daily life more by examining the relation between the degree of satisfaction for elderly persons who need care spent alone at home and their life environments.

Method: Subjects are nine elderly persons (three vascular dementia, one Parkinson’s disease and five Alzheimer’s disease). They are interviewed about five living environment items “disability and health condition, cost for living, interpersonal relationship, physical environment, regional service” that relate at the time spent alone at home. And, the interview result is evaluated by five stages “satisfaction - dissatisfaction”. Moreover, a similar interview is done to their family, and it is compared with the result of elderly persons.

Result: The degree of satisfaction at the time spent alone decreases as the degree of satisfaction to “disability and health condition” and “physical environment” decreases similarly as for elderly persons and their family. The degree of satisfaction at the time spent alone for the family decreases as the physical care of elderly person increases. And, the interview result is compared for the support of the region strongly as a result. On the other hand, elderly persons persist only in caring not the region but the family.

Conclusion: Currently, it is important to improve the degree of satisfaction at the time that elderly persons and the family spend alone at home is greatly related to improving the quality of life in their daily life more.

CARE02  CLINICAL AND ECONOMIC PREDICTORS OF QUALITY OF LIFE IN DEMENTIA

FRANZISKA GALASSY¹, RAY KRI¹, ANDREW HORNBLOW², MATTHEW CROUCHER³
Health Sciences Centre, University of Canterbury, Christchurch School of Medicine and Health Sciences - University of Otago, Christchurch, New Zealand

Purpose: To measure quality of life (QoL) of persons with dementia and their caregivers. In addition, the study aims to find out, what interventions from primary and secondary care in New Zealand are helpful for enhancing quality of life, and what these interventions cost.

Method: Questionnaires are administered to outpatients, recently diagnosed with dementia, and their caregivers at baseline and 12 months follow-up. In addition to QoL measures, the time spent caring, as well as direct and indirect costs are estimated, using questionnaires (CAS/CATS) and diaries.

Result: 885 (50 patient/caregiver dyads were included, 3859 within 40-999), CDR from 0.5 to 3. Patients’ QoL was strongly correlated with behavioural problems and caregivers’ QoL. Patients’ QoL was also negatively associated with their daily functioning, CDR, and cars’ burden. Symptoms of depression in patients were negatively correlated with their QoL and cars’ burden. Difficult behaviours showed association with depression in patients and cars’ burden and QoL. Increased informal care required impacts on burden and depression in caregivers. Depression and neuropsychological behaviours in patients increase the level of informal care. Joint income/pension and financial burden of care are negatively correlated with cars’ QoL, depression, and burden. The level of cognitive impairment and the level of formal support are not associated with patients or caregivers’ QoL.

Conclusion: Depression in patients and caregivers, each other’s quality of life, patients’ behaviour and functioning, as well as caregivers’ burden, and the level of informal care can predict quality of life in dementia. Reducing the intensity of informal care - by treating depression and difficult behaviours in patients - might reduce caregivers’ depressive symptoms and result in a scheme that rewards informal caregivers for their time spent caring could be a key factor in supporting informal caregivers in their role and therefore delaying institutionalisation.
CARO3
ACTIVITIES OF DAILY LIVING THAT MATTER MOST TO CAREGIVERS
DANIEL B. CHRISTENSEN¹, ROBERT GOLDMAN², JOAN A. MACKELL²
Clinical, Alzheimer's & Related Disorders Society of India, Kottayam, India¹
Purpose: To ascertain the most relevant activities of daily living (ADLs) for caregivers of loved ones with Alzheimer's/amyotrophy.
Method: Caregivers, recruited from an aggregated master sample pool pulled from management and patient registry databases, were invited by direct mail and email to participate in an interview. Approximately 40 caregivers were interviewed in each week of August and September 2008. For the interview, caregivers were presented with a list of 11 ADLs and asked to select up to 5 that were the most relevant/important to them currently.
Result: Approximately 75% of the caregivers and two-thirds of the patients were female. On average, 65% of the caregivers were 55-64 years, with the mode (22%) being 55-64 years. Over 80% of patients were 256 years, with the mode (45%) being 75-84 years. Disease severity for the majority was rated as mild (50%) or moderate (32%). All caregivers, nearly 70% said reminding to take medications and 60% said going out (shopping, social activities, etc) were the most relevant activities, while around the house activities (bathing, walking, eating) were less prominent. For caregivers of loved ones who were (n = 155) or were not (n = 163) treated, reminding to take medications and going out remained the most relevant activities for both. But respondents of treated loved ones were almost twice as likely to report house activities as relevant than were those of untreated loved ones.
Conclusion: Reminding to take medications and going out were the most relevant ADLs to caregivers. House activities were more relevant to caregivers of treated loved ones. These results have implications to guide pharmacologic and non-pharmacologic interventions that have a meaningful beneficial impact on the patient and caregiver.

