26th International Conference of Alzheimer's Disease International

Programme and Abstract Booklet

**26th International Conference of
Alzheimer's Disease International**

26-29 March 2011

**Sheraton Centre Hotel
Toronto, Canada**

Az INTERNATIONAL CONFERENCE
TORONTO 2011
Alzheimer's Disease International

The Changing Face of Dementia

Programme and Abstract Booklet

PIM Postgraduate Institute for Medicine

Alzheimer's Disease International

Alzheimer Society CANADA

www.adi2011.org

Jointly sponsored by Postgraduate Institute for Medicine and Alzheimer's Disease International

AZ INTERNATIONAL CONFERENCE

LONDON 2012

Alzheimer's Disease International

27th International Conference of Alzheimer's Disease International
7-10 March 2012
ExCeL London, UK

SCIENCE FACT FICTION

We invite you to create connections, share experiences, gather knowledge and make a difference to the lives of those affected by dementia.

WEBSITE NOW OPEN www.adi2012.org

Register your interest to receive regular conference updates

Online registration opens 1st July 2011

Online abstract submission opens 1st June 2011

T: +44 (0) 845 1800 169
F: +44 (0) 1730 715 291
E: adi2012@mci-group.com

Alzheimer's Disease International

Alzheimer's Society

Contents

Find us on facebook and twitter at the following addresses:
www.facebook.com/alzheimersdiseaseinternational
www.twitter.com/AlzDisInt

Welcome Letter - Prime Minister of Canada

PRIME MINISTER . PREMIER MINISTRE

It is with great pleasure that I extend my warmest greetings to everyone attending the 26th International Congress of Alzheimer's Disease International (ADI).

"The Changing Face of Dementia," brings together medical professionals, researchers, family caregivers, individuals living with dementia and representatives of national Alzheimer associations. This congress offers delegates an opportunity to share their knowledge and expertise, and to examine strategies for slowing the progress of the disease and, ultimately, preventing its onset.

I would like to commend the members of ADI and the Alzheimer Society of Canada for their efforts in putting together a varied and stimulating program. Delegates are sure to come away from this event with a greater understanding of the advances being made in the diagnosis, care and treatment of dementia.

Please accept my best wishes for an enjoyable and productive meeting.

The Rt. Hon. Stephen Harper, P.C., M.P.

OTTAWA
2011

Welcome Letter - Premier of Ontario

Ontario
Premier of Ontario - Premier ministre de l'Ontario

March 26 – 29, 2011

A PERSONAL MESSAGE FROM THE PREMIER

On behalf of the Government of Ontario, I am delighted to extend warm greetings to everyone attending the 26th International Congress of Alzheimer's Disease International (ADI).

Those living with dementia face a complex illness that has serious personal — and social — costs. As the international federation of over 70 national Alzheimer associations, ADI works tirelessly to improve the lives of those living with Alzheimer's and of their families. I commend this fine organization for the crucial role it plays in educating people in dementia, their families and the global public about dementia, and supporting vital research initiatives.

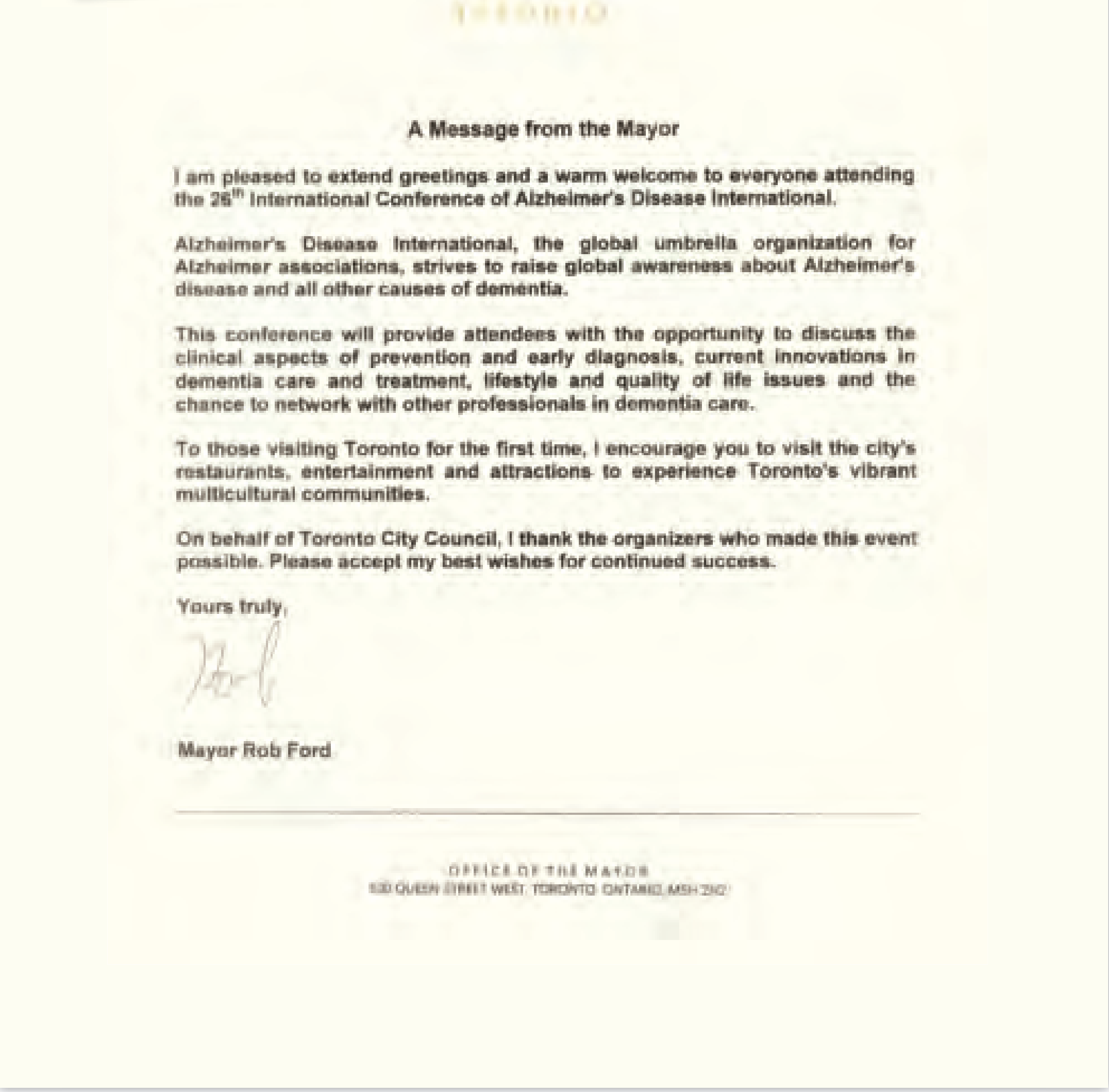
This year's conference, which draws inspiration from the theme "The Changing Face of Dementia," gives professionals in dementia care, medical professionals, researchers, family caregivers and others the opportunity to exchange information and ideas on ways to advance the treatment and care of dementia. Ontario is proud to be chosen as the location for this important international event.

To first-time or returning visitors to Toronto — I am pleased to welcome you to the provincial capital. I hope you find the time to enjoy some of the outstanding attractions and unique events the city has to offer.

Please accept my best wishes for a highly successful conference.

Dalton McGuinty
Premier

Welcome Letter - Mayor of the City of Toronto



TORONTO

A Message from the Mayor

I am pleased to extend greetings and a warm welcome to everyone attending the 26th International Conference of Alzheimer's Disease International.

Alzheimer's Disease International, the global umbrella organization for Alzheimer associations, strives to raise global awareness about Alzheimer's disease and all other causes of dementia.

This conference will provide attendees with the opportunity to discuss the clinical aspects of prevention and early diagnosis, current innovations in dementia care and treatment, lifestyle and quality of life issues and the chance to network with other professionals in dementia care.

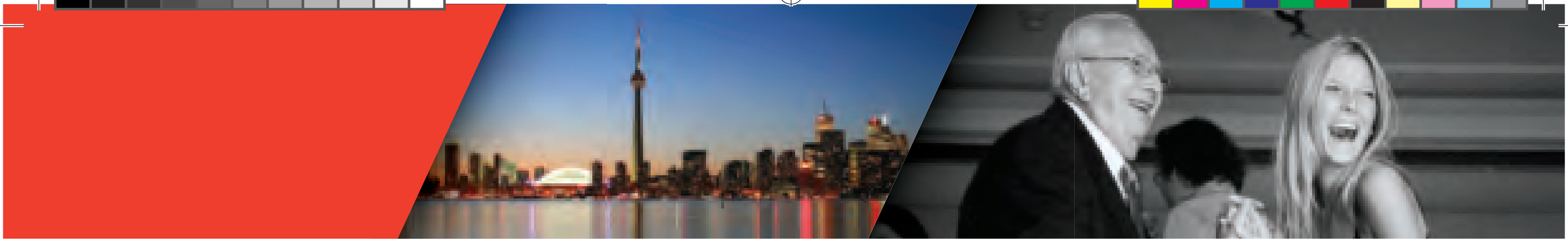
To those visiting Toronto for the first time, I encourage you to visit the city's restaurants, entertainment and attractions to experience Toronto's vibrant multicultural communities.

On behalf of Toronto City Council, I thank the organizers who made this event possible. Please accept my best wishes for continued success.

Yours truly,

Mayor Rob Ford

OFFICE OF THE MAYOR
100 QUEEN STREET WEST, TORONTO, ONTARIO M5H 2N2



Welcome Letter - Daisy Acosta, Alzheimer's Disease International

Dear friends,

It is a delight and an honour, as Chairman of ADI, to welcome you to our 26th annual International Conference, co-hosted with the Alzheimer Society of Canada in the exciting and cosmopolitan city of Toronto.

The conference theme reflects the current situation in the dementia field, the face of dementia is indeed changing. Advances in research are playing a key role in this change. Researchers are now better able to give us an idea of the true scale of the dementia epidemic to support our awareness-raising and advocacy efforts. New, and often innovative, forms of treatment are frequently being discovered and it is clear that there is a strong commitment to finding the causes of this devastating illness and searching for effective ways for diagnosis to be made at an earlier stage.

These developments are sure to assist all who are affected by dementia. Through events such at this conference, we can all join together and share our thoughts and findings and each assist in making others more aware and better able to improve the lives of people with dementia and their carers. I am sure everyone in attendance will take away new information that will help them to continue their work in the field, in whatever capacity it may be.

Toronto is known for its international population and influences and I am sure that this, and the array of informative sessions we have for you, will make for a welcoming, enjoyable and interesting event and you will leave feeling enlightened and with some happy memories.

I would like to thank the Alzheimer Society of Canada for their remarkable efforts in helping us to organise this event. Their dedication is truly admirable and we hope that this event will lead to some very positive developments in their work and for people with dementia in Canada and around the world.

Daisy Acosta
Chairman,
Alzheimer's Disease International

Welcome Letter - Dale Goldhawk, Alzheimer Society of Canada

Dear friends and colleagues,

Greetings from the Alzheimer Society of Canada and a warm welcome to the City of Toronto for ADI 2011, the 26th Alzheimer's Disease International Conference.

As one of the four founding members of Alzheimer's Disease International and as the host of the 1993 conference, the Society is thrilled to see how the Association's membership has grown since its inception in 1984 and how the conference has become an integral part of ADI in helping to disseminate the latest in Alzheimer's disease knowledge and research.

Many of you will be attending the conference perhaps for the first time while others of you will be returning to meet old friends and make new acquaintances. It's a wonderful opportunity to network with colleagues and friends from around the world. We know you will all be in for a very productive and positive experience.

Over the years the strength of the conference has been in its ability to bring together scientists, researchers, healthcare professionals, people with dementia and family caregivers who all share the common purpose to improve the quality of life for people with the disease and their families throughout the world.

And this conference The Changing Face of Dementia is no exception. Change, however, requires an even greater emphasis on the importance of all disciplines and people with Alzheimer's disease and their families coming together to exchange ideas, share recent advances and achievements in Alzheimer research as well as innovative practices in the care of people with dementia.

A world without Alzheimer's disease is the vision of the Alzheimer Society of Canada. One day we hope to see that vision come to fruition for everyone around the globe.

Please take some time to enjoy and explore Toronto. The downtown venue for the conference makes it easy for you to get around and explore the different neighbourhoods, each with their own distinct personality.

Wishing you a productive and exciting conference.

Dale Goldhawk
Conference Chair,
Alzheimer Society of Canada

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Bayer HealthCare

Lunchtime Symposium:
28 March 2011

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50PLUS.com

Other Sponsors

- Baycrest
- Canadian Association of Occupational Therapists
- Canadian Dementia Knowledge Translation Network
- Consortium of Canadian Centres for Clinical Cognitive Research (C5R)
- Dementia Care Foundation
- Dementia Services Development Centre
- Dr Amy Caregiving
- Gilbrea Centre for Studies in Aging
- Health Professions Press
- ISTAART
- Login Canada
- Lundbeck (funding for travel grants for people with dementia)
- Roche Canada
- Spectrum Nasco
- Tunstall Canada Inc
- University of Toronto
- Wade Canada

Alzheimer's Disease International and the Alzheimer Society of Canada gratefully acknowledge the Canadian Institutes of Health Research and the Institute of Aging as partners in support of the Members Reception.

Production of this publication was made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

About Alzheimer's Disease International

Alzheimer's Disease International (ADI) is the international federation of over 70 national Alzheimer associations around the world. ADI was founded in 1984 to help establish and strengthen Alzheimer associations throughout the world, through the exchange of information, skills and models of best practice. ADI wants to improve the quality of life for people with dementia and their families and to raise global awareness about Alzheimer's disease and all other causes of dementia.

Contact details

Alzheimer's Disease International
64 Great Suffolk Street
London
SE1 0BL
UK

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Web: www.alz.co.uk

About the Alzheimer Society of Canada

Behind every person with Alzheimer's disease, there are hundreds of people dedicated to helping. The Alzheimer Society is the leading and only not-for-profit health organization working nationwide to improve the quality of life for Canadians affected by Alzheimer's disease and to advance the search for the cause and cure.

Since 1978, we've been dedicated to providing help and hope for people with Alzheimer's disease and their caregivers. The Society provides support, information and education to people with Alzheimer's disease, families, physicians and health-care providers. It invests approximately $3 million annually to speed up the search for the causes and cure of Alzheimer's disease, while improving the daily lives of those currently affected.

We are located in every province across Canada and in over 155 local communities.

Contact details

Alzheimer Society of Canada
20 Eglinton Ave. W., Suite 1600
Toronto, ON, Canada
M4R 1K8

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Toll-free: 1-800-616-8816 (valid only in Canada)
Fax: +1 (416) 488-3778
Web: www.alzheimer.ca
Email: info@alzheimer.ca

Conference Committees

Local Organising Committee

Name	Key responsibilities
Richard Nakoneczny	President, Alzheimer Society of Canada
Dale Goldhawk	Conference Chair, Alzheimer Society of Canada
Debbie Benczkowski	Alzheimer Society of Canada
Andrea Grimm	Alzheimer Society of Canada
Irene Tysall	Alzheimer Society of Canada

Scientific Programme Committee

Name	Country
Dale Goldhawk	Conference Chair, Canada
Dr. Howard Chertkow	Co-Chair, Canada
Dr. Sherry Dupuis	Co-Chair, Canada
Dr. Daisy Acosta	ADI Chairman, Dominican Republic
Prof. Bengt Winblad	ADI MSAP Chairman, Sweden
Dr. Li Ling Ng	Singapore
Prof. Magda Tsolaki	Greece
Marc Wortmann	Secretary, UK
Debbie Benczkowski	Canada

International Advisory Board (IAB)

Name	Country
Dr. Ricardo Allegri	Argentina
Dr. Sandra Black	Canada
Prof. Henry Brodaty	Australia
Dr. Maria Carrillo	USA
Dr. Larry Chambers	Canada
Prof. Serge Gauthier	Canada
Dr. Nori Graham	UK
Prof. Yueqin Huang	China
Dr. Janice Keefe	Canada
Dr. Ron Keren	Canada
Prof. Ennapadam Krishnamoorthy	India
Dr. Gladys Maestre	Venezuela
Dr. Raul Mena	Mexico
Dr. Mary Mittelman	USA
Dr. Judes Poirier	Canada
Dr. Remi Quirion	Canada
Dr. Bill Reichman	Canada
Mike Splaine	USA
Dr. Peter St. George-Hyslop	Canada
Dr. Paul Stolee	Canada
Dr. Cheryl Wellington	Canada

General Information

Contact Information

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Email: info@alzheimer.ca

Conference Venue
The Sheraton Centre Toronto Hotel
123 Queen Street West
Toronto, ON, Canada
M5H 2M9

Tel: +1 (416) 361-1000
Fax: +1 (416) 947-4854
Web: www.sheratontoronto.com

Conference dates

Beginning of the conference
Saturday 26 March 2011, 17:30

End of the conference
Tuesday 29 March 2011, 13:30

Registration Desk

The registration desk at the conference venue is located in the CONCOURSE (Level -1) and will be open as follows:

Saturday 26 March 2011	10:00 – 21:00
Sunday 27 March 2011	08:00 – 18:00
Monday 28 March 2011	08:00 – 18:00
Tuesday 29 March 2011	08:00 – 13:30

In addition to registering, please visit the registration desk if you have any hotel or social event / tour queries. Delegates who have pre-registered for the conference will be able to print out their conference materials using one of the automated self-registration kiosks. Delegates will also be able to pick up local maps and money off coupons for local amenities from the desk.

Conference Pass / Badges

Name badges must be visible and used at all times when attending the conference.

Cloakroom

The cloakroom is situated on the CONCOURSE (Level -1) and will be open at the following times:

Saturday 26 March 2011	15:00 – 21:15
Sunday 27 March 2011	08:30 – 18:00
Monday 28 March 2011	08:30 – 18:00
Tuesday 29 March 2011	08:30 – 14:00

General Information

Photographer

We are pleased to announce that Irene Borins Ash has agreed to take the official photographs at the conference.

Copyright Gadi Hoz

Irene Borins Ash M.S.W., R.S.W.
Social Worker, Photographer, Author, Speaker

Author and Photographer of "Treasured Legacies: Older and Still Great", Second Story Press, Toronto, 2003 and "Aging is Living: Myth-Breaking Stories from Long Term Care", Dundurn Press, Toronto, 2009.

"With one foot in the world and the other in the world of photography, I have finally found the perfect union."

Email: ireneborinsash@rogers.com
Web: www.ireneborinsash.com

Special Appearances

There will be a number of personal appearances during the conference. These will take place in the SHERATON HALLS, STAND T37.

Saturday 26 March: 19:00 – 20:15

Book signing by Tricia Bauer, author of the award-winning innovative novel Father Flashes, which documents a father's descent into Alzheimer's disease, while simultaneously providing poetic insight into the complex workings of a father-daughter relationship. This moving tribute sheds artistic light on the devastating disease.

Sunday 27 March: 12:45 – 13:45

Meet keynote speaker Christine Bryden at the book signing of her books "Dancing with Dementia: My Story of Living Positively with Dementia" and "Who will I be when I die?"

Promotional Material

Stand T16 in the Sheraton Halls will be available for delegates to display material relating to another conference or other dementia related material. Only material relevant to the conference or the delegates attending the conference can be displayed and the stand will be checked regularly.

Registration fees on site

Conference registration fee structure	Amount (C$)
3 day full rate	850.00
1 day full rate	525.00
Trainees**	520.00
1 day trainee rate	300.00
Students**	260.00
Carer*	260.00
Persons with dementia	260.00
3 day reduced registration ***	260.00
1 day reduced registration ****	170.00
Accompanying persons rate	80.00

*The carer rate applies to non-professional carers of a person with dementia or a person accompanying a person with dementia.

** For trainees or students, a letter of confirmation from the Head of Department must be brought to the registration desk

*** The 3 day reduced registration applies to LAMIC Countries (Low and Middle Income Countries) as defined by the World Bank

**** The 1 day reduced rate applies to LAMIC Countries (Low and Middle Income Countries) as defined by the World Bank, people with dementia, non professional carers and students.

Full participant registration fee includes:

- Admission to all scientific oral and poster sessions
- Delegate bag and final programme
- Abstract book
- Access to exhibition area
- Opening Ceremony and Welcome Reception
- Scheduled coffee breaks – 27, 28 and 29 March
- Scheduled lunches – 27 and 28 March

Accompanying Person's registration fee includes:

- Admission to Opening Ceremony and Welcome Reception on 26 March

1 day registration includes:

- Admission to scientific oral and poster sessions on selected day
- Delegate bag and final programme
- Abstract book
- Access to exhibition area on selected day
- Coffee breaks on selected day
- Lunch on selected day

Payment

All amounts are payable in Canadian Dollars. Payment is possible by credit card or cash. For payment by credit card, we accept Eurocard/ MasterCard, Maestro and Visa.

General Information

Continuing Medical Education Accreditation

Target Audience

This activity has been designed to meet the educational needs of physicians and other healthcare professionals involved in the care of patients with Alzheimer's disease and dementia.

Educational Objectives

After completing this activity, the participant should be better equipped to:

- Apply the most recent diagnostic guidelines
- Use available pharmacological treatments at the appropriate stages of the disease
- Propose to people with dementia and their caregivers the use of services available to them.
- Employ non-pharmacological interventions

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Postgraduate Institute for Medicine and Alzheimer's Disease International. The Postgraduate Institute for Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

The Postgraduate Institute for Medicine designates this live activity for a maximum of 15 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Message Board

A message board will be situated next to the registration area, on which organisers, as well as delegates, can leave messages. Please do not post advertising, as it will be removed.

A list of pre-registered delegates will be available at the registration desk.

Internet Cafe / Internet Access

A small internet cafe is available in the VIDE FOYER (Level -2) for delegates to use during the conference.

Wireless access is available free of charge in all of the public areas of the hotel to guests staying at the Sheraton Centre. For those not staying at the Sheraton, wireless passes will be available from the hotel concierge.

Please note that wireless access does NOT extend to the meeting rooms.

Onsite Press Office

The press office is located in the KENORA Room (Level 2). In case of questions and further information, please contact the on-site press team.

Saturday 26 March 2011	10:00 – 18:00
Sunday 27 March 2011	09:00 – 18:00
Monday 28 March 2011	09:00 – 18:00
Tuesday 29 March 2011	09:00 – 12:00

Press Contact

Rosanne Meandro, Kathryn Richardson, Virginia Bawlf

Mobile Phones

Delegates are kindly asked to keep their mobile phones off in the rooms where scientific and educational sessions are being held as well as around the poster exhibition.

Exhibition Area Schedule

Saturday 26 March 2011	18:00 - 21:00
Sunday 27 March 2011	10:00 - 18:00
Monday 28 March 2011	10:00 - 18:00
Tuesday 29 March 2011	09:00 - 13:30

Dress code for the ADI Conference

Casual business dress is appropriate for the ADI business meetings and conference sessions. For all social events the dress code is smart casual except the Farewell Dinner where business dress is recommended. Please ensure you bring warm clothing, particularly if going outside of the conference venue and for evening events.

Opening Ceremony

Your conference registration includes admission to the Opening Ceremony and Welcome Reception on Saturday 26 March 2011. The Opening Ceremony will take place between 18:00 – 18:45 in the Grand Ballroom. The Welcome Reception will take place between 18:45 – 21:00 where light refreshments will be served in the Sheraton Halls.

Coffee Breaks and Lunches

Coffee breaks are included in the registration fee and will be served in the Exhibition Area (Sheraton Halls) and the Poster Area (Grand Ballroom Foyer) from Sunday 27 March to Tuesday 29 March during the session breaks.

Lunches are also included in the registration fee and will be served in the Exhibition Area (Sheraton Halls) and in the Poster Area (Grand Ballroom Foyer).

General Information

Members Reception (By Invitation ONLY)

The ADI members reception will take place at City Hall between 18:00 – 20:00 on Sunday 27 March. City Hall is located opposite the Sheraton Centre – delegates who have been invited will be given separate information on their ticket.

Farewell Dinner

A Farewell Dinner will take place at the Liberty Grand on Monday 28 March from 19:30. All delegates are invited to attend the dinner. Delegates will need to purchase the conference dinner ticket to attend, priced at C$70.00.

Language of the Conference

The official language of the conference is English. Simultaneous translation in English and French will be provided in a small number of sessions – please see the programme section (Page 34-48) for more information on which sessions are being translated.

Pre-Conference Sessions

The following sessions will be taking place on Saturday 26th March before the Opening Ceremony

A Changing Melody Forum

Saturday 26 March, 10:00 – 15:00
Osgoode Ballroom E

This is a separately registered event.

Hosted by MAREP and partners, in conjunction with the 26th Annual Alzheimer's Disease International Conference, the International A Changing Melody Forum will be a day to remember. With persons with dementia, family members and professionals from around the world addressing issues of stigma and fear, adapting to change, enabling persons with dementia, and creating partnerships, the programme promises to be inspiring and enlightening. Delegates must register for this separately at the registration desk located outside the Osgoode Ballroom.

Driving Change in Alzheimer's Disease Management

A ReCognition Meeting – supported by Pfizer
Saturday 26 March, 11:00 – 15:00
Grand Ballroom E

Are you a primary care physician with an interest in AD?

ReCognition is a programme that will help you to:

- Confidently identify and refer or diagnose patients with suspected AD earlier
- Understand the benefits of earlier diagnosis and tips for discussing a diagnosis with patients and their families
- Discuss best practice in how you communicate with your secondary care colleagues

Registration is free – a buffet lunch will be served from noon

ADI Council Meeting

Saturday 26 March, 13:00 – 17:00
Civic Ballroom

The annual meeting of ADI's Council, during which each member association of ADI is represented by one person who sits at the Council table and has a vote. The Council meeting is a business meeting and is open to observers.

Workshop on Methodologies for Clinical Trials in pre-MCI persons with Subjective Cognitive Impairment (SCI)

Saturday 26 March, 15:30 - 17:00
Simcoe/Dufferin

Fee: included in registration fee for ADI conference

This workshop will describe the pre-clinical stages of eventual Alzheimer's disease. Participants will become familiar with the current knowledge base regarding the epidemiology, identification and prognosis of pre-MCI, subjective cognitive impairment. Clinical tools for recognizing and studying subjective cognitive impairment will be provided and described. At the conclusion of this workshop, participants will be able to identify the subjective cognitive impairment condition in their patients. Participants will also be in a position to conduct research in this area. To assist in these goals, the workshop participants will assess a healthy elder.

People with Dementia and their Accompanying Persons

We want to ensure that people with dementia feel comfortable at the conference. The Kent Room on the 2nd floor is available for people with dementia to meet and relax in peace. The room for persons with dementia has been kindly sponsored by Eisai Limited and will serve teas and coffees throughout the day, with light refreshments at coffee breaks.

Saturday 26 March 2011	10:00 – 21:00
Sunday 27 March 2011	08:30 – 18:00
Monday 28 March 2011	08:30 – 18:00
Tuesday 29 March 2011	08:30 – 14:00

People with Dementia Forum

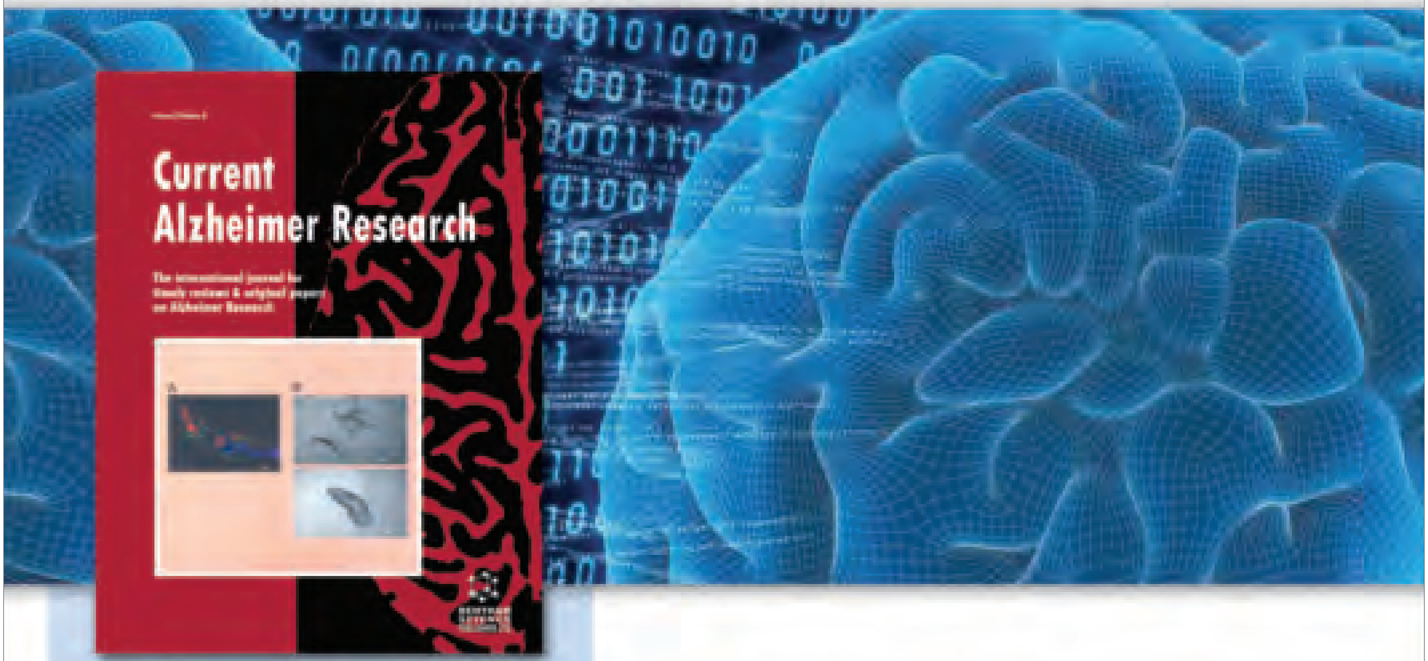
ADI encourages the involvement of people with dementia in its activities and we want to hear what you think ADI can do for you. There will be a people with dementia forum on Sunday 27 March during the lunch break at 12:30 - 13:30. This will be held in the Wentworth Room (Level 2). The meeting is open to people with dementia and their accompanying persons only. Lunch will be available in the room.

New Opportunities for Non-Communicable Diseases

Sunday 27 March 12:30-13:30

The Global Public Health Community is taking significant steps in recognizing the growing impact of non-communicable diseases (NCD) and the prevalence and cost of these diseases. Increasingly it is being recognized that NCDs, even more than chronic diseases are resulting in higher mortality rates. With an ageing world population, these diseases are an increasing burden to health care systems and budgets. It is a major step that the United Nations has decided to convene a high-level Summit on Non-Communicable Diseases (NCD) in September 2011.

With active participation from the audience, this session will address the questions: What are the topics related to NCD? What will the Summit bring and how can we influence this? Should dementia be included and how can this Summit support dementia advocates to bring their cause forward?


Current
Alzheimer Research

Information on Toronto

Language

English is the official language spoken in Toronto.

Exchange Rate

The currency in Canada is the Canadian dollar (CAD or C$).

US $1 = 0.99 Canadian dollars (at time of publication)
UK £1 = 1.59 Canadian dollars (at time of publication)

Money can be changed at banks, kiosks throughout the city and at the airport. You may need to present your passport when you exchange currency at a bank. Cash machines/ATMs are also widely available.

Electricity

Electric current in Canada is 110 volts (60 Hz), the same as in the USA. Wall sockets (or power outlets) are for plugs with two parallel flat blades, as in the USA.

Safety and Security

Although Toronto is considered a safe city, as in any large city we would advise you to be vigilant and take suitable precautionary measures.

Smoking

It is against the law to smoke in any indoor public area. It should be noted that smoking is also not allowed in all buildings, including the Sheraton Centre hotel or under partially covered patios and cigarette disposal units are located throughout the city.

Tax

The Harmonised Sales Tax (HST) at 13% is charged on all goods and services sold in Canada.

Tipping

If you are happy with the service you receive, a 15-20% tip on the bill is a standard expression of appreciation when dining out within the city. Please be aware that in some restaurants an automatically added tip will be noted on your bill.

Tips are expected for services such as taxi rides, 15-20% is standard.

Time

Toronto is located on EST (Eastern Standard Time).

Climate

Although Toronto is one of Canada's warmer cities, winters are still severe with snow on the ground most days between mid-December and mid-March.

Average weather conditions in March

Maximum temperature: 5°C
Minimum temperature: -2°C
Hours of sunshine: 5
Days with rainfall: 8
Days with snowfall: 6
Depth of snow on ground (cm): 3
Windspeed (km per hr): 17

Taxi

There are a number of different taxi companies in Toronto. Fares are standard, metered and non negotiable. The driver should start the meter at the beginning of the journey and stop it when you reach your destination. Refuse a taxi which doesn't have an operational meter. If your service was acceptable, a 15-20% tip is customary.

Beck Taxi - 416-751-5555
www.becktaxi.com

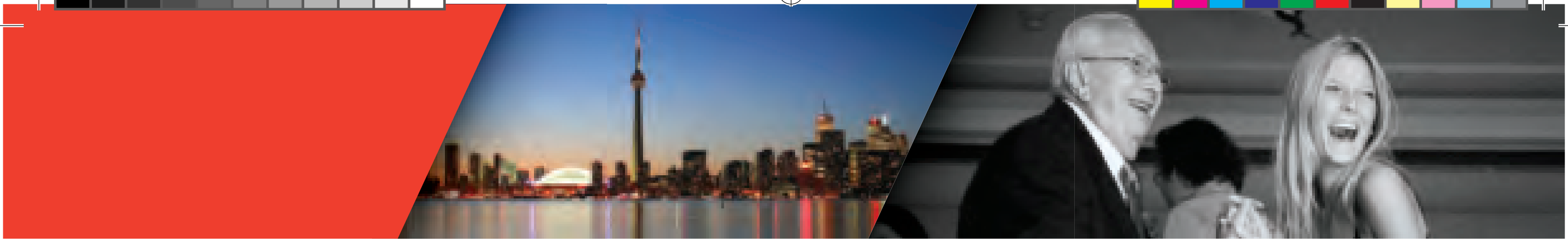
Crown Taxi - 416-292-1212 / 877 750 7878
www.crowntaxi.com

Diamond Taxicab - 416-366-6868
www.diamondtaxi.ca

Royal Taxi - 416-777-9222
www.royaltaxi.ca

Local Information in Toronto

For further information on activities whilst visiting Toronto please visit the special ADI 2011 page of the Tourism Toronto website www.seetorontonow.com/adi/adi2011.html. This page includes money off coupons on local restaurants and attractions and other information on the city.



Information on Toronto

Tours

The following tours are available to delegates and their partners. To book any of these tours (through Congress Canada) please visit the registration desk. Delegates who have already booked tours will receive tickets with their badges along with information on where to be picked up.

The Majestic Niagara Falls

A trip to Southern Ontario would not be complete without a visit to one of the world's beautiful wonders! The Niagara region boasts some of the world's most beautiful scenery and flavourful wines.

In the Niagara area, a detailed tour will begin outlining the historical, cultural, and geographical highlights of the region. Next, enjoy the thunder of the waters from a completely different perspective by visiting the Journey Behind the Falls attraction.

After putting on protective, biodegradable raincoats, you will descend 125 ft. to the base of the Canadian Horseshoe Falls, walk through 650 ft. of man-made tunnels which lead to an observation plaza at the brink of the Falls, just above the river level. Both thrilling and awesome, this close-up experience of the Falls is unforgettable!

Lunch will be provided in a restaurant overlooking the Falls which is a wonderful way to relax. Afterwards, you will be able to browse through the gift shops or simply just enjoy the view.

Available: Saturday 26 March 2011 / 09:00 - 17:00

Duration: 8 hours

Including: Motor coach, guide, Journey Behind the Falls admission, lunch, taxes and gratuities

Cost: $125.00 CAD/person – English speaking guide

Toronto Highlights with CN Tower

The perfect activity to capture a glimpse of the many wonderful sites available in Toronto! This "get acquainted" tour will include such famous attractions as Queen's Park, the Parliament Buildings, Old and New City Halls, Nathan Phillips Square, Royal Ontario Museum, Art Gallery of Ontario, the Annex, University Avenue – Hospital Row, St. Lawrence Market and Hall, Rogers Centre, Roy Thomson Hall, the four city block shopping complex Eaton Centre, the Bay-King financial district, Harbour front, Chinatown, the elegant neighbourhood of Forest Hill and the trendy Yorkville area.

The highlight will be a visit to one of the most visible landmarks of the Toronto skyline, the CN Tower. No facility in the world can compare! Board a glass-faced elevator for a thrilling 58-second ride up the world's tallest freestanding structure. Once on the observation deck, the most spectacular view of Toronto and New York State will be seen. This level also features an outdoor observation balcony, and the latest and most exciting addition - a glass floor! Imagine walking 1,122 feet above the ground on the highest glass floor in the world.

Available: Sunday 27 March 2011 / 09:00 - 12:00

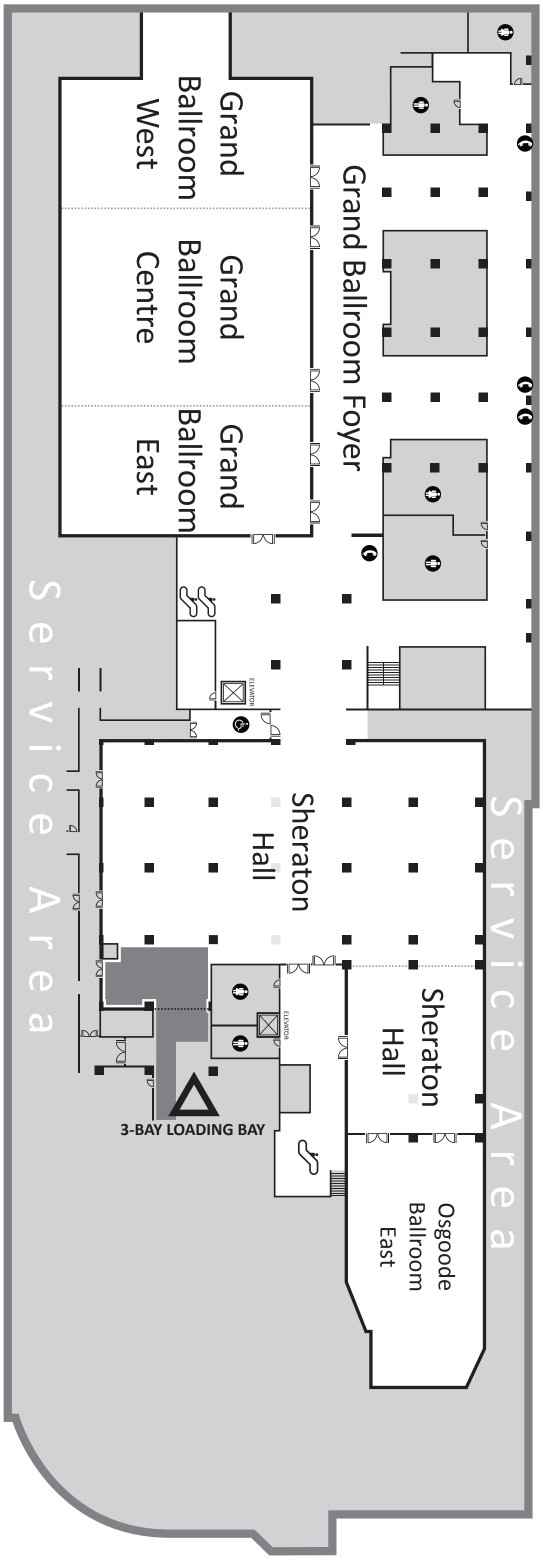
Duration: 3 hours

Including: Motor coach, guide, CN Tower admission and taxes

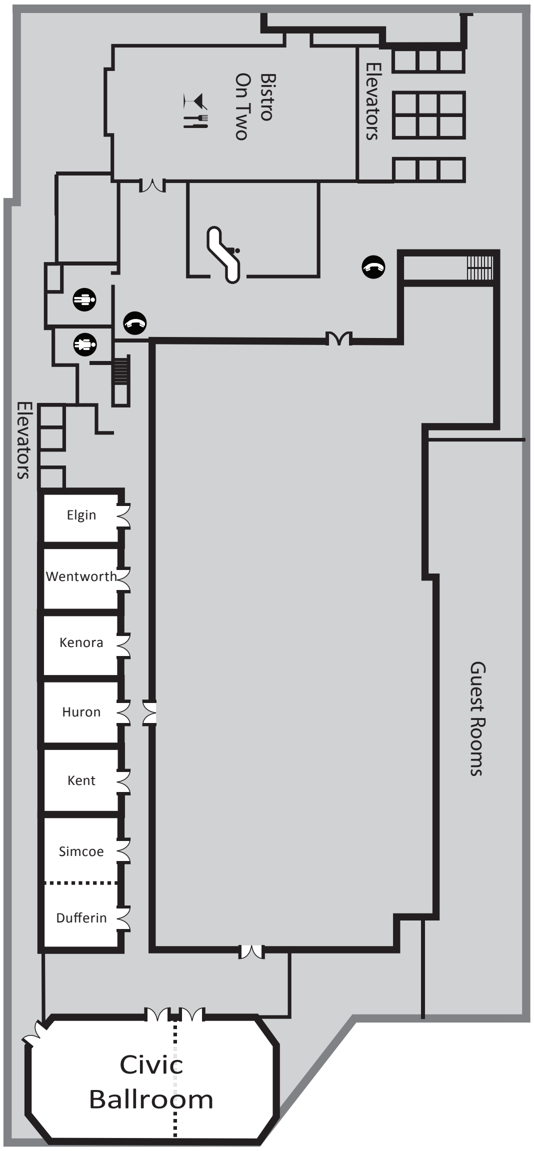
Cost: $80.00 CAD/person – English speaking guide

Hotel Floor Plans

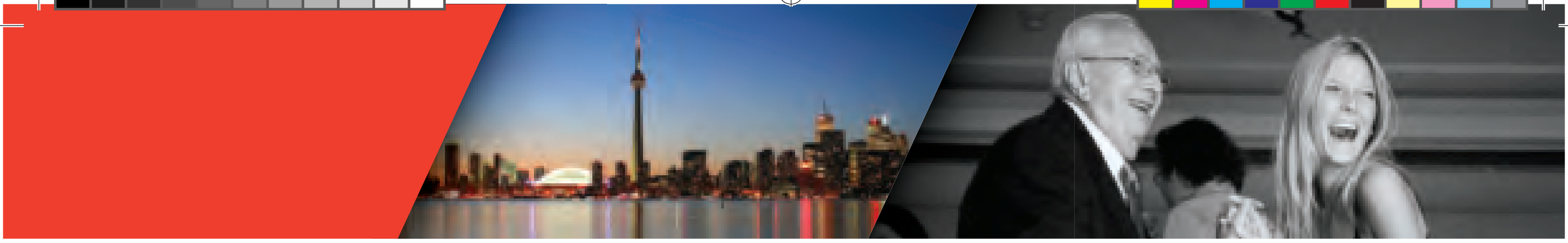
Lower Concourse (Level -2)



Second Floor



	ROOM	FLOOR
ADI Office	Elgin	Second Floor
Small Meeting Room	Wentworth	Second Floor
Press Office	Kenora	Second Floor
Pfizer Hospitality Room	Huron	Second Floor
Room For Persons with Dementia	Kent	Second Floor
Parallel Sessions	Simcoe/Dufferin	Second Floor
Parallel Sessions/ Council Meeting	Civic Ballroom	Second Floor
Parallel Sessions	Grand Ballroom East	Lower Concourse (Level -2)
Parallel Sessions	Grand Ballroom Centre	Lower Concourse (Level -2)
Parallel Sessions	Grand Ballroom West	Lower Concourse (Level -2)
Plenary Sessions	Grand Ballroom	Lower Concourse (Level -2)
Poster Boards/Catering	Grand Ballroom Foyer	Lower Concourse (Level -2)
Exhibition/Member Showcase/Catering	Sheraton Hall	Lower Concourse (Level -2)
Parallel Sessions	Osgoode Ballroom East	Lower Concourse (Level -2)
Speaker Preview	VIP Room	Concourse Level (Level -1) Please see plan on opposite page
Registration	Concourse	Concourse Level (Level -1) Please see plan on opposite page

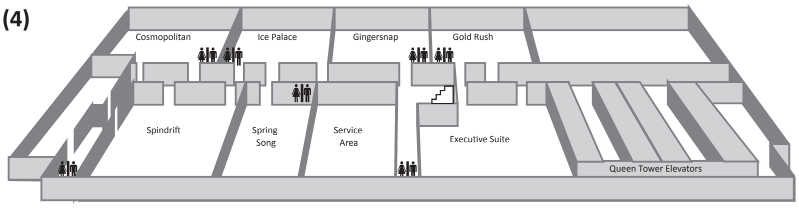


Floor	Meeting Facilities
M	Carleton
2	Churchill Foyer
2	Churchill Room
2	City Hall Room
2	Civic Ballroom
2	Civic Foyer
M	Conference Room A
M	Conference Room B
M	Conference Room C
M	Conference Room D
M	Conference Room E
M	Conference Room F
M	Conference Room G
M	Conference Room H
4	Cosmopolitan
2	Dominion Ballroom
2	Dominion Foyer
2	Dufferin
2	Elgin
M	Essex Ballroom
M	Essex Foyer
4	Executive Suite
4	Gingersnap
4	Gold Rush
LC	Grand Ballroom
LC	Grand Ballroom Foyer
2	Huron
4	Ice Palace
2	Kenora
2	Kent
L	Metro 1
M	Norfolk
LC	Osgoode Ballroom
LC	Osgoode Foyer
M	Oxford
M	Peel
2	Simcoe
LC	Sheraton Hall A–F
4	Spindrift
4	Spring Song
C	VIP Room
C	Vide
2&M	Waterfall Garden
2	Wenthworth
M	Windsor East
M	Windsor West
M	York

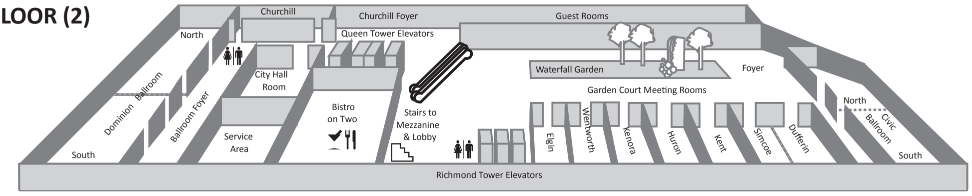
	Hotel Services
L	Arrival Court
C	ATM
L	Baggage Room
L	Bell Desk
2	Bistro on Two
L	Business Centre
C	Convention Registration
C	Currency Exchange
C	Food Court
L	Front Desk
L	Quinn's Steakhouse
L	Link @ Sheraton
L	Lobby Cafe
C	Parking (City Hall Underground Lot)
C	PATH Underground Network
C	PSAV Audio Visual Services
LC	Receiving/Loading Dock
C	Security
L&C	Sheraton Shops
L	SPG/Club Reception
L	Traders
L	Tour Desk
L	Valet Parking
LC	Vide Office
C	VIP Room
2&M	Waterfall Garden

	Service Symbols
$	ATM
👔	Coatcheck
🍴	Food Court
Ⓟ	Parking (City Hall Lot)
🍸🍴	Restaurants
🚻♿	Washrooms
♿	Wheelchair Accesible Elevator

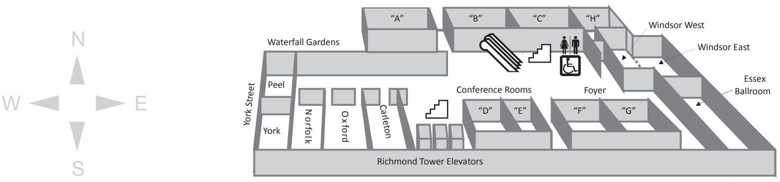
4TH FLOOR (4)



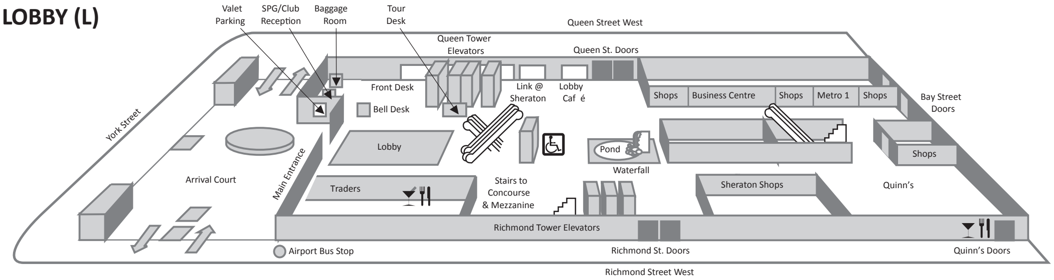
2ND FLOOR (2)