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CHA01
ARCHIE & ETHEL - A WAY FORWARD - AGGRESSION, DEMENTIA & SINGING
MARY-BARR LE MESSURIER¹
Director, Songsmith, Gerrards Cross, United Kingdom¹
Purpose: To increase awareness that challenging behaviour can be managed through singing as a form of communicating with those who have advanced dementia.
Result: Our results indicate that TR retains its strong affinity for both tangles and plaques
Conclusion: Gotell. Particularly interesting was the positive effect singing has on carers as well as the patient. It is clear that singing benefits them socially, physically and emotionally and they become happier.

DA02
PALLIATIVE CARE FOR PERSONS WITH DEMENTIA
MINORU KAHARA¹, SATOSHI KHARHARA¹, TADASHI WADA², SEIICHI OONODA³, TAKESHI YABANAKA¹, HEITA MATUNAGA, KUNIO KINOSITA, HIKARI CHIKASHI, MATUO, Japan¹; KAJIWARA CLINIC, TOKYO, Japan²; AOZORA CLINIC, MATUO, Japan³; KAMEDA HOSPITAL, KAMOGAWA, Japan, Tokyo, Japan; AZACOTA CLINIC, MATUO, Japan; M彦ouji Hospital, TENGUAI AFZAN, Malaysia with history of memory impairment and altered behaviour. The former was diagnosed as left frontotemporal initial stage AD. The latter was diagnosed as subdural haematoma involving the left hemisphere with midline shift. The former underwent craniotomy and excision of meningioma, and aspiration of a hemorrhagic cyst in the upper cranial cavity was carried out. The patient subsequently underwent subtotal craniectomy with closed-system drainage. Following surgery both patients showed improved Modified Mini-Mental State Examination (MMSE) levels of 28.03 and 33.23 respectively in their follow-up again doing well.
Conclusion: Chronic subdural haematomas and meningiomas are among the known irreversible causes of dementia. Presenting symptoms can be subtle and clinical acumen dictates that all patients should be thoroughly investigated to rule out such possibilities.

2008. For the interview, caregivers were presented with a list of 11 ADLs and asked to select up to 5 that were the most relevant/important to them currently.
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PALLIATIVE CARE FOR PERSONS WITH DEMENTIA
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FUT01 INVOLVEMENT OF PROTEIN TYROSINE PHOSPHATASE IN MEMORY DEFICITS SEEMA BANSAL¹, NITIN BANSAL¹, SURINDER GOYAL¹, MILIND PARLE¹ 
(Pharmacology, Rajendra Institute of Technology & Sciences, Sana, India) 
Pharmaceutical Sciences, Guru Jambheshwar University of Science & Technology, Hissar, India

Purpose: Protein tyrosine phosphatases (PTPase) constitute a diverse family of intracellular and transmembrane proteins. The involvement of PTPase has been implicated in the pathophysiology of neurological diseases, including depression, cognitive dysfunction, and schizophrenia. This study aims to investigate the role of PTPase in memory deficits.

Method: A group of rats was used in this experiment. The animals were divided into two groups: a control group and an experimental group that received intraperitoneal injections of a PTPase inhibitor. The memory function of the rats was assessed using the delayed alternation test (DAT).

Result: The results showed that the rats in the experimental group had significant memory impairments compared to the control group.

Conclusion: The findings suggest that PTPase plays a crucial role in memory function and that targeting PTPase may be a promising strategy for the treatment of memory impairments in neurological diseases.

FUT02 A SMALL MOLECULAR TOXICITY INHIBITOR PREVENTS 7PA2 CELL MEDIUM-INDUCED BEHAVIOURAL EFFECTS IN THE RAT EUGENE CHAYE¹, JUSTINE GANNON¹, KELLY NORDWOOD², DAVID SCOPES², MARK TAYLOR², CAMBRIDGE, ENGLAND

Purpose: The purpose of the current study was to evaluate the effect of SEN1269, an analog of RS-0406, following intracerebroventricular (ICV) injections of 7PA2 cell medium that mimics in vivo conditions of cognitive dysfunction. SEN1269 is an irreversible inhibitor of PTPase, which can open ATP-sensitive K+-channels and consequently activate NOS to reduce oxidative stress. The activation of Akt kinase signaling pathways has potential in understanding the mechanism of cognitive impairment.

Method: Male Sprague-Dawley rats, 15 and 2.3 mg/kg (p=7.7 mg/kg) for 7 days. Lipopolysaccharide and scopolamine-induced increase in brain TBARS levels in mice. The beneficial effects of PTPase inhibition are significantly blocked by the pretreatment of NOS inhibition with L-nitro-arginine methyl ester (L-NAME), 20 mg/kg, i.p. and a ATP analogue K+-channel blocker (glibenclamide, 5 mg/kg).

Conclusion: It may be concluded that senile dementia produced inhibition of PTPase may open ATP-sensitive K+- channels and consequently activate NOS to reduce oxidative stress and subsequently improve memory defects.

LIFE01 HOW CAN WE BE FAR FROM SENILE DEMENTIA AND LIFE SPAN BE HEALTHY LONGER? JIN YUNZHONG WANG¹, Department of Biology, Beijing Jiaotong University, Beijing, China; Department of Immunology, Beijing Union Medical University, Beijing, China

Purpose: ‘We live in a great era in which brainwashing transitions in life sciences are taking place. The most intriguing question exciting people is that “how could we be far from senile dementia and life span be healthy longer?” It is not still clear what causes Alzheimer’s disease (AD) occurring. However, increasing evidences have shown that risk factors meet the generally accepted epidemiological criteria. This risk factors are: aging, severe trauma, genetic predisposition, others (including virus infection, aluminum, education-level, smoking, etc.). In these factors, we could not change our genes or slow down the aging, but we could change our life style to prevent senile dementia.

Method: In this article, we reviewed the life style manners from people whose age was over 100 years. We also evaluated the relationship between the Puer tea drinking and memory disorder, relationship between team single or exercise and memory disorder from people whose ages were over 60 years.

Result: The results showed that healthy Puer tea drinking and exercise life style were benefit to keep free memory. Chinese healthy regimen can still prove useful.

Conclusion: Prevention of Alzheimer’s disease should begin at one’s earlier aging time. The article stressed the importance of pushing healthy life style and dietary habits promoting throughout life.

LIFE02 MEMORY GROUPS: IMPROVING MEMORY KNOWLEDGE, SATISFACTION AND FUNCTIONING OF THE ELDERLY OLGJA LIPPIPMOPOULOU¹, ELEN NARGIOTI², PANARISIKI SAKKAI³, TARTI KERHENTEN⁴, ELENI DIMITRIOU⁵, ELENA KALOUROPOULOU⁶, ATHENS, GREECE; Athens Association of Alzheimer’s Disease and Related Disorders, Athens, Greece;

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

Method: A memory education and intervention group was trained to respond under an alternating-low cycle ratio schedule (CRS) of food reinforcement. This schedule enabled the group to control their own reinforcement and maintain interest in the program. Teaching sessions focused on improving memory functioning.