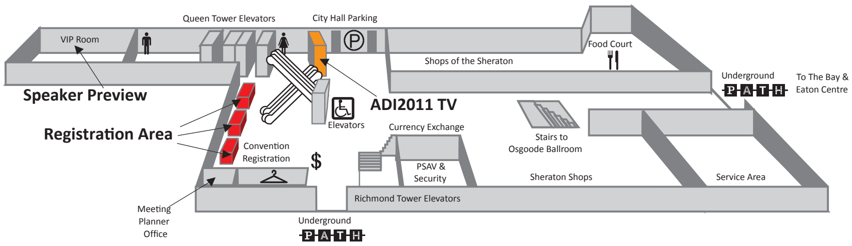
MEZZANINE (M)



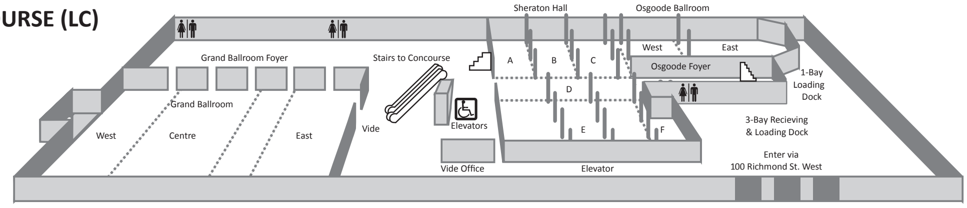
LOBBY (L)



CONCOURSE (C)



LOWER CONCOURSE (LC)



Exhibition Layout

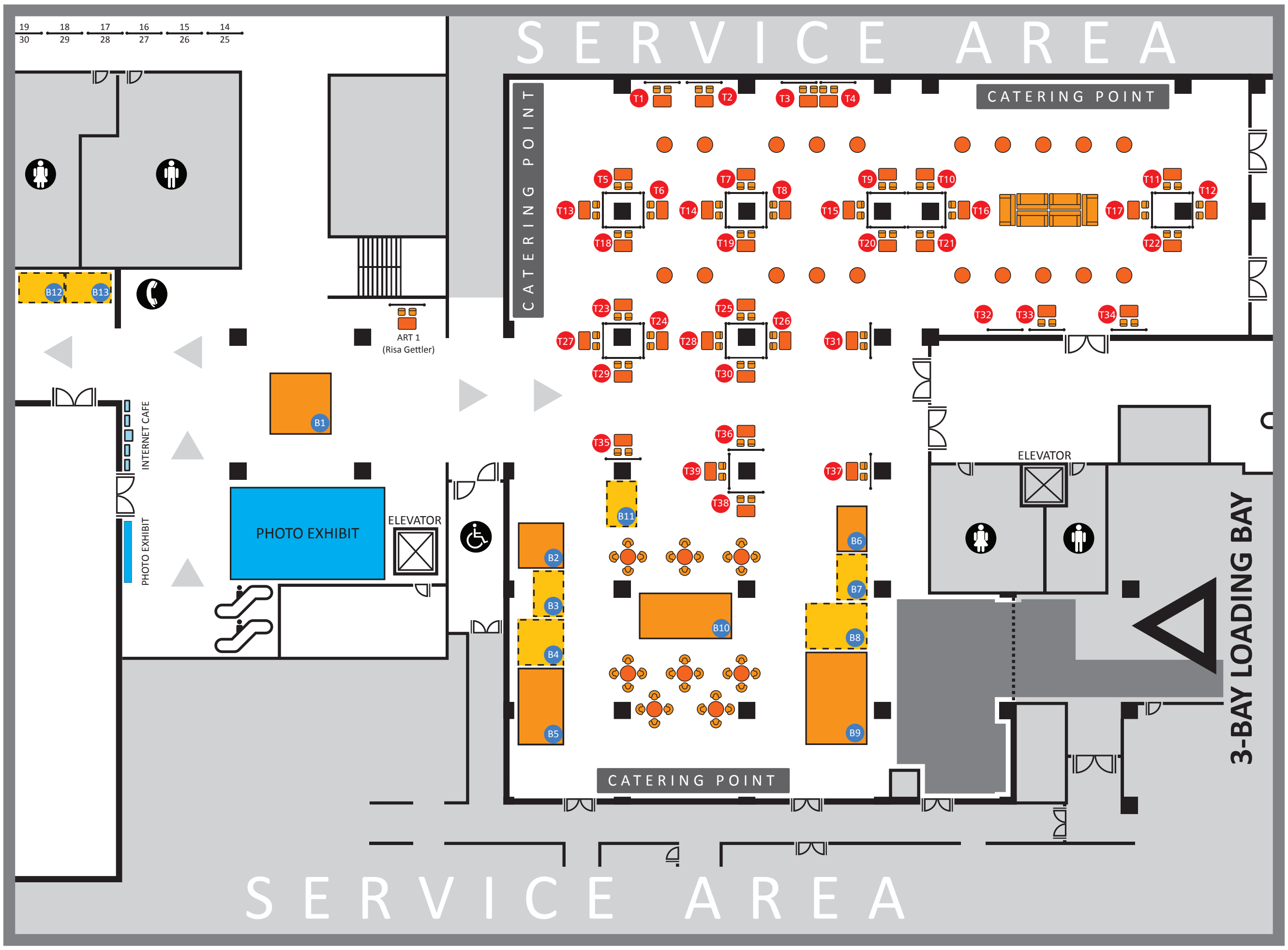
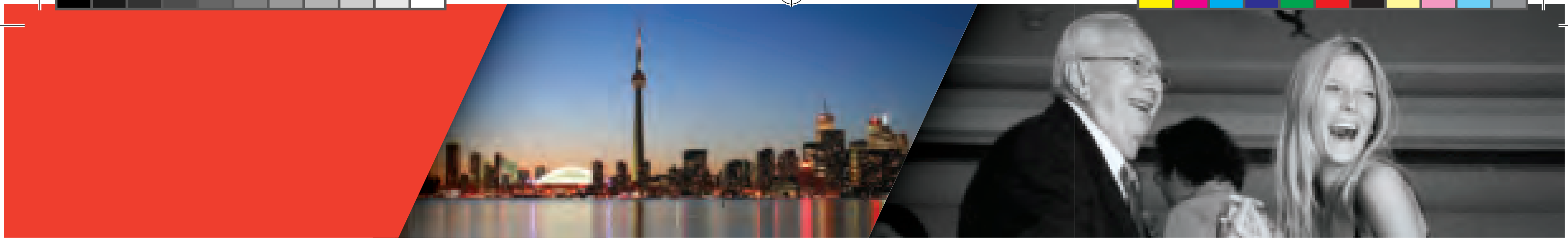


TABLE BOOTHS	
T1	Alzheimer's Australia
T2	Alzheimer Society of Bangladesh (ASB)
T3	Health Professions Press
T4	Health Professions Press
T5	Barbados Alzheimers Association
T6	Ligue Nationale Alzheimer Liga (Belgium)
T7	ADC (AD Chinese)
T8	German Alzheimer Association
T9	Greek Association of Alzheimer's Disease and Related Disorders
T10	Hong Kong Alzheimer's Disease Association
T11	Taiwan Alzheimer's Disease Association
T12	The Alzheimer's and Related Disorders Association (ARDA) - Thailand

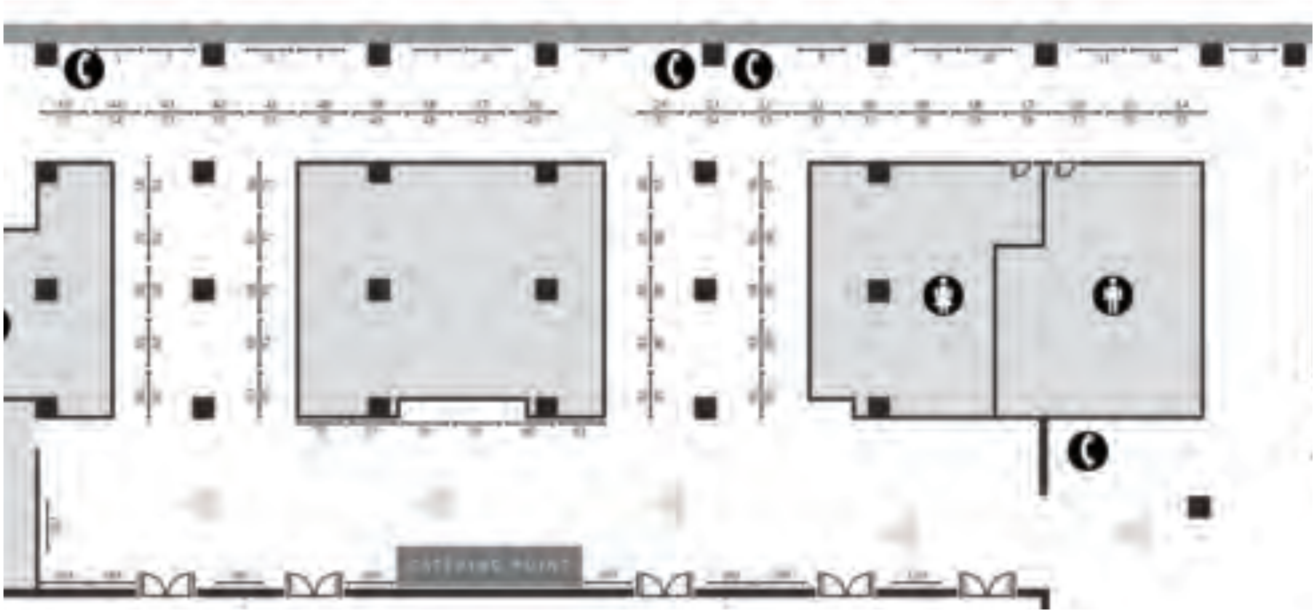
TABLE BOOTHS	
T13	Alzheimer's and Related Disorders Society of India
T14	Alzheimer's Association Japan
T15	Alzheimer Disease Association and Foundation Macedonia
T16	Industry Partner Information
T17	MAREP
T18	Alzheimer's Association Nepal
T19	Alzheimer's Nederland
T20	Alzheimers New Zealand
T21	Alzheimer's Pakistan
T22	Alzheimer's Association of Trinidad & Tobago
T23	Febraz
T24	Dementia Care Fondation
T25	Dementia Services Development Centre
T26	Tunstall Canada Inc
T27	Canadian Association of Occupational Therapists

TABLE BOOTHS	
T28	Come ask me about advocacy
T29	Wade Canada
T30	Psychosocial Research / Fondation Médéric Alzheimer
T31	Asociacion de Alzheimer de Puerto Rico
T32	Help for patients with Alzheimer's disease and their families
T33	Alzheimer Scotland – Action on Dementia
T34	Alzheimer's Association, Korea
T35	Gilbrea Centre for Studies in Aging
T36	Spectrum Nasco
T37	Book Signing
T38	Roche Canada
T39	International Psychogeriatric Association (IPA)

EXHIBIT BOOTHS	
B1	Pfizer
B2	Dr Amy Caregiving
B3	Self Management
B4	Login Canada
B5	CARP - A New Vision of Aging
B6	Baycrest
B7	Alzheimer's Society hosting the 2012 ADI conference in London
B8	Puzzle with Me
B9	CKDTN
B10	Jiminy Wicket
B11	Consortium of Canadian Centres for Clinical Cognitive Research C5R
B12	Alzheimer's Disease International
B13	Alzheimer Society Canada



Poster Board Layout



No.	Poster Name	No.	Poster Name	No.	Poster Name	No.	Poster Name
1	P001	29	P033	57	P063	85	P094
2	P002	30	P034	58	P064	86	P096
3	P003	31	P035	59	P065	87	P098
4	P006	32	P036	60	P066	88	P099
5	P007	33	P037	61	P067	89	P100
6	P008	34	P038	62	P068	90	P101
7	P009	35	P039	63	P070	91	P102
8	P010	36	P040	64	P071	92	P103
9	P011	37	P041	65	P072	93	P104
10	P012	38	P042	66	P073	94	P106
11	P013	39	P043	67	P074	95	P107
12	P014	40	P044	68	P075	96	P111
13	P015	41	P046	69	P076	97	P113
14	P016	42	P047	70	P077	98	P114
15	P017	43	P048	71	P078	99	P115
16	P018	44	P049	72	P079	100	P116
17	P020	45	P051	73	P080	101	P118
18	P021	46	P052	74	P081	102	P119
19	P022	47	P053	75	P082	103	P120
20	P023	48	P054	76	P083	104	P121
21	P024	49	P055	77	P084	105	P122
22	P025	50	P056	78	P086	106	P123
23	P027	51	P057	79	P087	107	P124
24	P028	52	P058	80	P088	108	Spare
25	P029	53	P059	81	P090	109	Spare
26	P030	54	P060	82	P091	110	Spare
27	P031	55	P061	83	P092		
28	P032	56	P062	84	P093		

ADI Workshops

The following ADI workshops will be taking place during the conference. All the workshops below will be held in the Civic Ballroom N, Level 2.

Sunday 27 March; 14:00 – 15:30
Advocacy

In this session, learn how to develop an advocacy leadership team at the national level, to make the best use of Alzheimer's Disease International's (ADI) advocacy tools. ADI's World Alzheimer Report 2009 and 2010 and World Alzheimer's Day help build visibility and credibility for our cause. When used to their full potential the tools available nationally and worldwide help strengthen your argument when campaigning for a better life for people with dementia and their families.

The session will also preview important new web based tools that can support you in your advocacy work - public policy forum and a new web resource dedicated to national Alzheimer plans.

Sunday 27 March; 16:00 – 17:30
10/66 Dementia Research Group

This workshop will look at the 10/66 Dementia Research group's latest results from the incidence (follow-up) phase of its population-based studies in five Latin American countries (Cuba, Dominican Republic, Peru, Mexico, Venezuela), India and China.

Some of the questions addressed will be, how have the participants with dementia and the carers fared over the last three to five years, what is their quality of life, and how have their care needs changed as well as looking at how this may be different between the countries.

This is an opportunity for the attendees at the ADI conference to hear about the progress of the 10/66 studies (population-based baseline and incidence phase, intervention studies, and future plans). We would also like you to give us feedback on our work. Are we asking (and answering) the right questions? Are we looking at the right outcomes that really matter to people living with dementia, and their carers?

Monday 28 March; 14:00 – 15:30
Coping with Growth

This session is on how to make your organisation more effective in serving your stakeholders as your organisation develops.

The worldwide Alzheimer's movement is coping with growth. The growing number of people with dementia and increased awareness leads to more demands from the public and those who need care and support. More, better and earlier diagnosis means more work for Alzheimer associations. It also affects their structure and raises questions on how to organise branches or chapters within your country.

We will look at the lifecycle of organisations and discuss how solutions are found in different places in the world. Active participation is required!

Monday 28 March; 16:00 – 17:30
Alzheimer Cafés

In this workshop two presentations will be held. One on the development of the Alzheimer Cafés in the Netherlands, where the first ever Café for people with dementia and their families was established in 1997. The other on the setting up of a Memory Café, a new model to give better support for families living with dementia; the story of the Memory Café in Lostwhiel (UK). After the presentation there will be time for discussion, questions and answers, action planning and problem solving.

Tuesday 29 March; 09:00 – 10:30
Fundraising: The First Global Campaign on Alzheimer's

There is a need to campaign to raise more awareness, fight the stigma of the disease and increase our resources. If you want to find out how it works and how you can be part of it, don't miss this session!

This session is interesting for those who work for an Alzheimer association as a staff member or volunteer and others involved in the associations. We will look at facts and figures on global fundraising, share some case studies and stories from around the world and explore the principles and methodologies of a global campaign. We are looking forward to receiving comments from ADI-member associations on this campaign.

The session will be interactive with contributions from Steve McLaughlin (Blackbaud), Jon Duschinsky (bethechange), Johan Vos (Alzheimer's New Zealand) and Marc Wortmann (ADI). Facilitator: Jon Duchinsky

Information for Presenters

Oral Presenters

Speaker Preview Room (V.I.P. Room, Concourse Level)

Presenters should present their final presentation in the Speaker Preview Room no later than 4 hours prior to their scheduled presentation. The Speaker Preview Room will be staffed with technicians that can assist with any compatibility or formatting issues. Once you are comfortable that your presentation is complete, confirm the date, time, and room for your session. Be sure to click the green "save/logout" button on the top of the screen once you have finished.

Hours of Operation	Opens	Closes
Friday, 25 March 2011	14:00	18:00
Saturday, 26 March 2011	08:00	22:00
Sunday, 27 March 2011	08:00	18:00
Monday, 28 March 2011	08:00	18:00
Tuesday, 29 March 2011	08:00	13:30

Key Points in preparing your presentation

- All presentations will be played on PowerPoint 2007 or Acrobat Reader 9 for PC
- Only video codec's and fonts as detailed below will be supported
- PowerPoint for MAC files should be tested on a PC before attending the event
- Keynote for MAC will not be accepted, it must be exported to PowerPoint
- There will be no internet connectivity in the Speaker Preview Room or in session rooms

Additional considerations for MAC users

Pictures: If you use a version of PowerPoint prior to 2008, please be sure any embedded pictures are not TIFF format. These images will not show up in Windows PowerPoint. With PowerPoint 2008 for the MAC, this is no longer an issue, and any inserted image will be compatible.

Movies: Quicktime Pro 7 can natively export MOV, DV, QT, or MP4 files as Cinepack codec AVI files. While the resulting file is Windows compatible, there are add on products to Quicktime that will give a better results. Divx offers a plug-in for Quicktime 7 Pro that will convert all Quicktime movie formats to Windows compatible divx AVI files. It is available at the following website.
http://www.divx.com/en/products/software/mac/divx-pro

If you cannot convert the files or have a considerable number of files, please check with a technician in the Speaker Preview Room who can make arrangements to convert the videos, or at the Association's discretion, confirm you will be allowed to present off your own laptop.

Chairpersons

Chairpersons will have been sent guidelines and a programme in advance of the meeting – however if they need any more information on presenters they should speak to a representative in the Speaker Preview Room.

Session Meeting Room

Please arrive at your session meeting room at least 15 minutes before the start of your session. Take time to familiarise yourself with the setup at the lectern. Located in front of you will be a monitor where you can follow your presentation. Simply click your session time, then click your name on the display, and your PowerPoint will launch automatically. At the end of your presentation, the display will return to the list of presenters in that session.

Poster Presenters

The poster area is located in the Grand Ballroom Foyer, Level -2. All posters will be displayed during the entire conference, although there are different times when people need to stand by their posters.

Poster Board to be Available
From Saturday 26 March 2011: 13:00

Dismantling Deadline
Tuesday 29 March 2011: 14:00 – 15:00

Poster Specification
Display Area = 91" (2.31m) wide x 45" (1.14m) high.

Only velcro can be used on the poster boards. A small amount of Velcro will be provided with each poster board.

NB: Poster should not exceed the measurements outlined above.

Information for Presenters

Poster viewing times

Depending on the abstract number, presenters will need to stand by their posters between 12:45 and 13:30 either on 27 March or 28 March.

Publication of Abstracts

We would also like to inform you that Medimond S.r.l. - Monduzzi Editore International Proceedings Division (www.medimond.com) will publish the proceedings containing the extended version of the conference works.

The Proceedings must not be confused with the abstract book and joining the publication is not mandatory for your presentation at the conference. The publication, in book version and electronic format, will be issued in time for the conference and will be sent to be indexed in Conference Proceedings Citation Index by Thomson Reuters – Philadelphia formerly ISI.

ADI2011 TV

ADI, in partnership with London based film production company WebsEdge, is proud to present ADI2011 TV, an informative and exciting new daily TV show for this year's conference.

ADI2011 TV will raise the visibility of the hard work of organisations in our field and will provide an opportunity to learn about professionals in dementia care, medical professionals, researchers, family caregivers and people living with dementia.

ADI2011 TV will be a daily TV show which has two features: "Thought Leadership" and "Conference News". Thought Leadership is five-minute film segments highlighting best practice in the field and featuring informative case studies. Conference News includes daily "behind the scenes" interviews, coverage of conference events, and reactions to the day from attending delegates.

The TV show will be shown throughout the Sheraton, in delegate hotel rooms on a dedicated channel and online. The "Thought Leadership" feature segments will showcase Alzheimer's disease related work from around the world. These segments have been filmed in advance enabling WebsEdge film crews to go "on location".

The TV shows produced for the conference are supported by an ADI2011 TV program guide, in which all featured organisations will have a written description. In addition, the ADI2011 TV Stand (located on the Concourse floor) will be able to give delegates up to date information on the programming.

Visit the ADI2011 TV team on their Stand and let them know what you think, and what you would like to watch in future shows.

Programme at a Glance

	Saturday 26 March				**Sunday** 27 March			
07:30						**Satellite Symposium - Bayer Healthcare** **Role of Amyloid Brain Imaging in the Revised Criteria for the Diagnosis of Alzheimer's Disease** Osgoode Ballroom E		
07:45								
08:00					Registration Open			Exhibition Open
08:15								
08:30				Exhibition Set Up				
08:45						**Opening Session / Plenary Session** **The Public Health Agenda** Grand Ballroom		
09:00								
09:15								
09:30								
09:45								
10:00	Registration Open	**A Changing Melody Forum:** **Coping, Adapting, Enabling, Creating: Striking a Balance** Osgoode Ballroom E						
10:15								
10:30						Tea and Coffee, Posters and Exhibition		
10:45								
11:00			**ReCognition Meeting:** **Driving Change in Alzheimer's disease Management** **Pfizer** Grand Ballroom E			**Plenary Session** **Emerging Approaches in Psychosocial Research** **Séance plénière** **Nouvelles perspectives dans la recherche psychosociale** Grand Ballroom / Salle de bal		
11:15								
11:30								
11:45								
12:00								
12:15								
12:30						Lunch, poster viewing and exhibition	**Satellite Symposium** **New Opportunities for Non-Communicable Diseases** Osgoode Ballroom E	
12:45								
13:00								
13:15								
13:30								
13:45								
14:00						**Parallel Sessions and Workshops** **Diagnosis** Civic Ballroom S **Caregiver Support Programme** Grand Ballroom W **Psychosocial Interventions** Osgoode Ballroom E **ADI Workshop - Advocacy** Civic Ballroom N **Changing Melody: Partnerships** Simcoe / Dufferin **Cholinesterase Inhibitors** Grand Ballroom E **Knowledge Translation** **Application des Connaissances** Grand Ballroom C Salle de bal C		
14:15								
14:30								
14:45								
15:00		**Workshop on Methodologies for Clinical Trials in Pre-MCI Persons with Subjective Cognitive Impairment (SCI)** Simcoe / Dufferin	**ADI Council Meeting** Civic Ballroom					
15:15								
15:30						Tea and Coffee, Posters and Exhibition		
15:45								
16:00						**Parallel Sessions and Workshops** **Health Management** Grand Ballroom E **Cultural Issues** Grand Ballroom W **Family and Personal Dementia Experiences** Osgoode Ballroom E **Knowledge Translation** **Application des Connaissances** Grand Ballroom C Salle de bal C **ADI Workshop - 10/66 Dementia** Civic Ballroom N **Advocacy** Civic Ballroom S		
16:15								
16:30								
16:45								
17:00								
17:15								
17:30								
17:45								
18:00		**Opening Ceremony** Grand Ballroom				**Members Reception, by Invitation Only**		
18:15								
18:30								
18:45		**Welcome Reception** Sheraton Halls						
19:00								
19:15								
19:30								
20:00								
21:00								
22:30								

Programme at a Glance

Time	**Monday** 28 March	**Tuesday** 29 March
07:30		
07:45		
08:00	Registration Open	Registration Open Exhibition Open
08:15		
08:30	Exhibition Open	
08:45		
09:00	**Plenary Session** **New Developments in Alzheimer's Disease** Grand Ballroom	**Parallel Sessions and Workshops** **Pharmacological Treatments** Grand Ballroom E **Service Delivery** Grand Ballroom C **Meaningful Activity and Social Engagement** Grand Ballroom W **Mild Cognitive Impairment** Osgoode Ballroom E **ADI Workshop - Fundraising** Civic Ballroom N **Posters of Distinction** Civic Ballroom S
09:15		
09:30		
09:45		
10:00		
10:15		
10:30	Tea and Coffee, Posters and Exhibition	Tea and Coffee, Posters and Exhibition
10:45		
11:00	**Plenary Session** **Lifestyle and Alzheimer's Disease Prevention** **Séance plénière** **Style de vie et prévention de la maladie d'Alzheimer** Grand Ballroom / Salle de bal	**Plenary Session** **Alzheimer's Disease Prevention and Practice Related to Dementia in the Indigenous CommunitiesSéance Plénière** **Prévention de la maladie d'Alzheimer et pratiques reliées à la démence dans les collectivités autochtones** Grand Ballroom / Salle de bal
11:15		
11:30		
11:45		
12:00		
12:15		
12:30	Lunch, poster viewing and exhibition **Satellite Symposium - Janssen Alzheimer Immunotherapy** **The National Alzheimer's Disease Policy Forum** Osgoode Ballroom E	**Closing Ceremony** Grand Ballroom
12:45		
13:00		**Delegate Departures**
13:15		
13:30		
13:45		
14:00	**Parallel Sessions and Workshops** **Biomarkers and Risk Factors** Grand Ballroom E **Ethics** Grand Ballroom C **Caregiver Support** Grand Ballroom W **Art and Dementia** Osgoode Ballroom E **ADI Workshop - Coping with Growth** Civic Ballroom N **Clinical Features** Civic Ballroom S	
14:15		
14:30		
14:45		
15:00		
15:15		
15:30	Tea and Coffee, Posters and Exhibition	
15:45		
16:00	**Parallel Sessions and Workshops** **Future Treatments** Grand Ballroom E **Housing, Design and Technology** Grand Ballroom C **Supporting Formal Care Providers** Grand Ballroom W **Care Models and Philosophy** Osgoode Ballroom E **ADI Workshop - Alzheimer Cafés** Civic Ballroom N **Rural Dementia** Civic Ballroom S	
16:15		
16:30		
16:45		
17:00		
17:15		
17:30		
17:45		
18:00		
18:15		
18:30		
18:45		
19:00		
19:15		
19:30	**Farewell Dinner** Liberty Grand	
20:00		
21:00		
22:30		

Speakers' Biographies

Sube Banerjee

Sube trained in psychiatry at the Institute of Psychiatry and epidemiology at the London School of Hygiene. He is Professor of Mental Health and Ageing at the Institute of Psychiatry and Clinical Director of old age psychiatry at the Maudsley. He co-led the development of the National Dementia Strategy for England. Over 100 peer reviewed publications, research interests include: quality of life in dementia; health service evaluation; and the interface between policy, research and practice.

Monique Breteler

Monique Breteler is professor of Epidemiology of Neurologic Disorders at Erasmus MC, Erasmus University Medical Center, Rotterdam, the Netherlands, where she heads the Neuroepidemiology Group of the Department of Epidemiology. She is also adjunct professor of Epidemiology at the Harvard School of Public Health in Boston, Massachusetts. She is principal investigator for neurologic diseases of the Rotterdam Study and principal investigator of the Rotterdam Scan Study. Dr Breteler's research focuses on the causes and presymptomatic detection of neurodegenerative and cerebrovascular diseases, including dementia (in particular Alzheimer's disease), Parkinson's disease, cerebral small vessel disease and ischemic stroke.

Christine Bryden

Christine Bryden was diagnosed with dementia in 1995, and published two books, *"Who will I be when I die"* (HarperCollins 1998) and *"Dancing with Dementia"* (Jessica Kingsley 2005). Elected to the ADI Board in 2003, she stepped down in 2005. For more information, see her web site www.christinebryden.com.

Amit Dias

Dr. Amit Dias is an epidemiologist and geriatrician by training and is currently the Asst. Professor at the department of Preventive and Social Medicine at Goa Medical College. Dr. Dias is the founder secretary of the Dementia Society of Goa and the coordinator of the 10/66 Dementia research group in India. He is also the coordinator of the Medical and Scientific Advisory Panel for the Alzheimer's and Related Disorders Society of India (ARDSI). He was the former Jt. Secretary of ARDSI. He was one of the authors of the National dementia report that was presented to the Government of India last year. He has a number of publications to his credit in national and international peer reviewed journals. His research on interventions for families of people with dementia won the International FMA-ADI prize for being the best evidence based psychosocial research in 2010. He has been involved in research on a range of subjects like Japanese encephalitis, rabies, iodine deficiency disorders, polio, HIV/AIDS, neurological disorders and heart disease.

Scott Dudgeon

Scott Dudgeon is a health care executive and health policy consultant. His recent experience includes Chief Executive Officer of the Alzheimer Society of Canada, Executive Director of the Canadian Collaborative Mental Health Initiative; Executive Director of the Toronto District Health Council and a variety of executive and board roles in hospitals in Toronto. Scott currently divides his time between providing strategic advice to health care clients and his voluntary activity. He is Chair of the Board of Directors of the Change Foundation, an independent health policy think tank. Scott is the author of *Rising Tide: the Impact of Dementia on Canadian Society.*

Speakers' Biographies

Dale Goldhawk

Dale Goldhawk is a veteran Canadian journalist. He is the host of Goldhawk Live, viewed nationally on CPAC and seen daily on Rogers TV in Ontario. He is also the host of Goldhawk Fights Back on Zoomer radio in Toronto. Goldhawk is a former president of the Alzheimer Society of Canada and an elected board member of Alzheimer's Disease International.

Carol Greenwood

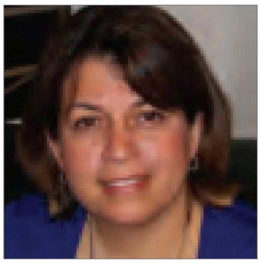
Carol Greenwood, a native born Montrealer, is Assistant Director and Senior Scientist, Kunin-Lunenfeld Applied Research Unit of Baycrest Centre and Professor, Dept. Nutritional Sciences, University of Toronto. Her research addresses the mechanism(s) whereby diet and type 2 diabetes mellitus contribute to cognitive decrements and dementia risk in older adults.

Kristen Jacklin

Dr. Kristen Jacklin is an Associate Professor of Medical Anthropology in the Human Sciences Division at the Northern Ontario School of Medicine. Dr. Jacklin's current work investigates Aboriginal peoples' knowledge, attitudes and perceptions of Alzheimer's disease and related dementias (ADRD) among Aboriginal communities in Ontario, with the aim to improve sensitivity of ADRD care for Aboriginal patients and families and to the development of appropriate intervention and prevention tools. She is a co-principal investigator of the Indigenous Health Research Development Program, one of nine CIHR funded Network Environments for Aboriginal Peoples Health in Canada. Her research concerns cultural constructions of health and illness and the intersection of Indigenous and biomedical healing traditions as they influence community-based and mainstream health care and Aboriginal health policy.

Mary Lou Kelley

Dr. Kelley is a Professor of Social Work at Northern Ontario School of Medicine at Lakehead University in Thunder Bay, Ontario, Canada. Her work focuses on promoting interdisciplinary research and education in gerontology and palliative care for health care professionals especially those working in rural, remote areas, First Nation communities and long-term care homes. She is currently principal investigator of a five year SSHRC funded program of research "Improving Quality of Life for People Dying in Long Term Care Homes". The project includes 10 co-investigators, 30 international research collaborators, four long term care homes and 30 community partners.



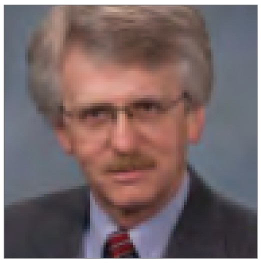
Gladys Maestre

Gladys Maestre is a Professor of Psychiatry and Neuroscience at the University of Zulia, Venezuela, and a Research Associate Scientist at Columbia University. She leads the Maracaibo Aging Study - a study of age-related conditions that has followed more than 2,500 subjects since 1998. She continues to build and improve neuroscience research and education in developing countries.

Francesca Mangialasche

Francesca Mangialasche is a Geriatrician, working at the Institute of Gerontology and Geriatrics, Perugia University, Italy, and at the Aging-Research-Center, Karolinska Institutet, Stockholm, Sweden. Her research activity is focused on clinical and neuropsychological aspects of brain aging and dementia, and on biological studies in brain aging with specific interest on Oxidative/Nitrosative Stress and Antioxidants in Dementia/Alzheimer's disease.

Speakers' Biographies



Ronald C. Petersen

Dr. Ronald C. Petersen is the Cora Kanow Professor of Alzheimer's Disease Research at the Mayo Clinic and the Director of the Mayo Alzheimer's Disease Research Center and the Mayo Study of Aging. He has authored over 300 peer-reviewed articles and four books on Alzheimer's disease, mild cognitive impairment and aging.

Nikos Scarmeas

Nikos is Associate Professor of Neurology; Columbia University Medical Center. After obtaining an M.D. degree from the University of Athens, (the city where I was born), I completed a Neurology residency, a fellowship in Aging and Dementia and a masters in Biostatistics-Epidemiology at Columbia University. Since 2008, I have held an Associate Professor of Neurology position at Columbia and share my time between clinical patient-related work and research in dementia epidemiology.

Robin Shawanoo

Robin Shawanoo is a member of the Kettle and Stony Point First Nation. He graduated cum laude with an Honours in Native Human Services specialized Bachelor of Social Work and is pursuing graduate studies at King's College, University of Western Ontario. He also has a Psychology BA and numerous Gerontology Electives to put toward another Degree. As a member of the staff of the Alzheimer Society of London and Middlesex, Robin has been reaching out to all aboriginal peoples in the community, with an office based in the Oneida First Nation. His focus has been on early intervention, detection, individual and family support, crises intervention and dementia awareness. This First Link initiative has been sponsored by The Ontario Trillium Foundation.

Nienke van Wezel

My name is Dr. Nienke van Wezel, I am 26 years old, and I work for the Dutch Alzheimer Association. I'm a gerontologist and specialize in improving multicultural dementia care in western society. To achieve this I've created a method which influences the attitude and belief system about dementia among Turkish, Moroccan, Surinames, Chinese and Antillian migrant elderly. Since January 2010 I've started my promotional research on this topic.

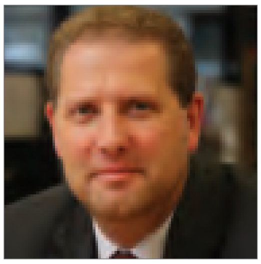
Elaine C. Wiersma

Elaine Wiersma is an Assistant Professor in the Master of Public Health Program, Faculty of Health and Behavioural Sciences, at Lakehead University in Thunder Bay, Ontario, Canada. Her work has spanned community and long-term care sectors, using qualitative and participatory methodologies to examine the social dimensions of aging and dementia. Currently, her work is focusing on the development of self-management in dementia and exploring the context of aging and dementia in rural northern communities in Ontario.

Anders Wimo

Professor Anders Wimo, MD, PhD is positioned at the KI Alzheimer Disease Research Center, Karolinska Institutet, Stockholm, Sweden. His research focus is on health economy and epidemiology of dementia. He is also a practicing family physician. He was one of the principal authors of the World Alzheimer Report 2010.

Speakers' Biographies



Marc Wortmann

Marc Wortmann is Executive Director of Alzheimer's Disease International (ADI), the federation of over 70 national Alzheimer associations around the world. Marc studied Law and Art in the city of Utrecht in the Netherlands and was an entrepreneur in retail for 15 years. During this time Marc was a member of the Parliament of the Province of Utrecht and worked closely with various charities and voluntary organisations. He became Executive Director of Alzheimer Nederland in 2000 and had overall responsibility for the organisation, public policy and external relations, branches and fundraising. From 2002 to 2005 he chaired the Dutch Fundraising Association and was Vice-President of the European Fundraising Association from 2004 to 2007. He has been a speaker at many international conferences on campaigning, raising awareness, fundraising, public policy and ethical issues. Marc joined ADI in 2006, where his main responsibilities are management, public policy and external relations, fundraising, communication and ADI's annual conference.

Programme

Saturday 26 March 2011

10:00 – 21:00 **Registration opens for ADI Conference (Level -1, Registration counters)**

10:00 – 15:00 **A Changing Melody Forum**
Coping, Adapting, Enabling, Creating: Striking a Balance
Osgoode Ballroom E

11:00 – 15:00 **ReCognition Meeting: Driving Change in Alzheimer's disease Management**
Chair: Barry Reisberg
Location: Grand Ballroom E
Sponsored by Pfizer, Inc

Peter Passmore
José Luis Molinuevo

13:00 – 17:00 **ADI Council Meeting**
Civic Ballroom

Workshop on Methodologies for Clinical Trials in Pre-MCI Persons with Subjective Cognitive Impairment (SCI)

Chair: Barry Reisberg
Location: Simcoe / Dufferin

This workshop will describe the pre-clinical stages of eventual Alzheimer's disease. Participants will become familiar with the current knowledge base regarding the epidemiology, identification and prognosis of pre-MCI, subjective cognitive impairment. Clinical tools for recognizing and studying subjective cognitive impairment will be provided and described. At the conclusion of this workshop, participants will be able to identify the subjective cognitive impairment condition in their patients. Participants will also be in a position to conduct research in this area. To assist in these goals, the workshop participants will assess a healthy elder.

15:00 – 17:30		Barry Reisberg	Introduction to Workshop
	OC001	Ken Rockwood	Cognitive dynamics: how variability in brain function influences the risk of cognitive decline
	OC001A	Barry Reisberg	Current Knowledge of Methodologies for Clinical Trials in Pre-MCI Persons with Subjective Cognitive Impairment (SCI)
		Joel Sadavoy	Discussion of Current Knowledge and Methodologies
		Barry Reisberg	Discussion of Clinical Instrumentation for Subject Selection and Assessment
			Subject Interview and final discussion

18:00 – 18:45 **Opening Ceremony**
Grand Ballroom

18:45 – 21:00 **Welcome Reception**
Sheraton Halls

Programme

Sunday 27 March 2011

08:00 – 18:00	**Registration**		
07:30 – 08:30	**Satellite Symposium - Role of Amyloid Brain Imaging in the Revised Criteria for the Diagnosis of Alzheimer's Disease** Chair: Bengt Winblad Location: Osgoode Ballroom E Sponsored by Bayer HealthCare		
	OC001B	Serge Gauthier	Role of Amyloid Brain Imaging in the Revised Criteria for the Diagnosis of Alzheimer's Disease

Opening Session

Location: Grand Ballroom

08:45 – 09:00		Dale Goldhawk and Ken Rockwood	Introduction
		Performers: Christina Martin (NS), Dale Murray(NS), Patrick Brealey (Toronto)	Remember Me Written and Produced/Recorded by Christina Martin and Dale Murray

Plenary Session – The Public Health Agenda

Chair: Jacob Roy
Location: Grand Ballroom

Discussion of Current Knowledge and Methodologies

09:00 – 09:15	S1	Christine Bryden	Perspective of a person with dementia 10 years on
09:15 – 09:30	S2	Scott Dudgeon	The result of the Rising Tide: The impact of dementia on Canadian society
09:30 – 09:45	S3	Marc Wortmann and Anders Wimo	Alzheimer's Disease International: Making dementia a global health priority
09:45 – 10:30		Dale Goldhawk	Discussion with the audience
10:30 – 11:00	**Tea and coffee, posters and exhibition**		

Plenary Session – Emerging Approaches in Psychosocial Research
Séance plénière – Nouvelles perspectives dans la recherche psychosociale

Chairs: Elaine Wiersma and Jack Diamond / *Animatrice : Elaine Wiersma et Jack Diamond*
Location: Grand Ballroom / *Lieu : salle de bal*

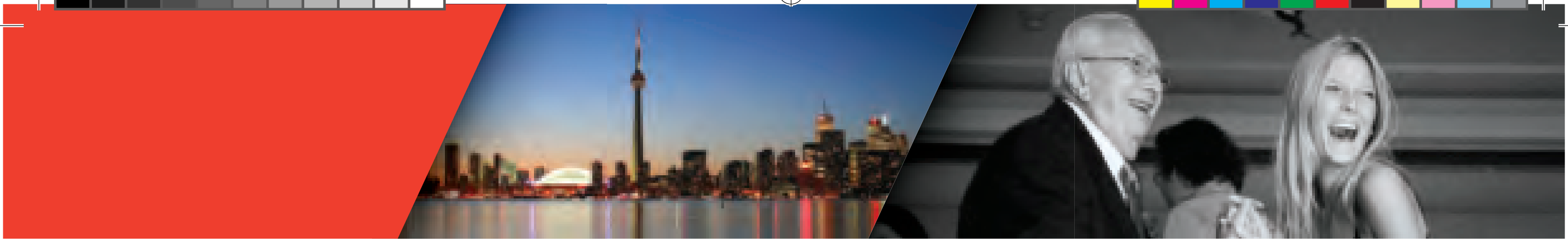
Simultaneous interpretation in English and French available for this session / Interprétation simultanée en français et en anglais disponible pour cette session

11:00 – 11:15	S4	Elaine Wiersma	It's managing yourself to give yourself the best that life can give you: Self-Management of dementia. *C'est de prendre votre vie en main pour en tirer le meilleur parti possible: L'autogestion de la maladie d'Alzheimer*
11:15 – 11:40	S5	Sube Banerjee	Quality of life – The Stroud symposia series *Qualité de vie – Série de symposiums Stroud*
11:10 – 12:05	S6	Amit Dias	A successful community based solution from India *Une solution communautaire couronnée de succès en Inde*
12:05 – 12:30	S7	Mary Lou Kelley	End of life care in dementia *Soins de fin de vie pour les personnes atteintes de la maladie d'Alzheimer*

Programme

Sunday 27 March 2011

12:30 – 13:30	**Satellite Symposium - New Opportunities for Non-Communicable Diseases** Chair: Daisy Acosta Location: Osgoode Ballroom E		
	OC001C	TBC	New Opportunities for Non Communicable Diseases
12:30 – 14:00	Lunch, poster viewing and exhibition		
Parallel Session – Diagnosis Chair: Howard Chertkow Location: Civic Ballroom S			
14:00 – 15:30	OC002	Amanda Khan	A MRI-compatible brain ventricle phantom for software validation
	OC003	Jing Gao	Parietal lobe changing are the important image changing of AD
	OC004	Hidezo Mori	Visualization of perforating branches of cerebral arteries toward clinical evaluation of vascular disease and Alzheimer's-overlap syndrome
	OC005	Razvan Trascu	General practitioners and Alzheimer's disease: critical analysis of national health system limitations
Parallel Session - Caregiver Support Programs Chair: TBC Location: Grand Ballroom W			
14:00 – 15:30	OC011	Marge Dempsey	Family care managers - a community based relationship-centred model of care for individuals with dementia and their care-partners
	OC012	Catherine Ward-Griffin	Enabling partnerships among people with early stage Alzheimer's, family caregivers and providers
	OC013	Huali Wang	The relationship between social support and mental health status among caregivers of Alzheimer's disease and mild cognitive impairment
	OC014	Penny Maccourt	Disenfranchised grief and dementia: preliminary results of a coaching intervention to empower caregivers
	OC015	Lisa Van Mierlo	Dementelcoach: effect of telephone coaching on informal and professional carers of community dwelling people with dementia
	OC016	Oi-I Chio	Occupational therapy for family caring for people with dementia: preliminary effects and relating factors
Parallel Session - Psychosocial Interventions Chair: Henry Brodaty Location: Osgoode Ballroom E			
14:00 – 15:30	OC017	Marijke Van Dijk	The imagination method; a new approach for caregivers of people with dementia in nursing homes
	OC018	G Allen Power	Dementia beyond drugs: changing the culture of care
	OC019	Gillian Rowe	Implicit processes enhance cognitive abilities in aMCI
	OC020	Mitchell Slutzky	Affect regulation therapy for the treatment of cognitive and health disorders
	OC021	Dolly Dastoor	Stage-specific non-pharmacological interventions for persons with cognitive impairment
	OC022	Chris J Materne	Once weekly spaced retrieval training can lead to learning in people with dementia



Programme

Sunday 27 March 2011

ADI Workshop – Advocacy

Chair: Marc Wortmann
Location: Civic Ballroom N

Mike Splaine and Eric Lamoureux

14:00 – 15:30

Learn how to develop an advocacy leadership team at the national level, to make the best use of Alzheimer's Disease International's (ADI) advocacy tools. ADI's World Alzheimer Report 2009 and 2010 and World Alzheimer's Day help build visibility and credibility for our cause. When used to their full potential the tools available nationally and worldwide help strengthen your argument when campaigning for a better life for people with dementia and their families.

Preview important new web based tools that can support you in your advocacy work - public policy forum and a new web resource dedicated to national Alzheimer plans.

Workshop – A Changing Melody: Building Authentic Partnerships in Dementia Care

Chair: John O'Keefe
Location: Simcoe / Dufferin

14:00 – 15:30	OC023	S Dupuis, C Conway, L Loiselle, B Hounam, L Jackson, K Hancock, J Henderson, and G Bendo	A Changing Melody: building authentic partnerships in dementia care

People with dementia can continue to learn and adjust to their illness, play a role in their own care and in decisions affecting their lives, and live meaningful lives when provided with adequate information, resources, and support. They can also contribute in meaningful ways in decision-making in the development and implementation of programs designed for them. Yet, persons with dementia are rarely provided with opportunities to be actively engaged as full partners in these initiatives.

A Changing Melody is one of these initiatives. What sets it apart is the direct involvement of people living with dementia in the planning and organizing, and as the primary speakers at the forum. A Changing Melody, is a learning and sharing forum for persons with early stage dementia and their partners in care.

In this workshop we share with you our guiding principles and enabling factors necessary for developing and sustaining strong authentic partnerships in dementia care and support. Planning committee members from both the national and regional forums will describe their planning processes and identify practical strategies for supporting the partnership and ensuring a successful forum.

From 2002 to 2008, the Murray Alzheimer Research and Education Program (MAREP), in partnership with the Alzheimer Societies of Canada, Ontario and local Chapters, as well as the Dementia Advocacy and Support Network International, brought together persons living with dementia, family members, and professionals to plan and implement five national A Changing Melody forums.

Over the six years, we used a range of methodologies to document and assess the process as well as the impact of the forum on audience members. In an effort to make the forum more accessible to many more persons and families living with dementia, we worked together to develop a tool-kit based on our findings to assist Alzheimer Chapters and other groups to work in partnership with persons living with dementia and their family members in the planning and implementation of regional forums in their own communities. To date, twelve Chapters have used A Changing Melody principles in designing regional forums across Ontario.

Authentic partnerships among all those involved in the dementia context are not only possible, but necessary to meet the needs of persons with dementia, family members and professionals alike. These partnerships are having a significant impact on shifting the current "tragedy" discourse of dementia to a discourse of possibilities in dementia care.