Result: The results were promising. Participants were able to improve memory functioning. They reported increased confidence in their ability to remember information.

Conclusion: The findings suggest that memory education and intervention programs can be effective in improving memory functioning in older adults.

NON01 INTEGRATION OF PHARMACOLOGICAL AND NON-PHARMACOLOGICAL TREATMENTS OF DEMENTIA CARE IN A PSYCHIATRIC DAY HOSPITAL SITI ZUBAIDAH¹, LEE GUO ZHANG², PHILIP YAP²; University of Malaya Hospital, Singapore;¹ National University Hospital, Singapore;² National University of Singapore, Singapore;³ University of Medical Sciences, Nanyang Polytechnic, Singapore;¹ Nursing, Lion’s Home for the Elders, Singapore;² Nursing, Chang General Hospital, Singapore;³ Animal ART International, Singapore

Purpose: Besides cognitive decline, agitation behaviour is exhibited by more than half of dementia patients living in nursing homes. In Taiwan, more than 2 patients out of 3 presented agitation behaviors. The project evaluated the effects of a music therapy and structured activities programme on treating agitation behavior in dementia patients.

Method: This study consisted of 19 patients with dementia. A pre-post design was followed. Music therapy and structured activities were conducted for 4 weeks. Agitation behaviors were measured by the Cohen-Mansfield Agitation Inventory (CMAI).

Result: The CMAI scores decreased significantly (p<0.01) after the intervention. The Music Therapy and Structured Activities Programme is effective in decreasing agitation behaviors in dementia patients.

Conclusion: The findings suggest that music therapy and structured activities programmes can be effectively used in treating agitation behaviors in dementia patients. Further research is needed to assess the long-term effects of such interventions in larger samples.
**NON08**

**AN OVERVIEW OF THE NON-PHARMACOLOGICAL APPROACHES FOR PATIENTS WITH DEMENTIA**

**WU SZU-HUI¹, WANG TSUI-YING¹...**

**Objective:** We implemented bright light therapy to older adults with dementia in delirium. Then we considered the effects of nutritional support, when improving delirium using light.

**Method:**
- Objects: Three older adults with delirium who have difficulty of dietary intake
- Intervention: Bright light therapy
- Evaluation:
  1. The older adults received bright light therapy of 250lx for 1 hour from 10.00 AM to 11.00 AM for 7-8 days.
  2. During our evaluation at their awaking level and swallowing level, we supported their eating.

**Result:**
- We evaluated their cognitive state at Delirium State by NEECHAM Confusion Scale (J-NCS), Mini-Mental State Examination (MMSE) and food intake before and after.

**Conclusion:** Because of our intervention, all older adults improved J-NCS with bright light therapy. One older adult's MMSE point increased from 9 points to 13 points. However, another had no change of 13 MMSE points. The older adults with dementia began to improve their nutrition and could be provided to increase their nutritional time.

**NON09**

**THE EFFECTIVENESS OF LIGHT THERAPY AND NUTRITION SUPPLEMENTATION FOR OLDER ADULTS WITH DEMENTIA IN DELIRIUM**

**FUKUOKU FUKUHEI¹, MIYOKO KUWATA², KIKUKO TANI³**

**Objective:** To improve the social, emotional, and behavioral problems for moderate adaptive functioning or provide compensatory strategies for patients at different stages, we aimed to assess the effectiveness of light therapy and nutrition support.

**Method:**
- **Intervention:** Bright light therapy (BLT)
- **Evaluation:**
  1. Confusion Scale (J-NCS), Mini Mental State Examination (MMSE) and food intake before and after.

**Result:**
- **1.** The older adults received bright light therapy of 250lx for 1 hour from 10:00 AM to 11:00 AM for 7-8 days.

**Conclusion:** Improving delirium using light therapy and nutrition support together are possible to improve the older adult’s delirium state and nutritional status at an early stage. Moreover, the effective way of their nutritional support for older adults with delirium is to confirm their recovery stage from the delirium and offer meals according to their ability to swallow and according to their favor.
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