Programme

Sunday 27 March 2011

Parallel Session – Cholinesterase inhibitor treatment in Alzheimer's disease from clinical trials to real-world coverage

Chair: Howard Chertkow
Location: Grand Ballroom E

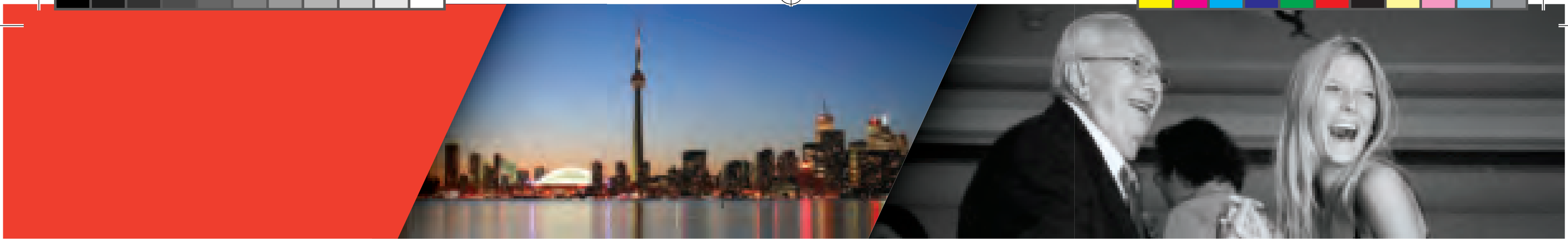
14:00 – 15:30	OC024	B. Lynn Beattie	The historical significance of the Alzheimer's Drug Therapy Initiative in British Columbia
		M. Maclure, W. Smith	Trends in the utilization and costs of services associated with cholinesterase inhibitor coverage
		G-Y R Hsiung, M. Maclure	Epidemiologic issues in the measurement of cognitive functioning for prior authorization procedures
		C. Jacova	Clinical meaningfulness in cholinesterase inhibitor treatment outcomes
		N. Chappell	Caregiver perspectives on cholinesterase inhibitor Treatment outcomes
		P. Lee	Next steps for the Alzheimer's Drug Therapy Initiative and for cholinesterase inhibitor coverage

Parallel Session – Knowledge Translation / *Séance parallèle – Application des connaissances*
Chair: David Harvey / *Animateur : David Harvey*
Location: Grand Ballroom C / *Lieu : Salle de bal C*

Simultaneous interpretation in English and French available for this session / Interprétation simultanée en français et en anglais disponible pour cette session

14:00 – 15:30	OC024A	E. Lusk, S. Clark, David Harvey, K. LeClair	Pay it forward: Your role in translating knowledge to Practice *Votre rôle dans la mise en application des connaissances*
16:00 – 17:30	OC025	K. LeClair	Building capacity for better care: behavioural support systems across Canada *Le renforcement des capacités pour de meilleurs soins : les réseaux de soutien comportemental au Canada*
	OC026	Carrie Mcainey	Development of the partnerships in dementia care (pidc) alliance. *Mise sur pied du programme « Partnerships in dementia care (pidc) alliance»*
	OC027	Wendy Hudson	Exploring inter-sector communities of practice as a strategy to support best-practice palliative care for people with dementia *Exploration des communautés d'expertise inter-organisationnelles dans le cadre d'une stratégie pour soutenir les programmes exemplaires de soins palliatifs pour les personnes atteintes de la maladie d'Alzheimer*
	OC028	Maggie Gibson	Frailty, dementia and disasters: a knowledge translation (kt) initiative targeting health care providers *Fragilité, démence et désastres : une initiative d'application des connaissances qui cible les fournisseurs de soins de santé*
	OC029	Agnes Houston	Through our eyes; a life with dementia *À travers nos yeux : vivre avec l'Alzheimer*

15:30 – 16:00	**Tea and coffee, posters and exhibition**



Programme

Sunday 27 March 2011

Parallel Session – Health Management

Chair: Mary Schulz
Location: Grand Ballroom E

16:00 – 17:30	OC007	Carrie McAiney	Facilitating early referral to support dementia caregivers: evaluation of the first link demonstration project
	OC008	Lisa Loiselle	Mobilizing knowledge for persons with dementia and families at diagnosis: a participatory research project
	OC009	Elaine Wiersma	Exploring perceptions of self-management for dementia
	OC010	Karenjit Kaur	A pilot study into factors influencing medication discrepancies amongst elderly patients post-hospitalization
	OC010A	Marco Blom	The crucial role of case management in the development of client-centred dementia care in the Netherlands

Parallel Session – Cultural Issues

Chair: Li-Ling Ng
Location: Grand Ballroom W

16:00 – 17:30	OC030	Kristen Jacklin	Diverse experiences: perspectives on Alzheimer's disease and dementia in aboriginal communities in Ontario, Canada
	OC031	Nienke Van Wezel	The Dutch Alzheimer tearoom: a unique intervention in reaching Turkish and Moroccan caregivers
	OC032	Frederick D Kaona	To assess the impact of cultural beliefs in home based care among the dementia patients and document its effect on utilisation of indigenous healing system
	OC033	Wendy Hulko	Decolonizing dementia care: a grounded theory of memory loss and memory care for secwepemc nation elders
	OC034	Renne P Alegria	Discourse production of Alzheimer's disease patients: sociolinguistic and cultural preservation
	OC035	Elaine Wiersma	The context of dementia in rural northern communities in Ontario

Parallel Session – Family and Personal Dementia Experiences

Chair: Dan Andreae
Location: Osgoode Ballroom E

16:00 – 17:30	OC036	Fiona Sudbury	Dying with dementia: family members experiences and observations of end-of life care
	OC037	Maria Gantman	Depression in elderly caregivers of patients with Alzheimer's disease: what does it depend on?
	OC038	Eleanor Silverberg	The 3-a grief intervention model: addressing ambiguous loss for dementia caregivers
	OC039	Elham Navab	Lived experiences of family member caregivers of patients with Alzheimer: an Iranian perspective
	OC040	Debra Hunt	The lived experience of young-onset dementia
	OC041	Andrew Ketteringham	My name is not dementia (by Alzheimer's Society)

Programme

Sunday 27 March 2011

ADI Workshop – 10/66 Dementia Research Group

Chair: Daisy Acosta
Location: Civic Ballroom N

16:00 – 17:30 W1

This workshop will look at the 10/66 Dementia Research group's latest results from the incidence (follow-up) phase of its population-based studies in five Latin American countries (Cuba, Dominican Republic, Peru, Mexico, Venezuela), India and China.

Some of the questions addressed will be, how have the participants with dementia and the carers fared over the last three to five years, what is their quality of life, and how have their care needs changed as well as looking at how this may be different between the countries.

This is an opportunity for the attendees at the ADI conference to hear about the progress of the 10/66 studies (population-based baseline and incidence phase, intervention studies, and future plans). We would also like you to give us feedback on our work. Are we asking (and answering) the right questions? Are we looking at the right outcomes that really matter to people living with dementia, and their carers?

Parallel Session – Advocacy

Chair: Frank Schaper
Location: Civic Ballroom S

16:00 – 17:30	OC042	Leslie Cartz-Piver	An Alzheimer campaign in France (haute Vienne): impact on public opinion and stigma
	OC043	Anthea Innes	Consulting with people with dementia on the northern Ireland regional dementia strategy
	OC044	Corrine Hendricken-Eldershaw	Dementia care transformed in Prince Edward Island, Canada
	OC045	Michael Hagedorn	Konfetti im kopf – an activation campaign using the power of creativity
	OC046	Matthew Varghese	The impact of the dementia India report 2010
	OC047	Michael Splaine	Special populations, special policy challenges

Programme

Monday 28 March 2011

08:00 - 18:00	Registration

Plenary session – New developments in Alzheimer's Disease

Chair: David Tang-Wai
Location: Grand Ballroom

09:00 – 09:30	S8	Francesca Mangialasche	Current status of Alzheimer's disease therapy: focus on clinical trials
09:30 – 10:00	S9	Monique Breteler	The relationship between Alzheimer's disease and vascular dementia
10:00 – 10:30	S10	Ronald Petersen	Alzheimer's disease neuroimaging initiative
10:30 – 11:00	Tea and coffee, posters and exhibition		

Plenary Session – Lifestyle and Alzheimer's Disease Prevention / *Séance plénière – Style de vie et prévention de la maladie d'Alzheimer*

Chair: Chris Patterson / *Animateur : Chris Patterson*
Location: Grand Ballroom / *Lieu : Salle de bal*

Simultaneous interpretation in English and French available for this session / *Interprétation simultanée en français et en anglais disponible pour cette session*

11:00 – 11:30	S11	Carol Greenwood	Nutrition, diabetes and dementia prevention *Nutrition, diabète et prévention de la maladie d'Alzheimer*
11:30 – 12:00	S12	Nicholas Scarmeas	Exercise and diet and dementia prevention *Exercice, régime alimentaire et prévention de la maladie d'Alzheimer*
12:00 –12:30		TBC / AC	Interactive discussion
12:30 – 14:00	Lunch, poster viewing and exhibition		

Satellite Symposium – The National Alzheimer's Disease Policy Forum: a Discussion on the Status of Alzheimer's Disease Public Policy

Chair: Marc Wortmann
Location: Osgoode Ballroom E
Sponsored by Janssen Alzheimer Immunotherapy

12:30 – 14:00	OC047A	Florence Lustmann, Sung Hee Lee, Sube Banerjee, Harry Johns	The National Alzheimer's Disease Policy Forum

Parallel Session – Biomarkers and Risk Factors

Chair: Amos Korczyn
Location: Grand Ballroom E

14:00 – 15:30	OC048	Moyra Mortby	Midlife motivational abilities: predictor of apathy and depression in dementia
	OC049	Amanda Khan	Temporal horn Ventricular volume: a sensitive biomarker in Alzheimer's disease progression
	OC051	Leung-Wing Chu	Association between alcohol consumption and cognitive impairment in chinese older adults

Programme

Monday 28 March 2011

Parallel Session – Biomarkers and Risk Factors

Chair: Amos Korczyn
Location: Grand Ballroom E

	OC052	Bhavani Shankara Bagepally	Vertex-wise analysis of sub-cortical structures in Alzheimer's and apoe4 status
	OC053	Juan Llibre Rodriguez	Does African ancestry protect against dementia? a population based case-control study in an AD mixed Cuban sample

Parallel Session – Ethics

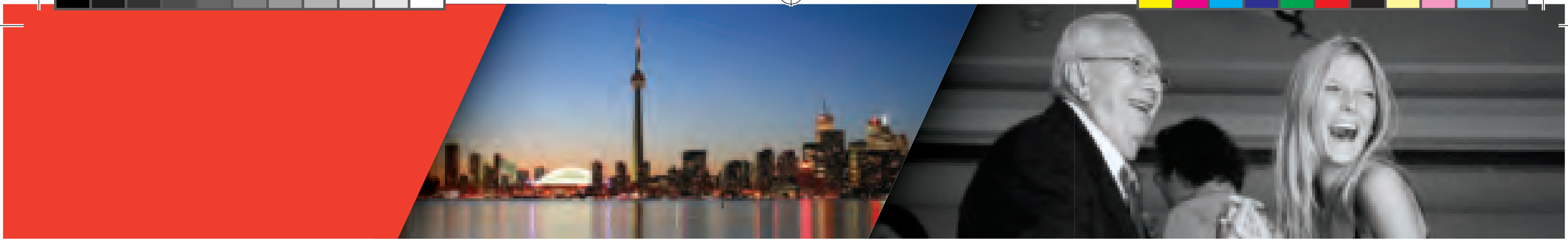
Chair: Robert Yeoh
Location: Grand Ballroom C

14:00 – 15:30	OC054	Mary Schulz	Dementia, safety and risk for abuse
	OC055	David Malloy	Physicians' ethical positions and their responses to a dementia themed ethical dilemma: a cross-cultural study.
	OC056	Fabrice Gzil	Implementing the principle of autonomy in dementia care: from theory to practice
	OC057	Megan-Jane Johnstone	Ethics and end-of-life decision making in dementia care: a critical reappraisal
	OC058	Megan-Jane Johnstone	Metaphors, stigma and the case for euthanasia in Alzheimer disease
	OC059	Elana Brief	Genetic prediction of ad in indigenous communities: intercultural ethical implications

Parallel Session – Caregiver Support

Chair: Nori Graham
Location: Grand Ballroom W

14:00 – 15:30	OC060	Anna Byszewski	The driving and dementia toolkit
	OC061	Alison Douglas	Measurement of harm outcomes after hospital discharge: reliability and validity
	OC062	Yasmin Taylor	Dementia and assessment: more than ticking the boxes
	OC063	Nora Kelner	Delivering programs and services within cultural and community-based services: a needs assessment
	OC064	Andrea L Ubell	Program partnerships that work: the Alzheimer society of York region model
	OC065	Henry Brodaty	Family caregivers in managing behavioural and psychological symptoms of dementia



Programme

Monday 28 March 2011

Parallel Session – Art and Dementia

Chair: TBC
Location: Osgoode Ballroom E

14:00 – 15:30	OC066	Sherry Dupuis	Enhancing person-centred care through research-based drama
	OC067	Pia C Kontos	Using the arts to rethink personhood in person-centred dementia care
	OC068	Mary Mittelman	Evaluation of a museum experience for people with ad and their family members
	OC069	Margaret Cameron	A more holistic approach to support
	OC070	Luis Fornazzari	Creativity, dementia and brain reserve capacity
	OC071	Judith Leitner	Rosa, a photo-documentary on love and memory

ADI Workshop – Coping with Growth

Chair: Glenn Rees
Location: Civic Ballroom N

Johan Vos, Jesús Rodrigo and Marc Wortmann

This session is on how to make your organisation more effective in serving your stakeholders as your organisation develops.

The worldwide Alzheimer's movement is coping with growth. The growing number of people with dementia and increased awareness leads to more demands from the public and those who need care and support. More, better and earlier diagnosis means more work for Alzheimer associations. It also affects their structure and raises questions on how to organise branches or chapters within your country.

We will look at the lifecycle of organisations and discuss how solutions are found in different places in the world.
Active participation is required!

Parallel Session – Clinical Features

Chair: Robert Friedland
Location: Civic Ballroom S

14:00 – 15:30	OC072	Razvan Moraru	Dominant personality features in mild cognitive impairment vs. Alzheimer's disease
	OC073	Ioana Ioancio	Pain quantification in severe Alzheimer's disease: advantages and disadvantages of pain assessment scales
	OC075	Corinne Fischer	Delusions, behavioural symptoms, quality of life and caregiver burden in Alzheimer's

15:30 – 16:00 Tea and coffee, posters and exhibition

Parallel Session – Future Treatments

Chair: Ennapadam Krishnamoorthy
Location: Grand Ballroom E

	OC077	Amy Streater	Tools and skills to facilitate cognitive stimulation therapy groups effectively
	OC079	Nancy Emerson Lombardo	Nutritional supplement combination therapy feasibility, safety and biomarker clinical trial in cognitively normal adults
	OC080	Vinci Hung	Detection of metal interactions with amyloid-β peptides using a label-free electrochemical approach
	OC081	Elisa Aguirre	Development of an evidence based long term cognitive stimulation therapy programme for dementia

Programme

Monday 28 March 2011

Parallel Session - Housing, Design and Technology

Chair: Richard Nakoneczny
Location: Grand Ballroom C

16:00 – 17:30	OC082	Anthea Innes	Design and the environment: discussing the reliability and validity of a design audit tool
	OC083	Elizabeth Steggles	A partnership to ensure safety for people with dementia
	OC084	Frances Morton	Shifting the balance of care for persons with dementia: findings from southwest Ontario
	OC085	Maria McManus	Hearing, sound and the acoustic environment for people with dementia
	OC086	Linda Garcia	The role of physical and social environments in managing behaviours in advanced dementia: a multisite study
	OC087	Frances Morton-Chang	Dementia-friendly design recommendations in a world of risk mitigation

Parallel Session – Supporting Formal Care Providers

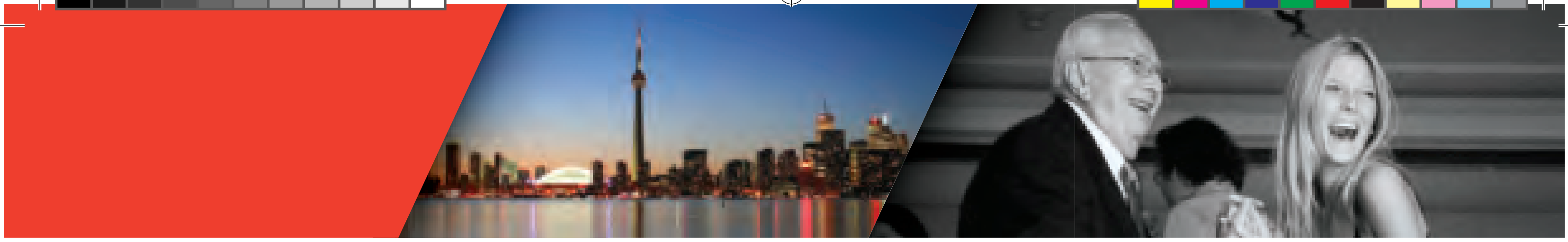
Chair: Lisa Loiselle
Location: Grand Ballroom W

16:00 – 17:30	OC088	Kay Kallander	Touch the spirit engagement (activity) program
	OC089	Sarah Price	A Canadian twist to an iconic dementia care philosophy
	OC090	Janice Robinson	Dying with dementia: integrating a palliative approach
	OC091	Michael Bauer	Sexuality and dementia in the residential aged care setting
	OC092	Susan Gilster	Exceptional training, support and retention for staff in a dedicated Alzheimer's facility
	OC093	Diane Mansour	Capacity building for community development centres - Beirut - Lebanon
	OC094	Anne Pizzacalla	Gently does it! Improving dementia care and reducing risk in the acute care setting.

Parallel Session – Care Models and Philosophy

Chair: Sabine Jansen
Location: Osgoode Ballroom E

16:00 – 17:30	OC095	Dayna Morrow	Memory's footprints: fighting stigma through empathy
	OC096	Deborah O'Connor	Reducing stigma: changing the way we talk about dementia
	OC097	Mary Schulz	Culture change in care homes through a person centred approach
	OC098	Hong-Jer Chang	A correlation between care model and problem behaviour of residents in dementia institution
	OC099	Gwendolyn De Geest	The living dementia journey - the person comes first
	OC100	David Troxel	Person centred (dementia) care - the next 25 years
	OC100A	Virginia Bell	Professions dedicated to dementia care?



Programme

Monday 28 March 2011

ADI Workshop – Alzheimer Cafés

Chair: Jane Cziborra
Location: Civic Ballroom N

Jo Hague and Marco Blom

16:00 – 17:30	W2 & W3	In this workshop two presentations will be held. One on the development of the Alzheimer Cafes in the Netherlands, were the first ever Cafe for people with dementia and their families was established in 1997. The other on the setting up of a Memory Cafe, a new model to give better support for families living with dementia; the story of the Memory Cafe in Lostwhiel (UK). After the presentation there will be time for discussion, questions and answers, action planning and problem solving.

Parallel Session - Rural Dementia

Chair: Amit Dias
Location: Civic Ballroom S

16:00 – 17:30	OC101	Debra Morgan	Satisfaction with telehealth in a memory clinic for rural and remote patients
	OC103	Karin Sjögren	Person-centred care and associated resident outcomes in rural Sweden
	OC104	Marie-Jo Guisset Martinez	Mobile support services to meet users needs in rural French areas
	OC105	Peter Birkett	Rural solutions for rural people
	OC106	Anthea Innes	Diagnostic and post-diagnostic support for people with dementia and their carers in rural Scotland

Programme

Tuesday 29 March 2011

08:00 – 13:00	Registration

Parallel Session - Pharmacological Treatments
Chair: Ken Rockwood
Location: Grand Ballroom E

09:00 – 10:30	OC107	Frank Molnar	Should FDA, EMEA, Health Canada, consort accept last-observation-carried-forward analyses? a systematic review of dementia drug rcts
	OC109	Frank Molnar	Measures of clinical significance employed in dementia drug rcts
	OC110	Li-Yu Tang	Exercise and leisure activities prolong the cognitive enhancing effect of cholinesterase inhibitors?

10:30 – 11:00	Tea and coffee, posters and exhibition

Parallel session – Service Delivery
Chair: Dundeen Ferguson
Location: Grand Ballroom C

09:00 – 10:30	OC111	Faranak Aminzadeh	Can persons with dementia re-create “home” in a retirement home?
	OC112	Marion Villez	Respite care: evolution of the concept and the programmes. An international perspective
	OC113	Sara Bartlett	Inmates undergo training to care for inmates with dementia
	OC114	Jo James	Transforming dementia care in the acute uk hospital - running to catch up
	OC115	Debye Macdonald Connolly	Let's talk about how a small group of committed people can transform dementia care
	OC116	Heidi Härmä	Finnish rehabilitation system - the challenges for people with early-onset dementia and their relatives

Parallel session - Meaningful Activity and Social Engagement
Chair: Jo Hague
Location: Grand Ballroom W

09:00 – 10:30	OC117	Sandra Hobson	Shared occupation when one spouse has dementia: impact on person and couple identity
	OC118	Marvin E Knobloch	Outings for individuals with Alzheimer’s disease and dementia provide meaningful experiences and quality of life
	OC119	Peter Whitehouse	Intergenerational nature-based programs to foster brain health
	OC120	Rebecca Genoe	Meaning focused coping in early stage dementia
	OC121	Tara Stringfellow	Volunteering: meaningful contributions by people with dementia
	OC122	Faranak Aminzadeh	Social stimulation or social dislocation? The encounters of newly relocated persons with dementia with the social environment of retirement residences

Programme

Tuesday 29 March 2011

Parallel Session - Mild Cognitive Impairment

Chair: Mariella Guerra
Location: Osgoode Ballroom E

09:00 – 10:30	OC123	Kelly Murphy	Cortisol and cognition in amnestic Mild Cognitive Impairment
	OC124	Mary Ganguli	One-year outcomes of Mild Cognitive Impairment in the community
	OC125	Howard Chertkow	Severity of Mild Cognitive Impairment does not predict progression
	OC126	Leung-Wing Chu	Clinical, cognitive and genetic predictors of conversion from amnestic Mild Cognitive Impairment to Alzheimer's disease in Chinese older adults
	OC127	Irena Martinic Popovic	Mild Cognitive Impairment in patients with carotid disease
	OC128	Paula M Mclaughlin	Visual search efficacy during the prodromal stage of Alzheimer's disease: do auditory cues help focus attention?

ADI Workshop – Fundraising

Chair: Jon Duschinsky
Location: Civic Ballroom N

Steve McLaughlin, Jon Duschinsky, Johan Vos and Marc Wortmann

There is a need to campaign to raise more awareness, fight the stigma of the disease and increase our resources. If you want to find out, how it works and how you can be part of it, don't miss this session!

This session is interesting for those who work for an Alzheimer association as a staff member or volunteer and others involved in the associations. We will look at facts and figures on global fundraising, share some case studies and stories from around the world and explore the principles and methodologies of a global campaign. Finally, we will get a response from ADI-member associations.

Parallel Session – Posters of Distinction

Chair: TBC
Location: Civic Ballroom S

09:00 – 10:30	P001	Nicole Leclerc	The formation of tau pathological phospho-epitopes in the axon is prevented by the dephosphorylation of selective sites in primary hippocampal neurons over expressing human tau
	P002	Sadayuki Hashioka	Inhibitory effects of proton pump inhibitors on astrocytic neurotoxicity: potentials of proton pump inhibitors for treatment of Alzheimer disease
	P018	Patrick L McGreer	Screening assays for a-beta aggregation blockers: potential for Alzheimer disease treatment
	P023	Irena Martinic Popovic	Brainstem raphe lesion in patients with Alzheimer's disease
	P036	Carlo Alberto Grandi	Effect of multisensory stimulation on heart rate in a group of patients with Alzheimer disease and behavioural disorders
	P046	Ming-Der Lee	Factors related to health seeking intension in elderly dementia caregivers

Programme

Tuesday 29 March 2011

Parallel Session – Posters of Distinction

Chair: Yasmin Raashid
Location: Civic Ballroom S

	P081	Yumiko Momose	The relationship between job-related stressors and stress responses of nurses working in intermediate nursing home inJapan
	P099	Erica E Hack	Does multilingualism protect against Alzheimer's disease? findings from the nun study
	P100	Courtney L Ropp	The impact of brain infarcts on dementia varies by apolipoproteine and educational status
	P120	Balu Chakravarthy	Amyloid β1-42-associated p75ntr expression in human neuroblastoma cells and hippocampal cells in murine and human ad brains
	P122	Ramesh Kandimalla	Sirna against presenilin 1 (ps1) down regulates amyloid β42 production in Alzheimer's disease featured imr-32 cells
10:30 – 11:00	Tea and coffee, posters and exhibition		

Plenary session – Alzheimer's Disease Prevention and Practice Related to Dementia in the Indigenous Communities
Séance plénière – *Prévention de la maladie d'Alzheimer et pratiques reliées à la démence dans les collectivités autochtones*

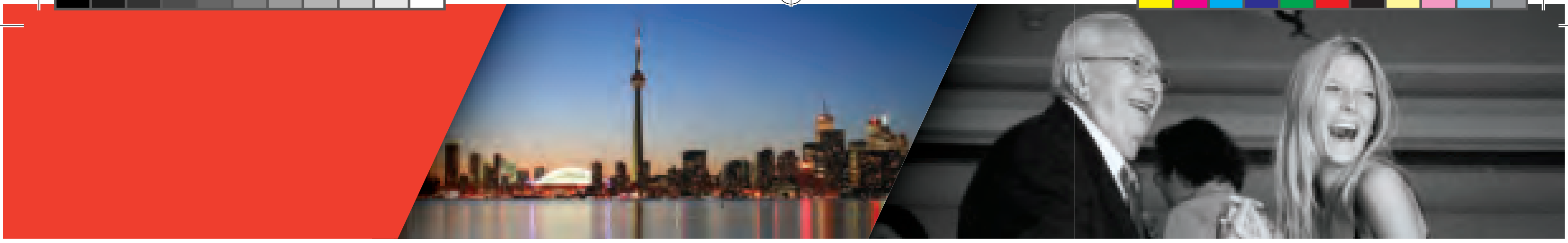
Chairs: Daisy Acosta / *Animatrice : Daisy Acosta*
Location: Grand Ballroom / *Lieu : Salle de bal*

Simultaneous interpretation in English and French available for this session /Interprétation simultanée en français et en anglais disponible pour cette session

11:00 – 11:10	S13	Kristen Jacklin	Understanding dementia in the indigenous communities in Canada. *Comprendre la maladie d'Alzheimer dans lescollectivités autochtones au Canada*
11.10 – 11.20		Robin Shawanoo	First Link and Working in Oneida: Challenges and ways to overcome. *Premier lien et la nation des Oneidas : les défis relever*
11:20 – 11:40	S14	Nienke Van Wezel	Reaching out to the ethnic minorities in the Netherlands *À la rencontre des minorités ethniques dans les Pays-Bas*
11:40 – 12:00	S15	Gladys Maestre	Strategies for engaging minorities and special populations in dementia research: Findings from the Maracaibo Aging *Stratégies pour faire participer les minorités et les clientèles particulières à la recherche sur la maladie d'Alzheimer : conclusions de l'étude sur le vieillissement à Maracaibo*
12:20 – 12:30	Question and answer session / *Période de questions*		

Closing Ceremony
Chairs: Daisy Acosta, Richard Nakoneczny and Dale Goldhawk
Location: Grand Ballroom

12:30 – 13:00		Daisy Acosta	Closing Remarks
		Andrew Ketteringham	'2012 - ADI in London, shining a light on dementia - join us to discuss Science Fact Fiction'



Plenary Speaker Abstracts

S1

How Things Have Changed – an Insider's Perspective of the Last 10 Years

Christine Bryden

Objectives

To reflect on the changes in attitude and policy towards people with dementia which have occurred through ADI leadership over the past decade.

Methods

Drawing on personal experience, visits, and discussions, the presentation illustrates significant changes that have taken place both in ADI and its member countries regarding the help and support available for people with dementia and their families.

Results

The presentation will argue that, since 2001 when the Dementia Advocacy and Support Network International attended the New Zealand ADI Conference and a person with dementia addressed a plenary session, attitudes have changed. People with dementia are included, consulted and assisted to participate in the work of ADI and many of its member countries.

Conclusions

The change in attitude towards people with dementia in the work of ADI has improved the quality of the support available. It resolves some fundamental human rights issues regarding inclusion of people with a disability

References

Dancing with dementia, Christine Bryden, Jessica Kingsley Publishers, London, 2005.

www.dasninternational.org

Various ADI newsletters and conference publications.

S2

Rising Tide: The Impact of Dementia

Scott Dudgeon

Objectives

Alzheimer's Disease and related dementias represent an emerging health issue of proportions that would warrant a significant national policy response. The Alzheimer Society of Canada commissioned Rising Tide to help policymakers understand the scale of the problem now and for the next generation and to present policy options.

Methods

Best current epidemiological approaches were reviewed, along with know cost drivers. These were applied to existing population, economic and administrative databases to derive the human and economic impact of dementia on Canadian society. The same database was used to model the benefit of selected policy options. Policy responses from a number of other countries were reviewed and recommendations for action relevant to the Canadian situation were proposed.

Results

The Alzheimer Society of Canada was provided with a rich platform for advocacy.

Conclusions

Re-shaping how the disease is viewed by government and other members of the policy community is within the reach of health charities.

Plenary Speaker Abstracts

S3

Making Dementia a Global Health Priority

Anders Wimo (World Alzheimer Report 2010 results)
Marc Wortmann (Policy initiatives of Alzheimer's Disease International)

Background

Dementia is significantly affecting every health system in the world, and large amounts of resources and money are spent in caring for people with dementia. A proper understanding of the societal costs of the dementia, and how these impact upon families, health and social care services and governments is fundamental for better policies on international and national levels to improve the lives of people with dementia and their caregivers.

Methods

Alzheimer's Disease International launched the World Alzheimer Report 2009 with a systematic review of prevalence studies worldwide. The 2010 report was based on these numbers for a societal cost of illness study. Annual costs per person with dementia for each country have been applied to the estimated number affected in that country, and then aggregated up to the level of World Health Organization regions, and World Bank income groupings.

Results

The total estimated worldwide costs of dementia are US$604 billion in 2010. About 70% of the costs occur in Western Europe and North America. Costs were attributed to informal (unpaid) care, direct costs of social care (provided by institutions and community care professionals) and the direct costs of medical care (treatment in primary and secondary care). In lower and middle-income countries informal care accounts for the majority of total costs.

Conclusions

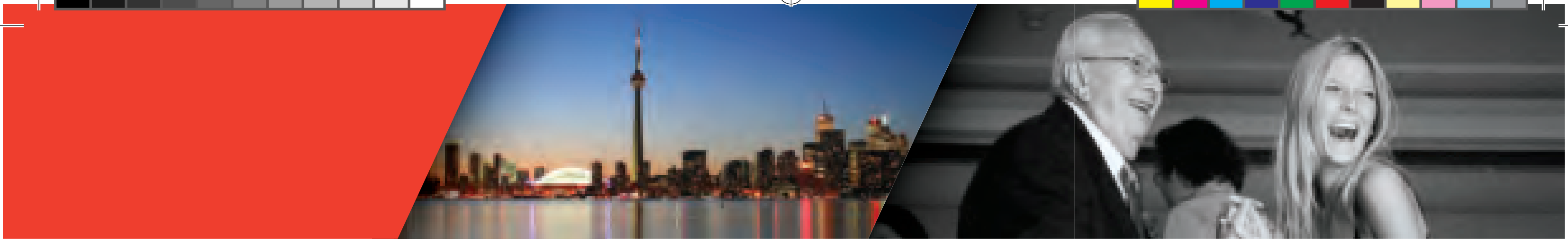
There is an urgent need to develop national and international strategies to fight the disease and develop cost-effective packages of medical and social care. Alzheimer's Disease International has urged the World Health Organization to make dementia a global health priority and encourage member states to develop national strategies.

S4

"It's Managing Yourself to Give Yourself the Best that Life Can Give You": Self-Management of Dementia

Elaine Wiersma

As research approaches have shifted from research "on" people with dementia, to research "for" and "with" people with dementia, practice approaches have also followed this trend, recognizing the abilities and rights of people with dementia to manage their own lives. One example of this approach is self-management of dementia. As self-management of chronic diseases has become prominent in many countries across the world, the need for self-management of dementia has also begun to be recognized at the research, policy, and practice levels. This session will present research currently being conducted in Ontario, Canada that is building a conceptual framework for self-management in dementia by exploring the perceptions of self-management of dementia from people with dementia, partners in care, and health service providers. What self-management might look like in the dementia context, factors that support self-management of dementia, benefits and challenges to self-management of dementia, and resources that currently exist to support self-management of dementia will be discussed.



Plenary Speaker Abstracts

S5

Quality of Life in Dementia – The Stroud Symposia Series

Sube Banerjee[1], Nori Graham[2], Barry Gurland[3]

[1] Institute of Psychiatry, King's College London, [2] Alzheimer's Disease International, [3] Stroud Center for Quality of Life Research, Columbia University, New York

Objectives

To generate an internationally applicable framework for the systematic assessment of the quality of life impacts of services and policies for people with dementia and their family carers

Methods

A qualitative analysis of text from open groups at six consecutive Alzheimer's Disease International (ADI) Conferences (1999–2005) lasting between 1.5 and 2 hours. Data were: presenters' texts, transcribed points made during discussion and written contributions

Results

Three hundred and twelve contributors of text were analysed. From 2246 chunks of text, eight interacting domains relating to quality of life emerged: Public Attitudes and Understanding; Government and Social Policy; Funding for Services; Health; Communication; Choice and Personhood; Environment; and Quality of Care leading to the development of the Stroud/ADI Dementia Quality Framework.

Conclusions

The Stroud/ADI Dementia Quality Framework helps to assess systematically the quality of life impacts of population-level approaches in dementia. Information available can be mapped onto the framework. With its international approach, the Stroud/ADI Dementia Quality Framework has validity across cultures within and between countries. It is intended as a useful aid for the assessment of services and policies for people with dementia and their family carers.

References

Banerjee S, Willis R, Graham N, Gurland B (2010). ADI-QOL: a cross-national population-level framework for assessing the quality of life impacts of services and policies for people with dementia and their family carers. International Journal of Geriatric Psychiatry. 25(3): 249-257.

S6

Emerging Approaches in Psychosocial Research: A Successful Community Based Solution from India

Amit Dias[1*], Michael E. Dewey[2], Jean D'Souza[3], Rajesh Dhume[4], Dilip D. Motghare[1], K. S. Shaji[5], Rajiv Menon[6], Martin Prince[2], Vikram Patel[7]

[1] Department of Preventive and Social Medicine, Goa Medical College, Goa, India, [2] Section of Epidemiology, Institute of Psychiatry, King's College, London, UK [3] Dementia Society of Goa, Goa, India, [4] Directorate of Health Services, Goa, India, [5] Department of Psychiatry, Medical College, Thrissur, India, [6] Mental Health Centre, Chelsea & Westminster Hospital, London, UK, [7] London School of Hygiene and Tropical Medicine, London, UK

Introduction:

India is estimated to have 3.7 million people with dementia and services are negligible (Dementia India report 2010). Developing services to reach out to the community should ensure that they are need based, culturally appropriate and cost effective.

Objectives

To develop and evaluate the effectiveness of a home based intervention in reducing caregiver burden, promoting caregiver mental health and reducing behavioural problems in elderly people with dementia.

Methods

This was a randomized controlled trial in which the person with dementia-caregiver dyad was randomly allocated either to receive the intervention immediately or to a waiting list group which received the intervention after 6 months. It was carried out in communities based in two talukas (administrative blocks) in Goa, India. Mild to moderate cases with dementia (diagnosed using the DSM IV criteria and graded using the Clinical Dementia Rating scale) and their caregivers were included in the trial. Community based intervention provided by a team consisting of Home Care Advisors who were supervised by a counselor and a psychiatrist, focusing on supporting the caregiver through information on dementia, guidance on behavior management, a single psychiatric assessment and medication if needed. We measured caregiver mental health (General Health Questionnaire), caregiver burden (Zarit Burden Score), distress due to behavioral disturbances (NPI-D), behavioral problems in the subject (NPI-S) and activities of daily living in the elder with dementia (EASI). Outcome evaluations were masked to the allocation status.

Results

Eighty one families enrolled in the trial; 41 were randomly allocated to the intervention group. 59 completed the trial and 18 died during the trial. The intervention led to a significant reduction of GHQ (21.12, 95% CI 22.07 to 20.17) and NPI-D scores (21.96, 95%CI 23.51 to 20.41) and non-significant reductions in the ZBS, EASI and NPI-S scores. We also observed a non-significant reduction in the total number of deaths in people with dementia in the intervention arm (OR 0.34, 95% CI 0.01 to 1.03).

Conclusions

Home based support for caregivers of persons with dementia, which emphasizes the use of locally available, low cost human resources, is feasible, acceptable and leads to significant improvements in caregiver mental health and burden of caring. The trial has formed the basis for developing dementia services for India as mentioned in the 'Dementia India report' released on World Alzheimer's Day 2010.

References

Dias A, Dewey ME, D'Souza J, Dhume R, Motghare DD, et al. (2008) The Effectiveness of a Home Care Program for Supporting Caregivers of Persons with Dementia in Developing Countries: A Randomised Controlled Trial from Goa, India. PLoS ONE 3(6): e2333. doi:10.1371/journal.pone.0002333

Plenary Speaker Abstracts

S7

Improving Palliative /End of Life Care in Long Term Care Homes Using Participatory Action Research

ML Kelley[1], S Kaasalainen[2], M Bedard[1], K Brazil[2], C McAiney[2], P Chow[3], P Sevean[1], J Sims-Gould[4], J Vis[1], E Wiersma[1], S Wolfson[5]

[1] Lakehead University, 955 Oliver Rd, Thunder Bay, Ontario; [2] McMaster University, 1200 Main Street West, Hamilton, Ontario [3] St. Joseph's Care Group, 35 Algoma Street North, Thunder Bay, Ontario [4] University of British Columbia, 2329 West Mall, Vancouver, British Columbia [5] Halton Region, 185 Ontario Street South, Milton, Ontario

Objectives

Long term care homes in Canada are a growing location of death and almost half of residents have been diagnosed with Alzheimer's Disease or a related dementia. While end of life care is provided, the philosophy of holistic palliative care has not become embedded in LTC homes' organizational culture. A five year (2009-2013) research project was funded by SSHRC to improve the quality of life of people dying in LTC homes using participatory action research (PAR). (See www.palliativealliance.ca) This presentation will:

1. Present the findings of the year one environmental assessment of four long term care homes
2. Provide examples of early interventions in policy, practice and education to improve quality of life for residents
3. Present a four phase conceptual model of capacity development that guides the organizational change process

Methods

As a methodological approach, PAR intends to bring about change in practice using education, empowerment and advocacy while simultaneously researching the process of that change. Researchers and participants collaborate in the research process and co-create knowledge. Year one included engagement of long term care home residents, families and staff. An environmental assessment was completed that gathered data on current end of life care practices, knowledge, values and attitudes related to care of dying people, organizational culture and staff empowerment, and perceived barriers and facilitators to implementing palliative care programs. Data were collected from residents, families, registered nursing staff, personal support workers, physicians and allied health care providers of all disciplines. Data were collected using interviews, focus groups, surveys and document reviews.

Results

The environmental assessment indicated that staff provide "comfort" care to dying residents but do not currently provide holistic palliative care. Staff are motivated to do more, but do not feel empowered to change current practices. Barriers include lack of education, insufficient time and problems with communication/teamwork amongst staff, families and physicians. Staff, residents and families have little understanding of palliative care. Advance care planning is minimal. There is no formalized criteria and process to identify residents who could benefit by palliative care. These findings provide the foundation for developing interventions.

Conclusions

The methodological approach and findings of this research can guide the development of palliative care in long term care homes and create a tool kit of evidence based interventions to guide policy and practice.

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S8

Current Status of Alzheimer's Disease Therapy: Focus on Clinical Trials

F Mangialasche[1,2], B Winblad[3], A Solomon[3,4], P Mecocci[2], M Kivipelto[1,3,4]

[1]Aging Research Center, Karolinska Institutet, Stockholm, Sweden; [2]Institute of Gerontology and Geriatrics, Department of Clinical and Experimental Medicine, University of Perugia, Italy; [3]Alzheimer Disease Research Center, Karolinska Institutet, Stockholm, Sweden; [4]Department of Neurology, University of Eastern Finland, Kuopio, Finland.

Objectives

Alzheimer's disease is the most common cause of dementia in elderly people. Research into Alzheimer's disease therapy has been at least partly successful in terms of developing symptomatic treatments, but has also had several failures in terms of developing disease-modifying therapies. These successes and failures have raised a debate on potential theoretical and methodological pitfalls, from AD pathogenesis and diagnosis, to choice of therapeutic targets and development of drug candidates, to clinical trials design.

Methods

This presentation provides an up-to-date and comprehensive picture of the AD drug development field, summarizing available results from studies on AD therapy, focusing mainly on compounds in the human testing phase, and citing therapeutic approaches still in preclinical phase. Drugs are presented according to their main mechanism of action: compounds affecting neurotransmission; drugs preventing the accumulation of misfolded proteins (amyloid-βand tau); drugs aiming to rescue mitochondrial function or growth factors imbalance, and some other therapeutic approaches.

Results

Many clinical and experimental studies are ongoing, but we need to acknowledge that a single cure for Alzheimer's disease is unlikely to be found and that the approach to drug development for this disorder needs to be reconsidered. Preclinical research is constantly providing us with new information on pieces of the complex Alzheimer's disease puzzle, and an analysis of this information might reveal patterns of pharmacological interactions instead of single potential drug targets.

Conclusions

Several promising randomised controlled trials are ongoing, and the increased collaboration between pharmaceutical companies, basic researchers, and clinical researchers has the potential to bring us closer to developing an optimum pharmaceutical approach for the treatment of Alzheimer's disease.

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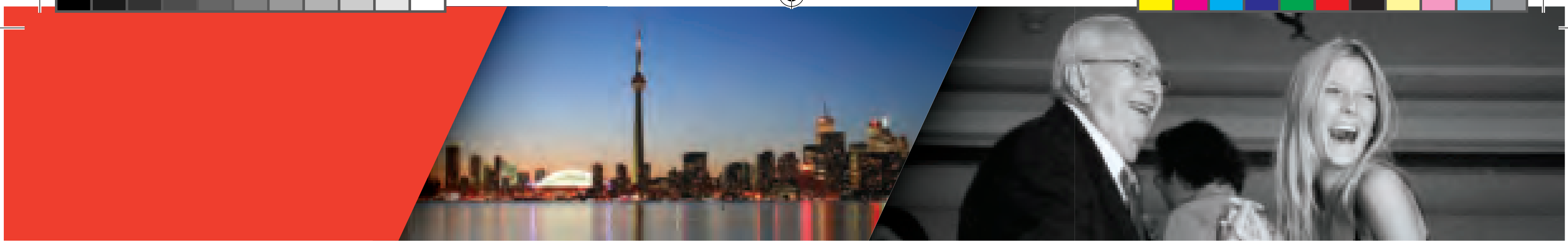

Plenary Speaker Abstracts

S9

The Relationship between Alzheimer's Disease and Vascular Dementia

Monique M.B. Breteler

German Center for Neurodegenerative diseases (DZNE), Bonn, Germany; and ErasmusMC, Erasmus University Medical Center, Rotterdam, the Netherlands

There is convincing evidence from population and post-mortem studies that the distinction between Alzheimer disease and Vascular dementia is not as clear as suggested by the existence and use of these separate diagnostic categories. The majority of people who develop dementia get a diagnosis of Alzheimer disease, yet vascular and other pathology or risk factors may have played a role in the development or progression of their disease. Whereas this may relate to the disappointing results of several of the intervention studies on Alzheimer disease thus far, it also offers clues for preventive interventions.

Any serious attempt to prevent Alzheimer disease must recognize that this is a complex disorder and that it may develop over decades. It is highly unlikely that one single intervention or treatment will be developed that can prevent or cure all. However, there may be a multitude of (preventive) interventions that have an effect on the occurrence of the disease, at various stages throughout the life course. Although the effect of each of these interventions may be relatively small on the individual level, on the societal level these effects accumulate and may substantially impact on the expected increase in the number of people living with dementia.

In this presentation I will first discuss the relationship between Alzheimer disease and vascular dementia. Next, I will present encouraging recent data from population studies and from randomized clinical trials to support the notion that intervention on vascular risk factors does affect the risk of Alzheimer disease. I will finish by emphasizing the need to scale up the efforts to understand what causes the development of pathology long before the first symptoms of dementia occur, and to develop and evaluate strategies to prevent this from happening. Prevention of dementia: time to take action!

S10

Alzheimer's Disease Neuroimaging Initiative

Ronald Petersen[1]

[1] Mayo Clinic, 200 First Street SW, Rochester, Minnesota, United States of America

Objectives

To characterize the Alzheimer's Disease Neuroimaging Initiative (ADNI) from the perspective of its implications for the field of aging and dementia.

Methods

The various core activities of ADNI will be discussed including the Clinical Core, MRI Core, PET Imaging Core, Biomarker Core and Genetics Core. The overall design of ADNI including all three phases, ADNI 1, ADNI GO and ADNI 2, will be described. The clinical characterization of the subjects with respect to the anticipated information to be learned from the design of the project will be discussed.

Results

The recruitment of subjects for ADNI 1 will be reviewed with regard to their demographic characteristics. In addition, the progression rates of subjects in the three clinical categories, normal cognition, mild cognitive impairment and mild Alzheimer's disease, will be described. The role of the various imaging and fluid biomarkers will be discussed with respect to their ability to predict progression to the next disease category. The initial characteristics of the subjects with early MCI will be described with respect to previously recruited subjects for ADNI.

Conclusions

The ADNI is a multicenter project designed to simulate clinical trials for Alzheimer's disease. The project has recruited subjects with amnestic mild cognitive impairment, and these clinical groups will be expanded in ongoing efforts. The accomplishments of the project thus far will be outlined, and the expectations for additional results will be discussed.

References

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Plenary Speaker Abstracts

S11

Nutrition, Diabetes and Dementia Prevention

Carol E Greenwood[1,2]

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Human epidemiological studies provide convincing evidence that many obesity-associated disorders, including type 2 diabetes mellitus (T2DM), are risk factors for accelerated cognitive decline and increased dementia risk with aging. While the underlying mechanism(s) are still under investigation, disruptions to brain insulin function are implicated in both memory impairments and exacerbation of neuropathologic events, such as the formation of the plaques and tangles, which are hallmarks of Alzheimer Disease. Unfortunately, many older adults with T2DM carry other co-morbid conditions, notably hypertension, hyperlipidemia and elevated inflammatory responses, which compromise the health of the cerebrovascular system and also contribute to dementia risk. Not surprisingly, those with the metabolic syndrome, which by definition identifies individuals with these co-morbid dementia risk factors, show an elevated dementia risk which increases with the number of co-morbid conditions the individual has.

Maintenance of good metabolic control and treatment of co-morbid conditions is likely key in helping those with T2DM to sustain cognitive function with aging. Higher haemoglobin A1c levels, which indicates poorer metabolic control, associates with greater memory decrements and prevention of insulin resistance by administering oral hypoglycaemic agents to rats consuming a high-fat diabetogenic diet helps preserve cognitive function. Even the ingestion of single meals, comprised of simple, high glycemic index carbohydrate foods, can result in transitory decrements to hippocampal function in older adults with T2DM. Factors beyond meal-induced hyperglycemia likely mediate the cognitive decrements associated with food ingestion. Nevertheless, these results suggest that adherence to dietary and medication management strategies for the prevention and treatment of T2DM are likely beneficial to brain health as well.

S12

Dietary Patterns and Dementia Prevention

Nicholas Scarmeas

Columbia University Medical Center, New York, USA.

Objectives

To review recent studies on associations between dietary habits (in particular dietary patterns) and dementia risk.

Methods

The literature on associations between nutrition and dementia has been very conflicting. Among the various methodological reasons for non-consistent results, the examination of individual foods or nutrients (vs. Dietary patterns) stands as an important one because we do not consume foods in isolation but as part of an overall diet.

Results

We briefly outline previous attempts of looking into dietary patterns in relation to cognition. We present some of our data on the association between a Mediterranean-type diet and Mild Cognitive Impairment, Alzheimer's disease, Alzheimer's disease mortality. We also summarize some of our recent studies investigating potential biological mechanisms mediating the association between a Mediterranean-type diet and cognitive performance. We additionally discuss our results in deriving dietary patterns different than the Mediterranean diet one, as well as potential mechanisms of such patterns, using modern nutritional epidemiology analyses techniques (Reduced Rank Regression).

Conclusions

Exploring diet via holistic approaches may provide additional useful insights into potential relations with cognitive outcomes and may result in information important from a public health perspective.

Plenary Speaker Abstracts

S13

Understanding Dementia in the Indigenous Communities in Canada

Dr. Kristen Jacklin

What key messages do you hope to get across in your presentation?

- Indigenous peoples in Canada suffer disproportionately from all forms of disease compared to mainstream Canadians;
- ADRD rates in Indigenous peoples while historically low, are now on the rise resulting from the complex interplay of demographics, co-morbidities, and social and Indigenous determinants of health
- ADRD is viewed as an emerging health issue for Indigenous peoples and ones that requires immediate attention.
- Indigenous people in Canada are heterogeneous and hold diverse socio-political and cultural backgrounds which influence the way Alzheimer's disease, dementias and other illnesses are experienced.
- A critical look at the historical relationship between Indigenous people and Canada and the contemporary state of health care policy and funding suggests that Indigenous people in Canada require special and significant attention from dementia care researchers to ensure their unique needs can be met.

Alzheimer's disease and related dementias represent an emerging health concern for Indigenous peoples in Canada. It is incumbent upon us to do the work necessary to understand how these illnesses are being experienced by Indigenous people, and in partnership with them to find solutions that are appropriate, sensitive and safe for this population.

S14

Improving Multicultural Dementia Care in a Western Society

Nienke van Wezel

Objectives

Dementia is a relatively unknown and undiscussed concept in many migrant cultures. Symptoms of dementia are often equated to physical ailments, or are seen as an inevitable part of old age that nothing can be done about. This makes migrant elderly a very vulnerable group. This vulnerability is a result of the insecurity associated with the question of whether they should remain in the Netherlands, or whether they should return to their country of origin. Also referred to as the 'returning home dilemma'. People hope that children will take on certain caring roles, but this remains uncertain due to the Dutch context. These doubts are referred to as the 'caring dilemma'. On top of that, these groups have a higher risk of developing diabetes, depression and heart problems, all risk factors for developing a form of dementia. The most intensive (informal) care is often shouldered by female family members. Education about and prompt identification of dementia are crucial as they enable these female family caregivers to initiate the correct treatment at the right times during the disease. It also gives better and more timely support so that they can provide better-and longer quality care at home and experience a higher quality of life.

Methods

In 2008 the Dutch Alzheimer Association started with a specially created dementia project "Weten over vergeten" (WOV) for people of Turkish, Moroccan and Surinamese descent. The project has 4 objectives: 1) to make dementia a topic open to discussion 2) to increase knowledge about dementia and on the possibilities for healthcare, 3) to promote communication regarding dementia between migrants and professional care providers, and 4) to promote quality of life for dementia patients, family caregivers and their communities through the promotion of medicated and non-medicated care. All information and communication is provided in the migrant language by specially trained migrant consultants.

Results

The project reached more than 3670 migrants throughout the country. A first written evaluation among 318 migrant participants produced great results. These great results and the wide coverage of the target group in this project led to promotional research regarding experiences, wishes and needs in relation to dementia and dementia care among Turkish, Moroccan and Surinamese dementia caregivers. First results of this promotional research will be presented at the congress in Toronto.

Plenary Speaker Abstracts

S15

Strategies for Engaging Minorities and Special Populations in Dementia Research: Findings from the Maracaibo Aging Study

G. Maestre[1,2], M Quintero[1], L. Falque[1], O. Rojas[1,3], G. Amaya[1], N. Mora[1],
Y. Morán de Villalobos[4], C. Chavez[1], O. Sega[1],

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Objectives

The contribution of communities to the development and success of health research programs is increasingly recognized, but poorly understood. The goal of the reported work is to develop a sustainable, low cost model for engagement of minorities and special populations in dementia research. This cooperative effort between researchers, patients, caregivers, and community addresses unique challenges in enrollment, retention, intervention adherence, and development of services.

Methods

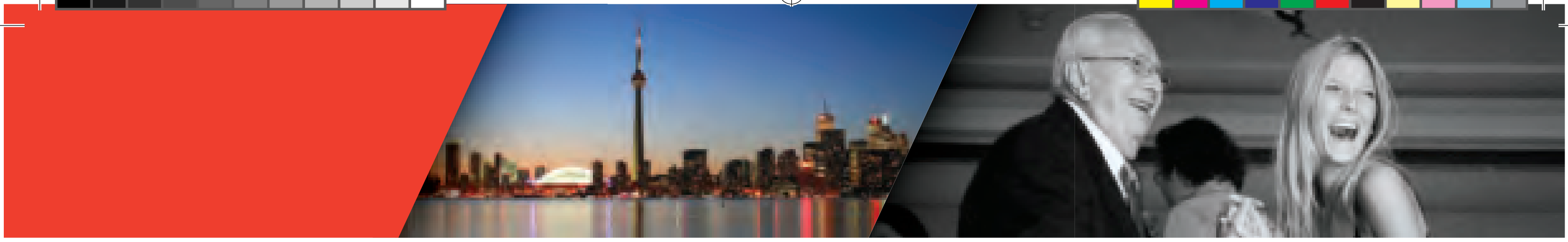
An ongoing, flexible, consumer-oriented program has been implemented in support of participants in the Maracaibo Aging Study (MAS) and extended to the general population. The approach integrates multiple retention methods, with "point-of-decision" strategies that encourage early consultation for memory problems and high caregiver burden. The program also includes community-wide information campaigns, educational opportunities for health professionals and non-professionals, βsocial support in community settings, and enhanced access to early diagnosis and outreach activities.

Results

The current annual cost of the program is $10 per MAS participant. 93% of the cost is covered by community sources. The program has maintained high participation for 12 years, and has significantly lowered the age of consultation at the local Memory Unit. Substantial increases have been achieved in dementia-related activities and participants; self-identified caregivers; age-related programs for patients, caregivers, and service providers; and regional media coverage.

Conclusions

The MAS program demonstrates the feasibility, as well as the challenges, of engaging a community in clinical dementia research, developing specialized services, and adhering to ethical standards. The strategies used specifically target individuals that are at high risk for dementia, poorly educated, and members of underserved minority groups.



ADI Workshop Abstracts

W1

The First Report From the Follow-up Phase of ADI's 10/66 Dementia Research Group Studies in Latin America, India and China

Martin Prince, Daisy Acosta, Marc Wortmann

At the beginning of this year, the 10/66 Dementia Research group completed the incidence (follow-up) phase of its population-based studies in five Latin American countries (Cuba, Dominican Republic, Peru, Mexico, Venezuela), India and China.

In all, we attempted to follow-up nearly 14,000 people aged 65 years and older, three to five years after the baseline assessment. At the beginning of the study, 1,244 of these older people (9%) were already found to have some degree of dementia. They are the focus for this workshop. Members of the 10/66 Dementia Research Group will present new data on the course and outcome of dementia in these countries, specifically

How have the participants with dementia fared over time?

What is their quality of life, and which factors determine good and bad quality of life at follow-up?

Are there marked differences in outcomes between countries, and if so, how might these be explained?

How have the needs for care, and family care arrangements changed over time?

How has the strain experienced by carers changed, and what factors influence this process?

This is an opportunity for the attendees at the ADI conference to hear about the progress of the 10/66 studies (population-based baseline and incidence phase, intervention studies, and future plans). We would also like you to give us feedback on our work. Are we asking (and answering) the right questions? Are we looking at the right outcomes, that really matter to people living with dementia, and their carers?

W2

Creating Alzheimer Cafes where people living with dementia and their carers can visit to support each other and share information.

Creating an independent, community lead memory café.

Jo Hague

Director of Training and Coaching.
Founder of Lostwithiel Memory Café, UK

A new model using the concept of a memory café can give better support for families living with dementia. This model is based on the use of cognitive techniques and coaching with an organic structure to its evolution.

A memory café can meet either fortnightly or monthly and operates as an 'open' event. They are generally held in community centres, village halls, church rooms and operate during the afternoon or evening. There is increasing evidence that by bringing together the person living with dementia and their carer in a community lead social environment, it can improve relationships and help to break down barriers and the stigma that dementia can bring.

The café operates independently and organically evolves at its own pace. It includes people at different stages of dementia and their carer. The café is run by volunteers who are given training in an understanding of what dementia entails and how to facilitate coaching and cognitive stimulation therapy. The café is free to attend. It is funded by local organisations, people living in the community and carers with their loved ones holding fundraising events. They are facilitated social events and not formal care. Information giving, open discussion and social engagement are critical features. The café links in with all the other dementia care providers within its locality.

The Lostwithiel Memory Café incorporates a unique model. Coaching is used to support carers who are coming to terms with all the changes that the role brings and the use of, evidence based, cognitive stimulation therapy to meet the needs of people living with dementia. The model has been developed by Memory Matters South West CIC.

Carers say that the café gives them something to look forward to each fortnight/month. It provides companionship, expertise and advice. It is a fun environment where people can share their thoughts and feelings with the knowledge that they are not being judged. People living with dementia say that they feel empowered and listened to thus contributing to a sense of identity and wellbeing. Carers find that meeting with others in the same situation can provide invaluable peer support, thus combating loneliness and social isolation.

By providing memory café's in cities, towns and villages, carers and those living with dementia will have access to information, support and inclusion. All these benefits help to support families living in the community.

ADI Workshop Abstracts

W3

Development of Alzheimer Cafes in the Netherlands

Marco Blom

Alzheimer Nederland

The first Alzheimer Cafe was established about 14 years ago. Since then the number of Alzheimer Cafes has grown steadily. In the first 5 years the number of Cafes rose slowly (10 in 2000). In the second decade there was a steep rise (96 in 2005) and in recent years this number doubled (190 in 2010). This means that today every citizen in the Netherlands has an Alzheimer Cafe within the reach of 35 kilometers.

Alzheimer Nederland (Alzheimer's Society in the Netherlands) has stimulated the development of the Alzheimer Cafes by publicly adopting the model from the grounder (dr. Bère Miesen) and enabling the regional branches to set up their own Cafes. We organized national meetings and special workshops for volunteers, developed a manual for setting up a Cafe and published all kinds of supportive materials (newsletters, flyers, press announcements e.g.).

Crucial to the development has been the training of the discussion leaders. This training was conducted together with Bère Miesen. Recently we changed this training model by 'training 10 discussion leaders in the role of trainer'. Every region in the Netherlands has their own regional training program. Up to 2010 we trained more than 200 discussion leaders.

An 'average' Cafe attracts 40 to 60 guests on their monthly meetings (most of them in the evening). About 10% of the guests are people with dementia and more than 50% are family caregivers. The majority of them visit the Cafe on regular base (more than 7 times a year). The visitors of the monthly meetings of the Alzheimer Cafes are very satisfied.

Besides the direct effect of giving support to people with dementia and family caregivers, we encounter the following indirect effects:

- less taboo on dementia in the society. The Alzheimer Cafes give a face to dementia.
- empowering of people of dementia and their families.
- it balances the emphasis on medical treatment.
- the Alzheimer Cafes are a platform for lobby and advocacy.
- informal education of professional caregivers and others involved (journalists, politicians).

The Alzheimer Cafe is part of the guideline 'Dementia' (drawn by Ministry of Health, National body of Health Insurance companies and Alzheimer Nederland). It is recommended by Interdem as an effective support strategy. The Alzheimer Cafe is a registered European trademark.

Oral Presentation Abstracts

OC001

COGNITIVE DYNAMICS: HOW VARIABILITY IN BRAIN FUNCTION INFLUENCES THE RISK OF COGNITIVE DECLINE

Kenneth Rockwood M.D., FRCPC, FRCP
Professor of Medicine (Geriatric Medicine & Neurology) and Kathryn Allen Weldon Professor of Alzheimer Research, Dalhousie University, Halifax NS Canada,B3H 2E1

1. Introduction to a common view about cognitive change: the idea of initial stability followed by relentless decline.

2. Questions which arise in the context of the usual model: How should we address fluctuation in test scores? To what extent does fluctuation in test scores reflect actual improvement / worsening versus simply being a methodological problem of inter-rater reliability? How do we understand outcomes of people with low baseline scores? Are these scores early signs of a relentlessly progressive underlying disease? Or is low baseline cognitive function simply a risk for future dementia?

3. Introduction to cognitive dynamics and the stochastic multi-state transition model. Fluctuation in cognitive test scores as informative, possibly reflecting neurocompensation.

4. An example of how understanding fluctuation answers important policy questions: a model of how wide-scale strategy of exercise would reduce overall dementia burden, even though it would result in more people living longer.

OC001A

WORKSHOP ON METHODOLOGIES FOR CLINICAL TRIALS IN PRE-MCI PERSONS WITH SUBJECTIVE COGNITIVE IMPAIRMENT (SCI)

B. Reisberg [1,*], K. Rockwood [2], J. Sadavoy [3]
[1]Psychiatry, NEW YORK UNIVERSITY SCHOOL OF MEDICINE, New York, United States, [2]Geriatric Medicine, Dalhousie University, Halifax, [3]Psychiatry, University of Toronto, Toronto, Canada

Objectives: Subjective complaints of impaired cognitive abilities in comparison with 5-10 years previously, occur in 25% to > 50% of persons ≥ 65 years of age. Recent work has indicated that healthy persons without objective decrements in cognitive abilities who manifest subjective cognitive impairment (SCI) have 4.5 times the risk of decline to mild cognitive impairment (MCI) or dementia, in comparison with persons who are free of subjective or objective impairments (NCI) (Reisberg, et al., *Alzheimer's & Dementia*, 2010). Other studies have demonstrated physiological or anatomic changes in SCI subjects in comparison with age-matched, NCI subjects (Mosconi, et al., *Biological Psychiatry*, 2008; van der Flier, et al., *J Neurol*, 2004; Visser et al., *Lancet Neurology*, 2009). Longitudinal studies indicate that SCI is a stage in the evolution of AD, lasting a mean of 15 years before MCI (Reisberg & Gauthier, *Int. Psychogeriatrics*, 2008). Hence, SCI provides an opportunity for AD prevention decades before dementia becomes manifest.

The objectives of this Work Group are to describe and train participants in methodologies for studies of the prevention of MCI and dementia in older persons with SCI.

Methods: Dr. Reisberg will present clinical methodologies which are useful in the identification and characterization of SCI and the usage of these tools will be demonstrated. These assessment instruments include the Global Deterioration Scale (GDS), and the Brief Cognitive Rating Scale (BCRS). Attendees will be able to use these instruments independently upon completing the workshop.

Psychometric and behavioral assessments which are also useful for clinical trials in the assessment of SCI outcome, will also be discussed. The role of physiologic measures of outcome for SCI studies, will be explicated.

Dr. Kenneth Rockwood will discuss and comment on assessment methodologies. He will also present his own work on cognitive dynamics with respect to prevention studies.

Dr. Joel Sadavoy, a world leader in geriatric psychiatry, will moderate the workshop and provide a clinical perspective on future prevention trials in SCI subjects.

Results: Clinicians and investigators should have an improved understanding of the nature of SCI. Participants will be able to design future trials in AD prevention using SCI persons who are decades away from overt dementia symptomatology.

Conclusion: This workshop will provide clinicians with improved knowledge of SCI and an ability to address this prevalent condition in older persons.

Disclosure of Interest: B. Reisberg Employee of: New York University School of Medicine, Support from: Supported in part by U.S. Department of Health and Human Services (DHHS) grants AG03051, AG08051, AG09127, and AG11505 from the National Institute on Aging of the U.S. National Institutes of Health; by grants 90AZ2791, 90AM2552, and 90AR2160 from the U.S. DHHS Administration on Aging; by grant NCRRM01 RR00096 from the General Clinical Research Center Program and by Clinical and Translational Science Institute grant 1UL1RR029893 from the National Center for Research Resources of the U.S. National Institutes of Health; by the Fisher Center for Alzheimer's Disease Research Foundation; by a grant from Mr. William Silberstein; by the Leonard Litwin Fund for

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OC001B

Sponsored by Bayer

ROLE OF AMYLOID BRAIN IMAGING IN THE REVISED CRITERIA FOR THE DIAGNOSIS OF ALZHEIMER'S DISEASE

Serge Gauthier, MD, FRCPC
McGill Center for Studies in Aging, Douglas Mental Health Research Institute, Montreal, Canada

The criteria for the diagnosis of Alzheimer's disease (AD) have been revised by three working groups of the NINCDS-AA. Three stages of AD are defined: pre-clinical, mild cognitive impairment (MCI) and dementia. Biomarkers such as brain imaging and spinal fluid analysis are now integrated in the revised criteria, with emphasis on tests measuring levels of beta-amyloid, the protein thought to be at the core of the disease process. Beta-amyloid levels can be quantified in the brain using positron emission tomography (PET) after injecting a radiolabelled substance known to bind to that protein. The first generation of amyloid PET scans used the Pittsburgh compound (PiB), and new generations of amyloid-binding substances are currently being tested. Measurement of amyloid levels will be incorporated in future therapeutic clinical trials aimed at reducing the amyloid buildup. It is still uncertain if the detection of high levels of amyloid in the brain of an asymptomatic person predicts progression to dementia in later life. However, this knowledge will allow prevention studies in persons at higher risk of developing AD. Measurement of brain amyloid levels in subjects with MCI will also facilitate enrollment in therapeutic clinical trials. Ethical considerations will always be paramount in the use of such diagnostic tools for detecting beta-amyloid, considering the uncertainty of the diagnosis of AD in its pre-clinical and MCI stages.

OC001C

NEW OPPORTUNITIES FOR NON-COMMUNICABLE DISEASES

Sunday 27 March 12:30-13:30

Room:TBC

The Global Public Health Community is taking significant steps in recognizing the growing impact of non-communicable diseases (NCD) and the prevalence and cost of these diseases. The World Health Organization (WHO), Asia Pacific Economic Cooperation (APEC), Organisation for Economic Cooperation and Development (OECD) and the United Nations (UN) are all beginning to step up to this need and opportunity. Increasingly it is being recognized that NCDs, even more than chronic diseases are resulting in higher mortality rates. With an ageing world population, these diseases are an increasing burden to health care systems and budgets. It is a major step that the United Nations has decided to convene a high-level Summit on Non-Communicable Diseases (NCD) in September 2011.

In this session we want to have an open discussion on:

1. What are the topics related to NCD?
2. What outcomes can we expect from the Summit and how can we influence this?
3. Should Alzheimer's and dementia be included and how can this Summit support Alzheimer and dementia advocates to bring their cause forward?

Forum participants will be representatives from:

- The NCD Alliance (name tbc)
- Alzheimer's Disease International (Marc Wortmann)
- HelpAge International (name tbc)
- International Federation of Ageing (Jane Barrat, tbc)
- Global Coalition on Ageing (Mike Hodin)

Chair: Daisy Acosta

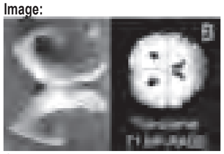
Oral Presentation Abstracts

OC002

A MRI-COMPATIBLE BRAIN VENTRICLE PHANTOM FOR SOFTWARE VALIDATION

A. Khan [1, 2,*], R. Ta [1, 2], M. Borrie [3, 4], R. Bartha [1, 2]
[1]Imaging Research Laboratories, Robarts Research Institute, [2]Medical Biophysics, [3]Geriatric Medicine, Schulich School of Medicine and Dentistry, The University of Western Ontario, [4]Aging, Rehabilitation and Geriatric Care, Lawson Research Institute, London, Canada

Objectives: Brain lateral ventricle enlargement has been shown to be an objective surrogate measure of Alzheimer's disease (AD) progression. Semi-automatic software programs have been developed to objectively quantify ventricular volume from magnetic resonance imaging (MRI) images. These segmentation programs rely heavily on the ability to detect very minute volumetric changes in a complex three-dimensional structure. It is important then to validate such programs using a standardized phantom to ensure accurate volumetry results. The objective of this work therefore, was to make a 3T MRI compatible, T_1-weighted brain ventricle phantom for the purposes of software validation.
Methods: A representative 3T T_1-weighted 3D MRI dataset was chosen from the Alzheimer's Disease Neuroimaging Initiative (ADNI) database with a volume of 48.8cm^3, similar to that expected for AD patients. Using ITK-SNAP's active contour methods, a mesh of the lateral ventricles was created. The manual mode was used to refine the results of the automatic segmentation. The completed STL mesh was then exported and utilized to rapid prototype the 3D ventricle from polycarbonate, a commonly used rapid prototyping material (Figure A). A life-size brain-shaped plastic mold was used to create the brain tissue component of the phantom. A 1.7% agar solution was poured into the mold to mimic the contrast observed in human MRI scans. The completed phantom was scanned at 3T using a 3D magnetization-prepared rapid gradient-echo (MP-RAGE) sequence following ADNI's 3T imaging parameters (Figure B).
Results: The phantom successfully mimicked the ratio of signal intensities found in human ADNI 3T MRI images between the ventricles and surrounding tissue. There were minimal image artifacts when scanned. When homogeneity corrected images were loaded into sample segmentation software programs, they were robust for segmentation.
Image:



Conclusion: This phantom can be used to validate ventricular quantification software. It is a standardized phantom of known volume that successfully mimics 3T brain tissue signal intensity properties. The creation of the phantom was a simple process and can be easily replicated by other groups working on validating ventricle volumetry software.

Disclosure of Interest: None Declared

OC003

PARIETAL LOBE CHANGING ARE THE IMPORTANT IMAGE CHANGING OF AD

J. Gao [1,*], F. feng [1], F. li [1], Z. zhu [1], H. you [1], N. niu [1], J. guo [1], L. cui [1] and PUMCH leucoencaphalopathy and dementia group
[1]neurological dept., PEKING UNION MEDICAL COLLEAGE HOSPITAL, Beijing, China

Objectives: To prove Hippocampus sclerosis are not the only one important imaging changing of AD.
Methods: 1 For AD patients : follow up the clinical probable AD patients who match the criteria of NINCDS-ADRDAor the FDG-PET prompted AD like changing, monitor by neurosychological assesment , MRI(T1,T2,Flair, MRS ,VBM, SWI) , FDG-PET et al. Same age normal group for control . 2 For the hyppocampus atrophy patients : one group match the criteria of AD , the other only have the typical hippocampus atrophy of MRI and/or have the hypometablism of Hippocampusof FDG-PET , compare the neurosychological assement . 3 the neruosychological assement are step by step: screening first by MMSE, MOCA, and also ADL, HAD. Clinical assement by a set of neurospychological test, which include different type of cognition , each function should have at least 3 items which all should be modified by chinese and with chinese normal value.Then assement for researching much more detail for each cognitive function, much more about memory , chinese aphasia , detail test about construction et al.
Results: 123 dementia patiets were enrolled. 41 patients are "pure" probable AD, 43 patients are "mixt" probable AD, 100% of them have the hypometablism of parietal lobe on FDG-PET. 62% of them have the the hypometablism of Hippocampus. And some of the patients with anxious and MCI are all have hypometablism of parietal lobeand one have been probable AD now. And some without Hippocampus athrophy for many years and FDG-PET show the earlest chaning of the hypometablism of parietal lobe have had the typical clinical phenotype of AD . Some of them have parietal lobe atrophy on MRI early than Hippocampus atrophy. MRS changing of parietal lobe are also easy to be test.
Conclusion: the hypometablism of parietal lobe on FDG-PET, the atrophy of parietal lobe on MRI and the MRS changing of MRI and also the grouped VBM changing of parietal lobe could all be the important changing of AD.

Disclosure of Interest: None Declared

OC004

VISUALIZATION OF PERFORATING BRANCHES OF CEREBRAL ARTERIES TOWARD CLINICAL EVALUATION OF VASCULAR DISEASE AND ALZHEIMER'S-OVERLAP SYNDROME

H. Mori [1,*], N. Fukuyama [2], Y. Ikeya [2], T. Fujii [1], Y. Tsukamoto [3], S. Takizawa [3], K. Umetani [4]
[1]Physiology and Cardiology, [2]Physiology, [3]Neurology, TOKAI UNIVERSITY SCHOOL OF MEDICINE, Isehara, [4]Reserch and Utilization, JASRI, Sayo-cho, Japan

Objectives: Vascular disease and Alzheimer's-overlap syndrome is frequently noted in clinical settings and diabetes mellitus (DM)-induced cerebral microangiopathy is crucial for it. The present study examined whether synchrotron radiation (SR) microangiography can detect functional DM microangiopathy and visualize directly the perforating branches of cerebral arteries (PBCA) in rat models.
Methods: Monochromatic SR (X-ray) with an energy of just above K-edge of iodine was obtained from synchrotron accelerator of positron, and allowed us to detect a small amount of iodine contrast in microvessel. The monochromatic SR that passed fingertip or brain in the anesthetized rats (n=20 and 10, respectively) was detected by a saticon camera with an ultra-high spatial resolution of 9.5 μm. SR microangiography was done twice at control period and during acetylcholine administration (3.28×10^{-11} mol/kg/min), while contrast materials were injected into local artery. We used Otuska Long-Evans Tokushima Fatty rats (OLETF, n=15) as a type II DM model and Long-Evans Tokushima Otuska rats (LETO n=15) as a control.
Results: The fingertip SR microangiography visualized arterioles with a diameter range of 50-300 μm and demonstrated a linear reduction in vascular diameter (r=0.93, P<0.004, linear correlation analysis). Acetylcholine administration caused a paradoxical vasoconstriction of arterioles in DM rats (202±83 to 160±68 μm, n=5, p<0.025 paired t-test), indicating functional DM microangiopathy,in contrast to a vasodilatory reaction (142±62 to 191±74μm, n=5, p<0.02 paired t-test) in control rats. Cerebral microangiography visualized clearly PBCA of 50-150 μm in diameter and their narrowing, obstruction or lack of paradoxical vasoconstriction in DM rats.
Conclusion: SR microangiography can detect functional DM microangiopathy the both in fingertip arterioles and PBCA in rats and could be useful for clinical evaluation of vascular disease and Alzheimer's-overlap syndrome.

Disclosure of Interest: None Declared

OC005

GENERAL PRACTITIONERS AND ALZHEIMER'S DISEASE: CRITICAL ANALYSIS OF NATIONAL HEALTH SYSTEM LIMITATIONS

R. I. Trascu [1,*], L. Spiru [1]
[1]ANA ASLAN INTERNATIONAL ACADEMY OF AGING, Bucharest, Romania

Objectives: Estimates suggest a boost of the overall number of people diagnosed with Alzheimer Disease (AD) from 35mn to 116mn within the next 30 years; it becomes therefore obvious that improving early detection of AD should become a priority.
We tried to identify key limitations in general practitioners' (GPs) role and prerogatives in early AD and mild cognitive impairment (MCI) diagnostic and in dementia care as compared to our design of role-model GP as defined in our draft AD diagnostic and treatment guideline.
Methods: We performed a literature analysis based on Romanian medical publications and market research papers, correlated with worldwide reported results. Our results were then correlated with current health insurance regulations (i.e. framework contract, health insurance regulations).
Results: Local studies suggest that an incredible 30% of overall Romanian population has never heard of AD, while certain results tend to suggest that AD is severely underdiagnosed. A significant share of population (70% of population) tends to deem cognitive decline as normal in elders. Unfortunately, given the lack of nationwide AD standardized care and practice guidelines, 78% of GPs also share this belief (!).
Furthermore, such limitations may further impede access to specialized care for initial stages of AD and various forms of MCI.
Conclusion: Given the reluctance of decision makers in quick-solving these aspects and the scarcity of time and financial resources, Romanian GPs can at best just screen for possible cognitive impairment, in an attempt to refer patients to in-hospital settings specialized in diagnostic workup and treatment as early as possible. Such practices are, however, more costly system-wide and can only aggravate the ongoing financial scarcity. Further analysis of cost distribution in AD healthcare is required, in order to more cost-effectively approach primary care and early detection of AD patients.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC006

EVALUATION OF A DEMENTIA AWARENESS PROGRAM IN THE AFRICAN-AMERICAN COMMUNITY

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Objectives: We evaluated the impact of the National African-American Alzheimer's Disease Health Literacy Program, a national community-based educational program targeting knowledge, attitudes, and behaviors related to risk factors for Alzheimer's disease (AD) among African-American community members in six cities.
Methods: We employed a time series design, administering questionnaires to 231 community program participants at three sites prior to and immediately following the program. Questionnaires were further distributed to 22 participants at two sites 2-10 weeks following the program. Questionnaires included quantitative (5-point scale) and qualitative (open-ended) items. Quantitative data were analyzed with non-parametric statistics, qualitative data with content analysis; results were triangulated to increase findings' strength.
Results: Knowledge of AD risk factors increased from baseline (=2.95-3.74) to post-program (=3.63-4.20, P≤0.001). At baseline, scores accurately distinguished between identifying symptoms of AD versus characteristics of normal aging (symptoms: =3.16-3.59; normal aging =1.87-2.45). Following the program, attribution of both types of items to AD increased (symptoms: =3.54-3.91, P≤0.001; normal aging =2.12-2.80, P≤0.001). Intent to change behaviors increased from =3.16-3.67 to =3.53-4.06 (P≤0.001) except for adherence to medications (=4.44-4.49, N/S). Qualitative analysis revealed increased understanding of relevance of AD risk factors for African-American community members and importance of lifestyle changes and early healthcare intervention in mitigating the impact of AD. These trends were also seen in the follow-up phase excepting knowledge of normal aging, which returned to baseline.
Conclusion: This evaluation demonstrates the effectiveness of culturally relevant, community-based programs in increasing awareness and knowledge of lifestyle risk factors and chronic disease.

Disclosure of Interest: R. Friedland: None Declared, S. Murray Employee of: Axdev Group Inc, T. Obisesan: None Declared, M. Gluck: None Declared, M. Gatz: None Declared, M. Farlow: None Declared, D. Bennett: None Declared, S. Hayes Employee of: Axdev Group Inc

OC008

MOBILIZING KNOWLEDGE FOR PERSONS WITH DEMENTIA AND FAMILIES AT DIAGNOSIS: A PARTICIPATORY RESEARCH PROJECT

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Objectives: Currently there exists limited tools and resources that provide information and education to persons with dementia – tools and resources that might support them in coping with their diagnosis. The purpose of this project is to partner with persons with dementia, family members and professionals in the development of a "kit" that will be provided to persons with dementia and their family members upon diagnosis.
Methods: Using a Participatory Action Research (PAR) approach, we brought together a team of seventeen individuals, including, researchers from the Murray Alzheimer Research and Education Program (MAREP), persons newly diagnosed with dementia, family members of persons with dementia, public education coordinators from Alzheimer Society Chapters, First Link coordinators and educators, professionals who work with those in the early stages of the disease, and representatives from family health teams, to develop the research protocol. This included making decisions about how best to address each of the six research objectives, gathering the information needed to inform the kit, searching out and assessing existing resources/tools, deciding how best to reflect the information so that it is accessible and relevant to families newly diagnosed, and creating the kit. Both quantitative (closed-ended questionnaire) and qualitative (focus groups, interviews, open-ended questionnaires) methods, were used to identify the information needs of persons with dementia and family care partners.
Results: The information needs identified by persons with dementia and their family partners in care fell into four broad categories including: *living well* (e.g., emotional well-being, communication, quality of life); *care and support* (e.g., community supports and services, safety, care options), *health care* (e.g., diagnosis, what is dementia, working with health care professionals, treatments and medication), and *planning ahead*. Using a standardized assessment tool, six assessors evaluated over 600 dementia related resources. Through this process we identified key gaps where new tools and resources need to be developed (e.g., diagnosis testing and assessment).
Conclusion: This kit will enable those newly diagnosed with dementia and their families to have the necessary information to "live" with an illness causing dementia and help them prepare for the future.

Disclosure of Interest: None Declared

OC007

FACILITATING EARLY REFERRAL TO SUPPORT DEMENTIA CAREGIVERS: EVALUATION OF THE FIRST LINK DEMONSTRATION PROJECT

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Objectives: Many caregivers wait to seek help from support services until they face a crisis or caregiving burden is too great. First Link™ is an innovative program that promotes collaborations between primary care providers, Alzheimer Societies, and other health professionals that aims to support persons with Alzheimer's and related diseases (ARD) by linking them and their family members with support services earlier in the disease course.
An evaluation of First Link™ has been conducted in the Canadian provinces of Ontario (4 sites) and Saskatchewan (2 sites). The goals of the evaluation were to:
1. examine the utilization of First Link™ among referral sources;
2. assess the impact of First Link™ on caregivers':
3. describe the implementation of First Link™ (e.g., facilitators and barriers, lessons learned, and suggestions for improvement and sustainability).
Methods: The study involved a mixed method, prospective cohort design. Data sources included: a) First Link™ referrals and client contacts, b) surveys of caregivers, and c) interviews and focus groups with key stakeholders, persons with dementia, and caregivers.
Results: During the 19-month evaluation, 3652 individuals were referred to the Alzheimer Society, 65% of which were referred via First Link™. Those referred through First Link® were connected to the Alzheimer Societies sooner after their diagnosis than those who were referred through traditional routes (7 vs. 18 months, respectively). Caregivers reported having a better understanding of dementia, and being more aware of available community resources and more confident as caregivers. Referral sources found the program easy to use and acknowledged the importance of early referral.
Conclusion: The First Link™ program has been successful in linking persons with ARD and their caregivers with Alzheimer Society services earlier, and has had positive impacts on caregivers and referral sources. Strategies for improvement and sustainability will be discussed.
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Disclosure of Interest: C. McAiney Support from: Alzheimer Society of Canada, D. Harvey: None Declared, L. Hillier: None Declared, P. Stolee: None Declared, M. Schulz: None Declared, J. Michael: None Declared

OC009

EXPLORING PERCEPTIONS OF SELF-MANAGEMENT FOR DEMENTIA

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Objectives: Increasingly, research has demonstrated the capacity and the desire of people with dementia to make decisions, direct their own lives, and be full partners in their care, particularly in the early stages of dementia. Despite these developments, dementia care has largely been omitted from chronic health models more broadly, and self management initiatives more specifically, because of the stigma and misunderstanding that surround dementia (Mountain, 2006). The purpose of this study was to explore self-management from the perspectives of people with dementia and partners in care. Specifically, we sought to explore the meanings and definitions of self-management, factors to support self-management, and the opportunities, benefits, challenges, and constraints to self-management of dementia.
Methods: Two focus groups and two interviews were conducted with people with dementia and partners in care in southern and northern Ontario, recruited through local Alzheimer Society chapters and affiliated centres of researchers. Sixteen people living with early stage dementia and five partners in care participated in focus groups or interviews.
Results: Participants described the ambiguity of the concept of self-management. Despite the ambiguity, participants described self-management strategies and approaches in their day-to-day lives, including: 1) the physical management of the disease through physical activity, medication management, and routines; 2) emotional management through a positive attitude and a "day-by-day" approach; 3) role management through social support, particularly support from those who were facing the same issues as they were, family support, and friends; and 4) self-management support through the health care system, including obtaining a clear diagnosis, having the necessary information about the disease and available resources, and having supportive health care providers.
Conclusion: Developing self-management programs and strategies for people with dementia and their partners in care is an important part of disease management; however, understanding how people perceive self-management is important for how programs and strategies are presented. Also, understanding what is important for people with dementia and partners in care to self-manage can assist in developing relevant and useful self-management programs.
References: Mountain, G.A. (2006). Self-management for people with early dementia: An exploration of concepts and supporting evidence. *Dementia, 5*(3), 429-446.

Disclosure of Interest: E. Wiersma Support from: Ontario Research Coalition for Centres/Institutes on Aging, M. L. Kelley: None Declared, S. Dupuis: None Declared, K. Le Clair: None Declared, J. Puxty: None Declared, R. Wilford: None Declared

Oral Presentation Abstracts

OC010

A PILOT STUDY INTO FACTORS INFLUENCING MEDICATION DISCREPANCIES AMONGST ELDERLY PATIENTS POST-HOSPITALIZATION

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Objectives: The objectives of this study were to explore the prevalence of poor medication management amongst the elderly in the community and describe the characteristics of patients associated with poor medication management.
Methods: This is a quantitative, cross sectional survey design study. A purposive sampling method was used for this study based on the inclusion and exclusion criteria. Inclusion criteria included elderly aged 65 years and above, 1 or more chronic condition, residing in the community after hospitalization and cognitively impaired patients with caregiver. Exclusion criteria included patients that are to be discharged to long term institutions and cognitively impaired elderly with no caregiver. As this is a pilot study, a sample size of 30 participants was recruited. Ethics approval was sought from the Institution's ethics committee. The Medication Discrepancy Tool (MDT) adopted from Eric Coleman was used to identify and categorize transition-related medication problems. The MDT is categorized as either patient or system associated factors.
Results: Of the 30 participants, 40% experienced 1 or more discrepancies. Non-intentional non adherence and performance deficit were the 2 most identified contributing factors at patient level. At the system level, incomplete, inaccurate or illegible discharge instructions and no caregiver was recognized as the most identified contributing factors. Results showed that there is a significant association between vision impairment and medication discrepancies p=0.041, p<0.05.
Conclusion: This study has identified the high risk groups who are more susceptible in experiencing medication discrepancies upon discharge. Findings from the study can help identify possible solutions to ameliorate this issue. Healthcare quality and patient safety are the forefront of every institution and health professional concern. Caring for patients in a more holistic approach and integrating them at all levels may be the first step to address this challenging issue.
References: Coleman, E.A., Smith, J.D., Raha, D., & Min, S.J. (2005). Posthospital medication discrepancies: Prevalence and contributing factors. *Archives of Internal Medicine, 165*(16), 1842-1847.
Moore, C. Wisnivesky, J., Williams, S., & McGinn, T. (2003). Medical errors related to discontinuity of care from an inpatient to an outpatient setting. *Journal of General Internal Medicine, 18*(8), 646-651.

Disclosure of Interest: None Declared

OC010A

THE CRUCIAL ROLE OF CASEMANAGEMENT IN THE DEVELOPMENT OF CLIENT-CENTRED DEMENTIA CARE IN THE NETHERLANDS

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Objectives: More than 10 years ago, a specialist dementia care provider called Stichting Geriant started in the north-western part of The Netherlands (above Amsterdam) the development of an outreach service for people with dementia and their family caregivers on the basis of casemanagement, i.e. a professional who can support the person with dementia and family caregiver through the disease pathway and help them to make the right choices. According to this model casemanagement, patients and family caregivers are supported as early as possible in the disease process until admission to a nursing home or the death of the person with dementia.
Methods: The casemanager is part of a multidisciplinary team (including geriatricians and psychologists). In the first years Geriant reached about 850 patients and their families. This number has grown gradually to 3000 pro year. The services offered within the context of casemanagement have developed as well and besides psycho-education, co-ordination of care services, intervention at time of a crisis and individual counselling also encompasses online-help, family meetings, consultation in residential homes and occupational therapy.
Results: Since the start of the National Dementia Program in 2004, Alzheimer Nederland holds a strong plea for the implementation of casemanagement throughout the country. On the basis of a national survey amongst more than 1500 family caregivers, we are convinced that casemanagement plays a crucial role in the support of people with dementia and their caregivers. In 2008, a guideline for dementia care was developed by Alzheimer Nederland, the ministry of health and welfare and the national umbrella organization of health insurance companies. In this guideline, casemanagement is put forward as a first and essential service in the care chain for dementia patients.
Conclusion: In 2009, in more than 25% of the care regions casemanagement is offered to patients and caregivers. We expect this to grow further. In November 2010, the recently appointed deputy Minister of Health confirmed the national policy to ensure casemanagement in all care regions by 2012. In 2009, a RCT study has been started to measure the effectiveness of casemanagement.

Disclosure of Interest: None Declared

OC011

FAMILY CARE MANAGERS - A COMMUNITY BASED RELATIONSHIP-CENTRED MODEL OF CARE FOR INDIVIDUALLS WITH DEMENTIA AND THEIR CARE-PARTNERS

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Objectives: 1.To improve quality of life for persons with dementia and their care partners, through a community based and relationship model of care that is aligned with individual needs, beliefs, values and ethno-cultural diversity. 2.To assist/enable individuals with dementia and their care-partners to navigate the existing support system 3.To strengthen individual resilience and care relationships4.To reduce the risk of harm and prevent social isolation 5.To build a supportive community in partnership with persons with dementia, their care- partners, and other health care providers/ community agencies6.To provide a positive work environment where staff are provided opportunities for personal and professional growth.
Methods: The Family Care Navigator staff is an interdisciplinary team of professionals with extensive skills and expertise. Services are client/family directed, evidence informed and offered from a 'best practice' perspective. Clients/families receive a holistic assessment. An individualized plan of care is developed to assist them in:• Understanding the disease process• Developing coping/behavioural strategies• Dealing with the emotional impact of the disease • Implementing environmental adaptations to maximize independence• Awareness of and access to community resources Strong partnerships are developed with all community and long term care services. Referrals are in keeping with the identified goals and needs of clients/familiesThe Family Care team are provided with many supports. Policies and procedures guide the process. Annual client and community surveys/focus groups ensure our objectives are being met.
Results: Each year the program serves over 1600 individuals with dementia and their care-partners/families. Survey/focus group reports confirm clients/families have increased: quality of life; awareness of resources; resilience; strengthened social networks. Staff job satisfaction is high
Conclusion: This innovative community based, relationship model of family care navigation has evolved, based on the needs and gaps identified by persons with dementia and their care partners and families. This model of caregiver support and education, relationship based care and care navigation incorporates a best practice approach for community support of persons with dementia and their care-partners/families.

Disclosure of Interest: None Declared

OC012

ENABLING PARTNERSIHIPS AMONG PEOPLE WITH EARLY STAGE ALZHEIMERS, FAMILY CAREGIVERS AND PROVIDERS

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Objectives: The purpose of this critical grounded theory is to explore relationships among older adults with early stage AD, their family caregivers and formal care providers, in the utilization and delivery of community-based dementia services from one or more of six community agencies in the SW Ontario. In particular we were interested in understanding the partnering experiences among older adults with ADRD and their care partners in their access, use and delivery of community-based dementia services.
Methods: Multiple in-depth interviews with older adults, family caregivers and community providers were conducted to capture the dynamic and complex processes of their caregiving and partnering experiences in each network. Each older adult with early stage AD and their care partners per network generated rich, comprehensive data to elicit an in-depth understanding of the partnerships within the care networks and of the enabling factors that facilitate or impede its development over time. Concurrent with data collection, data was analyzed using the constant comparison methods of grounded theory modifying and building the emerging theory such that it fits both the new data and the relevant constructs. Analysis strategies involved initial and focused coding, entering the codes into NVIVO, a software program used to ocate relationships within and between codes.
Results: This presentation will share the preliminary findings of a substantive grounded theory relevant to partnerships in community-based dementia care. Based on the study findings, the interrelated processes of navigating community dementia resources and partnering among the person with AD, family members and providers are shaped by both individual and organizational factors. In addition, the challenges and opportunities for refining system access and navigation approaches to enhance the quality of community-based dementia service delivery and care were identified.
Conclusion: Using a systems approach that considers both individual and organizational factors will contribute to evidenced-based knowledge about "successful/unsuccessful" navigation of community-based dementia resources and services, and ultimately, moving toward optimal integrated care for older adults with early stage AD and their families.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC013

THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND MENTAL HEALTH STATUS AMONG CAREGIVERS OF ALZHEIMER'S DISEASE AND MILD COGNITIVE IMPAIRMENT

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Objectives: This study aims to explore the relationship between mental health status, caregiving burden and social support among caregivers of Alzheimer's disease and mild cognitive impairment in China.
Methods: A sample was drawn from memory clinics in Beijing and Wuhan, China. A total of 49 caregivers were enrolled in the study, including 25 MCI caregivers and 24 caregivers for mild/moderate dementia. We implemented a mixed methods approach to data collection, using a quantitative questionnaire to obtain information on caregivers' mental health status, caregiving burden and social support, and qualitative semi-structured interviews to explore their views on potential social stigma.
Results: There were no significant differences in the caregivers' demographic characteristics between AD and MCI groups. No significant differences in the total scores of SDS, SAS, caregiving burden, and social support scales were detected between AD and MCI groups. In AD group, the caregiving burden score was strongly correlated with the SAS score (r=0.534, P=0.007), while there was no significant relationship in MCI group. Although there were no significant differences of caregivers' characteristics between Beijing and Wuhan sites, the SDS score was significantly higher among participants from Wuhan site than Beijing (P=0.012). This may be partially explained by the diverse perception of dementia across the country.
Conclusion: These findings may suggest the significance of raising awareness of cognitive impairment and dementia in promoting the mental health of caregivers.

Disclosure of Interest: None Declared

OC014

DISENFRANCHISED GRIEF AND DEMENTIA: PRELIMINARY RESULTS OF A COACHING INTERVENTION TO EMPOWER CAREGIVERS

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Objectives: The toll that caregiving takes on dementia caregivers has been well documented. Researchers suggest that much of what caregivers express as burden is actually unresolved grief that originates from losses in the quality of the relationship, roles, control, well-being, intimacy, health status, social interaction, communication, and opportunities to resolve issues from the past. Yet, there is relatively little information about grief (or how to address it), associated with progressive cognitive decline or dementia. The purpose of this study is to evaluate the effectiveness of a coaching caregiver intervention designed to increase caregiver sense of empowerment, coping, and resilience.
Methods: Family caregivers of someone with dementia were recruited to participate in a caregiver coaching intervention. The intervention consisted of a 6-week individual or group-based coaching program tailored to caregivers based on scores from the caregiver grief inventory. Control group participants received normal care. In addition to the grief inventory, all caregivers completed demographics, caregiving characteristics, empowerment, coping, and resilience questionnaires pre- and post-intervention. These preliminary analyses involve 45 intervention and 42 control group caregivers. Bivariate tests are used to examine differences between pre- and post-intervention scores.
Results: Results suggest that there are some significant differences between pre- and post-intervention coping, empowerment, and resilience scores for both control and intervention groups. Specifically, caregivers receiving the coaching intervention exhibit better coping, empowerment, and resilience scores post-intervention, while caregivers receiving no coaching exhibit poorer coping scores post-intervention. There were no significant differences for either caregiver group in relation to pre- and post-measures of grief.
Conclusion: Unattended caregiver grief can compound other stressors and increase caregiver distress and negative health consequences. These findings, although preliminary, point to the importance of interventions aimed at helping caregivers feel empowered and increase their coping skills and resilience. The policy and practical implications of these findings for future research will be discussed.

Disclosure of Interest: None Declared

OC015

DEMENTELCOACH: EFFECT OF TELEPHONE COACHING ON INFORMAL AND PROFESSIONAL CARERS OF COMMUNITY DWELLING PEOPLE WITH DEMENTIA.

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Objectives: Taking care of community dwelling people with dementia is often a burdensome task for informal carers. The project is called Dementelcoach offers telecoaching by professional caregivers. The study evaluated the impact of this new intervention on informal carers and the trained telecoaches. Main aim of the study was to gain insight into the effectiveness of the Dementelcoach intervention on the burden and health problems of informal caregivers. Secondary, also the effect of the intervention (including the training) on the professional carers' work satisfaction, work experience and self-esteem were investigated. Finally, the content of the offered telephone coaching was investigated.
Methods: The telephone coaching is offered once in every two to three weeks during a period of 20 weeks. A pretest-posttest control group design was used to evaluate the effect.Three groups were compared: a group who received telephone coaching, one who received telephone coaching in combination with respite care (day care for the person with dementia) and a group who received respite care only. To evaluate the effect on the professional carers a randomised controlled trial was applied that compared: a group that provides care as usual and a group that, besides usual care, provides telephone support. Outcome measures for the informal carer were: carer burden and health complaints. Outcome measures for professional carers were: work satisfaction, work experience and self esteem. To investigate the content of the telecoaching all support provided by the coaches was registered and a questionnaire on client satisfaction was administered to the informal carers.
Results: The preliminary results show a significant difference in feelings of competence between groups. Receiving telecoaching in addition to day care leads to more competence in comparison with telecoaching only. There is also a significant decrease in health complaints within the group of caregivers that received telecoaching and day care.
Conclusion: As the study will be finished in december 2010, the final results as well as an overview of the support provided, will be presented at the conference.

Disclosure of Interest: None Declared

OC016

OCCUPATIONAL THERAPY FOR FAMILY CARING FOR PEOPLE WITH DEMENTIA: PRELIMINARY EFFECTS AND RELATING FACTORS

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Presentation Method: No Preference
Objectives: To establish and assess the efficacy of a culturally-appropriated Occupational Therapy (OT) home intervention protocol for families caring for people with dementia dwelling in North Taiwan. The characteristics of caregivers and care-recipients that may influence the treatment effect will also be explored.
Methods: The 3-month OT program comprised 6 to 12 90-min home visits aiming at scaffolding caregivers' attitudes toward dementia and management strategies for symptoms. Fifty-four families of dementia clients were randomized into either intervention (29 families) or usual service groups. Assessments were conducted at baseline, 3 and 6 months after intervention to both caregivers (care burden, caring skills, and perceived adequacy of social support) and care-recipients (cognitive function, activities of daily living (ADL) independency, the severity of behavioural psychological symptoms of dementia (BPSD), and quality of life (QOL)) with standardized tools, and generalized estimating equations (GEE) was then performed to compare the results of the two groups. Moreover, successive GEE analyses were performed to compare treatment efficacy due to difference in caregiver readiness (CGR) levels and Clinical Dementia Rating (CDR) in the intervention group.
Results: The results showed that the intervention program had led to significantly greater progression in caregivers' caring skills ($\beta=1.10$, SE=.46, p=.02) and perceived social support adequacy ($\beta=.77$, SE=.40, p=.05), and the trends of better improvement or maintenance were observed for the treatment group in outcomes including caregiver burden ($\beta=-.68$, SE=.59, p=.25), as well as care-recipients' cognitive function ($\beta=.19$, SE=.18, p=.18), BPSD-related disturbance ($\beta=-.08$, SE=.32, p=.81), and QOL ($\beta=.18$, SE=.42, p=.67). In further analysis, it was found that for the subgroup with higher CGR level, significantly greater caregivers' care skills improvement ($\beta=2.27$, SE=.73, p=.00) was achieved, and greater improvement or maintenance trend were observed in other outcomes except in caregiver burden and perceived social support. Besides, the subgroup with CDR 2 showed significant greater decrease in BPSD-related disturbance ($\beta=-1.20$, SE=.34, p=.00) and relatively better maintenance in ADL; while the subgroup with CDR 1 demonstrated better improvement or maintenance in all other measures.
Conclusion: The results of this study support the effectiveness of a culturally-adopted OT home program. Moreover, the difference in treatment efficiency with respect to CGR and CDR levels indicate that caregivers and care-recipients at various stages along the course may be experiencing different challenges and needs. Further investigation into such issue may help identifying tailored services for the families caring for people with dementia.
References: Gitlin, L. N., & Corcoran, M. (2005). *Occupational therapy and dementia care: the home environmental skill-building program for individuals and families*. AOTA Press: Bethesda, Maryland.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC017

THE IMAGINATION METHOD; A NEW APPROACH FOR CAREGIVERS OF PEOPLE WITH DEMENTIA IN NURSING HOMES

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Objectives: The Imagination method, developed by Theater Veder, is being implemented on a large scale in nursing homes with residents with dementia. Caregivers are trained in the use of theatrical stimuli in combination with elements of proven care methods, such as Reminiscence and Validation Therapy. The purpose is to stimulate the reciprocity in care relations of caregivers and persons with dementia (PwD) and to enhance the personal identity of PwD by activating their long term memory. The aim of this study is to describe the Imagination method and its implementation on psychogeriatric nursing home wards as well as to evaluate the effect of its application on people with dementia and their professional caregivers.
Methods: Phase 1: Description of the Imagination method based on literature study and participant observation of Imagination method group activities. Phase 2: Process-evaluation of the implementation by means of interviews with key figures (e.g. managers, nurse assistants, activity therapists). Phase 3: Impact of the Imagination method on PwD and caregivers: 60 PwD receiving an Imagination method-activity are compared with 60 PwD receiving a usual reminiscence activity. Different aspects of behavior and quality of life are measured at: (t1) pretest; (t2) during the activity and; (t3) posttest. Five focusgroups with each 6 to 8 caregivers who have been trained in the Imagination method will be conducted in order to discuss job satisfaction and the applicability and usefulness of the Imagination method.
Results: Phase 1 and 2 are finished: (1) Based on systematic participant observation, a detailed description was made of the Imagination method as a group activityregarding the use of theatrical stimuli, quality of communication and PwD reactions. (2) The process-evaluation resulted in an inventory of facilitators and barriers of implementation of the Imagination method as a group activity by using the 'implementation process evaluation-framework'.
Conclusion: The Imagination method is a new method which aims to enhance the reciprocity in care relations of caregivers and PwD. The first two phases of the study resulted in a clear description of the Imagination method and insight in facilitators and barriers of implementation. Currently, the Imagination method is applied as a group-activity only. Further investigation is needed to explore how to integrate (elements of) this method in 24-h dementia care. The study results of the impact study (phase 3) are expected in December 2010.

Disclosure of Interest: None Declared

OC018

DEMENTIA BEYOND DRUGS: CHANGING THE CULTURE OF CARE

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Objectives: The care of people living with dementia is compromised by our tendency to address behavioral distress with the use of psychotropic medications, especially antipsychotic drugs. In nursing homes throughout industrialized nations about 40% of people with dementia are receiving antipsychotics, despite little evidence of efficacy and increasing concerns about morbidity and mortality.

Non-pharmacologic approaches are widely touted, but often fall short of lasting success in clinical practice. Physicians are then forced to fall back on the same medications that they strive to avoid.

The secret to addressing the needs of people with dementia is to step beyond the biomedical model that has dominated our approach for the last half-century. A new "experiential" model views the disorder through the perspective of the affected individual, rather than relying on neurochemical paradigms and modifications to provide solutions.

Methods: Dr. Power will critique the current use of psychotropic medications in dementia and use a series of paradigm-shifting exercises to show the fundamental flaw in the use of medication for behavioral distress. He will then compare and contrast the traditional biomedical view of dementia with a new "experiential" model and explain its salient features. Finally, he will describe how to operationalize this model, in order to produce sustainable results.
Results: Dr. Power will describe his own successes and those of others who have significantly reduced psychotropic medication and improved people's well-being and function. He will review the available research to date, explain the limitations of our current research and show what is needed to achieve measurable and sustainable results.
Conclusion: Our current approach to dementia does not work. It fails to provide for meaningful engagement and well-being, and relies heavily on potentially dangerous psychotropic medications, instead of identifying and fulfilling unmet needs.

The key is to reframe our view of dementia and create care environments where people can continue to be successful, thereby maintaining important domains of well-being throughout one's life with dementia.
References: Power G. A. (2010) *Dementia Beyond Drugs: Changing the culture of care.* Baltimore: Health Professions Press.

Many others (Kitwood, Cohen-Mansfield, Bryden, Taylor, Sabat, Brooker, etc.)

Disclosure of Interest: None Declared

OC019

IMPLICIT PROCESSES ENHANCE COGNITIVE ABILITIES IN AMCI

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Objectives: Recent work (e.g., Rowe et al., 2006) has shown that healthy older adults pick up irrelevant information implicitly, and unknowingly use that information when it becomes relevant for a later task. No previous studies investigating cognitive abilities in aMCI have investigated the role that implicit processes might play in the conscious performance of cognitive tasks. Here we report findings showing that individuals with aMCI not only use implicitly processed information to enhance their performance, the benefit is significantly greater that that seem with healthy older adults.
Methods: Twenty two individuals with aMCI and 22 matched controls participated in a picture judgment task in which they were instructed to ignore distraction in the form of words from one of two experimental lists. After a 10 min delay, during which they performed a filler task, memory for the distracting words was tested with a word-fragment completion task. Of the fragments, 10 could be solved using words previously presented as distraction, 10 were control fragments of words participants had not been exposed to, and 10 were easily solved fragments that served as fillers to obscure the connection between the test and input phases.
Results: Memory for the implicitly presented distractors was measured as priming, calculated as the difference between the proportion of target-word fragments correctly solved compared to baseline (fragments of non-presented words solved). Both the experimental and control groups showed a priming effect ($M = 0.10$, $SD = 0.06$), that is, they were significantly more likely to solve a higher proportion of fragments of previously presented than non-presented words. However, the aMCI group had significantly higher proportion priming scores, than the healthy controls, $F(1,42) = 4.67$, $p < .05$.
Conclusion: Our findings suggest that individuals with aMCI can enhance their performance on an explicit cognitive task, in this case problem solving, if previously exposed to the relevant information implicitly. These findings open up a number of exciting possibilitiesthat could help improve the quality of life for individuals with aMCI, including interventions aimed at enhancing memory for personal episodic events.

References: Rowe, G., Valderrama, S., Hasher, L. & Lenartowicz, A. (2006). Attentional disregulation: A benefit for implicit memory. *Psychology & Aging*, 21, 826-830.

Disclosure of Interest: None Declared

OC020

AFFECT REGULATION THERAPY FOR THE TREATMENT OF COGNITIVE AND HEALTH DISORDERS

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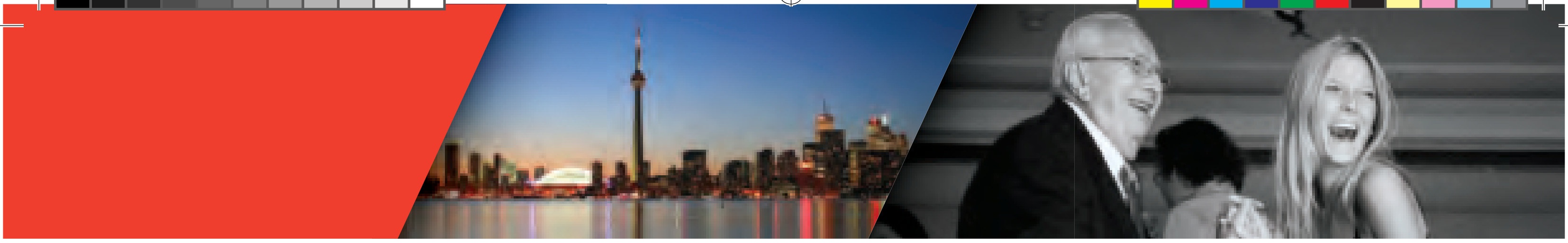
Objectives: Traumatic affect states directly harm the structure and functioning of the brain, the body and the immune system through chronic disruption or hyperactivity of sympathetic and parasympathetic autonomic pathways. Conversely, well-regulated affect can confer neuro-protective advantage, thereby reducing the risk of developing dementia and other severe health conditions, while helping to restore function once the deterioration process has commenced. This paper extends the paradigm shift already burgeoning in the affective neurosciences, integrating and measuring the role of intensely dysregulated affect on health and well-being on the emotional, cognitive and immune levels of cellular processing.
Methods: The authors will present a modification of Allan Schore's model of affect regulation, and how it can be applied to understanding the etiology of dementia as a function of chronic fight-flight or dissociative states. Photographs and video demonstrations will illustrate two particular applications of treating cognitive disorders, through the modalities of phototherapeutic portraiture and neurologic music therapy respectively.
Results: Before and after treatment results will document the benefits of using affect regulation techniques to improve health cognitively, emotionally and physically. Further recommendations for formal confirmation of this model will be presented.
Conclusion: Affect regulation methods of assessment and treatment may serve a key role in preventing and providing services for people with dementia and related disorders.

Disclosure of Interest: None Declared



OC021

STAGE-SPECIFIC NON-PHARMACOLOGICAL INTERVENTIONS FOR PERSONS WITH COGNITIVE IMPAIRMENT

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Objectives: To determine the effectiveness of stage specific non-pharmacological interventions along the continuum of cognitive decline

Methods: The program for Dementia with Psychiatric Comorbidity at the Moe Levin Centre, based on a continuum of care model, comprises of an out-patient memory clinic, a therapeutic day centre and an 18 bed unit for patients with severe dementia. Stage specific interventions are developed and used, for patients with different levels of cognitive impairment and behavioral symptoms. Intervention techniques range from cognitive retraining for individuals with aMCI, using Tai-Chi, learning strategies and stimulation with specialized computer programs, to multimodal strategies in order to maintain functional abilities in people with mild to moderate cognitive impairment at the Day Center, and therapeutic activities using a person-centered approach to reduce behaviors that are associated with dementia on the in-patient unit .

Results: Qualitative and quantitative results of a 20 week cognitive training for aMCI patients will be presented, as well as results of the "Neurons in Action", using Nintendo Wii, for the therapeutic day centre, will be presented.. The reduction of symptoms on the in-patient unit, where a patient-centered approach was used, will be presented. It was measured with the Cohen Mansfield Agitation Inventory and the Cummings Neuropsychiatric Inventory..

Conclusion: Behavioral complications of dementia are a common cause of widespread chronic stress among patients and caregivers, and despite increased research, effective therapies remain limited. Stage specific therapeutic interventions demonstrate the basic principles that all non-pharmacological interventions are based on a therapeutic relationship, using good communications skills, preserving the individual's identity and dignity with the goal of increasing well-being on different levels of dementia.

References: Kverno Karan S; Black Betty et al : Research on treating neuropsychiatric symptoms of advanced dementia with non-pharmacological strategies, 1998-2008: a systematic literature review . International Psychogeriatrics (2009) 825-843
Ballard CG, Gauthier S, Cummings JL et al. Management of agitation and aggression associated with Alzheimer disease Nat Rev Neurol.2009 ;5(5) : 245-255.

Disclosure of Interest: None Declared

OC022

ONCE WEEKLY SPACED RETRIEVAL TRAINING CAN LEAD TO LEARNING IN PEOPLE WITH DEMENTIA.

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Objectives: Spaced retrieval training, when delivered intensively, has demonstrable efficacy in helping people with dementia learn and/or relearn information or strategies to assist daily living. In this study community dwellers with probable dementia undertook one hour of spaced retrieval training, once per week, for a maximum of 6 training sessions.

Methods: Thirteen people with an average age of 79 with probable dementia participated weekly in 2 baseline data collection sessions, up to 6 intervention sessions and one post-intervention session. A series of cognitive function assessments, the Rivermead Behavioural Memory Test and memory efficacy measures were administered in the initial two baseline sessions. Spaced retrieval training was undertaken in accordance with the format suggested by Camp and colleagues. Eleven people also participated in a 3 month post-intervention follow up.

Results: Twelve of the 13 participants were able to either recall trained information or recall and demonstrate the trained strategy at one-week post-intervention assessment. An average of 15.62 trials (SD=7.7) over an average of 2.46 sessions (SD=1.33) were required to reach a perfect recall criterion after a 20 minute inter-trial interval. Neither the number of sessions nor number of trials required to achieve success were associated with Mini Mental State Examination (M=21.44, SD=6.53) or Repeatable Battery for the Assessment of Neuropsychological Status total index (M=61.88, SD=13.29) scores. Relationships between other assessments and spaced retrieval training will be presented. At a 3 month follow up, 55% of participants recalled the trained information or strategy. A further 18% who were unable to verbally recall trained information were reported by their family carer to be demonstrating use of trained information or strategy in their daily activities.

Conclusion: Spaced retrieval appears to be a successful mechanism to assist people with dementia to learn and/or relearn personally relevant information or strategies to assist with day-to-day functioning when delivered weekly. This has therapeutic implications, as spaced retrieval memory training could be implemented effectively during outpatient clinic visits or during home visits by trained practitioners. Instructing family carers could assist maintenance of learning over time.

Disclosure of Interest: None Declared

OC023

A CHANGING MELODY: BUILDING AUTHENTIC PARTNERSHIPS IN DEMENTIA CARE

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Objectives: People with dementia can continue to learn and adjust to their illness, play a role in their own care and in decisions affecting their lives, and live meaningful lives when provided with adequate information, resources, and support. They can also contribute in meaningful ways to decision-making in the development and implementation of programs designed for them. Yet, persons with dementia are rarely included as full partners in these initiatives. This presentation will describe an initiative called *A Changing Melody* that brought persons with dementia together with family members and professionals to design and implement a learning and sharing forum for all those involved in the dementia context. Persons with dementia, family members and professionals involved in planning five national forums and planning committee members from regional forums will describe their planning processes and key lessons learned.

Methods: From 2002 to 2008, the Murray Alzheimer Research and Education Program, in partnership with the Alzheimer Societies of Canada, Ontario and local Chapters, as well as the Dementia Advocacy and Support Network International, brought together persons living with dementia, family members, and professionals to plan and implement five national *A Changing Melody* forums. Using grounded theory methodology and a range of data collection strategies, we documented and assessed the process as well as the impacts of the forum on audience members. In an effort to make the forum more accessible to many more persons and families living with dementia, we worked together to develop a tool-kit based on our findings to assist Alzheimer Chapters in planning and implementing regional forums. To date, six regional forums across Ontario have been held with another three currently being developed.

Results: Findings highlight three guiding principles and five enabling factors necessary for developing and sustaining strong partnerships between persons with dementia, family members and professionals. Data also highlight the power of *A Changing Melody* forums for both personal and social change and transformation.

Conclusion: Strong partnerships between all those involved in the dementia context are not only possible, but necessary to meet the needs of persons with dementia, family members and professionals alike, and are having a significant impact on shifting the current "tragedy" discourse to a discourse of "possibilities" in dementia care.

Disclosure of Interest: None Declared

OC024

CHOLINESTERASE INHIBITORS (CHEIS) IN A REAL-WORLD COVERAGE STUDY: INSIGHTS INTO THE EPIDEMIOLOGY, COST EFFECTIVENESS, CLINICAL IMPLICATIONS, AND MEANINGFULNESS OF OUTCOMES FROM THE ALZHEIMER'S DRUG THERAPY INITIATIVE IN BC

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Objectives: The Alzheimer's Drug Therapy Initiative (ADTI) was launched in 2007 in British Columbia to cover the cost of ChEI medication, with simultaneous evidence development on ChEI effectiveness in routine care. In the proposed symposium we examine ADTI research goals and preliminary data from a historical, epidemiological, clinical and methodological perspective.

Methods: The ADTI employs a prior authorization (PA) procedure, where physicians complete forms for eligible individuals at pre-determined intervals. Five research projects address utilization and cost, clinical epidemiology, cognitive measurement, clinical meaningfulness, and caregiver appraisal of ChEI treatment outcomes. All projects have access to PA data and other BC health administrative data sets. We propose 6 presentations: 1) The historical significance of ADTI (Beattie); 2) Trends in utilization and costs of services associated with ChEI coverage (Maclure/Smith); 3) Epidemiologic issues in measurement of cognitive functioning for PA (Maclure/Hsiung); 4) Clinical meaningfulness of treatment outcomes (Jacova); 5) Caregiver perspectives on treatment outcomes (Chappell); 6) Next steps for ADTI (Lee).

Results: To date, 16000 individuals (65% of BC residents with mild/moderate AD) have been initially registered with ADTI. Of these, only 7445 individuals have current ADTI coverage whereas an estimated 6400 individuals receive ChEI outside ADTI. These numbers have impacted recruitment into research projects and forced revisions to study designs.

Conclusion: After 4 years of ADTI implementation, it is time to reflect on lessons learned about the PA procedure and the research projects. Significant barriers have been physician non-collaboration/reluctance to participate in research, and lack of incentive among eligible individuals because of third-party coverage. The ADTI research programme promises to be a milestone in AD therapeutic effectiveness studies that aim at developing rational evidence-based coverage algorithms.

Disclosure of Interest: C. Jacova: None Declared, G. Hsiung Conflict with: Site investigator for clinical trials sponsored by Pfizer, Elan, and Bristol-Myers Squibb, K. Rabheru: None Declared, P. Lee Conflict with: Has received honoraria for speaking and participated on advisory boards with Janssen-Ortho, Novartis and Pfizer, M. Maclure Employee of: BC Pharmaceutical Services Division, N. Chappell: None Declared, B. Beattie: None Declared

Oral Presentation Abstracts

OC024A

PAY IT FORWARD: YOUR ROLE IN TRANSLATING KNOWLEDGE TO PRACTICE

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Presentation Purpose:

The purpose of this workshop is to explore the practical value of knowledge translation in the health system and to discover the potential of knowledge brokering as a knowledge translation (KT) facilitation strategy.

Objectives:

Through discussion, demonstration and practice, participants in this workshop will:

- consider their role within the context of a global health system
- discuss how translating knowledge into practice can impact the health system
- learn about knowledge brokering:
    - as a role within the context of an organization or network
    - as an individual skill set that can be developed, and
    - as a supportive infrastructure that enables knowledge flow
- engage with infrastructures such as www.dementiaknowledgebroker.ca, www.akeresourcecentre.org, and discuss others
- reflect on what is needed to enable knowledge translation in their own context to support evidence-informed decision making; and together,
- develop practical communication strategies to share this information with others

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OC025

BUILDING CAPACITY FOR BETTER CARE: BEHAVIOURAL SUPPORT SYSTEMS ACROSS CANADA

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Objectives: Through presentation, dialogue and discussion, participants in this session will have an opportunity to
- Learn from the mutual sharing of successful behavioural support system (BSS) practices, necessary resources and service model applications;
- Contribute practice-based and lived experience to draft BSS guidelines and model;
- Examine and discuss indicators of success in regards to person-centred care.

Methods: A behavioural support system (BSS) is an integrated network of people, services and supports that provides quality care for those with behaviours associated with complex and challenging mental health issues, dementia or other neurological conditions. This system of care facilitates prevention, early detection, and access to needed treatments and supports including effective and safe transitions between levels of care associated with the changing needs of the individual over time. By taking a person-centred approach to care of those with complex chronic disease and associated behaviours, the model behavioural support system will encompass several principles defined by key stakeholders from across the country.

The Canadian Dementia Resource and Knowledge Exchange and the Alzheimer Knowledge Exchange in Ontario are partnering in an initiative that will bring together key opinion leaders from across the country to: profile leading behavioural support system practices, promote collaboration, networking and exchange of knowledge, assemble and create resources to support practice, and disseminate knowledge of behavioural support systems and resources.

Results: This initiative will result in an evidence and experience informed, translatable model and set of guidelines for a national, provincial, territorial or local behavioural support systems. In addition, this endeavor will:
- Inform and advance the work of those developing or planning to develop BSS services/units
- Help to advance the field of dementia services research and education in behavioural and psychological symptoms of dementia
- Establish a network of national thought leaders for continued collaboration in the area of mental health and dementia
- Support the priorities of the Mental Health Commission including the Mental Health Service Guidelines and Knowledge Exchange centre, and Canada's Seniors' Advisory Group

Conclusion: The development of a national care model will inform, guide and shape the development of local behavioural support systems which are person-centred, integrated and accountable.

Disclosure of Interest: None Declared

OC026

DEVELOPMENT OF THE PARTNERSHIPS IN DEMENTIA CARE (PIDC) ALLIANCE

C. McAiney [1, 2,*], S. Dupuis [3, 4], K. Ray [5], A. Go [6] and Partnerships in Dementia Care (PiDC) Alliance
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Objectives: The long-term care system is currently challenged to provide quality care to older adults, particularly those living with dementia. As the number of individuals with dementia continues to grow, these challenges will only increase. At the heart of the problem is the reality that individuals living with dementia have few opportunities to meaningfully engage in decision making, despite knowledge of their ability and desire to do so. A move toward more inclusive, partnership-based approaches in long-term care is required.

The purpose of this presentation is to describe the development of an initiative aimed at facilitating the integration of partnership-based care in long-term care.

Methods: We will describe of the development of the Partnerships in Dementia Care (PiDC) Alliance, a partnership of 50 researchers, community organizations, educators, policy makers, advocacy groups, persons with dementia and caregivers, and our plans for examining the process of facilitating culture change in three long-term care settings in Ontario, Canada.

Results: The PiDC Alliance is a 5-year initiative funded through the Community University Research Alliance (CURA) program of the Social Sciences and Humanities Research Council (SSHRC) of Canada. The first year of this project has focused on the identification of partner needs, training, development of communication strategies, partner engagement, and baseline data collection.

Conclusion: The PiDC Alliance has enormous potential to improve quality care for persons with dementia and quality of work life for long-term care staff through building knowledge and capacity in partnership approaches and effective culture change processes.

References: Dupuis, S.L., Gillies, J., Carson, J., Whyte, C., Genoe, R., Loiselle, L., & Sadler, L. Moving beyond patient and client approaches: Mobilising "Authentic Partnerships" in dementia care, support and services. *Dementia: The International Journal of Social Research and Practice.* (accepted for publication)

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Disclosure of Interest: C. McAiney Support from: Social Sciences and Humanities Research Council, S. Dupuis Support from: Social Sciences and Humanities Research Council, K. Ray: None Declared, A. Go: None Declared

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OC027

EXPLORING INTER-SECTOR COMMUNITIES OF PRACTICE AS A STRATEGY TO SUPPORT BEST-PRACTICE PALLIATIVE CARE FOR PEOPLE WITH DEMENTIA

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Objectives: Care providers and families report that continuity of care between palliative settings is one of the major factors that determine the quality of end of life care for people with dementia. This research project set out to develop, trial and refine in two contrasting regions, supported inter-sector Communities of Practice (CoP) as a means of delivering best practice approaches to palliative dementia care.

The project is funded by the Australian Government, and four organisations partnered to coordinate the research project; Alzheimer's Australia WA, Curtin University, the University of Tasmania and Alzheimer's Australia Tasmania.

Methods: This study employs an Action Research approach. Two CoPs were established in 2010 in two different States comprising staff drawn from eleven acute care, residential care, community care and general practice organisations. One CoP operated in metropolitan Perth, the capital of Western Australia, and the other in Launceston in regional Tasmania. Ten CoP members were recruited in each State from among staff in four participating community and residential aged care facilities, two acute care settings, two in-home respite care providers, two local GP divisions, and two GP practices. The two CoPs met regularly, drawing on the baseline evaluation from surveys/interviews with family carers and key staff informants, inter-sectoral CoP discussions, and audits. The intent was to provide a critical framework for planning and implementing best practice actions, taken with a view to improving care continuity for people with dementia who were drawing close to death.

A range of baseline evaluation measures were used prior to the establishment of the CoP to document the current status of practice in this area and capture relevant family carer experiences. These will be repeated post the CoP to determine if staff knowledge has improved, best practice indicators have changed, and whether outcomes for family carers and people with dementia receiving palliative care have been enhanced.

Results: This paper will report on the process of establishing and implementing the CoP, on its activities and outcomes, and on preliminary findings to date.

Conclusion: Communities of Practice appear to be one mechanism for overcoming continuity of care issues between sectors providing end of life care for people with dementia. This project will provide the Australian Goverment with recommendations on how to implement the better-practice strategies identified and adopted by the CoPs.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC028

FRAILTY, DEMENTIA AND DISASTERS: A KNOWLEDGE TRANSLATION (KT) INITIATIVE TARGETING HEALTH CARE PROVIDERS

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Objectives: The overall goal of this KT initiative is to contribute to international efforts to reduce the disproportionate vulnerability of older adults in natural and human-made disasters (Fernandez et al., 2002). This presentation describes the development, piloting, evaluation, and dissemination of an e-learning tool entitled "*Frailty, Dementia and Disasters: What Health Care Providers Need to Know*".
Methods: The project was based on the Knowledge to Action Cycle (Graham et al., 2006). Key literature on geriatric emergency preparedness and response issues, including the roles and responsibilities of health care providers, was identified and synthesized in consultation with the International Working Group on Health Providers convened by the Division of Aging and Seniors, Public Health Agency of Canada (PHAC, 2008). Content was piloted in a facilitated workshop in Ontario. A pan-Canadian health provider reference group provided feedback on the transition to an e-learning format. Subsequently, user feedback on the e-learning tool was solicited from health care providers in the Yukon, Quebec and British Columbia. A knowledge translation advisory group guided web based dissemination.
Results: User feedback supported e-learning principles (e.g., use of scenarios, interventions to consolidate learning, varied pacing). User enthusiasm was high, reflecting the need for knowledge and training on this topic. Strengths and limitations in the knowledge application process were identified.
Conclusion: Health care providers can reduce the vulnerability and marginalization of persons who are frail and those with dementia at each phase of the emergency management cycle, but only if they have the requisite knowledge, tools and resources (Dyer et al., 2006). Evidence suggests that for the most part, they do not. Knowledge translation methods and e-learning strategies can be applied to remediate this gap.

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Disclosure of Interest: M. Gibson Support from: Canadian Dementia Knowledge Translation Network (CDKTN), Alzheimer Society of Canada, Public Health Agency of Canada, D. Maltais: None Declared, L. Hardy: None Declared, S. Ruthe: None Declared

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OC029

THROUGH OUR EYES; A LIFE WITH DEMENTIA

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Objectives: Our presentation will showcase the Scottish Dementia Working Group's new training DVD and highlight one of the physical effects of dementia that is often little understood or completely overlooked - visual difficulties. Visual difficulties can heighten the impact of dementia, causing depression, fear and frustration, increasing confusion and isolation.
We will show extracts from our new training DVD – 'Through our eyes - A life with dementia'.
'Through our eyes' features seven members of the SDWG and enables viewers to see what it's like to live life with dementia from the perspective of people with dementia.
The DVD is divided into four chapters:
A life with dementia challenges the conventional images of dementia and shows that a good life is possible.
Emotional and cognitive impact demonstrates how dementia has affected us and how we cope within our homes and local communities.
Physical impact deals with awareness of abilities and looking after physical health and highlights the visual difficulties experienced by many people.
What professionals can do to help shows how support can be and could have been better and will hopefully provide food for thought for professionals.
In particular we want to raise awareness and understanding of:

- The individual nature of personal experiences
- How people adapt and live with their dementia and their coping strategies
- The potential and strengths of people with dementia
- How communities can be 'dementia friendly'
- The difficulties people experience and what professionals can do to help
- And, how involving and listening to people with dementia can enhance anddevelop the practice of staff in dementia services

Although it is intended primarily for use as a training and awareness-raising tool amongst professionals, the DVD can be used effectively in awareness-raising with all allied health professionals and the general public.
It can also be used with people recently diagnosed with dementia to help them realise that they are not alone and the importance of keeping as involved and as active as possible. Members are frank about their feelings at diagnosis which may also resonate with others newly diagnosed.

Disclosure of Interest: None Declared

OC030

DIVERSE EXPERIENCES: PERSPECTIVES ON ALZHEIMER'S DISEASE AND DEMENTIA IN ABORIGINAL COMMUNITIES IN ONTARIO, CANADA.

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Objectives: This paper explores the findings of a multi-sited qualitative study concerning Aboriginal peoples' understanding of and experiences with Alzheimer's disease and related dementias (ADRD).
This research documents personal and community perceptions concerning ADRD amongst Aboriginal peoples. It explores how their experiences, knowledge and beliefs influence health seeking behavior and formal and informal care-giving. Our research ultimately aims to improve sensitivity of care and to identify cultural and structural differences in health care access and provision in urban, rural and remote Aboriginal communities.
Methods: Semi-structured in-depth interviewing and focus groups were used to elicit Aboriginal perspectives of ADRD in geographically and culturally diverse Aboriginal communities in Ontario. We employed a community-based participatory research model in which Aboriginal communities guided the research process from development through analysis and dissemination.
Results: Narratives of Elders, caregivers and patients with dementia reveal an Aboriginal-specific interpretation of dementia that differs from biomedical understandings held by mainstream Canadians and caregivers. Our findings reveal the importance of culture and language in Elder's construction of cognitive health and dementia, and an underlying tension between traditional expectations of care and the nature of contemporary Aboriginal communities.
Conclusion: Aboriginal Elders and caregivers often emphasize spiritual dimensions of ADRD; the importance of Aboriginal languages to health; and, the desire of older people to have a natural life and death. Diversity in the ADRD experience between and within Aboriginal communities is evident and provides valuable information for the development of culturally appropriate care.

Disclosure of Interest: None Declared

OC031

THE DUTCH ALZHEIMER TEAROOM: A UNIQUE INTERVENTION IN REACHING TURKISH AND MOROCCAN CAREGIVERS

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Objectives: The increasing number of migrant elderly in the Netherlands shows the need for a culture-specific approach. In 2020, 11% of people with dementia will be of non-western origin. Dementia is an unknown and undiscussed term among Turkish and Moroccan cultures. Because of that these people are unknown with care facilities. The care for a person with dementia relies heavily on the family: 99% of the immigrants with dementia live at home or with their family. And more than 82% of the caregivers are heavily overburdened. In 2010 The Dutch Alzheimer Association opened the first Alzheimer Tearoom in the world. The Alzheimer Tearoom is a culture specific version of the Dutch Alzheimer Café and aims to open discussion about dementia among Turkish and Moroccan elderly in their own language. The second aim is to provide information about dementia and to promote emancipation of Turkish and Moroccan people with dementia and to prevent them from social isolation.
Methods: Multiple activities have led to the development of this unique multicultural concept. First, a project group was established and an expert-meeting was arranged; street dialogues with the target groups were performed; the organization of culture specific dementia meetings of the project 'Weten over vergeten'; and final, 2 test meetings of the Alzheimer Tearoom were organized. This resulted in a unique concept that was very positively judged by the members of the Turkish and Moroccan communities.
Results: We found a strong need among Turkish and Moroccan people for information about dementia and fellow peer contact. In October 2010, the first Alzheimer Tearoom officially opened. It was a very successful evening in which Turkish participants were actively involved. Questions were frequently asked, which opened the discussion about dementia. Visitors came together and talked about their experiences, which led to emancipation. This success was due to the unique culture-specific elements and thanks to the strong cooperation of The Dutch Alzheimer Association, local care providers, and all the local organizations, such as mosques and elderly migrant organizations.
Conclusion: The Dutch Alzheimer Tearoom is very successful in improving the care for elderly migrants. Due to culture-specific elements it is an approachable and unique concept for Turkish and Moroccan patients and caregivers. Not only does it provide the needed information on dementia but it also stimulates the discussion on dementia within the Turkish and Moroccan communities. This is a crucial first step to improve multicultural dementia care.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC032

TO ASSESS THE IMPACT OF CULTURAL BELIEFS IN HOME BASED CARE AMONG THE DEMENTIA PATIENTS AND DOCUMENT ITS EFFECT ON UTILISATION OF INDIGENOUS HEALING SYSTEM.

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Objectives: To assess the impact of cultural beliefs in home based care among the Dementia patients and document its effect on utilisation of indigenous healing system.
Methods: A qualitative approach was employed during data collection. The sample included 34 urban households with most recent patients receiving health care in any public health sector, except the mining and mission hospitals. Additionally, 30 caregivers that used indigenous healing system were requested to participate in the study.
Results: General attendance of public health services had declined by nearly one fifth in the last two years. There was a dramatic decline of about one fourth in the general attendance for government hospitals and clinics in the Copperbelt Province in the two years since the introduction of fee paying high unemployment in the city. On the other hand, over 60 percent continued to seek various types of indigenous medicines. There was a strong belief between Dementia and witchcraft. Utilisation of traditional medicine and lack of financial resources played strong role treatment behaviour. It has further been established that the disease was looked upon as magic played on individuals because of their past positions in society.
Conclusion: The study revealed that use of health services can easily be influenced by government policies such as fee paying in health care and lack of good investment in health services.
Payments of fees greatly impacted poor households which eventually lead to a high decline in the use of health services, while increasing the utilisation of indigenous medicines. Cultural values should be considered in order to improve services for the Dementia patients

Disclosure of Interest: None Declared

OC033

DECOLONIZING DEMENTIA CARE: A GROUNDED THEORY OF MEMORY LOSS AND MEMORY CARE FOR SECWEPEMC NATION ELDERS

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Objectives: The purpose of this presentation is to present a grounded theory of Secwepemc views on memory loss and approaches to memory care developed through collaborative research with Elders from three Secwepemc Nation communities in the Interior of British Columbia, Canada.

Methods: This grounded theory study based on a decolonizing approach made use of sharing circles and interviews to collect data from 21 Elders in total, four of whom were experiencing memory loss, and two family members. The data analysis process included initial and focused coding, memo-writing, and constant comparison and resulted in four categories or themes: *Being Secwepemc, Growing Older, Supporting One Another,* and *Losing Memory* (Hulko, Camille, Antifeau, et al., 2010). Further analysis and interpretation of the results led to the creation of a grounded theory of Secwepemc views on memory loss and approaches to memory care.

Results: The conceptual framework developed through this research depicts the relationship of the four categories of the grounded theory to the four phases of the life cycle and four aspects of health for Secwepemc peoples. This research indicates that *'your* dementia' has disrupted the normal process of 'going through the full circle [of life]' within the Secwepemc Nation and that the circle can be made whole again by decolonizing dementia or 'bringing back traditional lifestyle'.

References: Hulko, W., Camille, E., Antifeau, E., Arnouse, M., Bachynksi, N., & Taylor, D. (2010). Views of First Nation Elders on memory loss and memory care in later life. *Journal of Cross Cultural Gerontology*. Online First, 30 June 2010. DOI: 10.1007/s10823-010-9123-9.

Disclosure of Interest: None Declared

OC034

DISCOURSE PRODUCTION OF ALZHEIMER'S DISEASE PATIENTS: SOCIOLINGUISTIC AND CULTURAL PRESERVATION

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Objectives: Language comprehension between Alzheimer's patients and their caregivers has to be efficient in order to have better understanding. For that reason, it is important to research the lexical items that are more preserved in the discourse of the patients. Few studies of language comprehension of Alzheimer's disease have stressed the importance to manage adequate communication with sociolinguistic, cultural and ideological lexicon in oral interactions with patients and their caregivers. Therefore, research with sociolinguistic, cultural underpinnings, to better avoid more stress with patients and caregivers, is very necessary
Methods: The participants were eight Alzheimer's disease patients and six healthy controls. Four male and four female aged 80 and older. Controls were three male and three female, 75 and older. Patients were from PROTER-Old Age Program - Ambulatory Care of the Institute of Psychiatry of the School of Medicine of the University of São Paulo. Controls were their caregivers and/or relatives. Patients and controls had 4 to 11 years of education; their Mini Mental State Exam (MMSE) scores 13 to 30. Besides MMSE, controls were also evaluated by SRQ-20. Education, family health, food and religion subjects were recorded during 15 minutes, then transcribed and analyzed by the computational tool Stablex, which mainly distinguishes and separate the results of preferential, basic and differential vocabulary. Stablex is based on mathematical-statistical-computer assisted program
Results: The discourses with sociolinguistic, cultural and ideological lexicon of Alzheimer's disease patients are noted to produce comprehension with caregivers, because those lexical items are more preserved compared to controls. Stablex shows that preferential vocabulary (lexicon more preserved in the patients) is constituted of the thematic vocabulary the patient retrieves to communicate. The lexical components have more sociolinguistic and cultural frequencies in their discourses. Patients produced more preferential words compared to controls and data showed to be statistically significant
Conclusion: Until the patients become severe. Efficient oral communication between Alzheimer's disease patients and caregivers can lead to avoid very stressful interventions, and also improve their quality of life

Disclosure of Interest: None Declared

OC035

THE CONTEXT OF DEMENTIA IN RURAL NORTHERN COMMUNITIES IN ONTARIO

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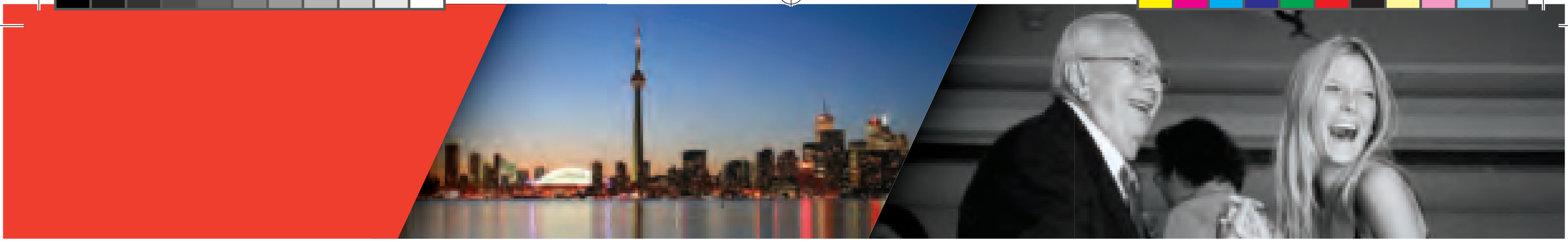
Objectives: Rural northern communities have their own dynamics and are largely diverse populations with unique circumstances and challenges in providing support for seniors. Little research has examined issues in northern communities related to dementia, particularly in northwestern Ontario. The purpose of this specific research, then, is to understand the needs and experiences of people diagnosed with dementia, their informal caregivers, and formal care providers living in rural areas of northwestern Ontario.
Methods: A focused ethnographic approach was used in four communities in northwestern Ontario. In-depth interviews were conducted with 14 partners in care, 2 people living with dementia, 37 health service providers, and 14 community members, totalling 67 participants. Interviews were then transcribed and analyzed.
Results: Many challenges and issues emerged from the data. Some challenges were faced solely by northern communities; however, other issues were similar to larger urban centres. These issues include remote locations, lack of health care services including home care services, lack of health service providers and continuity of care, aging populations, out-migration of young people, wait lists for long-term care beds, and lack of supportive housing. More information and education about dementia was also identified as a gap in rural communities.
However, informal care provided by neighbours, friends, and other community members was important in ensuring that people with dementia were safe and cared for while in their own homes. The small town atmosphere and close knit community is beneficial to seniors living with dementia, whether walking someone home, or helping them with chores or tasks around the house. However, informal care is not always reliable in the way that family or formal care often is, and many care issues could not addressed through informal means.
Conclusion: By exploring issues in rural northern communities, supports and services can be custom tailored to these communities, resulting in services and supports that can be improved to benefit people with dementia and their caregivers, thereby enhancing quality of life and ensuring that people with dementia are able to remain in their communities.

Disclosure of Interest: E. Wiersma Support from: Alzheimer Society of Canada, A. Gusul: None Declared, A. Denton: None Declared



Oral Presentation Abstracts

OC036

DYING WITH DEMENTIA: FAMILY MEMBERS EXPERIENCES AND OBSERVATIONS OF END-OF LIFE CARE

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Objectives: During the development of *The Dementia Difference*, an 2 day educational workshop based on best practice dementia and palliative care principles, the authors found little documented evidence on what was important to family members of people with dementia dying in care homes. The objective of this research was to gather family caregiver's experiences to inform future practice and ensure the education reflected what was important to family members. We also wanted to provide a space for their voices to be heard.
Methods: An in-depth, qualitative study involving 1-1 interviews with family members of recently deceased residents was conducted. The research question was: what are family members' experiences and observations of the end-of-life dementia care that was provided to their relatives. The interview guide was developed based on current evidence. The stratified voluntary sample of 12 family members included children and spouses. All interviews were conducted 1 to 1; either in person or by telephone, and thematic content analysis was completed.
Results: Family members experiences were varied but common themes emerged. Overall, the most important things that staff did for residents and for family members were (1) showing thoughtfulness, respect, flexibility and care in all their interactions, (2) treating residents and family members as individuals, (3) providing comfort care with competence, consistency and genuine care, and (4) providing information. This presentation will provide more in-depth information on the observations and experiences of family caregivers directly from the transcribed data.
Conclusion: The results have been incorporated into The Dementia Difference education in an effort to ensure practice is based on what is most important to those receiving care at end of life. the findings inform both the practice of professional caregivers and education of staff in care home settings and beyond.

Disclosure of Interest: None Declared

OC037

DEPRESSION IN ELDERLY CAREGIVERS OF PATIENTS WITH ALZHEIMER'S DISEASE: WHAT DOES IT DEPENDS ON?

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Objectives: The objective of a study was to evaluate the prevalence of depression in elderly caregivers of patients with Alzheimer's disease and to elicit the association of depression prevalence with clinical characteristics of a person under care and a genetic factor (ApoE e4 allele).
Methods: A sample of elderly (≥60 years old) caregivers of patients with Alzheimer's disease (N = 52) was investigated in regards to depression criteria. Geriatric Depression Scale was used for a quantitative measure of depression severity. ApoE genotype was determined. Two characteristics of a patient under care were analyzed: 1) dementia severity (MMSE score) 2) psychological and behavioral disorders (NPI score).
Results: Depression prevalence among elderly caregivers was higher than in general population of similar age (18 individuals, 34,6%) and it was not higher in ApoE e4 allele carriers (Fisher's exact criterion, p>0.05). Depression severity did not significantly correlate with dementia severity (MMSE) or psychological and behavioral disorders (NPI) of patient under care (Spearman's coefficient 0.14 and 0.12, respectively).
Conclusion: Elderly caregivers of patients with Alzheimer's disease are exposed to high risk of depression even if a patient under care is at early stage of dementia. The burden of caregiving is a risk factor of depression probably exceeding genetic risk factor (ApoE e4 allele). This should be considered in researches associated with relatives of patients with Alzheimer's disease.

Disclosure of Interest: None Declared

OC038

THE 3-A GRIEF INTERVENTION MODEL: ADDRESSING AMBIGUOUS LOSS FOR DEMENTIA CAREGIVERS

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Objectives: The objective is to reduce caregiver burden by raising awareness of the ambiguous losses and grief experienced by dementia family caregivers, how it impacts on care provision and provide a means of addressing the grief. Research was done exploring the questions: Are dementia caregivers grieving? Does the grief manifest itself in care provision? Is it warranted to use a Grief Intervention Model with dementia caregivers?
Methods: Qualitative grounded theory approach was used to generate concepts that explain the caregivers' actions based on their incurred losses throughout the disease process. Sources of trustworthiness came from literature review, caregiver interviews, caregiver accounts in the literature, observations in practice, and peer reviews.
A 12- item exploratory survey was then mailed out to 132 professionals from various disciplines and settings where their work includes assisting family caregivers of individuals with dementia. The likert scaled survey explored the respondents' level of agreement to statements addressing the research questions.
Results: Substantiating data from clinical practice, the literature, caregiver accounts and peer review were used in applying existing grief models to the caregiver milieu, indicating that family caregivers are grieving while providing care and demonstrating how the grief manifests itself in the caregiving. The data also supports providing a model of intervention that specifically targets the grief, thus the innovative 3-A Grief Intervention Model was introduced.
There was a 56% response rate to the survey. The results from 74 professionals showed strong agreement, suggesting strong concurrence to grief intervention for cargivers and the tenets of the 3-A Grief Intervention Model.
Conclusion: Results indicated that dementia family caregivers grieve, the grief manifests in the caregiving and grief intervention is warranted. The 3-A Grief Intervention Model was developed to fill the gap of addressing the ambiguous losses that family caregivers experience. By being aware of how the grief is being manifested, it can be addressed and simultaneously address grief related issues such as resistance, denial and hopefully prevent burnout.
This presentation will review the research, describing the development of the 3-A Grief Intervention Model, including a description of the 3-A components, Acknowledge, Assess and Assist as they serve to ease the caregiving experience.

Disclosure of Interest: None Declared

OC039

LIVED EXPERIENCES OF FAMILY MEMBER CAREGIVERS OF PATIENTS WITH ALZHEIMER: AN IRANIAN PERSPECTIVE

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Objectives: The aim of this study was to understand and interpret lived experiences of Iranian family caregivers of Alzheimer's patients.
Methods: A qualitative study was conducted using Heiddegerian hermeneutic phenomenology approach. A purposive sample of ten metropolitan family caregivers registered to the IAA was interviewed. The participants aged between 25 and 67 years. Interviews were audio-taped and transcribed; data were analyzed by Van Manen methodology.
Results: According to our findings, eight main themes emerged: "captured in the vortex of time", "tolerance and management", "Caring like a mother", "mirage of hope", "shame and stigma", "sacrificing", "moving toward actualization" and "ambivalence".
Conclusion: The findings suggest the necessity of continuous support, training and educating for family caregivers of Alzheimer's patients by nurses and other healthcare providers. Also, understanding the experiences of caregivers and their difficulties and rewards helps developing strategies to support and alleviate their stresses.

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Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC040

THE LIVED EXPERIENCE OF YOUNG-ONSET DEMENTIA

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Objectives: To explore the experience of living with dementia from the perspective of middle-aged persons, 35-64 years.

Methods: van Manen's (1990) method of interpretive phenomenology guided this discovery. Using purposive sampling, nine persons who had received a formal diagnosis of young-onset dementia were recruited. Participant criteria included the ability to read, write and speak English, the ability to reflect on their illness, and score of less than four errors on the Short Portable Mental Status Questionnare (Pfieffer, 1975). Type of dementia was not a criterion in order to gain perspective on the similarities and differences of the experience across the dementia sub-types. Geography was not a criterion as participants could live anywhere in the United States. Data were collected through 19 in-depth conversational interviews. Ongoing reflective analysis of interview data was used to guide sampling and data collection. All interviews were transcribed verbatum.

The university IRB approved this study.

Results: All nine participants were able to make the initial contact with PI, either via telephone or email. They were able to describe and reflect on the experience of living with dementia. Participants spoke of the challenges they face when dealing with a health care community that refuses to acknowledge their personhood and value by excluding them in discussions about their illness and health care needs. Five themes emerged from the transcribed conversations: *fear, frustration, loss of personhood, finding a sense of security in the familiar,* and *resilience.*

Conclusion: - Persons living with young-onset dementia feel devalued and invisible in their dealings with health care providers.

- There is a lack of resources to help improve quality of life for persons with young-onset dementia.
- They can, if we listen, help us understand the experience.
- Health care providers need to evaluate and improve their own communication skills in order to foster a collaborative agenda with sufferers.
- More research is needed in the psychosocial realm of dementia.

Disclosure of Interest: None Declared

OC041

MY NAME IS NOT DEMENTIA (BY ALZHEIMER'S SOCIETY)

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Objectives: In October 2008 Alzheimer's Society published a report entitled *Dementia: out of the shadows.* Based upon qualitative research (undertaken by the Mental Health Foundation on behalf of Alzheimer's Society) it gave an opportunity to those living with dementia to speak out about their lives, before and after receiving a dementia diagnosis; the problems they encountered and the changed relationship with family and friends. As governments develop policies to meet dementia needs. The departments of health in UK have introduced, or are about to introduce, dementia strategies. *Dementia: out of the shadows* played an important role in helping to shape those strategies. As public policy develops in this way we need to develop tools to measure their impact.

Methods: In beginning to think about how we might measure the success of dementia policies, Alzheimer's Society started from the base that it had to listen to those with dementia, particularly some of the seldom heard groups. A mixed methodology was used including a literature review, interviews, focus groups and a postal survey. It was successful in recruiting from black and ethnic minority communities and people with more severe dementia living in care homes.The aim was not to provide the tools to measure (there are already a number of instruments that have been developed in recent years) but rather to establish key quality of life indicators, from which, with others, we could build a consensus on what helps people with dementia to live well and the ways in which we that could be measured. The foundation for the consensus would be the views of people living with dementia

Results: The research found ten key quality of life indicators and listed them in order of importance.It was clear that people with dementia, including more severe dementia, were able to express their views on what was important to them. The domains that feature in generic quality of life measures were just as relevant to people living with dementia. There are many factors outside a person's dementia that affect their quality of life and this indicates that services should be develop to address these wider issues

Conclusion: Alzheimer's Society is now planning for and seeking funding for further work which might draw together this and other work to provide the consensus needed to develop a widely accepted measure to determine the success of dementia related policies.

References: www.alzheimers.org.uk/mynameisnotdementia

Disclosure of Interest: None Declared

OC042

AN ALZHEIMER CAMPAIGN IN FRANCE (HAUTE VIENNE): IMPACT ON PUBLIC OPINION AND STIGMA

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[1]Memory Clinic, MEMORY RESEARCH AND RESSOURCE CENTER, LIMOGES, FRA, [2]General Practice, University of Limoges, Limoges, France

Objectives: Many people are reluctant to screen for Alzheimer's disease even though national recommendations have emphasized the importance of early diagnosis to get better treatment and care. People tend to link the disease with mental disturbance and stigma is expressed. We evaluate the impact of the campaign "A different look at Alzheimer" in Haute Vienne, France.

Methods: In September 2009, public and professionals were invited to attend conferences, meetings with professionals and cultural events (movies, a play, a modern dance ballet). The cultural events expressed experiences of artists who had someone close with Alzheimer's disease. A questionnaire was filled out anonymously by the participants to evaluate : 1/knowledge about Alzheimer's disease 2/information about screening and care 3/feelings about keeping contact with people suffering from Alzheimer's disease 4/attitudes towards screening.

Results: Out of the 2240 people registered during the campaign, 600 filled in the questionnaire (27%). Most were female (83%) and 49% were aged under 50. 52,3% did not work in medical or social fields. RESULTS: 59% increased their knowledge about Alzheimer's disease. 55% had better information about screening and care. Attitudes were changed in a third of the general public and also in a quarter of the professionals in medical or social fields: they felt more inclined to keep contact with a person or a family affected by Alzheimer disease. 62, 4% were more willing to go through screening. The public who attended the cultural events (play, dance or movies) was younger, and worked more often in medical or social fields, whereas conferences and meetings attracted an older public: the impact was the same.

Conclusion: Campaigns about Alzheimer's disease can modify attitudes, leading to better screening and reduced stigma. Cultural events are interesting way to reach a younger audience. Long term effects need to be assessed.

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Galvin J et al. Development of a population based questionnaire to explore psychosocial determinants of screening for memory loss and Alzheimer's disease. *Alzheimers Dement. 2008*, 4(5): 353-360.
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Disclosure of Interest: None Declared

OC043

CONSULTNG WITH PEOPLE WITH DEMENTIA ON THE NORTHERN IRELAND REGIONAL DEMENTIA STRATEGY

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Objectives: A number of countries have produced Dementia Strategies or plans as governments recognise the growing public health issues raised by dementia. This paper reports on the consultation process with people with dementia and their carers in Northern Ireland about the easy read version (DSDC 2010) of the Regional Dementia Strategy produced by the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS 2010).

Methods: Three consultation methods were used, 1-1 interviews, focus groups, and open meetings. These were held across all five Trusts in the Northern Ireland region; 168 people participated.

Results: Particular support and emphasis was placed on five issues by consultation participants, namely, increased public and professional awareness of dementia; an informed and effective workforce for people with dementia; good quality early diagnosis and interventions; good quality information for those with dementia and their carers; and improved quality of care and services for people with dementia and their carers.

Participants made some specific suggestions about further services not mentioned in the strategy action points.

Three new issues were raised by consultation participants that are not explicitly referred to in strategy: finances and resources, abusive practice and complaints procedures.

Conclusion: People with dementia and their carers support the general messages in the DHSSPS draft document. However they placed mopst emphais on 5 out of the 10 areas, this suggests that these particular issues should be prioritised in the final strategy document and in the implementation of the strategy. In addition the need for a user friendly complaints procedure, addressing abusive care practices and providing information about finances were highlighted by consultation participants.

References: DHSSPS (2010) 'Improving Dementia Services in Northern Ireland: A Regional Strategy'
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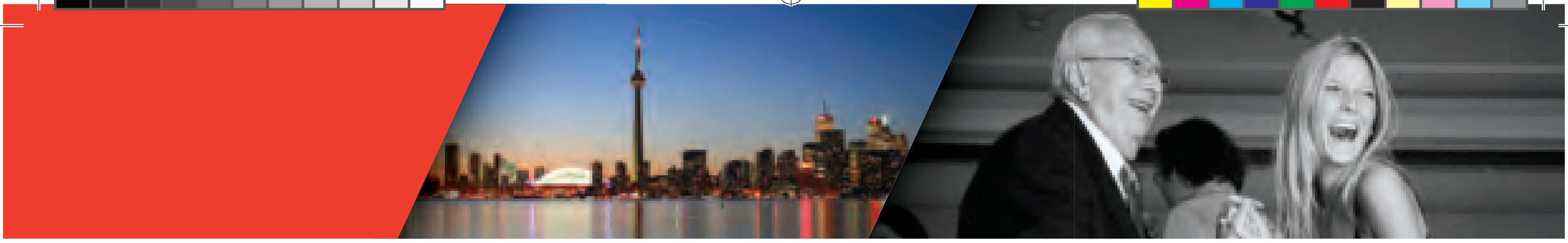
DSDC (2010) Easy read version of Improving Dementia Services in Northern Ireland: A regional Strategy
http://www.dementiacentreni.org/files/Dementia%20Strategy.pdf

Disclosure of Interest: None Declared



Oral Presentation Abstracts

OC044

DEMENTIA CARE TRANSFORMED IN PRINCE EDWARD ISLAND CANADA

C. Hendricken-Eldershaw [1], C. Cromie [2,*] on behalf of Heart and Stroke Foundation of PEI, C. Villard [3], D. MacDonald Connolly [4] and NGO and Government of PEI
[1]Home Based and Long Term Care, Charlottetown. PEI, [2]Heart and Stroke Foundation of PEI, PEI, [3]Home Based and Long Term Care Director, [4]Home Based and Long Term Care, PEI, Canada

Objectives: In keeping with the Health PEI vision of "One Island Future, One Island Health System", the Provincial Dementia Strategy Steering committee has made recommendations on a strategic direction for dementia related services and supports in Prince Edward Island, Canada with the aim of easing the journey for people living with dementia as they move along and within a continuum of care.
Panel members from the key community stakeholders Alzheimer Society of Prince Edward Island and Heart and Stroke Foundation of PEI along with Health PEI personnel will share challenges and opportunities arising through this joruney together
Methods: This Steering Committee is responsible to guide:
a. the development of principles and desired outcomes for an integrated and coordinated system of supports for families living with dementia and their partners in care.

b. the review of evidence based practices and the identification of desirable, optimal mechanisms for dementia related services and supports in the PEI context.

c. the development of a continuum based approach to services which support people with dementia and their caregivers across the life course of this journey.
Results: The provincial strategy will make recommendations in the areas of raising awareness, early diagnosis and intervention and improving the quality of care for people with dementia and their care givers. These recommendations will include:

a. key areas across the continuum that should be addressed through policy, planning, development and monitoring of services; and

b. options through which pertinent government and non-government groups can co-ordinate efforts to enhance quality of life for people living with dementia and their care providers.

Panel members from the key community stakeholders Alzheimer Society of Prince Edward Island and Heart and Stroke Foundation of PEI along with Health PEI personnel will share challenges and opportunities arising through the process of
Conclusion: Panel members from the key community stakeholders Alzheimer Society of Prince Edward Island and Heart and Stroke Foundation of PEI along with Health PEI personnel will share challenges and opportunities arising through this joruney together.

Disclosure of Interest: None Declared

OC045

KONFETTI IM KOPF – AN ACTIVATION CAMPAIGN USING THE POWER OF CREATIVITY

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Objectives: KONFETTI IM KOPF („Confetti in the Head") is a multi-faceted campaign on dementia. It started in Berlin in October 2009 and is travelling to other cities and countries. The core of the campaign is a large-scale open air exhibition displaying pictures from my long-term photo project on dementia. But there´s much more to it.
It was my intention to reach the general public in public space, clearing out prejudices about dementia and help promoting a new approach on how to deal with people with dementia. During the pre-phase of the campaign 26 professional organisations dealing with age care could be activated to contribute their know-how and manpower.
Methods: Patron of the campaign is former Federal President of Germany, Prof. Dr. Roman Herzog. Politicians and celebrities like actors, athletes, authors and singers also became ambassadors of KONFETTI IM KOPF.
In Berlin the campaign was present all over the city centre and the Central Station on big banners, posters, bill-boards and screens. At an information desk people could learn about dementia and were encouraged to visit the open-air exhibition. The multilingual website provides in-depth details about the campaign. Every day visitors were involved in a supporting program with readings, plays, films, concerts, workshops, lectures and dance. People with dementia were involved in as many activities as possible.
Results: The campaign KONFETTI IM KOPF has been very successful so far in bringing together many different professional organisations concerned with dementia care and using the synergistic effect for this important issue. Close to 50 German cities and some international organizations expressed their strong interest in participating.
Our team has been awarded the prestigious „PR Report Award 2010", Germany´s most important PR award.
Conclusion: Dementia is a socially relevant issue, usually communicated in dreary colours. KONFETTI IM KOPF uses a constructive and colourful approach to handle this subject. Thus the campaing manages to show new perspectives and to encourage people to look into the subject more closely.

Disclosure of Interest: None Declared

OC046

THE IMPACT OF THE DEMENTIA INDIA REPORT 2010

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Objectives: To assess the impact of the national report on the magnitude of the problem of dementia in India and the public health strategies for early detection, treatment, rehabilitation and prevention.
Methods: The Dementia India Report was published by the ARDSI and released in New Delhi on the occasion of World Alzheimer's Day, 21st September 2010. India was one of the first developing countries to publish a status report on dementia. The report focused on a description of dementia and the prevalence of dementia in India in general and in each of the states in India. The report also made projections of the estimates of dementia for the next 20 to 50 years and the impact of these numbers on the individual, family and societal costs.
Results: The report estimated the numbers of persons with dementia, as 3.7 million persons in 2010 and that this number would double in the next 20 years. India would overtake most other countries in number of persons with dementia by 2020. The societal costs in 2010 was estimated as US$ 3.415 billion and set to triple in the next 20 years. The main carers are family members and they need support and training to deal with this problem.The report also gave an overview of the sparse services available in the country and made suggestions for different models of care and training for family members, professionals and other caregivers who look after persons with dementia.
Conclusion: The report made recommendations for the future course of action to remedy the gap in treatment and services. We would discuss the impact of the report. Some of the challenges faced by health professionals, community and the government in the implementation of the report would be discussed. The recommendations of the report with the public health strategies for primary, secondary and tertiary prevention would be discussed.
References: Alzheimer and Related Disorders Society of India.The Dementia India Report 2010.New Delhi, September 2010.

Disclosure of Interest: None Declared

OC047

SPECIAL POPULATIONS, SPECIAL POLICY CHALLENGES

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Objectives: In the US the development of comprehensive state government Alzheimer plans has led to identification of some narrow bands of persons with the disease and carers and subsequent policy considerations. Among these are persons with Downs syndrome from of mental retardation now facing the dual diagnosis of Alzheimer's, incarcerated persons aging in place and persons with ADRD living alone. T

Methods: Oral presentation and powerpoint, audience questions and answers
Results: Policy change reccomendations
Conclusion: This session will describe the populations and preliminary policy recommendations for each subgroup.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC048

MIDLIFE MOTIVATIONAL ABILITIES: PREDICTOR OF APATHY AND DEPRESSION IN DEMENTIA

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Objectives: Apathy and depression are the most common neuropsychiatric symptoms in mild cognitive impairment (MCI) and Alzheimer's disease (AD). Research has only recently started to focus on predictors of apathy and depression in MCI and dementia. Although pre-morbid motivational abilities have previously been associated with depression and wellbeing in cognitively healthy people, their role as a predictor of apathy and depression in dementia has not yet been explored. The present study aimed to explore midlife motivational abilities as a predictor of apathy and depression in cognitively impaired, and their progression in a longitudinal research design.
Methods: A sub-sample of the US-representative Aging, Demographics, and Memory Study (N=137) was used to assess the role of pre-morbid motivational abilities as a predictor of apathy and depression in cognitive impairment. Participants were categorized according to diagnoses of cognitively unimpaired, MCI and AD and were aged over 70. Apathy and depression were assessed using the Neuropsychiatric Inventory (NPI). Midlife motivational abilities were estimated on the basis of the main occupation using the Occupational Information Network (O*NET) database, which provides detailed information on worker abilities.
Results: Repeated measures analysis of covariance found apathy and depression to be higher in individuals with high motivational abilities compared to those with low or medium motivational abilities and in AD patients compared to MCI and normal cognition. In addition, apathy and depression were also found to be particularly high in participants with AD and high motivational abilities. A moderating role for apathy, but not depression, was also found, showing individuals with AD and high motivational abilities to have higher rates of apathy over time.
Conclusion: Holding on to unattainable goals with strong motivational efforts in the face of severe cognitive loss may lead to unproductive persistence, depressive reaction and more apathetic behavior. These results will also be compared to the findings of a cross-sectional assessment of midlife motivational abilities as a predictor of apathy and depression in a Swiss sample of MCI and early AD patients.

Disclosure of Interest: None Declared

OC049

VENTRICLE TEMPORAL HORN VOLUME: A SENSITIVE BIOMARKER IN ALZHEIMER'S DISEASE PROGRESSION

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Objectives: Brain lateral ventricular enlargement, as captured on magnetic resonance imaging (MRI), is an objective surrogate of neuronal atrophy associated with Mild Cognitive Impairment (MCI) and Alzheimer's Disease (AD). However enlargement may not occur uniformly throughout the structure; temporal horn enlargement may in fact be a more sensitive biomarker of disease progression. The objective of this study was to compare a) total ventricle volume and b) total temporal horn volume, both at baseline and as a 24 month volume change, to multiple regressors to determine the sensitivity of both measures.
Methods: Baseline, month 12 and month 24 three-dimensional T_1-weighted MRI images were obtained from 151 subjects (Normal Elderly Controls or NEC n = 39, MCI n = 72 and AD n = 40) participating in the Alzheimer's Disease Neuroimaging Initiative (ADNI). Ventricle sub-volume segmentation was performed in all images using semi-automated software called Brain Ventricle Quantification (Merge Healthcare, Mississauga, Ontario). Multiple linear regression analyses were performed. Regression models were fitted with the dependent variable as either 1) absolute ventricle or horn volume at baseline or 2) total ventricular or total horn volume change (Δ) from baseline to month 24, adjusted by age, gender, education, presence of at least one ApoE-ε4 allele and ADAS-cog score or Diagnostic Category.
Results: At baseline, absolute ventricle volumes were on average 9.5 mL larger for MCI patients and 13.2 mL larger for AD patients when compared to NEC patients. Absolute temporal horn volumes were also 2.8mL and 7.7 mL larger for MCI and AD patients, respectively. Absolute temporal horn volume was more strongly associated with MCI (p<0.01) and AD (p<0.001) categorization than absolute ventricle volume at baseline. ΔTotal ventricle and Δtemporal horn volume over 24 months were both strongly associated (p<0.001) with AD categorization but Δtemporal horn better explained MCI categorization (p=0.007) than Δtotal ventricle (p<0.05).
Conclusion: These results suggest that absolute temporal horn volume at baseline may be used with more confidence in aiding diagnostic categorization of patients. Also, while Δtotal ventricle and Δtemporal horn volume over 24 months were both strongly correlated to AD categorization, Δtemporal horn volume was a more sensitive measure of MCI categorization. Future studies will include more patients and examine MCI to AD converters.

Disclosure of Interest: None Declared

OC051

ASSOCIATION BETWEEN ALCOHOL CONSUMPTION AND COGNITIVE IMPAIRMENT IN CHINESE OLDER ADULTS

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Objectives: In view of the paucity of data on the effects of alcohol consumption on cognitive impairment in Chinese populations, we investigated the association between alcohol consumption and the risk of cognitive impairment in Southern Chinese older adults in Hong Kong.
Methods: This was a cross-sectional study of 314 Chinese older participants, aged 65 years or over. Participants' socio-demographic, co-morbid diseases, alcohol drinking habits and Mini-Mental State Examination (MMSE) for cognitive function were obtained by a face-to-face interview. Participants were categorized into normal cognitive and cognitively impaired groups by education-adjusted MMSE cut-off scores.
Results: The mean (SD) age of the participants was 79.9 (6.5) years. The average weekly alcohol consumption in the cognitively impaired group was significantly higher than that of the normal cognition group [mean (SD): 241.21 (276.26) versus 861.89 (673.03) grams per week respectively; p<0.001, t-test]. Drinkers with light to moderate alcohol consumption were associated with higher MMSE scores than non-drinkers and heavy drinkers. Logistic regression analyses showed that heavy drinkers (>400g alcohol for men and >280g for women) were associated with an increased risk of cognitive impairment (OR=4.99, 95% CI=1.8-13.82), while light drinkers and moderated drinkers (<400g for men and <280g for women) were associated with reduced risks (OR=0.32, 95% CI=0.12-0.86; OR=0.17, 95% CI=0.06-0.51, respectively). Exercise and age were independent protective and risk factors respectively.
Conclusion: Heavy alcohol consumption is associated with an increased risk of cognitive impairment while light to moderate alcohol consumption is associated with reduced risk among Southern Chinese older adults in Hong Kong.

Disclosure of Interest: None Declared

OC052

VERTEX-WISE ANALYSIS OF SUB-CORTICAL STRUCTURES IN ALZHEIMER'S & APOE4 STATUS

B. S. Bagepally [1,*], J. P. John [1], M. Purushottam [1], O. Mukherjee [2], L. Kota [1], S. Sadananda [1], N. Reddy [1], O. Prakash [1], P. T. Sivakumar [1], S. Bharath [1], S. Jain [1], M. Varghese [1]
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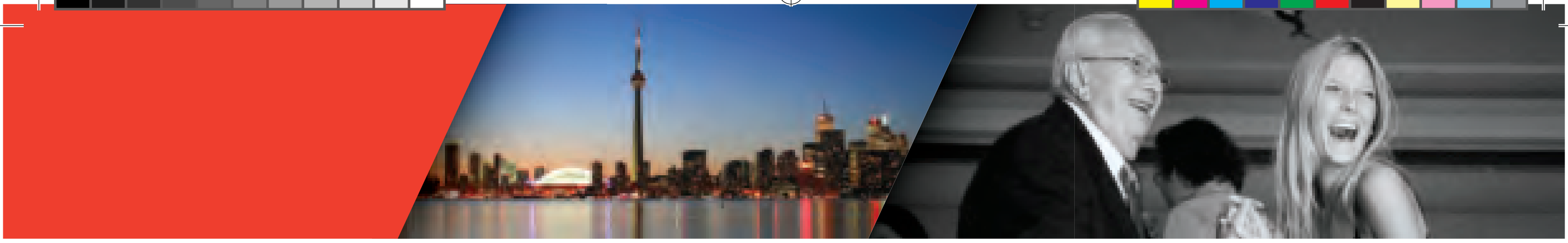
Objectives: To evaluate localised shape differences of sub-cortical & limbic structures in Alzheimer's disease (AD) & the role of ApoE4 status.
Methods: The subjects were 32 patients with probable AD (15 ApoE4 carrier) according to NINCDS/ADRDA AD criteria attending NIMHANS and 25 (6 ApoE4 carrier) matched controls. All subjects were right handed, evaluated using standard scales & genotyped at ApoE locus. The 1mm^3 structural MPRAGE images were acquired on 3T MRI. Vertex-wise shape analysis was performed using FSL-FIRST software with age & total brain volume as covariates of no interest in the statistical design at p<0.05 FDR corrected. The volumes of Hippocampus, Amygdala, Caudate and Putamen were extracted and statistical comparison was performed using R software.
Results: The patients with AD have significant lower volumes at bilateral Hippocampus, Amygdala, Caudate and Putamen (all;p<0.001). Among all the subjects, ApoE4 carriers have significant volume loss in bilateral Hippocampus (p<0.05) and right Amygdala (p<0.05) as compared to non-carriers. These volumes did not differ between ApoE4 carriers and non-carrier controls. On vertex-wise shape analysis the patients with AD have significant surface reduction at bilateral Hippocampus, Amygdala, Caudate and Putamen(fig A). However on introducing the ApoE4 positive carrier status as a covariate of no interest in the statistical design, surface reduction was found in some regions at right Hippocampal head & certain regions in bilateral Putamen and right Caudate. No shape-wise difference was observed in subjects between ApoE4 carrier and non-carriers(fig B).
Image:

Conclusion: The basal ganglia, sub-cortical & limbic structures were atrophied in AD. There were no shape-wise differences in basal ganglion and limbic structures between ApoE4 carriers and non-carriers per se, however ApoE4 has a preferential influence on Hippocampal volume loss in AD. Involvement of specific areas at hippocampus and basal ganglion structures in AD needs further evaluation for validation and its functional importance.

Disclosure of Interest: None Declared



Oral Presentation Abstracts

OC053

DOES AFRICAN ANCESTRY PROTECT AGAINST DEMENTIA? A POPULATION BASED CASE-CONTROL STUDY IN AN ADMIXED CUBAN SAMPLE

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Objectives: Studying the relationship of dementia risk to individual admixture within admixed populations is the most direct way to distinguish genetic from environmental explanations for ethnic differences in disease risk. We set out to test the hypotheses, in an older, admixed Cuban population, that 1) African ancestry is inversely associated with dementia prevalence 2) the association between APOE genotype and dementia is modified by ancestry
Methods: A case control study (236 dementia cases and 354 controls), nested within a population survey. Marker genotype data (60 SNPs) were used to estimate individual admixture (the proportion of an individual's genome that has ancestry from each founding population) using a Bayesian approach.
Results: The sample was highly admixed. African ancestry was inversely associated with dyslipidaemia, but positively associated with hypertension and stroke. There was no association between African ancestry and dementia prevalence. African ancestry was associated with a higher prevalence of APOE e4, and a non-significant trend towards a weaker association between APOE e4 and dementia.
Conclusion: The hypothesis that African ancestry is protective for dementia was not supported. Further analyses, using data from admixed 10/66 centres in Mexico, Dominican Republic and Venezuela will allow us to estimate these associations more precisely.

Disclosure of Interest: None Declared

OC054

DEMENTIA, SAFETY AND RISK FOR ABUSE

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Objectives: Research has shown that abuse affects between 4 and 10% of older adults in Canada[1]. Only one in five incidents of elder abuse comes to the attention of those who can help. Regarding dementia specifically, estimates of the prevalence of abuse of older adults with dementia range from 5.4% in a study by Pavez et al. (1992) to 11.9% in a study by Coyne et al. (1993). People with dementia, their family members and caregivers can be particularly vulnerable to abuse, mistreatment or neglect. This is mainly due to cognitive decline, behavioural changes, reliance and dependence on caregivers. Whether abuse is intentional or unintentional, it is a reality affecting our aging population. Today, 500,000 Canadians have dementia, with 71,000 of them under age 65. The prevalence of dementia is expected to increase to 2.3 times the current level by 2038, affecting 1,125,200 Canadians, or 2.8% of the Canadian population[2]. Living Safely with Dementia (LSD) is an initiative within the strategic plan of ASC focusing on raising awareness about how to live safely with dementia. Within our goals to improve the quality of life of people living with dementia and enhance their safety, ASC wishes to draw attention to the unique risks for abuse that come with the many challenges of the disease.
Methods: With financial support from Public Health Agency of Canada, ASC launched the *Abuse Awareness Research Project* in 2010, divided into 2 phases:

-

Literature review and Analysis: Survey and assess the literature on abuse and dementia to build a strong foundation for future work in the field.

- **Research on challenges and issues:**Focus groups and questionnaires to identify challenges and issues from various perspectives, develop needs assessment tools and conduct learning needs assessment.

Results: A report on promising approaches for abuse prevention will be available in January 2011, including a framework for the future development of tools and strategies of knowledge mobilization and capacity building for ASC staff nationwide.
Conclusion: It is crucial to raise awareness of abuse among ASC staff and give them the tools to recognize warning signs of abuse and take the appropriate actions. Staff will learn prevention strategies and decrease the likelihood of abuse with proactive measures.
References: [1] Public Health Agency Canada
[2] *Rising Tide: The Impact of Dementia on Canadian Society. Alzheimer Society of Canada, 2009.*

Disclosure of Interest: None Declared

OC055

PHYSICIANS' ETHICAL POSITIONS AND THEIR RESPONSES TO A DEMENTIA THEMED ETHICAL DILEMMA: A CROSS-CULTURAL STUDY.

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Objectives: Physicians are often confronted with challenging ethical dilemmas especially when dealing with cases of dementia among the geriatric population. Solutions to these issues are usually unclear and physicians from different cultures may have differing decision making patterns that could potentially lead to inconsistent judgment. The purpose of this study is to look at the effect of the ethical position of physicians from different cultures on their responses to a single dementia themed ethical dilemma.
Methods: A sample consisting of 86 physicians from China and one consisting of 73 from western countries (i.e., Canada, Ireland) completed the Ethics Position Questionnaire (EPQ) and the Multidimensional Ethics Scale (MES). Differences between the scores on the MES for the two samples were examined as well as to which extend the two subscales of the (EPQ), *Relativism* and *Idealism*, predicted scores on the MES.
Results: Results indicated that ethical decision making scores significantly differed ($p < .05$) between the two samples. Physicians from countries ranking high in individualism (e.g., Canada, Ireland) seemed to believe that the decision to not inform the patient for which dementia is suspected is considered more unethical compared to physicians from countries scoring high in collectivism (e.g., China). Furthermore, results showed that *Relativism* for the physicians from the two western countries significantly predicted scores on the MES ($p < .05$), while this was not the case for the sample from China. *Idealism* was not a significant predictor for both samples.
Conclusion: The results highlight differences between the two samples with respect to intrinsic cultural values regarding ethical decision making for a dementia themed ethical dilemma. Also, results support the view that the extent to which one rejects universal moral rules (i.e., *Relativism*) could be a factor in the ethical decision making process.

Disclosure of Interest: None Declared

OC056

IMPLEMENTING THE PRINCIPLE OF AUTONOMY IN DEMENTIA CARE: FROM THEORY TO PRACTICE

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Objectives: Promoting the autonomy of persons with dementia (i.e. respecting their choices, values and preferences) is a core ethical principle in dementia care. However, as dementia may reduce the persons' capacity for autonomy, implementing the so-called "principle of autonomy" in day-to-day practice can lead to great empirical difficulties. What's more, from a theoretical viewpoint, there is still an important debate concerning the criteria that should be used in order to assess if a person with dementia is capable of autonomy.
Methods: In order to clarify the ethical dilemmas faced by professionals and families when trying to adhere to the person's with dementia choices, values and preferences, we compared how "capacity for autonomy" is conceptualized (i) by authors working in the empirical field of decision-making capacity assessment and (ii) by authors working in the theoretical field of moral philosophy.
Results: The most important result of our study is that capacity for autonomy receives two very different definitions in the literature. In the empirical field of capacity assessment, capacity for autonomy is conceptualized as the capacity to make meaningful decisions; it is a "task-specific" capacity, related to the nature and complexity of the decision to be made, and it can be evaluated through specific tools (e.g. the MacArthur Competence Assessment Tests developed by Appelbaum and colleagues). In the theoretical field of moral philosophy, capacity for autonomy is rather conceptualized as the capacity to have "values" (Jaworska) or "critical interests" (Dworkin); it is a much more global and diffuse capacity, defined as the ability of the person to define by herself a set of values and principles that should govern her life or the decisions made by her proxies.
Conclusion: Making a clear distinction between the empirical concept of capacity for autonomy (as a decision-making ability) and the theoretical concept of capacity for autonomy (as an ability to define the set of values that should govern one's life) is very important when facing day-to-day dilemmas of dementia care. This distinction suggests that a person with dementia can remain capable of autonomy even when she has lost the capacity to make by herself meaningful decisions.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC057

ETHICS AND END-OF-LIFE DECISION MAKING IN DEMENTIA CARE: A CRITICAL REAPPRAISAL

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Objectives: The question of how best to make and implement end-of-life decisions in dementia care has been poorly addressed in the mainstream bioethics and health care professional literature. The aim of this bioethics inquiry is to explore conventional models of ethical decision making and their (in)capacity to respond effectively and appropriately to the progressive symptoms of dementia and guide the application of palliative care procedures at the end-stage of life.

Methods: Progressed as a bioethics inquiry, a critical examination is made of conventional philosophical arguments favouring autonomy-based decision-making models in health care and their use to justify limiting medical treatment and providing beneficent euthanasia to persons with dementia.

Results: The pre-eminently positioned and widely used autonomy-based ethical decision-making model with its emphasis on individualism, rationalism, 'patient choice' and informed consent is ill-equipped to deal with the complexities of end-of-life dementia care. A new approach is required. Specifically, an ethical decision-making frame that has as its primary focus the vulnerability of human beings, the amelioration of suffering, the promotion of human welfare and wellbeing, justice, quality of life, and the moral safety of those whose life circumstances have made autonomous choice least attainable.

Conclusion: An international framework clarifying substantive values and procedural values for guiding end-of-life decision making in dementia care contexts is required. Attention needs also to be given to the clarifying the nature and use of the notions dignity, quality of life, vulnerability, suffering, harm, 'best interests', welfare and wellbeing, and meaningful life as criteria for guiding end-of-life decision-making in dementia care contexts.

Disclosure of Interest: None Declared

OC058

METAPHORS, STIGMA AND THE CASE FOR EUTHANASIA IN ALZHEIMER DISEASE

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Objectives: To explore the influence of metaphoric thinking on the stigmatisation of people with Alzheimer's disease and fuelling public support for the permissibility of pre-emptive euthanasia of people diagnosed with the disease.

Methods: Progressed as an unobtrusive qualitative inquiry, a critical examination was made of how euthanasia and Alzheimer's disease have been represented in news media reports and interviews, documentaries, photojournalism, film, public opinion polling, activist and consumer advocacy group literature, government policy, law reports, transcripts of political debates, and the bioethics literature.

Results: Both euthanasia and Alzheimer's disease are the subject of potent metaphorical representation in public policy debate on euthanasia. Five key metaphors were identified: The 'Alzheimer metaphor', which in turn was reinforced by three additional metaphors: the Epidemic metaphor, the Military metaphor, and the Predatory thief metaphor; and the 'Euthanasia metaphor'. All metaphors were morally loaded and used influentially to stigmatise Alzheimer's disease and mediate public opinion and demands for government action on euthanasia as an end-of-life 'solution' for people with the disease.

Conclusion: Although metaphors enable people to make meaning and to 'see things in a fresh way', they can also mesmerise and mislead people into thinking and behaving in problematic, wrong or morally risky ways – often without their even being aware of it. All metaphors discerned and described in the context of this study were found to be morally problematic because of the morally loaded language they encompass and the 'temptation of beneficent euthanasia' (i.e., killing people for their own good) they have placed subliminally before the public. The problematic use and influence of metaphoric thinking on public debate about euthanasia and Alzheimer's disease needs to be made transparent and challenged.

References: Johnstone, M. & Kanitsaki, O. 2010. *The use and misuse of Alzheimer's disease in the euthanasia/assisted suicide debate.* Deakin University, Melbourne.

Disclosure of Interest: None Declared

OC059

GENETIC PREDICTION OF AD IN INDIGENOUS COMMUNITIES: INTERCULTURAL ETHICAL IMPLICATIONS

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[1]National Core for Neuroethics, University of British Columbia, [2]Clinic for Alzheimer Disease and Related Disorders, University of British Columbia Hospital, Vancouver, Canada

Objectives: To investigate the ethical implications of prediction of Alzheimer Disease in the context of Indigenous philosophies.

To elucidate differences in Western and Indigenous philosophy regarding genetic ownership, consent and confidentiality in neurogenetics.

Methods: We used both theoretical and empirical methods to examine worldviews on consent and confidentiality for research and clinical prediction of early onset familial Alzheimer Disease (EOFAD) in a Canadian First Nation [Butler, 2010a]. We conducted a literature review of Western and Indigenous ethical frameworks for genetic research and extended the scope to include genetic mutations with neurological sequelae. We also initiated community-based participatory research with this Nation using indigenous methodologies for data collection (e.g., Sharing Circles and Family Interviews), data interpretation and dissemination.

Results: A review of the literature suggests that a Western ethical framework is limited in its relevance to Indigenous concerns regarding genetic prediction of disease. In particular, there are differences in Western and Indigenous understandings of genetic ownership [Gillett, 2007] and individual and communal consent [Port, 2007] to research. There has been little uptake of predictive genetic testing for EOFAD in the First Nation community [Butler, 2010b]. This may be as a result of limited potential for intervention.

Conclusion: A new ethical framework is required that bridges Western and Indigenous philosophies. This framework should be based on knowledge and practice that respects and incorporates both Western science and traditional teachings.

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Port RV, Arnold J, Kerr D, Gravish N, Winship I. (2008). Cultural enhancement of a clinical service to meet the needs of indigenous people; genetic service development in response to issues for New Zealand Maori. *Clin Genet.* 73:132–138

Disclosure of Interest: None Declared

OC060

THE DRIVING AND DEMENTIA TOOLKIT

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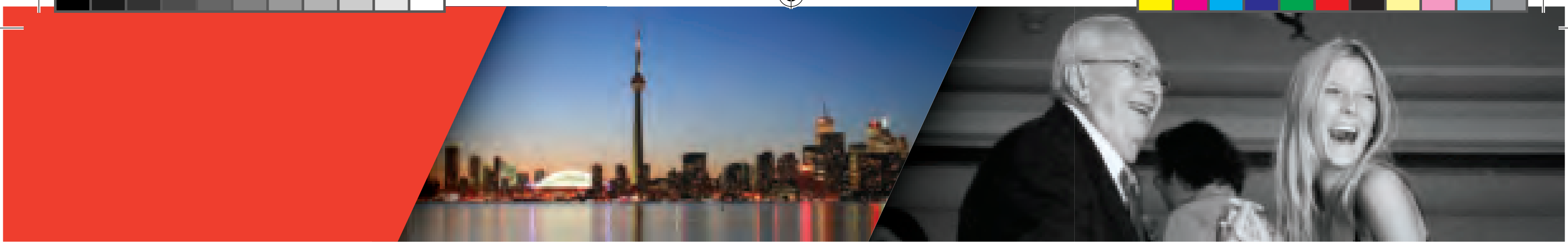
Objectives: The diagnosis of dementia does not necessarily imply an automatic license suspension. However the health professional must ask if the person with dementia (PWD) drives, and if so, the person's safety should be evaluated. A toolkit was developed to assist health professionals develop expertise in addressing this challenging area of dementia care. A companion toolkit for persons with dementia and caregivers was also developed.

Methods: An interdisciplinary team of clinicians and researchers from the following disciplines have developed the toolkits to bridge the gap in addressing this challenging area of dementia care: geriatrics, physiatry, family medicine, occupational therapy, nursing and the Ottawa chapter of the Canadian Alzheimer Society.

Results: The Health professional toolkit contains background information on driving and dementia, an algorithm on how to navigate the process, an office based Dementia and Driving Checklist, recommendations on how to communicate with the PWD and family caregivers, and finally resources on alternative transportation means and other community services for PWD and family caregivers.

Conclusion: This toolkits provide invaluable information, strategies and tools to health professionals in addressing the issue of driving safety in PWD and information and strategies for persons with dementia and their caregivers.

Disclosure of Interest: None Declared



Oral Presentation Abstracts

OC061

MEASUREMENT OF HARM OUTCOMES AFTER HOSPITAL DISCHARGE: RELIABILITY AND VALIDITY

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Objectives: The objectives of the study were to determine the test-retest reliability and validity of measuring the outcome “incidents of harm” by caregiver interviews. Clinicians use assessments to aid in determining if a person is safe, but measures need validation using safety outcomes. It is important to define and validate a method for measurement of safety so it can be used to further validate clinical measures.
Methods: The Incident of Harm Caregiver Questionnaire was designed based on the definition of “incidents of harm” from Tierney et al. (2004) and reviewed by an expert panel. A research assistant blinded to medical record information administered the interview once per month for six months. For test-retest reliability, caregivers were re-administered the questionnaire 3-4 days after one monthly interview. The questionnaire was validated against medical charts and a one month daily log completed by the caregiver.
Results: Test-retest reliability (n=38), was high for the occurrence of an incident of harm each month (yes/no)(kappa= 1.0) and the type of incident (phi= 1.0, p<.01). Validation against daily logs found no disagreement about the types of incidents (kappa =1.0, p<0.01). Validation with medical charts found no disagreement for the occurrence of an incident of harm (yes/no) and disagreement in 70% of incidents (n=13) for the type of incident, with most medical charts indicating that the type was unknown.
Conclusion: The data support the validity of caregiver interview for determination of number of incidents of harm. The caregiver information about type of harm was more specific than medical charts. The results are important to researchers who need a method to measure safety when validating clinical measures.

Disclosure of Interest: None Declared

OC062

DEMENTIA AND ASSESSMENT: MORE THAN TICKING THE BOXES

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Objectives: To demonstrate best practice in dementia specialist holistic assessments, Alzheimer’s Australia WA has developed an innovative approach that reflects the needs of both the family carer and the person with dementia. When undertaking assessment for respite services, it is almost always the needs of the carer that become the focus. The concept of person centred assessment supports the philosophy of social inclusion where the voice of the person with dementia is not only heard but valued.
Language and terminology are powerful tools. The words we use can strongly influence how others treat or view people living with dementia. The word assessment is not person centred. It doesn’t reflect the privileged opportunity we have to be part of their very personal journey. Just ticking the boxes does not reflect this privilege.
Methods: The Best- Practice Assessment techniques developed by Alzheimers Australia WA include:

- Using dual assessors. Quite often the “ perception of needs” differs considerably between the carer and the person with dementia when discussed individually.
- Multiple Assessment home visits. Building rapport and trust with the family is a key skill. Occasionally it may take two or more visits to alleviate any concerns, to develop rapport and to build trust.
- Readingbetween the lines: As well as “ticking the boxes” it is important for assessors to read between the lines, by observing body language and noting not only what is being said, but also what is not being said.

Results: Our overall outcomes for this approach include·

- A holistic assessment that takes into account the necessary supports and services required to enhance the quality of life for both the carer and the person with dementia.
- Gathering quality information to support the overall care plan.

We will provide several case studies to demonstrate the effectiveness of our approach. These case studies will include: 1. Involving a pet as an assessment aid and organising a "high tea" 2.Working with younger onset and same sex couple 3. Assessment in a pick up truck!
Conclusion: This paper will demonstrate that by providing a quality person centred approach to assessment, not only will the carer benefit, but also the person with dementia will be heard and valued.
Alzheimers Australia WA believes that assessment for people with dementia is complex. It requires more than just ticking boxes. It also requires skills, innovation and sensitivity in order to deliver an appropriate and positive outcome for all involved.

Disclosure of Interest: None Declared

OC063

DELIVERING PROGRAMS AND SERVICES WITHIN CULTURAL AND COMMUNITY-BASED SERVICES: A NEEDS ASSESSMENT

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Objectives: DELIVERING PROGRAMS AND SERVICES WITHIN CULTURAL AND COMMUNITY-BASED SERVICES: A NEEDS ASSESSMENT
To provide appropriate programs and services, the Alzheimer Society of Montreal (ASM) conducted a ‘Needs Assessment Study’ (20000-2002) of its clientele to build a detailed and reliable database from which current and future programs and services could be developed and provided in a cost-effective fashion. A multicultural perspective was adopted permitting ASM to determine whether there were specific needs particular to various cultural communities. A recent Quebec ministerial report entitled “Meeting the Challenge of Alzheimer’s disease and related disorders” (Bergman, 2009) highlighted the significance of the NAS’s results and subsequent changes for delivery of programs and services that ASM implemented. Currently, the ASM has integrated the seven priority actions of the ministerial report into its 2011-15 strategic plan. The ASM vision is to: (1) enhance the continuum of services throughout the stages of the disease from a multicultural perspective and (2) increase partnerships with academic, health and social care resources by expanding Alzheimer’s support, education, and research. Using an “Alzheimer Service Centre” model is pivotal in designing and delivering services in Quebec.
Authors
Dr. Nora Kelner, Ph. D., is Co-Director of Neuropsychological Services at the Jewish General Hospital, Memory Clinic and President of the Alzheimer Society of Montreal. Also works in private practice.
Rita Bonar, Ph.D.currently teaches at Vanier College and is a committee member of the McGill Geriatric Interdisciplinary Seminar.

Disclosure of Interest: None Declared

OC064

PROGRAM PARTNERSHIPS THAT WORK: THE ALZHEIMER SOCIETY OF YORK REGION MODEL

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Objectives: To provide a descriptive account of the Alzheimer Society of York Region's integrated service delivery model.
Methods: The Alzheimer Society of York Region has been providing day respite services for 25 years and has provided these services with a fully integrated robust Caregiver Support and Education program. In 1999 the Alzheimer Society of York Region, the Regional Municipality of York and York Central Hospital pioneered a new model for service delivery of cognitively impaired respite day programming by clinically integrating their services. The Alzheimer Society of York Region is directly integrated and tied to the day program services provided by the Region of York and York Central Hospital.
Results: This integrated service delivery model has afforded the community with cost effective, efficient service that maximizes on the strengths of each of the partners in a rapidly growing region.
The clients receive service that has:

- standardized admission and assessment processes
- service navigation and on going case management, support, and education
- continuity in service delivery and philosophy (person-centred care)
- partners that work together for their benefit
- follow up after day program discharge

Conclusion: The success of this integrated model of service delivery has enabled persons coping with Alzheimer's disease and the related dementias in York Region to access service in a seamless manner. The original partnerships have led to the expansion of this model throughout York Region when additional funding became available in 2008 with the Aging at Home Strategy. Currently the Alzheimer Society of York Region is providing service to all 9 cognitively impaired specific day programs in the Region. The Alzheimer Society of York Region's Support and Education program fills in excess of 30,000 day program spaces annually and works with approximately 1300 families per year.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC065

FAMILY CAREGIVERS IN MANAGING BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

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Objectives: Despite behavioural and psychological symptoms of dementia (BPSD) affecting over 90% of people with dementia at some time during the course of their illness, clear pathways for their management remains a challenge. We aimed to review family caregiver (CG) interventions for treating BPSD of people living with dementia in the community.
Methods: Systematic literature review using Medline, Embase, PubMed, PsycINFO and Scopus identifying experimental and clinical trials and single-case designs from 1985 to July 2010.
Results: Of 1568 papers identified 32 caregiver (CG) interventions met review criteria often in combination. Elements of CG interventions were categorised into six groups: skills training, education, occupational therapist led interventions, enhancing support for caregivers, self-care techniques for caregivers and miscellaneous. Of 16 studies ranked high quality randomised controlled trials, 13 reported BPSD outcomes, of which 11 found positive treatment effects. Of 9 high level studies reporting CG outcomes pertaining to BPSD, six found positive treatment effects for CGs.
Conclusion: Non-pharmacological interventions involving family CGs can reduce the frequency and severity of BPSD and positively change CGs' responses to them. This review indicates that multidimensional interventions that are delivered in the home care-environment and tailored to the needs of the CG and care recipient may be more successful in the management of dementia. CG interventions involving skills training, education, self-care techniques and an occupational therapist, in combination, appear to have the best available evidence for effectiveness. Given the poor response of BSPD to drug therapies and the potential of pharmacotherapy to cause serious side effects, further research into and promulgation of CG mediated interventions are warranted.

Disclosure of Interest: None Declared

OC066

ENHANCING PERSON-CENTRED CARE THROUGH RESEARCH-BASED DRAMA

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Objectives: The objective of this presentation is to explore the possibilities of arts-based research for personal and social change using longitudinal data from participants who attended a live performance of a research-based drama about living with dementia called, *I'm Still Here.*
Methods: Guided by interpretive phenomenology, researchers used pre and post performance focus groups to better understand the immediate phenomenological shifts in participant understandings of realities experienced by persons living with dementia. Focus groups were followed with telephone interviews at 6 week and 12 month intervals to evaluate what, if any, changes in thinking and acting were linked with the research drama. The follow-up interviews were part of a 24 month evaluation of the research drama in four cities in Ontario, Canada. Eighty-three of 106 participants (family members, professionals, and nursing students) completed both interviews. Data were analyzed using an iterative process of analysis-synthesis. Patterns and themes were identified by team members individually and then compared, contrasted and discussed to reach consensus on the major themes.
Results: Data illuminate a dynamic process of how drama sustained reflection and change over a 12-month time frame that involved: the opportunity to bear witness to other's suffering, expanding while affirming awareness and understanding, feeling comfort, confidence and courage to change, inspiring new ways of relating with others and society, and igniting transformative self-reflection. The shifts in understanding and actions will be described and linked with emerging theory about the specific mechanisms that enable drama as an effective strategy for knowledge translation and social change. Seven mechanisms, called patterns of synergy, will be described as they presented post-performance and continued to be relevant over the 12 month period.
Conclusion: Insights about the potential of the arts to offer shifts in person-centred dementia care will be considered in light of extant literature and current findings. Researchers will also situate findings from the longitudinal data within the emerging theory of drama and knowledge translation and consider the potential of drama to advance person-centred dementia care. The study was funded by the Social Science and Humanities Research Council of Canada (SSHRC).

Disclosure of Interest: None Declared

OC067

USING THE ARTS TO RETHINK PERSONHOOD IN PERSON-CENTRED DEMENTIA CARE

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Objectives: To evaluate a 12-week drama-based educational intervention to introduce to dementia practitioners person-centred care that emphasizes the importance of recognizing and supporting the embodied selfhood of residents with dementia (defined as non-verbal self-expression).

Methods: Focus groups and semi-structured interviews with practitioners (n=24) in two nursing homes in central Canada were undertaken to assess the effectiveness of the drama-based components of the intervention.

Results: Our findings suggest that drama was effective as an educational modality, and helped implement the person-centred approach into practice. Significant practice outcomes included: new awareness that residents' body movements and dispositions convey meaning; seeking biographical information from families; increased time efficiency; and supporting residents' independence.
Conclusion: Our findings make an important contribution to person-centred dementia care by broadening the notion of personhood, and by facilitating implementation using drama. As an enhancement of person-centered care, the support of embodied selfhood may significantly improve residents' quality of life, quality of care, and practitioners' caregiving experience.

Disclosure of Interest: None Declared

OC068

EVALUATION OF A MUSEUM EXPERIENCE FOR PEOPLE WITH AD AND THEIR FAMILY MEMBERS

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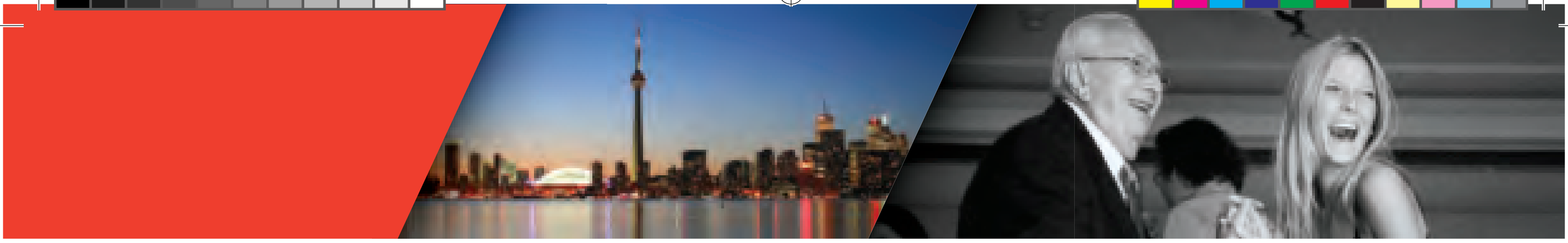
Objectives: To evaluate the efficacy of Meet Me at MoMA, a program at the Museum of Modern Art (MoMA) in New York designed to provide a forum for social engagement and intellectual stimulation through art for individuals with Alzheimer's (AD) and their family members or caregivers.
Methods: The Meet Me at MoMA program is offered monthly when the museum is closed to other visitors. Groups of approximately 8 people with AD and their family members or paid caregivers tour the museum with an educator for about 1.5 hours, viewing and discussing four or five artworks related to one theme. Participants in the study included 34 dyads, people in the early stage of AD and their family members. Our evaluation was multifaceted, and included self-rating scales to capture the emotional state of participants immediately before and one week after the program, observer ratings of the people with AD and the group dynamics during the tour, a take-home evaluation to capture both qualitative and quantitative feedback and focus groups.
Results: Family members were spouses (75.7%) or adult children (24.3%). T-tests showed a significant improvement in mood of both caregivers (t=4.6, p<.001) and people with AD (t=8.3, p<.001). The majority of participants with AD remained engaged throughout the session, frequently smiled or laughed and only rarely evinced even mild negative reactions. Take-home evaluations confirmed the value of sharing a pleasurable normative experience in which the person with dementia can express him or herself and be received with respect. In the focus groups, participants with AD made it clear that engaging in an intellectually and emotionally stimulating experience in a safe environment enhanced their feelings of self-worth. Caregivers enjoyed sharing the pleasure of the art experience with their relatives with AD and others like themselves.
Conclusion: This groundbreaking study provides the first formal evaluation that demonstrates, with both quantitative and qualitative evidence, the many benefits of the Meet Me at MoMA program. Participants return ever month, which speaks eloquently to its meaning and value. The style and approach of the educators— never overly didactic nor condescending, but rather warm and interactive, is essential. Intellectual stimulation, shared experience and social interaction in an accepting environment are core elements of the program. Further studies are needed to evaluate the potential of such programs to improve the lives of people with AD and their family members.

Disclosure of Interest: None Declared



Oral Presentation Abstracts

OC069

A MORE HOLISTIC APPROACH TO SUPPORT

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Objectives: To determine the effectiveness of a holistic approach in support groups for family caregivers of persons with dementia through the use of the expressive arts and relaxation techniques.
Methods: In May 2010, a pilot project with 2 support groups for family caregivers (a total of 20 participants) was launched at the Alzheimer Society. In addition to discussion of their experiences, participants have explored various forms of expressive arts (poetry, painting to music, collage) and relaxation/mindfulness practices (meditation/visualization). Supplementary readings and exercises for between sessions are included in the pilot project.
Results: Expressive art and mindfulness/relaxation techniques have encouraged participants to focus on the more positive aspects of caregiving, and provided more meaning to the support group experience. At home readings and exercises engaged the participants to consider various aspects of their life experience.
Conclusion: To date, the project has proven to be both empowering and transformative. Participants have been encouraged by the results of their expressive arts activities, which have acknowledged and given voice to their emotional and spiritual experiences. The safe and positive environment of the groups have been reinforced by the mindfulness practices at each meeting. Confidence built in being part of a group sharing positive experiences further enriched their lives and their skills as caregivers.

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Disclosure of Interest: None Declared

OC070

CREATIVITY, DEMENTIA AND BRAIN RESERVE CAPACITY

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Objectives: To determine the role of Art as an enhancer of Cognitive reserve capacity
Methods: A 70 year old, right handed female sculptor was studied because complains of Cognitive impairments. Her clinical, neuropsychological and neuroimaging investigations suggested a moderate to severe cognitive deficits due to a possible vascular dementia.
Results: Her MMSE was 12/30 and the Montreal Cognitive Assessment was15/30. Although she scored poorly in most cognitive tests, like episodic and semantic memory, attention and executive functions, word and motor programming and particularly visuospatial functions, she was able to maintain her artistic capabilities: she drew a perfectly three dimensional figure from a model (a lying Buda) and surprisingly using her impaired episodic and semantic memory she drew a most accurate portrait of a famous musician who died the day of her assessment.
Conclusion: In previous reports of famous artists affected by dementia there was a marked preservation of their creativity and talent, in spite of the progressive deterioration of other cognitive and day to day functions. Among them Ravel and Shubert in music, Willen de Kooning, Danae Chambers and William Utermohlen in painting, Iris Murdoch, Ralph W Emerson and Agatha Christie in literature. Our patient demonstrate a remarkable preservation of her creativity and talent, independent of her cognitive impairment and marked decrease in her Activities of Daily Living requiring almost total care. We are proposing that all these creative artistic processes develop its own neural pathways, different from the ones used in the day to day activities, and they are more resistant to the effect of Brain diseases and providing a cognitive reserve when needed

Disclosure of Interest: None Declared

OC071

ROSA, A PHOTO-DOCUMENTARY ON LOVE AND MEMORY

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Conclusion: In Rosa, A Photo Documentary on Love and Memory, I am presenting a photo- documentary series that I developed over a period of 10 years, beginning in 1983 when my mother was first diagnosed with Alzheimer's disease. As I tell Rosa's story, I will present the images in chronological sequence.
As an artist and photographer, I will talk about my creative journey. I'll describe how my camera evolved into a tool for understanding my mother's emergent memory loss and inexorable process of physical and spiritual metamorphoses. I will explain how the camera held my hand during my own heartrending journey, allowing the artist in me to stand back and then, step in - the duality of detachment and intimacy. I will also discuss the Polaroid transfer technique as an artistic metaphor for memory, time and my mother's enduring inner spirit.
As a daughter, I will talk about the impact of Alzheimer's disease on my family. I will suggest that love, rather than fear, sustains a family in the face of profound loss. I shall introduce my family: my father who was utterly in love with Rosa his wife and who, with unwavering constancy, attended to his beloved; you will also see my siblings and children, who delighted in their mother and grandmother, and found in her a safe and healing gathering place.
As I show the last set of images, I will pose these closing questions: What was my mother thinking as I photographed her? At times she would look directly into the camera's lens; was she encouraging me to capture each precious moment while practicing my art? Was she self-aware? Did my mother share my father's love? Was she aware of my attentive daughters, and could she see their beauty? When my brother and sisters walked with her in the park, did she recognize their voices and laughter? And most of all, I wonder: was she thinking with her heart, and if so, what is the true nature of memory?

Disclosure of Interest: None Declared

OC072

DOMINANT PERSONALITY FEATURES IN MILD COGNITIVE IMPAIRMENT VS. ALZHEIMER'S DISEASE

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Objectives: We tried to identify the main personality features exhibited by patients diagnosed with mild cognitive impairment (MCI) by comparison with those with Alzheimer dementia (AD).
Methods: We are presenting certain preliminary results of our observational study, acquired on 60 patients (aged 55+ years), 30 of them diagnosed with MCI (15 male, 15 female; mean age ~ 73 years) and 30 diagnosed with moderate AD (13 male, 17 female, mean age ~74 years), . Personality features were assessed using the "Woodworth - Mathews" questionnaire. We identified most prominent personality features based on basic statistical analysis.
Results: The most prominent personality feature in MCI patients was depression (80%, n=24) followed by impulsive (26.7%, n=8) and emotional (23.3%, n=7) tendencies.
The incidences of hypochondria, obsessions, emotional instability and antisocial behavior were quite similar between the two groups (variation 0.03%, n=1).
However, moderate AD patients exhibited less depression (43%, n=13), the incidence rate being about 54% of the incidence rate noted in MCI patients. A significant percentage of moderate AD patients exhibited paranoid tendencies (36.7%, n=11) twice more often than in MCI patients (16.7%, n=5); schizoid tendencies in moderate AD reached 23.3% (n=7) in moderate AD vs. 0.03% (n=1) in MCI patients.
Conclusion: The different personality features and trends noted for MCI (depressive, impulsive and emotional tendencies) and moderate AD (paranoid, schizoid tendencies) suggest different therapeutic interventions may be needed. Further study extension is obviously required, on larger cohorts and with a more elaborate statistical data processing.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC073

PAIN QUANTIFICATION IN SEVERE ALZHEIMER'S DISEASE: ADVANTAGES AND DISADVANTAGES OF PAIN ASSESSMENT SCALES

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Objectives: Based on neuropathology, the pain symptoms experienced by Alzheimer's disease (AD) patients are highly variable, but AD patients quite often find it hard to communicate; pain is therefore quite often undertreated. The assessment of pain is very important for efficient analgesia; the improvement of the disease course surely results in improving their quality of life. Pain is a subjective symptom and it therefore cannot be measured using objective tools. Our study tried to identify the most eloquent pain assessment scale for patients suffering from advanced AD, given the advanced cognitive impairment noted in the patients under study.
Methods: We quantitatively assessed pain intensity using various pain scales on patients referred to our Memory Clinic (n=510, 398 females and 112 males, mean age ~73.5 years). We used "Visual Analog Scale", “Graphic Scale”, “Verbal Scale”, “Word Descriptor Scale” and “Scale for Evaluation of Functional Performance”. For an accurate assessment of pain we had to identify the type of pain, the characteristics and the severity of pain. In this regard, patient-derived information is essential. The pain was quantified at the first visit and periodically afterwards.
Results: We used the scales in an attempt to assess all patients, considering that pain assessment scale completion in itself may prove to be an adequate measure of its assessment value; only 10% (n=51) of all patients could be assessed using all 5 scales. Most of the patients completed the “Graphic Scale” (81%, n=413). “Word Descriptor Scale” (52.9%, n=270) and the “Scale for Evaluation of Functional Performance” (89.6%, n=457) were also performed. Visual Analog Scale (33%, n=168) and Verbal Scale (26.8%, n=137) seemed to be less applicable.
15% of patients' assessments were deemed as ambiguous (contradictory results).
Conclusion: Because our patients have severe memory impairment and difficulty integrating pain experiences over time, recording pain as it is occurs (pain diary-palliative factors, quality, irradiation, severity and time when the pain exists) is the most reliable method. We can adjust the timing, the dosage or the drug administration, or we can react by suggesting nondrug therapies for more physical, psychological, social and spiritual comfort.

Disclosure of Interest: None Declared

OC074

EARLY ONSET DEMENTIA: A TUNISIAN COHORT STUDY

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Objectives: To identify the demographic characteristics and the etiologic causes of early onset dementia in Tunisian patients
Methods: we conducted a retrospective study in the department of Neurology of Razi hospital (Tunisia) over almost an 8 years period (July 2002-Mai 2010). Were included demented patients in whom cognitive decline occurred before 65 years. A comprehensive methodology was used to attempt to establish a specific cause.
Results: The study identified 256 cases of early onset dementia among 906 demented patients, giving a frequency of 28.25% of dementias cases. Male to female ratio was 1.28. Mean age at onset was 55.2 years and mean age at presentation was 58.7 years. Etiologies varied with neurodegenerative causes accounting for 46.8% of the cohort. Alzheimer's Disease was frequent (54%). Vascular dementia accounted for 17.18%. Metabolic causes accounted for 2.3% and inflammatory causes accounted for 1.9%. At last follow-up, 44 patients (17%) had an unknown etiology.
Conclusion: Early onset dementia is frequent and its management presents challenges that differ from those of older patients. It includes a broad variety of etiologies, with few patients having a potentially treatable disorder. Neurodegenerative causes and especially Alzheimer's disease are frequent but considerably less common than in elderly people. The devastating consequences and financial loss for the patient's family as well as society, emphasizes the importance of developing strategies for diagnosis and management of younger patients in our country.

Disclosure of Interest: None Declared

OC075

DELUSIONS, BEHAVIOURAL SYMPTOMS, QUALITY OF LIFE AND CAREGIVER BURDEN IN ALZHEIMER'S

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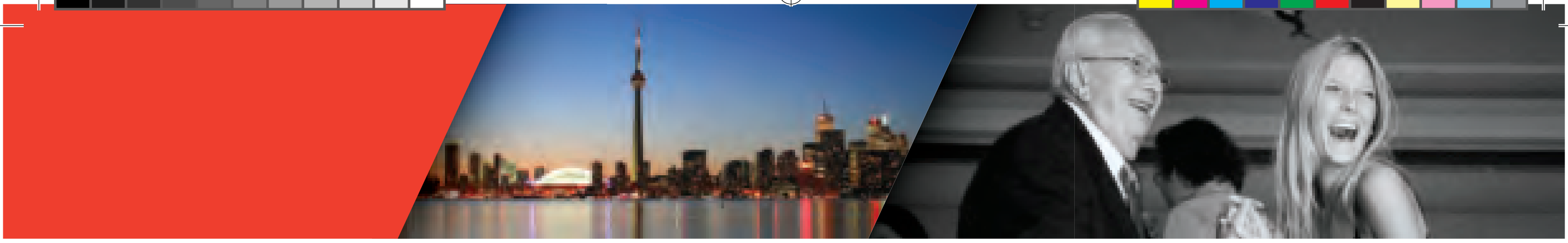
Objectives: The primary objective of this study was to examine the link between delusions in AD, neurocognitive status, overall behavioural symptoms, quality of life and caregiver burden.
Methods: Patients were recruited through outpatient clinics at St. Michael's hospital and from several affiliated Long Term Care Homes. To be included in the study patients had to have a diagnosis of Alzheimer's disease/mixed dementia, have an MMSE score above 16, speak English fluently, have no major sensory deficits, be aged 65 or above and have a caregiver available. Patients with major depression or who were medically unstable were excluded. Patients and their caregivers were administered a number of neuropsychological tests and questionnaires designed to measure neurocognitive status, quality of life, behaviour and caregiver burden.
Results: Patients were recruited through outpatient clinics at St. Michael's hospital and from several affiliated Long Term Care Homes. To be included in the study patients had to have a diagnosis of Alzheimer's disease/mixed dementia, have an MMSE score above 16, speak English fluently, have no major sensory deficits, be aged 65 or above and have a caregiver available. Patients with major depression or who were medically unstable were excluded. Patients and their caregivers were administered a number of neuropsychological tests and questionnaires designed to measure neurocognitive status, quality of life, behaviour and caregiver burden.
Conclusion: These findings suggest that delusions in AD may be associated with greater behavioural symptoms and increased caregiver burden, independent of quality of life and neurocognitive status. Future studies should explore these associations in greater detail and also focus on developing interventions to reduce delusions, resulting in improved behavioural symptoms and decreased caregiver burden.

Disclosure of Interest: None Declared



Oral Presentation Abstracts

OC077

TOOLS & SKILLS TO FACILITATE COGNITIVE STIMULATION THERAPY GROUPS EFFECTIVELY

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Objectives: To equip people with the skills and tools necessary to facilitate the running of Cognitive Stimulation Therapy (CST) groups.
Methods: The development, background and an overview of CST will be explained, along with the findings so far and the implications of these. The favourable comparison to anti-dementia drugs will be highlighted as well as its recommendation by NICE UK guidelines (2006). The difference between CST and other cognitive based therapies will also be explained. How to run groups locally and the practicalities encountered when running groups and how to overcome these will also be discussed.
The inclusion criteria and the measures used and the purposes for these will be highlighted. There will be an overview of CST and maintenance CST sessions and the materials required to run all groups efficiently and effectively, as well as clips of the CST training DVD. The importance of the structure, key principles and evaluation of the therapy will also be highlighted.
Results: There is the expectation that people will then have the necessary skills and knowledge to run CST groups efficiently and effectively and be aware of the common issues and practicalities that they will encounter when the groups commence and how to overcome these.

Disclosure of Interest: None Declared

OC079

NUTRITIONAL SUPPLEMENT COMBINATION THERAPY FEASIBILITY, SAFETY AND BIOMARKER CLINICAL TRIAL IN COGNITIVELY NORMAL ADULTS

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Objectives: The objective of the BUSM clinical trial of NSCT is to establish feasibility and safety, and estimate sizes of hypothesized effects (biomarkers) of a similar combination nutritional therapy, preliminary to efficacy trialsResearch suggests certain nutrients can slow or postpone cognitive decline. Recent epidemiological studies using established diets,[2] found a combination of nutrients may be more powerful than any single class of nutrients. Brain health related evidence was used to design a whole foods Memory Preservation Nutrition (MPN) program emphasizing synergistic contributions of increasing foods with Omega-3s, with anti-oxidant, anti-inflammatory properties, which attenuate insulin resistance and/or improve lipid balance. Poly-nutrient interventions for clinical research on AD were derived from the MPN, including the Memory Preservation Nutrition Supplement Program (MPNSP), and the Nutritional Supplement Combination Therapy (NSCT). Dr. Jon Valla's Arizona-based team administered the MPNSP incorporated into standard mouse chow, to triply-transgenic mice known to develop features of AD with age and achieved promising results.
Methods: The MPNSP consists of a phyto-nutrient powder comprised of 100% organic freeze-dried fruits and vegetables, spices, grains and probiotics; an amalgam of herbs and spices chosen for their reported anti-inflammatory properties; and cod liver oil. The NCST added to MPNSP a DHA enriched fish oil and 2000 IU of vitamin D.
The NSCT study is an open label Phase 1 clinical trial in 25 cognitively normal healthy older adults over an 8 month period including two months for titration to full dosage. Blood & urine specimens, blood pressure, BMI measurements and FFQs will be taken at baseline, 5 and 8 months. Outcome biomarkers include: inflammation (C-RP, IL-6), blood glucose (HbA1c), lipids, oxidative stress (8OH2dG in urine), homocysteine, CoQ10, creatine and creatinine, neurotransmitters tryptophan and tyrosine, and metabolomic profiles in plasma. For adherence & bioavailability: vit Bs, Vit D, Vit E, Vit K, fatty acids & beta-carotene.
Results: Recruitment started Spring 2010. Will report whether subjects were able to ingest 19 pills. Combination nutritional interventions for brain and body health are promising and may yield significant knowledge.
Conclusion: This work is supported by the national Alzheimer's Association, Boston University Alzheimer's Disease Center, and Dr. Nancy Emerson Lombardo.
References: 4. Emerson Lombardo et al. JNHA 2006

Disclosure of Interest: N. Emerson Lombardo Support from: Alzheimer's Association , Conflict with: Owner, HealthCare Insights, LLC, L. VOLICER: None Declared, J. Valla: None Declared, S. Auerbach: None Declared, P. McNamara: None Declared, E. Harris: None Declared

OC080

DETECTION OF METAL INTERACTIONS WITH AMYLOID-B PEPTIDES USING A LABEL-FREE ELECTROCHEMICAL APPROACH.

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Objectives: It has been found that the formation and deposition of amyloid-β (Aβ) fibrils is associated with the onset of Alzheimer's disease (AD)[1]. Factors that affect the aggregation kinetics of Aβ peptides include elevated levels of copper (Cu), zinc (Zn) and iron (Fe) in Aβ plaques[2]. Fragments of full length Aβ peptide were incubated with metal ions to determine their effectiveness at capturing metal ions and to which metal they show greatest affinity. Changes in structure and conformation occur as aggregation proceeds, which shields a lone Tyrosine (Tyr-10) residue in Aβ to the electrode surface and its oxidation signal will decrease. Presented here is an approach via electrochemistry to follow Aβ aggregation in-vitro that can be applied to fibrillogenesis inhibitor screening studies involving Aβ peptides.
Methods: Square wave voltammetry was carried out using a conventional three electrode cell that included a carbon paste working electrode, an Ag/AgCl reference electrode and a platinum counter electrode. Incubation of Aβ peptides at 37^0C were done in the presence of Cu, Zn and Fe separately at various concentrations.

Results: Intensity of current at a specific peak potential associated with the oxidation of Tyr-10 decreased dramatically upon incubation with metal ions. Changes in aggregation kinetic is dose dependent and aggregation increases to a certain point until further addition of metal ions no longer have effect on aggregation rate. Current signal of Aβ diminishes drastically within the first few hours of incubation with metal ions as compared to the 24h required to achieve the same current signal with only Aβ peptides. Aβ fragment containing a three Histidine metal binding site displayed a faster aggregate rate compared to the full length Aβ peptide.
Conclusion: Toxicity of Aβ peptide as a variable of metal concentration is currently under intense investigation and possible methods to reverse its affect can be looked into using the described electrochemical technique. Future steps include analysis of various metal-chelators as therapeutic agents to examine their effectiveness at preventing Aβ aggregation.
References: [1] K.S. Kosik, Science 256 (1996) 780.
[2] A.I. Bush, Trends Neurosci. 26 (2003) 207.

Disclosure of Interest: None Declared

OC081

DEVELOPMENT OF AN EVIDENCE BASED LONG TERM COGNITIVE STIMULATION THERAPY PROGRAMME FOR DEMENTIA

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Objectives: To develop an evidence-based Maintenance Cognitive Stimulation Therapy programme for dementia following the Medical Research Council framework (2008) for the development and evaluation of complex interventions.
Methods: The intervention was developed based on a mixed methods approach using 4 techniques: (1) Cochrane review of cognitive stimulation for dementia ,(2) a consultation with key stake holders using a Delphi Consensus Process (including an expert consensus conference), (3) focus groups with the target population and (4) a Delphi survey.
Results: It was feasible and effective to use a systematic development process to produce successive modifications of the draft manual for an evidence based programme for dementia. Close involvement of users and carers ensured that the manual was well targeted on the preferences and abilities of people with dementia.
Conclusion: The final Maintenance CST programme and manual is currently being tested as part of a large multicentre, randomised controlled trial (Aguirre et al., 2010).
References:
Aguirre, E; Spector, A; Hoe, J; Russell, TI; Knapp, M; Woods, TR; Orrell M. Maintenance Cognitive Stimulation Therapy (CST) for dementia: A single-blind, multi-centre, randomized controlled trial of Maintenance CST vs. CST for dementia. *Trials*, 2010, 11:46.
Medical Research Council. A framework for development and evaluation of RCTs for complex interventions to improve health. London, MRC guidelines; 2008.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC082

DESIGN AND THE ENVIRONMENT: DISCUSSING THE RELIABILITY AND VALIDITY OF A DESIGN AUDIT TOOL

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Objectives: The Design Audit Tool (Cunningham et al 2008) was first developed in the UK by the Dementia Services Development Centre as a consultancy tool. It was based on the research and expertise of academics and practitioners and designed to be used by both expert auditors, practitioners, those involved in building design or those wanting to improve an existing care facility for people with dementia. The objective of this paper is to report on the reliability of the tool and the validity of the tool from the point of view of people with dementia and their carers. The subsequent development of the 2nd version of the tool (Cunningham and Innes, 2010) will be discussed.
Methods: Thirty care homes in Scotland and Northern Ireland were audited using the orginal version of the tool. Six focus groups were held with people with dementia (29) living in care homes and their family members (11). The reliability of the tool was measured in three ways, Percentage agreement, Cohen's Kappa and Intraclass Correlation Coefficient (ICC). The validity of the tool was also assessed through qualiative analysis of the focus group transcripts.
Results: Interrater reliability based on percentage agreement was 68.7%, Internal consistency (Cronbach's alpha) 0.776 and Intraclass correlation coefficient (ICC) was 0.632. The aspects of the environment that require careful design consideration reported to be most important to people with dementia and their families members were way finding, outside space and use of space. The development of the 2nd version of the tool has evolved to look at not just the presence of design features but how these are used. A new section on outside space has been developed and way finding continues to feature within the tool as an essential apect of good design.
Conclusion: The Design Audit Tool scores well on different reliability measures. The original version of the tool was found to be valid, but has been improved based on the viewpoints of those with dementia and their family members to ensure that use of space is included in the audit and more emphasis be placed on outside space.
References: Cunningham, C., Marshall, M., McManus, M., Pollock, R. and Tullis, A. (2008) *Design for People with dementia: Audit Tool, University of Stirling*, Dementia Services Development Centre
Cunningham, C. and Innes, A. (2010) *Design for people with dementia: Audit Tool Version 2.* University of Stirling, Dementia Services Development Centre.

Disclosure of Interest: None Declared

OC083

A PARTNERSHIP TO ENSURE SAFETY FOR PEOPLE WITH DEMENTIA

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Objectives: McMaster University and the Alzheimer Society of Canada (ASC) agreed to collaborate to provide and disseminate objective information about the availability and utility of assistive technology (AT) that may improve safety and decrease anxiety for people with Alzheimer's disease (AD) and those who support them. The initiative is driven by the fact that ASC receives numerous requests for advice and the university has experience in the evaluation of AT. The objectives of the partnership include: identification of safety concerns of people with AD and those who support them and AT that might improve safety and reduce anxiety; determination of objective quantitative and qualitative evaluation of AT; dissemination of the results of the evaluations; provision of tips on how to identify and meet individual needs. This paper addresses the first objective.
Methods: The two organizations signed a letter of understanding. A meeting with stakeholders including law enforcement agencies was conducted to identify the relevance of the perceived needs. A study, which received approval from the university research ethics board, was conducted by supervised student occupational therapists in order to identify the safety needs and concerns of individuals with AD as stated by caregivers (n=10) and law enforcement officers engaged in search and rescue (n=4). Participants were also asked if they used or knew about AT to address safety concerns. Participants were recruited through local chapters of ASC. Following a consent process, information was gathered through individual interviews. Interviews were digitally recorded, transcribed and reviewed to develop a coding scheme. Transcripts were reviewed to identify emergent themes.
Results: Stakeholders confirmed the perceived need to identify safety concerns. The results of the interviews indicate that caregivers have few concerns because the person given support is never left unattended. They did, however, identify the burden of care giving and a desire for support. Few of the respondents was aware of AT that might enhance safety and none used AT. Education about strategies to enhance safety is needed.
Conclusion: Caregivers of people with AD do not leave the people they support unattended for fear of compromised safety. Education about AT that may assist is needed. Student occupational therapists gained a valuable learning experience and ASC obtained valuable information for little cost. The results support the need to address the additional objectives.

Disclosure of Interest: None Declared

OC084

SHIFTING THE BALANCE OF CARE FOR PERSONS WITH DEMENTIA: FINDINGS FROM SOUTHWEST ONTARIO

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Objectives: Persons living with dementia (PWDs) often desire to age-at-home for as long as possible, yet many require care in long-term care (LTC) facilities. In part, this reflects the fact the PWDs may have complex, ongoing needs. However, it also reflects that care systems focused on episodic, curative care, and by fragmented services, are ill-equipped to support such individuals safely and cost-effectively in the community.
While much policy analysis has focused on the demand side, for example, the "rising tide" of dementia, this presentation analyzes supply-side factors in one region of Ontario, particularly local system capacity to provide needed community-based care for PWDs, including such "low level," but often critical supports as transportation, medications management, personal care, and housekeeping. In spite of its recent Aging at Home initiative, Ontario's policy legacy is one of largely ignoring community-based care options for PWDs.
Methods: We conducted a Balance of Care (BoC) simulation in one region of Ontario in which an "expert panel" of experienced leaders and front-line case managers constructed "ideal" home and community care packages for PWDs and their caregivers at different levels of assessed need. We then used provincial data to calculate the costs of these packages and to estimate which would be cost-effective alternatives to LTC. We also conducted a historical review of provincial policies impacting on access to needed community-based services included in these packages.
Results: While expert panellists were very sympathetic and supportive of the needs of PWDs and caregivers, care packages constructed on a service-by-service basis, requiring multiple providers to provide care in family residence, were complicated and costly.
Conclusion: A policy legacy which has largely ignored integrated, community-based care options for PWDs, means that LTC or hospital care are often the default options. More integrated approaches including Alzheimer's day programs and supportive housing are required to address the complex, ongoing needs of PWDs and caregivers safely and cost-effectively in home and community.

Disclosure of Interest: None Declared

OC085

HEARING, SOUND AND THE ACOUSTIC ENVIRONMENT FOR PEOPLE WITH DEMENTIA

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Objectives: Our sense of hearing is one of the most primal of human senses and we rely on it to support us to respond to and engage with our environment. Excess noise has a significant detrimental impact on well-being and functioning of older people and people with dementia as it impacts on communication, inclusion, risk of falls and behavioural responses amongst other elements of well-being. Conversely, sound and an 'uncluttered' acoustic environment will support communication, well-being, functioning and engagement of people with dementia. Noise comes from numerous sources, such as human behaviour. In addition it can be amplified or softened by the structure, situation, layout and finish of buildings. Included will be practical interventions related to the structure and finish of buildings as well as recommendations for the operational running of care environments. This presentation is based on a new practice guide from the DSDC, ***'Hearing, sound and the acoustic environment for people with dementia.'***

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC086

THE ROLE OF PHYSICAL AND SOCIAL ENVIRONMENTS IN MANAGING BEHAVIORS IN ADVANCED DEMENTIA: A MULTISITE STUDY

L. Garcia [1, 2,*], M. Hébert [3], J. Kozak [4], I. Sénécal [5], S. Slaughter [6], N. Drummond [7], F. Aminzadeh [8], W. Dalziel [8], J. Charles [9], M. Eliasziw [7]
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Objectives: The purpose of the study was to develop a better understanding of the impact of the socio-physical environment found within specially designed units (SDU) for dementia by studying the relationship between the architectural and social design features and the levels of problematic behaviors.
Methods: Data were collected through chart audits, incident reports, formal assessments of residents and their physical and social environments, nominal focus groups with family and staff members and video observations. Eight care units within five centers representing 143 residents (71 from Ottawa and 72 from Toronto/Calgary) were part of the study. Resident-specific data was obtained from Ottawa participants; 19 of whom were also observed directly. Focus groups included 45 family and 59 staff members. The TESS-NH and sonometric measures of noise were used to capture data about the physical environments and the MECQ-LTC and staffing levels were used as measures of social environment.
Results: Although there were no major differences clinically between traditional and SDU residents, there were qualitative differences in optimal environments. The residents needed assistance with self care, were disoriented, withdrawn and did not participate in many activities they enjoyed in the past. Most residents showed positive emotions like interest, and exhibited little fear and anxiety. They were most often likely to exhibit verbally rather than physically aggressive behavior. The residents lived in comparable physical environments yet there may be qualitative differences in how familiar and less familiar staff members communicate with residents. Participants from both family and staff focus groups highlighted facility, staffing and resident factors to consider when creating optimal environments. Human environments were perceived to be more important than physical environments and flexibility was judged to be essential. Observational data suggested that there were different layers of interaction between the residents and their physical and social environments.
Conclusion: Physical design features can be useful for maintaining quality of life and reducing disruptive behaviors, but they are not sufficient. Our evidence supports the literature that individuals who make up the human environment of the residents are just as important in the management of disruptive behaviors. The strength of the current study is in the triangulation of the data from different data sources on a single sample.

Disclosure of Interest: None Declared

OC088

TOUCH THE SPIRIT ENGAGEMENT (ACTIVITY) PROGRAM

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Objectives: Participants will be able to differentiate the word engagement from the word activities in dementia programming.
Participants will be able to name three ways to provide spiritual care to persons with dementia.
Participants will be able to name three ways to start and sustain a new activity program.
Methods: Lecture, demonstrations, short video
Results: American Baptist Homes of the West (ABHOW) was the first multi-site company to achieve accreditation of its dementia care programs from the Commission on Accreditation of Rehabilitation Facilities, an international, independent, nonprofit accreditor of health and human services. A hallmark program of ABHOW recognized during the accreditation process is its "Touch the Spirit" program for spiritual care for persons with dementia. The program is designed to recognize the life stories, values and social traditions of participants, honor their involvement (if any) in diverse faith communities, and support the recognition that spirituality also stems from a relationship with nature, the arts, children, animals, and other individuals. The program, with its distinctive hummingbird logo, has:
1) Educated staff members about the importance of spiritual care; 2) Helped staff understand the differences between religion and spirituality; 3) resulted in a greater awareness and frequency of spiritual engagement and activity for residents with dementia; 4) proved to be an innovative source of ideas to enhance and expand a dementia care activity program; 4) supported a relationships approach to dementia care based upon Virginia Bell & David Troxel's Best Friends Approach to Dementia Care
Conclusion: Spiritual care must be addressed as a key element of quality dementia care programming. A defined program educates staff about the differences between formal religion and a broader view of spirituality. A defined program also teaches staff about diversity. A defined program increases the amount and quality of spiritual activities for persons with dementia.
References: Virginia Bell & David Troxel, A Dignified Life, The Best Friends Approach to Alzheimer's Care (HCI Press, 2002).
www.carf.org
www.abhow.com

Disclosure of Interest: None Declared

OC087

DEMENTIA-FRIENDLY DESIGN RECOMMENDATIONS IN A WORLD OF RISK MITIGATION

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Objectives: 1. To share dementia-friendly design recommendations for long term care homes (primarily), supportive housing, adult day programs and individuals' own homes.
2. To share successes and challenges to development and implementation of knowledge-to-practice recommendations
Methods: Based on a critical mass of design questions to the Alzheimer Knowledge Exchange (AKE), the AKE recognized an interest and readiness on behalf of professionals in Ontario to pursue further discussion in this area. A community of practice (CoP) was formed and to date the group has produced dementia-friendly design recommendations based on a series of topics including lighting, doorways, noise and signage (upcoming). The development of these recommendations has included considerable attention and navigation to ensure that recommendations meet local and provincial legislation, protocols, compliances and codes, while also advocating for an environment which supports person-centered care and decreases responsive behaviours of persons with dementia. Once recommendations have been compiled, the tool is presented to a wider community of health professionals via a webinar hosted by the Alzheimer Knowledge Exchange.
Results: The results of this community of practice have been two-fold. First, the ongoing development of dementia-friendly design recommendations consolidate and translate both evidence-based practice and tacit experiences into a product which is concise, specific, and usable at the bedside. Second, the CoP evolvement has enabled mutual learning and sharing among group members as well as the development of a core professional group able to respond to and advise on future design inquiries.
Conclusion: The CoP continues to meet and explore current and emerging design topics. In addition, there has been significant attention to exploring the possibility of future research studies to examine the implementation of the tools into practice.

Disclosure of Interest: None Declared

OC089

A CANADIAN TWIST TO AN ICONIC DEMENTIA CARE PHILOSOPHY

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Objectives: - Be introduced to the peson centred care philosophy demonstrated in the Best Friends Approach network of programs
- Understand the Canadian context of the Best Friends philosophy as it applies to the of the training program delivered through the Alzheimer Society of Calgary, Alberta, Canada
- Gain an appreciation for the application of the Canadian training program as a means of educating staff as well as helping staff problem solve through day-to-day care giving situations.
Methods: In 2003, the Alzheimer Society of Calgary (Alberta, Canada) purchased the rights to use the Best Friends Approach name and worked with the authors to create a dynamic, experiential training program that introduced the staff learner to an effective person centred philosophy of care. Since that time close to 1500 people have adopted this specific approach in Canada, the United States and Australia.
Results: Using the Best Friends Approach books as a foundation, the Alzheimer Society of Calgary created the **KNACK Learning Framework** in a series of workshops that brings to life the concepts of knowledge, nurturing, approach, community and kinship as a staff training model within the continuing care system. Special emphasis is placed on how staff can work as a team to provide quality dementia care to each individual, using both the Best Friends Approach philosophy and the KNACK Learning Framework. Participants will learn about the key principles in this framework, they will also learn how to use the framework as a problem-solving tool when responding to changes in behaviour in their clients.
Conclusion: The **Best Friends Approach** and the **KNACK Learning Framework**, are easily adopted frameworks and philosophies that assist in the development of effective person centred care for the person living with dementia. The blending of these two initiatives has created a unique Canadian context for supporting excellence in dementia care.
References: For Sarah Price:
1. Debbie Lee, Clinical Specialist, Calgary Health Region 403-943-1650/ Debbie.lee@albertahealthservices.ca
2. Lisa Miller, Adult Day Program Manager, Bethany Care Society 403-932-842 millerl@bethanycare.com

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC090

DYING WITH DEMENTIA: INTEGRATING A PALLIATIVE APPROACH

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Objectives: Over the past four years, an interprofessional 2 day educational workshop titled *The Dementia Difference* has been developed and taught to the majority of staff of a care home in British Columbia, Canada. The education focuses on integrating accepted palliative care best practice principles to care for people with late-stage dementia. The objective of this presentation is to present information about how staff have integrated these principles into practice.
Methods: Literature on best practice in caring for people with late-stage dementia was incorporated into workshop during initial development. At the end of each workshop, feedback from participants on the implementation of these 'best practices' was collected, including information on the successes and challenges to implementing a palliative approach in dementia care, and what care staff identify as the benefits to this approach. Emerging from this iterative process is a clinical program of care for people dying with dementia.
Results: Staff working in care homes are able to articulate the challenges of caring for people dying with dementia – some of these include communication with family members, knowing if the person is really dying and how to provide quality psychosocial care. In an effort to support staff to overcome these challenges clinical leaders have provided further education, policy and program development. This presentation will focus on the program development work that is a direct result of local knowledge and traditional "evidence".
Conclusion: The authors have found that in using an iterative process for education and program development supports successful integration of best practices into care for people dying with dementia in care homes and their family members.

Disclosure of Interest: None Declared

OC091

SEXUALITY AND DEMENTIA IN THE RESIDENTIAL AGED CARE SETTING

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Objectives: Sexuality is a basic human need and key to quality of life and well-being[1] yet remains a neglected area in residential aged care. When sexuality does receive attention in this setting, it is usually in the context of being construed by care staff as 'problematic' dementia-related behaviour. Yet true hypersexuality in people with dementia is relatively rare[2], with behaviours labelled as problematic often reflecting an unmet need that can be addressed. The objective of this project was to improve the attitudes of care staff towards the expression of sexuality in aged care via delivery of an education workshop.
Methods: A pre/post design was adopted. A survey developed by White[3] and accompanied by dementia-specific items taken from a survey developed by Kuhn[4] was administered prior to and following a 3 hour evidence-based education intervention designed to improve attitudes of aged care staff. Helsinki ethical standards were met.
Results: Analysis of questionnaire data revealed an overall significant positive change in attitudes of care staff following the education intervention($X^2(2, n=219) = 11.5, p<0.01$), providing further validation of White's survey. Analysis of dementia-specific questionnaire items also revealed an overall significant positive change in attitudes post-education ($X^2(1, n=218) = 10.5, p<0.01$).
Conclusion: Changing the attitudes of care staff is an important first step towards respecting the right to sexual expression in the older adult, including the older adult with dementia. Findings of this study indicate that an education intervention of relatively short duration can have a significant impact on permissiveness of staff attitudes. The longevity of these changes and their impact on care delivery and resident outcomes requires further investigation.
References: [1]World Health Organisation (2006*). Defining sexual health: Report on a technical consultation on sexual health 28-31 January 2002, Geneva.* WHO: Geneva.
[2]Kuhn, D., Greiner, D., & Arseneau, L. (1998). Addressing hypersexuality in Alzheimer's disease. *Journal of Gerontological Nursing, 24*(4), 44-50.
[3]White, C. B. (1982). A scale for the assessment of attitudes and knowledge regarding sexuality in the aged. *Archives of Sexual Behaviour, 11*(6), 491-502.
[4]Kuhn, D. (2002). Intimacy, sexuality and residents with dementia. *Alzheimer's Care Quarterly, 3*(2), 165-176.

Disclosure of Interest: None Declared

OC092

EXCEPTIONAL TRAINING, SUPPORT AND RETENTION FOR STAFF IN A DEDICATED ALZHEIMER'S FACILITY

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Objectives: Staff recruitment and retention continue to be on the minds of many in long-term care, particularly those who struggle daily to secure enough staff to meet the needs of the residents with Alzheimer's disease and dementia. Turnover rates for direct staff, nurses and administrators range from 40% to well over 100% in nursing homes as well as assisted living. Perceived reasons for this tend to center around monetary and benefit issues extrinsic to the work itself, rather than intrinsic factors related to working conditions, relationships with other and autonomy within the employee's position.

Methods: This session will describe the results of research and programs on staff orientation, training, and ongoing education resulting in exceptional satisfaction and retention within a specialized Alzheimer's facility over the past 24 years. Intervention include: 1) successful staff selection; 2) interviewing strategies; 3) vision and mission; 4) staff preparation and orientation; 5) ongoing direction and support; 6) providing a stimulating and motivating environment; 7) staff participation/ownership; 8) monitoring techniques; and 9) recognizing and celebrating accomplishments. Annual staff satisfaction surveys consisting of 52 questions about all aspects of their work were conducted and data compared. Survey answers range from very unhappy, unhappy, happy, and very happy. Turnover and retention rates were calculated on a quarterly basis to analyze retention.
Results: Staff turnover continually increased and remains in the single digits. Staff satisfaction survey results in 52 categories continue to improve over time, with an overall rating of Very Happy. The facility enjoys high family satisfaction and has experienced a number of deficiency-free state surveys. In addition, the staff have received multiple individual and group awards, including Step II of the American Health Care Association's National Quality Award.
Conclusion: While there is not one simple solution to staff retention and satisfaction, opportunities exist to provide a planned, ongoing program of training and education. Improved staff education, retention and satisfaction leads to improved quality care of individuals with Alzheimer's disease and dementia, in turn increasing resident and family satisfaction.

Disclosure of Interest: None Declared

OC093

CAPACITY BUILDING FOR COMMUNITY DEVELOPMENT CENTERS - BEIRUT - LEBANON

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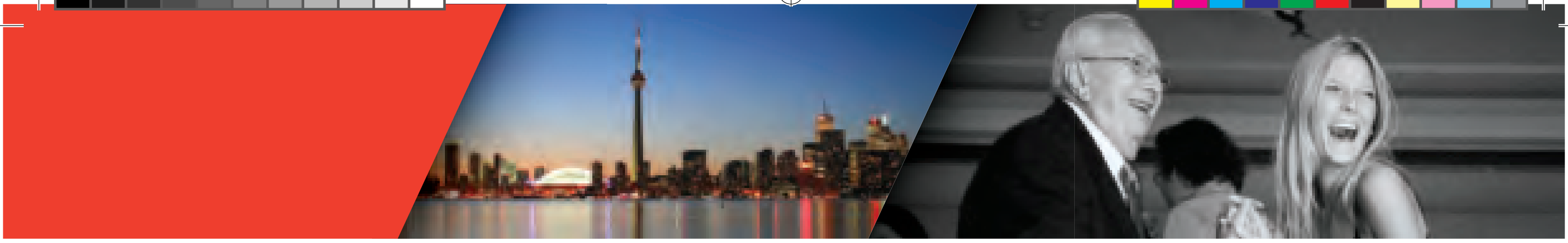
Objectives: To provide access of the less privileged to modern approaches to Alzheimer's disease through improving the capacities, knowledge and procedural skills of health and social staff working in the CDC of Ministry of Social Affairs
Methods: The development of a comprehensive training toolkit
One day training sessions for health and social workers in the CDCs
A national "train the trainer" workshop for selected local representatives.
Assessment and identification of people with Alzheimer's disease in all geographical areas, and training representatives from potential local NGOs working in related field.
Monitoring and follow up to ensure that all services and awareness are consistent with the International standards related to Alzheimer's disease.
Results: Direct Beneficiaries: Nurses and social workers from CDCs. 120 persons from different areas of Lebanon will be trained to become resource contacts for issues related to Alzheimer's disease.
Indirect Beneficiaries: thousands of people with Alzheimer's disease and their families will benefit from the improved services provided by nurses and social workers whose skills are developed. Stigma enlightened and knowledge deepened
Conclusion: *Sustainability:* Within its Training of Trainers component, including the didactic toolkit and manuals, the project has built-in sustainability features. Moreover, on completion of the project, AAL will continue working with other care centers using the toolkit and relying on its technical committee, with funds from its general budget.
References: Proposal written material.

Disclosure of Interest: None Declared



Oral Presentation Abstracts

OC094

GENTLY DOES IT! IMPROVING DEMENTIA CARE AND REDUCING RISK IN THE ACUTE CARE SETTING.

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Objectives: Persons with dementia constitute a significant proportion of acute care admissions. The stress of hospitalization may lead to responsive behaviours such as pacing, calling out, trying to leave and resisting care. Many staff lack formal training in dementia care and may respond by using chemical and physical restraints, creating a cycle of increasing distress for both parties. Gentle Persuasive Approaches (GPA) in Dementia Care, though originally designed for long term care, was recently pilot-tested with health care providers in acute care and later implemented at one hospital site. This presentation describes the effect of the GPA intervention on the capacity of staff at one hospital to perform skills necessary to manage responsive behaviours as compared with staff who have not had exposure to GPA.
Methods: A sequential mixed methods design was used to compare the perceived ability of staff (n=320) on 7 acute care units (including ICU and ER) to manage responsive behaviours with those staff (n=250) from 4 clinical areas at another site who had not received GPA training. The quantitative component used a quasi-experimental design with repeated measures (before and after the workshop and at 6-weeks and 3-months). Measures included the Self-Perceived Behavioural Management Self-Efficacy Profile, staff injury and sick time rates, and rates of challenging patient behaviour episodes. The qualitative component included focus groups with workshop participants and GPA coaches to study application of GPA in practice, and to identify GPA implementation and sustainability issues.
Results: Workshops were held during fall of 2010 and data collection will be complete in early 2011. Preliminary findings from this study will be presented with earlier findings from 4 pilot units including staff levels of self efficacy in managing responsive behaviours, reports of incidents involving agitated patients, and staff and patient injuries.
Conclusion: The findings from this study will guide the future dissemination and delivery of this educational intervention in this acute care setting.

Disclosure of Interest: None Declared

OC095

MEMORY'S FOOTPRINTS: FIGHTING STIGMA THROUGH EMPATHY

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Objectives: Participants will:
Reconnect with a *person-centred* approach to care and improve intervention techniques.
Share personal strengths, challenges, and care practices.
Identify and develop personal stigma reducing goals to accomplish within a given time frame.
Methods: Using interactive exercises, role-play, and practical scenarios, this session will enable participants to re-examine their perceptions and stigmas associated with dementia. Integrating daily experiences of people with dementia, participants will be given a first-hand glimpse "inside" the life of a person with ADRD. Exploring stereotypes and addressing positive techniques for daily interactions will be developed. To culminate the workshop experience, participants will set measurable personal objectives to be achieved within a given time frame.
Results: Participants will leave with a workable personal objective to be achieved within three months.
Participants will develop a heightened awareness of their personal stigmas and find new strategies to increased holistic care and peer sensitization.
Testimonials and feedback from 382 professionals are available as supporting tributes to the results of the training session.
Conclusion: Using a *person-centered approach,* this interactive training session sensitizes participants to personal and societal stigmas associated with an Alzheimer diagnosis while increasing caregiver empathy towards the experience of people with ADRD.

References: Alzheimer Society of Canada. (2006). *A research report: engaging people with early stage Alzheimer's disease in the work of the Alzheimer Society*. Knowledge Development Centre: Toronto: ON.
Bell, V., Troxel, D. (2003). *The Best Friends Approach to Alzheimer's Care.* Health Professions Press: Baltimore: MD.
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Kitwood, T. (2002). *Dementia reconsidered: the person comes first.* Open University Press: Berkshire: UK.

Disclosure of Interest: None Declared

OC096

REDUCING STIGMA: CHANGING THE WAY WE TALK ABOUT DEMENTIA

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Objectives: Research documents that the social stigma associated with dementia is often one of the most distressing aspects of the diagnosis. It can result in marginalization, discounting of remaining thoughts and capabilities, and a general inability for others to see the whole person, to see beyond the cognitive changes. The challenge then is how to address – and alter – how we as a society see and respond to people with dementia. One approach is to use language strategically. Specifically, drawing on ideas associated with social constructionism, it is recognized that language constructs experience – we can only know and understand an experience through the language that is available to us for making sense of it. A new language – that of social citizenship – is beginning to emerge within the dementia field as a promising lens for creating new ways of talking about, and understanding the experience. The purpose of this paper is to address the key ways that shifting our use of language to incorporate the language of social citizenship allows us to think about, and respond, to dementia in a different way.
Methods: A conceptual discussion of the language of social citizenship will be followed by drawing on examples of how dementia focused social policy and position papers use language in a way that is, or is not, conducive to the imaging of people with dementia as active, vibrant members of society.

Disclosure of Interest: None Declared

OC097

CULTURE CHANGE IN CARE HOMES THROUGH A PERSON CENTRED APPROACH

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Objectives: The overarching goal of the *Culture Change* initiative is to improve the experience of people with dementia in care homes through a person-centred approach. ASC believes that people with dementia have the right to enjoy the highest possible quality of life and quality of care by being engaged in meaningful relationships which are based on equality, understanding, sharing, participation, collaboration, dignity, trust and respect. People in the later stages of dementia often reside in a care home and are at risk of not being able to speak for themselves. A culture change is needed to put the person at the centre of the home.
Methods: Through the lens of person-centred care, a Rapid Evidence Assessment (REA) was completed to systematically examine evidence-based practice *guidelines* published in peer-reviewed journals regarding the care of people in advanced stages of Alzheimer's disease living in care homes. Strict selection criteria for the guidelines set for the REA ensured that only high-standard evidence-based guidelines were included. The content of the REA was distilled into a guidelines framework entitled *Guidelines for care: person-centred care of people living with dementia in care homes.*
Results: - Externally vetted, evidence-based guidelines for care have been documented into a framework of what constitutes excellence in person centred care of individuals with dementia living in care homes.
- An Expert Consultation meeting of leaders in long term care was then held to review the framework and to plan concrete next steps to be taken collaboratively by long term care home leaders, government, accreditation bodies, Alzheimer Societies in Canada and others to make "having the best day possible" our collective resident goal in care homes.
Conclusion: The consensus of the Expert Consultation group is to focus on C*ulture Change* in care homes through a person centred care approach, with all the attributes and core competencies required for this. ASC is now putting the building blocks in place to work with others to ensure that a person centred approach becomes the culture of care homes in Canada. This is an obligation we share with a number of other organizations as we support people with dementia and their families now and as their numbers increase[1].

References: [1] *Rising Tide: The Impact of Dementia on Canadian Society*, Alzheimer Society of Canada, 2009.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC098

A CORRELATION BETWEEN CARE MODEL AND PROBLEM BEHAVIOR OF RESIDENTS IN DEMENTIA INSTITUTION.

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Objectives: To compare and assess the difference of care model in residents' demographics, disable condition and institution input. Furthermore, to test the direct effects and interaction effects in residents' problem behaviour, after controlling for demographics of residents and disable condition, and institution input, the institutional care model can moderate the effect of their problem behavior.
Methods: This study pertained to a cross-sectional design, using data collected at the seventeen dementia institution ("specialized type", "segmented type", "mixed type"). A sample of 486 demented clients with doctor's diagnostic was included in the study. *Several characteristics of the dementia clients were age, sex, marital status, literacy, welfare status and the period of living time. This study used ADL, IADL, MMSE, number of illness, and taking medicine about dementia to indicate the participation's disable condition. Institution input was contained their human, material and financial resources. Moreover, correlational analyses were conducted to evaluate the relationship between proposed independent variables and the care models. Hierarchical regression models were computed to examine interaction effect.*
Results: The result showed that the resident's age, literacy, welfare status, taking medicine, ADL,MMSE, number of illness, problem behavior, human, material, and financial resources were significant in different care models. Moreover, the results showed that interaction between care models and resident's MMSE score and care models and institutional financial resources were significantly associated with the problem behavior of demented clients.
Conclusion: Care model plays a pivotal role in Dementia institutional care in Taiwan. The results showed that interaction between individualistic and care model level factors were significant. It pointed to the importance of strengthening long-term care resources in the institutional care.

Disclosure of Interest: None Declared

OC099

THE LIVING DEMENTIA JOURNEY - THE PERSON COMES FIRST

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Objectives: 1. Introduce Persistence of Memory
2. Utilize the Care Wheel Model
3. Analyze the Living Dementia Journey

Methods: 1. PowerPoint presentation utilizing art work to visualize the power of memory and its relation to Alzheimer's disease.
2. Interactive discussion, applying Care Wheel techniques to Case Study. Participants will utilize this dementia tool in group work.
3. Discuss and analyze the dementia journey. PowerPoint presentation utilizing a video clip to illustrate the Four Phases of the dementia journey.
Results: The Living Dementia Approach embraces who the person was prior to the diagnosis of dementia. Family and Professional care partners brief a sigh of relief following this session. It's extremely practical. The case studies allow care partners to see the person and situation.
Strong communication and respect is encouraged between both persons with dementia and their caregivers. In maintaining personhood, it is absolutely critical that we buy into the reality of the person with dementia, and not the reality of their care partner. This session meets these objectives.
Conclusion: The Living Dementia approach stretches the boundaries of dementia care, bringing theory to life. This philosophy of care utilizes the Care Wheel Model, placing the family and person with dementia right in the centre.
References: 1. deGeest, G. (2007). The living dementia case-study approach. *Trafford Publishing*, Victoria, BC.
2. Kitwood, T. (1997). Dementia Reconsidered: The person comes first. Berkshire UK: *Open University Press.* 7-8, 91.
3. Zeisel, J. (2009). I'm still here: A breakthrough approach to understanding someone living with Alzheimer's. *Avery, New York, NY.* 146, 153

Disclosure of Interest: None Declared

OC100

PERSON CENTERED (DEMENTIA) CARE - THE NEXT 25 YEARS

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[1]BEST FRIENDS, Sacramento, [2]Alzheimer's Association, Lexington, United States

Objectives: 1. Participants will be able to define person centered care.
2. Participants will be able to name at least three trends impacting future care of persons with dementia.
3. Participants will be able to create a personal plan for themselves as dementia professionals looking out over the next five years.
Methods: Lecture, Discussion
Results: Virginia Bell & David Troxel have worked in the field of dementia care for over 25 years each starting and managing programs, working with persons with dementia and their caregivers, writing books & articles, creating innovative activity programming, and supporting health care professionals with training. Their books and writings on their Best Friends approach are in 7 languages and have impacted memory care programs internationally.
This session reviews current trends in dementia care and makes predictions for the next 25 years of person-centered, person-directed care.
Specific topics include the impact of the baby boomers, dementia as a world wide challenge, the rise in early diagnosis, and continuing research into behavioral interventions.
The authors will reflect back on their varied careers and give recommendations to new professionals and current professionals regarding career paths and program planning encouraging them to be future thinking.
Conclusion: The workshop will cover current research about the power and benefit of activity programming and behavioral approaches.
The presenters will discuss the challenges lying ahead and make predictions and recommendations for the "next 25 years" of dementia care.
References: Virginia Bell & David Troxel, The Best Friends Approach to Alzheimer's Care, Baltimore: HPP, 1995
Virginia Bell & David Troxel, The Best Friends Staff: Building A Culture of Care in Alzheimer's Programs, Baltimore, HPP, 2002
www.bestfriendsapproach.com

Disclosure of Interest: None Declared

OC100A

PROFESSIONS DEDICATED TO DEMENTIA CARE?

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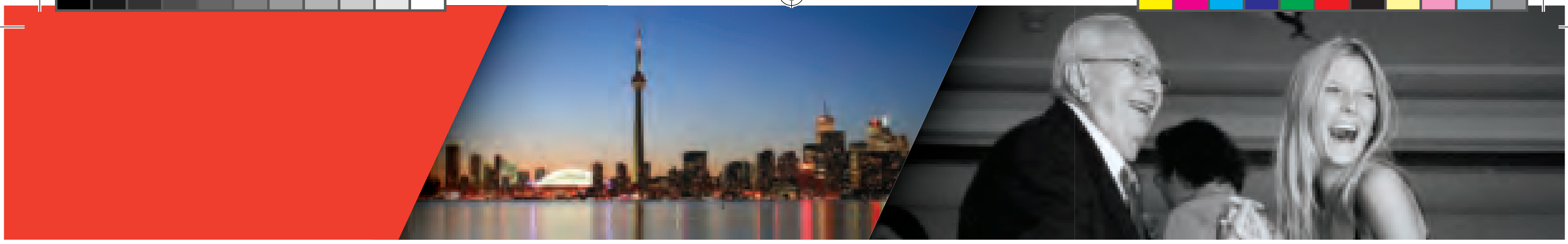
Objectives: Many professionals intervene in dementia care. These professionals were trained either in the healthcare field or in the social and medico-social fields. Their original training is not specific to the person with dementia. Is it necessary to create specific professions dedicated to this population? In France, a new profession, care assistant in gerontology, has been installed within the framework of the national Alzheimer Plan. This new professional intervenes in home and institutional care.
We designed a survey on the different professions intervening in dementia care, to evaluate their knowledge about this new profession, and their collaborative practice.
Methods: Forty-six professional dyads have been surveyed qualitatively through semi-directive, one-hour interviews, each dyad consisting of an institutional representative of the profession (professional Order, learned society, trade union, national association, professional union etc.) and a field professional. They have been questioned about the place of care assistants in gerontology, and specific activities of this new profession in conjunction with their own practices.
Results: A list of 23 different professions (healthcare, social and medico-social fields) has been established. The new profession of care assistant in gerontology is better known on one hand among institutional representatives, who are more familiar with the national Alzheimer's plan, and on the other hand among nursing assistants and medical-psychological assistants, who both have a vocational access to this new profession. Specific activities of the care assistant in gerontology are not identified by all stakeholders.
Conclusion: A new profession dedicated to dementia care has been installed by the French Alzheimer Plan. But its place among other professions involved in dementia care remains to be established. Ignorance about this profession is due more to its novelty rather than to suspicion from others. An effort in communication and collaboration in concrete cases will allow better integration of care assistants in gerontology in the environment of care for people with dementia and their caregivers.

Disclosure of Interest: None Declared



Oral Presentation Abstracts

OC101

SATISFACTION WITH TELEHEALTH IN A MEMORY CLINIC FOR RURAL AND REMOTE PATIENTS

D. Morgan [1,*], A. Cammer [1], J. Wickenhauser [2], S. Walls-Ingram [1]
[1]Canadian Centre for Health & Safety in Agriculture, UNIVERSITY OF SASKATCHEWAN, Saskatoon, [2]Social Anthropology, York University, Toronto, Canada

Objectives: This study explores patient and caregiver experiences with telehealth videoconferencing in a one-stop interdisciplinary Rural and Remote Memory Clinic in a western Canadian city. The clinic uses telehealth for pre-clinic and follow-up assessments to reduce long-distance travel. Sessions are attended by the patient and their primary caregiver(s), and often the telehealth coordinator.
Methods: To evaluate telehealth, clinic patients were initially randomly assigned to either in-person or telehealth for initial follow-up at 6 weeks, then alternating at 12-week and 6-month follow-up. Patient-caregiver dyads completed a structured satisfaction scale at each appointment, revealing high satisfaction and convenience ratings for telehealth. To better understand the experiences underlying high ratings, and identify areas for improvement, we are conducting semi-structured telephone interviews with patients and family caregivers who have had at least two telehealth appointments. Interviews are digitally recorded, transcribed, and analyzed thematically.
Results: Twenty-two interviews have been conducted to date (13 spouses, 5 patients, 3 adult children, 1 patient-caregiver dyad). Findings indicate overall high satisfaction with telehealth, primarily related to reduced travel and associated time, cost, and stress. Most participants indicated that face-to-face is ideal but the convenience of telehealth outweighs the benefits. Participants suggested that a combination works well, especially when comprehensive assessments are completed in-person and telehealth is used for shorter follow-up appointments. Factors influencing satisfaction include age and health of patient and caregiver, stage of dementia, ease of travel, distance saved by telehealth, and appointment frequency, type, and purpose. A minority noted problems including discomfort with technology, feeling pressure to respond quickly, and less spontaneity in asking questions, especially about caregiver concerns.
Conclusion: Implications include explaining that the team is interested in both patient and caregiver well-being, using verbal and non-verbal cues to encourage open discussion, and advising patients and caregivers to keep lists of questions for the team.

Disclosure of Interest: None Declared

OC103

PERSON-CENTRED CARE AND ASSOCIATED RESIDENT OUTCOMES IN RURAL SWEDEN

K. Sjögren [1,*]
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Objectives: The presentation aims to address the association between person-centred care in dementia care institutions and resident outcomes such as pain, depression, BPSD and QoL in rural Sweden.
Methods: Cross-sectional data from 297 residents and 307 staff members in residential dementia care will be used to present associations between levels of person-centred care and resident outcomes.
Results: The results will be presented at the conference.
Conclusion: Person-centred care is one of the main buzz words of comtemporary dementia care, even though empirical evidence regarding its association with resident outcomes requires further study. This presentation will increase the evidence base of person-centred care and resident outcomes, and will highlight rural issues influencing the provision and outcomes of person-centred care.

Disclosure of Interest: None Declared

OC104

MOBILE SUPPORT SERVICES TO MEET USERS NEEDS IN RURAL FRENCH AREAS

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[1]FONDATION MÉDÉRIC ALZHEIMER, Paris, France

Objectives: Many French older people live in rural areas. Due to distances from health and social services there is a risk of isolation for both people with dementia and their carers.

The purpose of this presentation is to describe three projects offering outreach programmes: a mobile "Café Mémoire", local Support Workshops, and a mobile Respite team. The aims of such actions are to make information, provisions and flexible responses more accessible to persons living in scattered houses, or in small villages.

Methods: Our qualitative study includes:
Interviews of people with Dementia, carers and professionals; multidisciplinary focus groups with staff members; study cases.
Results: In France these original forms of Dementia Care and Support encompasses : actions including people with dementia and family members, non institutional images of the services and programmes proposed, shared knowledge perpective and cooperation.
Information was collected about the implementation process adopted by each team: clear action plan, partnership and networking, interventions either at home or in social meeting venues (cafés), local press support etc. The obstacles to be overcome were also underlined.
In terms of results three consistent issues were identified:
Overcoming "the person with Alzheimer's/family members" split with a comprehensive approach gives new opportunities such as having good time together, thanks to a nice and friendly atmosphere between participants.
Living better in the local community knowing that one is not alone, is a relevant support in the process of acceptance in handing over to professional care.
One's capacity to make plans about the future by improving the personal progression appears slowly.
Conclusion: It is necessary to enhance the value of programmes taking into account the risk of isolation in rural areas by providing flexible and mobile services. Promoting local innovative strategies produces a greater access to Dementia Care. Benefits observed for the users are also part of changes in the public representations.

Disclosure of Interest: None Declared

OC105

RURAL SOLUTIONS FOR RURAL PEOPLE

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Objectives: Note: A request for this paper abstract has been made from Dr Anthena Innes Dementia Services Development Centre University of Stirling to be considered as the Australian part of a group panel presentation under the banner of rural dementia care with other presenters from the UK, Canada, France, Sweden and Ireland.
Methods: Lawrence is a 63 year old tractor mechanic who has lived all his life in an Australian rural farming community. He has rapid onset dementia. He is cared for by his wife Ann who is doing the best she can in the absence of support services. She is no longer able to cope when Lawrence requires 24 hour care. The only accommodation option is a traditional urban based institution which means Lawrence must leave his familiar home and community. It is a two hour round trip for Ann to see her husband.
Lawrence's story is typical for people in rural areas. In 2006, the Australian Government released the *National Framework for Action on Dementia*, which recognized the increasing burden of this group of illnesses. Amongst the priorities identified included a focus on access to services for people living in rural areas. However this has failed to translate into meaningful services for people like Lawrence.
Hesse Rural Health Service has independently developed a rural residential environment for persons with advanced memory loss and confusion. Extensively researched Werruna's innovative building design facilitates a care environment that is personalized and interactive, and ensures resident needs are paramount. By removing the complicating stimulus of the search process, the environment has effectively utilized open space, removed barriers and enabled unrestricted resident access.
The successful integration of regional art, culture, outdoor gardens and hands on farm precincts, has been designed to maintain connections with rural upbringings and maximize resident participation. The creation of Werruna's harmonious and familiar rural environment was a welcome relief for people such as Lawrence and Ann.
This 'never ending environment' demonstrates how wellness and design principles combine to enhance quality of life and wellbeing for people living with dementia. A rural solution for an increasing rural need.
Results: See Objectives Section
Conclusion: See Objectives Section
References: See Objectives Section

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC106

DIAGNOSTIC AND POST-DIAGNOSTIC SUPPORT FOR PEOPLE WITH DEMENTIA AND THEIR CARERS IN RURAL SCOTLAND.

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[1]Dementia Services Development Centre, UNIVERSITY OF STIRLING, Stirling, United Kingdom

Objectives: The growing number of people with dementia and the associated increasing healthcare costs have been identified as a challenge worldwide. This has been recognised by the Scottish Government in their 2008 announcement that Dementia was to be a National priority, followed by the launch of a Scottish National Dementia Strategy in June 2010. Performance targets were introduced to improve the early recognition and management of dementia. This paper will report on a Knowledge Transfer Partnership (KTP) between NHS Highland and the Dementia Services Development Centre designed to assist NHS Highland in meeting the Government performance target and to redesign services as required to improve diagnostic processes and post diagnostic support for people with dementia. The study's objectives were threefold: to review international best practice in rural dementia care; to consult with service users and their family members; to redesign diagnostic and post-diagnostic services in NHS Highland.
Methods: Four methods were used: a survey of service providers in the region, 1-1 interviews with people with dementia and carers, observations of service delivery, and active participation in decision making forums.
Results: The paper will discuss:
- the service structure service providers describe and the challenges they report
- the satisfaction with memory services reported by people with dementia and their family carers living in rural and remote Scotland
- the redesign of diagnostic and post-diagnostic services

Conclusion:
(Conclusions not currently known – but these will be available at the time of the conference)

Disclosure of Interest: None Declared

OC107

SHOULD FDA, EMEA, HEALTH CANADA, CONSORT ACCEPT LAST-OBSERVATION-CARRIED-FORWARD ANALYSES? A SYSTEMATIC REVIEW OF DEMENTIA DRUG RCTS.

F. Molnar[1,*]
[1]Division of Geriatric Medicine, UNIVERSITY OF OTTAWA, Ottawa, Canada

Objectives: To examine the use of intention-to-treat (ITT) imputation of missing data techniques, such as Last-Observation-Carried-Forward, employed in cholinesterase inhibitor and memantine randomized-controlled trials (RCTs) in Alzheimer disease, Vascular dementia, Mixed dementia and Mild Cognitive Impairment.
Methods: *Design*: Systematic review of analytic methodology.
Data Sources: Systematic electronic search of Medline and Cochrane's RCT Register, supplemented by hand search of the reference lists of selected articles, meta-analyses and review articles.
Review Methods: Two reviewers independently reviewed selected RCT reports; extracted data using standardized forms and performed quality assessments using the Jadad scale (+ Schultz criteria). These reviewers then met to review discrepancies in extracted data. When consensus could not be achieved, discrepancies were forwarded for independent third party review.
Results: Of the 57 studies selected, 13 did not report the results of ITT analyses and 35 employed Last-Observation-Carried-Forward as the only form of ITT analysis with 24 of these studies reporting conditions that could promote bias favoring the drug under study in Last-Observation-Carried-Forward analyses. The latter finding was more common in cholinesterase inhibitor trials than in memantine studies.
Conclusion: The findings suggest that the published results of some dementia drug RCTs may be inaccurate (i.e. exaggerated effectiveness) or potentially invalid (i.e. false positive results). Results suggest that Last-Observation-Carried-Forward may bias results in favor of cholinesterase inhibitors and against memantine and may prevent funding of and patient access to less toxic treatment options. Systematic reviews of the use of Last-Observation-Carried-Forward in other areas of research involving chronic progressive disorders are encouraged. Licensing agencies should determine whether they should continue to accept Last-Observation-Carried-Forward analyses in research on dementias and other chronic progressive conditions.
References: 1

Disclosure of Interest: None Declared

OC108

ABCA1 MEDIATES THE BENEFICIAL EFFECTS OF THE LIVER-X-RECEPTOR AGONIST GW3965 ON AMYLOID LOAD AND OBJECT RECOGNITION MEMORY IN APP/PS1 ALZHEIMER'S DISEASE MICE

C. Wellington[1,*], J. Donkin[1], S. Stukas[1], V. Hirsch-Reinshagen[1], D. Namjoshi[1], A. Wilkinson[1], S. May[1], J. Chan[1], J. Fan[1], J. Collins[2]
[1]Pathology, University of British Columbia, Vancouver, Canada, [2]GlaxoSmithKline, North Carolina, United States

Objectives: Apolipoprotein E (apoE) is the major component of brain HDL and the most validated genetic risk factor for Alzheimer's Disease (AD). The cholesterol transporter ABCA1 moves lipids onto apoE as the rate-limiting step in brain HDL biosynthesis. In AD mice, ABCA1 deficiency exacerbates amyloidogenesis, whereas selective overexpression of ABCA1 ameliorates amyloid burden. Liver X Receptor (LXR) agonists such as GW3965, which stimulate many genes involved in lipid homeostasis, reduce Aβ levels and rescue cognitive deficits in AD mice. The objectives of this study were to: 1) deteremine if ABCA1 is required for the beneficial effects of the LXR agonist GW3965 in the APP/PS1 model of Alzheimer's Disease; and 2) to determine dose and treatment duration for maximal efficacy.
Methods: APP/PS1 and APP/PS1/ABCA1 cohorts were left untreated, or treated with GW3965 compounded in chow. Three treatment groups were used: 1) Low-dose prophylactic animals received GW365 at 2.5 mg/kg/d for 32 weeks; 2) Low-dose therapeutic animals received GW3965 at 2.5 mg/kg/d for 8 weeks; 3) high-dose therapeutic animals recieved GW3965 at 33 mg/kg/d for 8 weeks. Outcome measures included Novel Object Recognition and Morris Water Maze behavioral tasks, biochemical analysis of Abeta levels, ABCA1 expression, apoE expression and amyloid load.
Results: APP/PS1 animals increased apoE levels in brain tissue and cerebrospinal fluid in response to GW3965 and displayed improved behavior compared to untreated controls. Improvements in novel object recognition were evident in all three APP/PS1 treatment groups, whereas biochemical evidence of increased apoE levels were evident only at a dose of 33 mg/kg/d. There was no significant change in amyloid burden in any treatment group, indicating that cognitive improvement does not require removal of amyloid deposits. Importantly, APP/PS1 animals lacking ABCA1 were unable to increase apoE levels in brain tissue and cerebrospinal fluid in response to GW3965 and failed to demonstrate improved cognitive function.
Conclusion: These results show that ABCA1 is required for beneficial effects of GW3965 in AD mice.

Disclosure of Interest: C. Wellington: None Declared, J. Donkin: None Declared, S. Stukas: None Declared, V. Hirsch-Reinshagen: None Declared, D. Namjoshi: None Declared, A. Wilkinson: None Declared, S. May: None Declared, J. Chan: None Declared, J. Fan: None Declared, J. Collins Employee of: Employee of GlaxoSmithKline

OC109

MEASURES OF CLINICAL SIGNIFICANCE EMPLOYED IN DEMENTIA DRUG RCTS.

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[1]Division of Geriatric Medicine, UNIVERSITY OF OTTAWA, Ottawa, Canada

Objectives: To examine the measures of clinical significance employed in cholinesterase inhibitor and memantine trials in Alzheimer disease, Vascular dementia, Mixed dementia and Mild Cognitive Impairment.
Methods: *Design*: Systematic review.
Data Sources: Electronic search of Medline and the Cochrane Central Register of Controlled Trials from 1989 to February 2008, supplemented by hand search of the reference lists of selected articles, meta-analyses and review articles.
Review Methods: Two reviewers independently reviewed selected Randomized Controlled Trial (RCT) reports, extracted data using standardized forms and performed quality assessments using the Jadad scale.
Results: Of the 57 dementia drug RCTs selected, only 46% discussed the clinical significance of their results. The most commonly cited measures of clinical significance were a 4-point change in the Alzheimer's Disease Assessment Scale – cognitive subscale and changes on global scales. Only one study empirically measured patient perspective regarding thresholds for clinical significance.
Conclusion: Despite being central to the interpretation of trial results and to the decision regarding whether to employ trial findings in clinical practice, patient and caregiver centered measures of clinical significance have not been adequately studied and integrated into dementia drug RCTs. Funding agencies should consider initiating requests for proposals focused on the determination of the Minimal Clinically Important Difference (MCID) of outcome measures employed in dementia research. Once empiric data on MCIDs are available then these funding agencies should consider supporting a consensus conference to review and select the optimal measures of clinical importance in dementia research.
References: 1

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC110

EXERCISE AND LEISURE ACTIVITIES PROLONG THE COGNITIVE ENHANCING EFFECT OF CHOLINESTERASE INHIBITORS?

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[1]TAIWAN ALZHEIMER'S DISEASE ASSOCIATION, [2]Neurology, National Taiwan University Hospital, Taipei, Chinese Taipei

Objectives: The aim of this study was to determine factors influencing the efficacy of cholinesterase inhibitors for patients with Alzheimer's disease.
Methods: A retrospective and prospective cohort study was performed in the memory clinic of National Taiwan University Hospital. Patients with Alzheimer's disease were included in the cohort if they received one of the cholinesterase inhibitor prescriptions between 2000 and 2010. Responder group was defined as those users who have had continuously using cholinesterase inhibitor for more than 2 years under the strict regulation of Taiwan's health insurance. Demographic data, initial cognitive and functional state, health condition, life events, and leisure activities were compared between the two groups.
Results: There were 368 users of cholinesterase inhibitors enrolled in this study. There was no significant difference in the gender, initial MMSE score, CDR stage, age of onset of dementia and age of starting cholinesterase inhibitor, general health condition, and life style between the 2 groups. The responder group had less deterioration of MMSE score in 6 and 12 months, and better ADL and IADL scores as compared with the non-responder group. Performing habitual exercise and participating leisure activities were more frequently reported in the responder group.
Conclusion: Patients with Alzheimer's disease who had better initial functional state and performing habitual exercise or participating leisure activities response better to the treatment of cholinesterase inhibitors.

Disclosure of Interest: None Declared

OC111

CAN PERSONS WITH DEMENTIA RE-CREATE "HOME" IN A RETIREMENT HOME?

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Objectives: This paper is part of a larger study that examined the meaning of "home" and "relocation" to a retirement residence for persons with dementia (PWD).
Methods: The study had a prospective qualitative design. The findings are based on the data from face-to-face interviews with 16 PWD and their family caregivers at three points of data collection: 2-month pre- and 2-month/6-month post-relocation.
Results: At the time of relocation, living at home had become a paradoxical experience for most participants. With the progressive decline in their functional competence and other changes in their life circumstances, living at home was no longer only associated with positive emotions, but it had also increasingly become a source of distress, confinement, and dependency. After relocation, PWD had varying levels of success in meeting their adjustment needs to "settle in", "fit in" and "find meaning in" the transition, and achieved various degrees of "comfort", "connection" and "continuity" associated with "feeling at home". Many attributes of the person and context of care influenced the outcomes. As far as the impact of the dementia is concerned, this depended on the complex interaction of multiple factors, including the stage of illness, its unique manifestations, the person's pre-morbid personality and coping skills, as well as the responsiveness of the overall environment of care. Generally, PWD received greater support to meet their instrumental needs to "settle in". Their higher order psycho-social needs to "fit in" and "find meaning in", which were necessary to complete the emotional transition, were largely overlooked.
Conclusion: The meaning of home is fluid and it can change as the person and/or environment change. The findings inform the development of interventions to optimize housing decisions and to support the efforts of PWD to "feel at home" whenever they live.

Disclosure of Interest: None Declared

OC112

RESPITE CARE: EVOLUTION OF THE CONCEPT AND THE PROGRAMMES. AN INTERNATIONAL PERSPECTIVE

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Objectives: Respite care is a priority of the third French Alzheimer Plan 2008-2012. On behalf of the governmental follow up committee, Fondation Médéric Alzheimer established, in 2008, a typology of the different respite care services, based on an international literature review.
In 2010, we updated the first document by a complementary investigation, that will be the purpose of our presentation.
Methods: Our study combines, in a shared vision between research and practices, 1: a systematic review of research including meta analysis on evaluations of respite care programmes and the grey literature (thesis, meeting abstracts, professionals publications, etc.) 2: material gathered through professional focus groups, interviews of family carers and people with dementia, and field visits.
Results: We have observed a real paradigm change about respite care design and implementation for the last ten years in France. One of the major features is the new consideration of quality of life for both people with dementia and their carers and not only the satisfaction of carers respite needs alone.
To illustrate these new trends, we have selected key initiatives both directed towards people with dementia and the carers, or offering community based programmes. For each initiatives selected, we will present key findings from the scientific literature. Thus, we will show how these new pragmatic approaches allow to adapt interventions to complex life situations, within different family contexts.
Conclusion: Our recent investigation confirms the new trends observed in 2008, such as: consideration of the subjective experience of both person with dementia and the carers; increased evaluations of interventions; professional and political willingness to make respite care services more accessible, acceptable and effective.

Disclosure of Interest: None Declared

OC113

INMATES UNDERGO TRAINING TO CARE FOR INMATES WITH DEMENTIA

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Objectives: In the prison system, the highly vulnerable population of those with dementia is underserved. In a joint project between the Alzheimer's Association, California Central Coast Chapter and the California Men's Colony prison, long-term inmates were given a one year training in dementia care and support so they could be caregivers of inmates with dementia.
Methods: Prison staff selected inmates to become "Social Aides" and undergo the training who had no problematic behavior in the prison system for the past 10 years. Six were chosen. During the first six months two staff from the Alzheimer's Association created and delivered a specialized training which included information on the causes and clinical picture of dementia and how to provide care to a person who suffers from dementia. During the second six month period, the chief psychologist overseeing the unit provided assignments, guidance through a monthly support group, and evaluation of their progress. Halfway through this six month period, one of the instructors came from the Alzheimer's Association to join the support group meeting and offer additional advice and support. Social Aides were also provided with weekly clinical observations of the quality of care.
Results: Evaluations given to the class participants after each session revealed a high satisfaction rate for the training and improved confidence in the care the Social Aides gave. Data collected by CMC staff also showed that the quality of life of the inmate-patients with dementia improved dramatically, custody staff observed less emotional outbursts from these inmates, and the inmate-caregivers demonstrated extremely compassionate efforts in helping and giving care to their inmate-patients.
Conclusion: Educating Social Aide inmates in dementia care and support led to several favorable outcomes. The inmate-patients received higher quality of care. The staff at the prison received additional training they would not have ordinarily received through the prison system that helped them improve the care they gave to inmate patients and make their jobs more tolerable and effective. The Social Aides received training that made their work with the inmate patients more effective and pleasant and gained job skills they could take with them upon parole. All of this was provided at no expense to the prison or tax-payers. It is the belief of those involved that the project was a success and the hope is it will be replicated in other prison settings.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC114

TRANSFORMING DEMENTIA CARE IN THE ACUTE UK HOSPITAL - RUNNING TO CATCH UP

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Objectives: We want to present two projects from two Acute London hospitals.Both projects aimed to improve dementia care in the acute setting, but the first one at St Mary's Hospital, focussed on the ED and pre-dated the launch of the National Dementia Strategy; whereas the second at The Royal Free Hospital, is currently underway and is structured more formally. We have encountered negative attitudes and a 'not my problem' approach; but have found creative ways to inspire staff. We want to present how we overcame the negativity and how we are managing to deliver a complex quality initiative in such challenging times
Methods: Both projects are about culture change;making our organisation into one which embraces the needs of people with dementia rather than ignoring them. No general hospital staff in the UK routinely get training on dementia; so our first remit was to offer training to all patient facing staff. To support this, we also had to resource the staff which would ensure they could manage patients in their own clinical areas; this has included environmental changes in the ED; An internet portal; implementation of dedicated pain assessment /management pathway; a green glass scheme; picture menus;inpatient complementary therapies and anaesthetic gel for procedures.
Results: At St Mary's; we did not consider the need to evidence our improvement as it was badged as a teaching project. Having delivered training to 98% of the clinical staff in ED; we assumed success. However, without metrics to support us, we failed to get further funding. Having learnt this lesson, we are implementing metrics at the Royal Free; amongst them are regular audit of notes to identify and measure indicators of well-being and an ongoing follow up phone survey with relatives/carers to identify satisfaction and quality of services.
Conclusion: Tackling attitudes to dementia is challenging and requires imagination and determination. Our projects were very different; the first was informal, relied on goodwill and had negligible funding; whereas the second has more money, more scrutiny, but perhaps, less heart – this has offered us an insight into what can be done and how different organisations can achieve similar results in different ways. Because of years of disinterest; delivering good care for people with dementia is a huge challenge for UK hospitals, but we think that our projects show it to be possible and achievable even with limited resources.

Disclosure of Interest: None Declared

OC117

SHARED OCCUPATION WHEN ONE SPOUSE HAS DEMENTIA: IMPACT ON PERSON AND COUPLE IDENTITY

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Objectives: Dementia progressively affects people's ability to accomplish daily activities. This loss of abilities has been conceptualized as the loss of self/personhood. The concept of personhood is fairly well established in the literature, but couple identity/couplehood has received less attention. This study explored how shared occupation supported both personhood and couplehood.
Methods: Published accounts, written by either a person with dementia or his/her spouse, were analyzed for descriptions of shared occupations, including self care tasks, leisure activities, and work or household duties.
Results: Sharing self care activities arose from necessity and often represented unwanted work for the caregiver. However, it was very important to caregivers to assist with self care in order to sustain the personhood of the individual with dementia. Caregivers also supported spouses in continuing work or household duties for as long as possible. Both spouses found this meaningful, although the need for support signaled disease progression. Shared leisure was very meaningful to both partners. Couples continued to share leisure occupations as long as possible, and caregivers introduced new shared leisure activities to replace those abandoned.
Conclusion: Caregivers treasured shared leisure because it was instrumental in sustaining a couplehood connection between spouses as the disease progressed. Sharing other activities detracted from that sense of partnership and emphasized dependency. Spousal caregivers often re-conceptualized supporting the personhood of the person with dementia as a spousal duty, thus emphasizing the spousal role to themselves. Further research is needed into the meaning of shared occupations and their role in supporting personhood and couplehood.

Disclosure of Interest: None Declared

OC116

FINNISH REHABILITATION SYSTEM - THE CHALLENGES FOR PEOPLE WITH EARLY-ONSET DEMENTIA AND THEIR RELATIVES

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Objectives: The aim was to find out 1) are there rehabilitation services for people with early-onset dementia and their caregivers, 2) how these people experience the existing services and 3) were there needs that no services matched.
Methods: Three studies were made: 1) Dementia Barometer is made by The Alzheimer Society of Finland once every five years to find out about the services for persons with dementia and their caregivers. It is a quantitative questionnaire with open questions aimed for municipal policymakers of social and health services. The response rate equals 43% of the population of Finland. 2) The research group of the qualitative study consisted of 6 persons with early-onset dementia and 7 caregivers; the research method was theme interview, and the analysis method qualitative content analysis. 3) In the quantitative study 34 persons with early-onset dementia and 53 caregivers filled a questionnaire about rehabilitation services.
Results: Early-onset dementia is not part of municipal policy making. The expertise of the nursing staff concerning this group and its rehabilitation is found weak. People with early-onset dementia and their relatives wish for rehabilitation that meets their subjective needs, maintains their abilities to function and supports meaningful living for them. Present Finnish rehabilitation system was discovered insufficient: services are not sufficiently available, services are lacking especially in the early stages of dementia, getting information of services is hard, there are not enough targeted services and support capable of meeting the needs of this group, there is a shortage of counseling services for this group and their children, and regional inequality is immense. The support system for retiring people with early-onset dementia is absent.
The quantitative part is still under analysis.
Conclusion: Rehabilitation should start right after the diagnosis, as a lot of significant time is lost if waiting for the disease to progress. The expertise of the nursing staff needs strengthening. It is principal to consider the age factor when organizing services for this group. The comparatively small number of the group is a problem, as it is often economically unthinkable to organize services allocated just for this group, but human *and* cost-effective ways should be taken into account. Finnish social security system should be responsible for the well-being and rehabilitation of these people, but the local associations tend to play the main role.

Disclosure of Interest: None Declared

OC118

OUTINGS FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE AND DEMENTIA PROVIDE MEANINGFUL EXPERIENCES AND QUALITY OF LIFE

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Objectives: The number of individuals affected by Alzheimer's disease continues to increase each year, leaving persons not only robbed of precious memories but often the sense of being disconnected from their community. Individuals find themselves unable to attend their favorite restaurants, events, and even places of worship that once gave them a feeling of belonging. This presentation will give attendees a better understanding of how to plan and implement a successful outing program for residents in all stages of Alzheimer's disease, including how to assess each individual regardless of their cognitive and physical ability, as well as safety issues and the evaluation process required in order to conduct such an activity.
Methods: Outings are planned and implemented relating to the interests and needs of the residents. An interdisciplinary team of staff work in harmony to ensure the outcome of each event is a success. Each outing is evaluated after completion and any concerns are discussed with the team. Throughout the year educational meetings are held with staff, providing an opportunity to review policies, procedures, and the vision of the program as well as results. Staff and volunteers are also invited to participate on outings, providing first-hand experience of how they play an important part in enriching the quality of life for individuals affected by Alzheimer's disease.
Results: Over the past 20 years, with more than 3,000 outings conducted to date, the results found in this study have proven to be very beneficial to residents participating in the program. As a result offering outings to individuals with Alzheimer's disease has not only added quality of life, but provided them with an opportunity to feel a part of the community again. Various outings have set the stage for residents to reminisce with others about trips they took with their children and have given residents a chance to revisit some memorable hometown locations. More importantly outings, when offered to residents experiencing sundowning, have often served as a tool to decrease agitation and thus resulted in fewer PRN medications.
Conclusion: While a program of this magnitude carries a large amount of responsibility, the end results make it all worthwhile. While individuals may not remember specifics of their trips – dates, times, locations – the satisfaction, joy and sense of belonging linger long afterward.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC119

INTERGENERATIONAL NATURE-BASED PROGRAMS TO FOSTER BRAIN HEALTH

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Objectives: (1)To develop an intergenerational health and wellness practice for those with cognitive challenges, including persons clinically labeled with dementia that incorporates a local nature center and a healthy learning garden.(2) To build on past efforts demonstrating the value of volunteering in a multiage educational setting (The Intergenerational School in Cleveland, OH) for elders including those with mild to moderate dementia.(3)To incorporate the nature center and intergenerational gardens into learning programs for children and elders, as well as into brain health and wellness programs.
Methods: In previous studies, we have used both quantitative and qualitative methods to demonstrate the value of intergenerational learning activities for older adults with mild to moderate dementia who volunteer with elementary school children. The principal results of these studies suggested a reduction in stress and improvement in quality of life in those individuals who volunteer with school children compared to those who remained at a residential facility and participated in peer activities. Building on this work, we have developed a program with the Nature Center at Shaker Lakes to teach children and elders with varying degrees of cognitive disability about the natural environment, and to foster the sense of wonder that emerges from being in nature. This work was recognized by a first prize award from the US EPA in the Rachel Carson Sense of Wonder contest. While we continue the work with the Nature Center we have now built our own productive ecosystem at The Intergenerational School in the form of an Edible Forest Garden. Systems thinking was employed to include community engagement, soil preparation, water management and the appropriate selection of plants based on their needs and contributions to the garden and food production.
Results: A Nature Center program and gardens have been successfully created through intergenerational community efforts. Formal connections to both adult learning and children's curricula activities, as well as the health practice, are being created
Conclusion: Our collaborative community efforts and our gardens will allow children and adults with some degree of cognitive and functional loss to share experiences in nature. We are demonstrating learning, health, and quality of life benefits. Lessons togetehr about healthy eating from the cultivation and consumption of locally produced foods, as well as benefits from physical exercise, seem to be key.

Disclosure of Interest: None Declared

OC120

MEANING FOCUSED COPING IN EARLY STAGE DEMENTIA

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Objectives: The purpose of this study was to understand the meaning of leisure among persons with early stage dementia. We explored how persons with memory loss used leisure to cope with the changes they experienced.
Methods: We collected data using the long interview, photovoice, and participant observation. Four participants were interviewed individually on 4 different occasions. Using photovoice, participants were asked to take photos of objects that were meaningful for their leisure. These photos guided discussion in our second interview, which focused on the participants' experience of leisure. Using participant observation, we joined participants in a variety of leisure activities, including crafts, games, and physical activity. Line by line detailed analysis (van Manen, 1997) was conducted to analyze data. Initial findings were presented to participants, who confirmed that they accurately reflected their experiences.
Results: Data analysis revealed that participants engaged in meaning-focused coping. Meaning-focused coping acknowledges that individuals can find meaning in coping with stressful events and positive emotions can occur when dealing with long term stress (Folkman, 1997). Participants experienced five aspects of meaning-focused coping through their active participation in leisure, including benefit finding, benefit reminding, adaptive goal processes, reordering priorities, and infusing ordinary events with meaning (Folkman, 2008). They found benefits to coping with memory loss, including strengthened relationships and greater appreciation for remaining abilities. In benefit reminding, they reminded themselves of the benefits of coping when they felt particularly distressed about changing abilities. Participants managed stress by creating new goals to suit their abilities. In reordering priorities, participants made decisions about which leisure activities to prioritize and which to drop based on their meaning for the individual. Finally participants infused ordinary events with meaning as they acknowledged that engagement in their favourite activities may be limited in the future. They appreciated time spent with loved ones and life's simple pleasures, like watching the sunset. Participants took advantage of opportunities to do their favourite activities when possible while acknowledging that their time available to enjoy these activities may be limited.
Conclusion: Through meaning-focused coping, participants actively engaged in life and found meaning in living with dementia.

Disclosure of Interest: None Declared

OC121

VOLUNTEERING: MEANINGFUL CONTRIBUTIONS BY PEOPLE WITH DEMENTIA

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Objectives:
Many people with early stage dementia express a feeling of loss of meaning and purpose in their lives. In response to this Alzheimer's Australia WA established a pilot project to support people with early stage dementia to volunteer in the community. The objectives were to increase self esteem and quality of life for the person with dementia and to give them an opportunity for meaningful contribution. In turn we expected the organisation and the wider community to have increased awareness and understanding of dementia.
Methods:
Participants were selected from our Living with Memory Loss Program based on previous expressions of interest and referrals from colleagues. At this stage the pilot is ongoing and so far we have had four people with early stage dementia with mixed ages and gender involved.
The participants volunteered on their own or with a support worker, in a workplace selected by them to suit their needs, strengths and interests. Organisations received education to increase their understanding about dementia and how to best support their volunteer.
Before volunteering participants were interviewed to gain a sense of their expectations in volunteering, current quality of life, self esteem and feelings regarding meaningful contribution in their lives. Clients and their main support person also completed the Quality of Life: AD (QoL-AD). Three months into their volunteering we followed up with another interview focusing on the same areas and administered the QoL-AD again.
Results:
Initial findings suggest that when people with early stage dementia volunteer they experience increased self esteem and quality of life and a sense that they can still make a meaningful contribution. Additionally we expect the volunteer organisation and community will gain an increased awareness about dementia and an insight into the strengths and abilities a person with dementia still has.
Conclusion:
Having meaning and purpose in our lives is a fundamental human need. With a diagnosis of dementia this can be harder to achieve and future services need to realise the importance of this. The final paper will discuss outcomes of the project, including the benefits that can be gained for the person with dementia and the community through volunteering. The pilot of the project is scheduled to be completed in December 2010.

Disclosure of Interest: None Declared

OC122

SOCIAL STIMULATION OR SOCIAL DISLOCATION? THE ENCOUNTERS OF NEWLY RELOCATED PERSONS WITH DEMENTIA WITH THE SOCIAL ENVIRONMENT OF RETIREMENT RESIDENCES

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Objectives: This paper is part of a larger study that examined the meaning of "home" and "relocation" to a retirement residence for persons with dementia (PWD). The Focus of this paper is on the interactions of PWD with the social environment of retirement residences.
Methods: The study had a prospective qualitative design. The findings are based on the data from face-to-face interviews with 16 PWD and their family caregivers at 2-month & 6-month post-relocation.
Results: The accounts of PWD were filled with the stories of challenges they faced in maintaining old social ties & in creating new ones after relocation. Early in the transition, most turned to their longtime friends/family to meet their needs for social affiliation & engagement. But remaining connected with the outside world proved to be difficult for most. After a period of longing for the lost connections, the majority eventually re-shifted their focus to the pursuit of new attachments with people & activities inside the residences. For most, the first meaningful encounters were with the staff. Establishing fulfilling relationships with other residents proved to be much more complex. As newcomers, many perceived the social terrain as being strange, confusing, unwelcoming & impermeable. With time, some were eventually able to create their own niche & developed a sense of belonging. While others continued to feel an "outsider" & "lonely in the crowd". The barriers & enablers to their social integration including the effect of patterns of age identification, social homogeneity of the setting, & the dynamics of age, gender, & culture will be discussed.
Conclusion: The findings inform supportive interventions to more proactively foster the social integration & meaningful activity participation of PWD in retirement residences.

Disclosure of Interest: None Declared

Oral Presentation Abstracts

OC123

CORTISOL AND COGNITION IN AMNESTIC MILD COGNITIVE IMPAIRMENT

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Objectives: Elevated cortisol is associated with reduced memory. Cortisol is chronically higher in individuals with Alzheimer's dementia; however it does not appear to be elevated in mild cognitive impairment (MCI)[1]. This is curious given MCI is characterized by reduced memory function and is considered a transition phase between normal aging and dementia[2]. In contrast to normal aging, higher basal cortisol has been associated with poorer memory function in MCI[1,3]. Here cortisol was sampled basally and sampled when exogenously manipulated during memory testing in order to further elucidate how the relationship between cortisol and memory function might differ between normal aging and MCI.
Methods: A group of 14 amnestic-MCI participants (M age = 75 years) were compared with age and education matched controls on tests of episodic, associative, and working memory across two test sessions. A psychosocial stressor (public speaking) was applied at the start of the second session. Multiple salivary cortisol samples were taken during both test sessions. Basal sampling was completed during the week between test sessions (5 samples throughout each of 3 days).
Results: Cortisol levels were comparable between groups on basal sampling and elevated in the aMCI group on both test days (η^2_p = .12). Following a stressor, both groups showed the expected elevation in cortisol (η^2_p = .16). As expected, the aMCI group performed more poorly on the memory tests. Immediate recall performance was enhanced by stress in the control group but not in the aMCI group (η^2_p = .23).
Conclusion: Individuals with aMCI appear to have an elevated stress response when exposed to cognitive testing situations and, in contrast to matched controls, do not benefit from enhancement to memory from moderate levels of stress. These findings suggest there may be aMCI related alterations in the function of the hypothalamus-pituitary-adrenal axis, a primary brain system involved in the stress response.
References: 1. Wolf et al., 2002. *Psychoneuroendocrinology, 27:* 777-89
2. Petersen et al., 2001. *Archives of Neurology, 58: 1985-92*
3. Souza-Talarico et al., 2010. *J Alzheimer's disease, 19: 839-48*

Disclosure of Interest: None Declared

OC124

ONE-YEAR OUTCOMES OF MILD COGNITIVE IMPAIRMENT IN THE COMMUNITY

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Objectives: Mild cognitive Impairment (MCI) is widely regarded as a prodromal stage of Alzheimer's dementia, but outcomes of MCI in fact vary by setting. This study investigated the one-year outcomes of individuals classified as having MCI by different definitions at the population level.
Methods: A population-based stratified random sample of 1982 individuals aged 65+ years in a US community was characterized at baseline. Participants were classified as MCI using operational definitions of several current criteria for MCI: Amnestic MCI by Mayo criteria, Expanded MCI by International Working Group criteria, Clinical Dementia Rating (CDR)=0.5, and a purely cognitive classification into Amnestic and Non-Amnestic MCI. At one-year followup, for each MCI definition, three outcomes were examined: worsening (progression to dementia with CDR≥1 or severe cognitive impairment); improvement (reversion to CDR=0 or normal cognition); and stability (unchanged CDR or cognitive status).
Results: Regardless of MCI definition, over one year, a small proportion progressed to dementia with CDR ≥ 1 (range 0-3%) or severe cognitive impairment (0-20%) at rates higher than their cognitively normal peers. Somewhat larger proportions improved or reverted to normal (6-53%). The majority remained stable (29-88%). Where definitions focused on memory impairment, and on multiple cognitive domains, higher proportions progressed and lower proportions reverted on CDR.
Conclusion: MCI is a heterogeneous entity at the population level although it progresses to dementia at rates higher than in normal elderly. Proportions progressing to dementia are lower, and proportions reverting to normal are higher, than in specialized clinical research settings. Memory impairments and impairments in multiple domains lead to greater progression and lesser improvement. Research diagnostic criteria for MCI should be validated at the community level before incorporation into clinical practice, to allow treatment strategies to be targeted appropriately.

Disclosure of Interest: None Declared

OC125

SEVERITY OF MILD COGNITIVE IMPAIRMENT DOES NOT PREDICT PROGRESSION

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Objectives: We wished to assess whether individuals with early Mild Cognitive Impairment (MCI) had a lower rate of progression to dementia and Azheimer's Disease than those with advanced MCI.
Methods: 106 patients initially seen from 2005 to 2007 in the McGill Jewish General Hospital Memory Clinic and diagnosed as MCI were given the Montreal Cognitive Assessment (MoCA) Everyone in this cohort has had at least one follow-up visit (avg. # FU visits: 2.6; SD: 1.3) with average follow up 3 years.Annual clinical reevaluation was carried out
Results: Of that initial cohort, 44 have progressed to dementia (37 to AD, 7 to Other D: Mixed, Vasc., or FTD) while 62 have remained MCI. Comparing the initial MoCA score between the progessors and non-progressors, (NP) average score was 23.5 (SD 2.8), while Progressors (P) average score was 22.5 (SD 3.3) (t[104]=1.71, p.=0.09). A further analysis was done comparing the lowest tertile of MoCA scores (n=37; range: 14-22) against the highest (n=32; range: 25-29) in terms of percentage of progressors in each, and those percentages were not significantly different (43% vs. 31%, χ^2 =0.31, n.s.).
Conclusion: Recently, considerable focus has been placed on evaluating "early" MCI (those with milder memory loss) in terms of biomarkers. The concern has been that such early MCI individuals might have a much lower rate of progression to AD over any study period. There is little real literature on the subject. We defined early , midrange and advanced MCI in terms of tertile scores on the MoCA, a short screening test geared to assess MCI individuals. We found that the progression rate in upper and lower tertiles was virtually identical over a three year follow up period. Presumably this is because there are subgroups in each tertile who do not progress, and severity of cognitive impairment does not clearly distinguish these. Studies of early MCI will indeed be likely to demontstrate progression to AD over a three year period.
References: Nasreddine, Z. S., Phillips, N. A., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., Cummings, J.L., & Chertkow, H., (2005) The Montreal Cognitive Assessment, MoCA: A brief screening tool for Mild Cognitive Impairment. *Journal of the American Geriatrics Society.53 (4),* 695-699.

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OC126

CLINICAL, COGNITIVE AND GENETIC PREDICTORS OF CONVERSION FROM AMNESTIC MILD COGNITIVE IMPAIRMENT TO ALZHEIMER'S DISEASE IN CHINESE OLDER ADULTS

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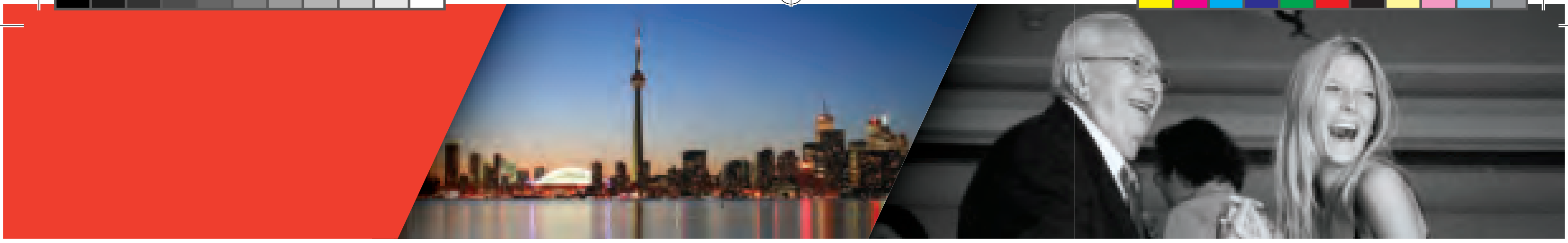
Objectives: To investigate the predictors of conversion from amnestic mild cognitive impairment (aMCI) to Alzheimer's disease (AD) in Southern Chinese older adults.
Methods: Design:A one-year cohort study; *Setting:* Ambulatory setting. *Subjects:* Chinese older adults, aged 55 to 93 years old, with aMCI by the Petersen's criteria. *Measurements:* Baseline demographic and clinical factors, and apolipoprotein E genotype. All subjects were followed for one year. AD was diagnosed by the NINCDS-ADRDA criteria for probable AD.
Results: 190 Chinese older adults with aMCI were recruited. 17.9% (n=34) of them were converted to Alzheimer's disease at the end of one year. Bivariate analyses showed that alcohol intake, male sex, advanced age, low body mass index (BMI), coronary heart disease (CHD), low MMSE and cognitive assessment tests' scores increased the risk of conversion to AD significantly. After adjustment for confounders, logistic regression analyses showed that CHD (RR=3.84, 95% CI 1.09, 13.6), BMI (RR=0.82, 95% CI 0.72, 0.94), delayed recall score in visual reproduction test (RR=0.82, 95% CI 0.70, 0.97) and 30-minute recall of the selective reminding test (RR=0.69, 95% CI 0.53, 0.91) but not apolipoprotein E genotype were significant independent predictors for conversion to AD.
Conclusion: In Chinese older adults, the presence of CHD, low BMI, and poor performance in delayed recall tests of visual reproduction test and selective reminding tests predict increased risks of aMCI conversion to AD.

Disclosure of Interest: None Declared



Oral Presentation Abstracts

OC127

MILD COGNITIVE IMPAIRMENT IN PATIENTS WITH CAROTID DISEASE

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Objectives: Vascular risk factors have an important role in the development of cognitive decline. Advanced stenosis or occlusion of the internal carotid artery (ICA s/o) is known to be associated with vascular risk but also with cognitive decline. We therefore evaluated cognitive functions in patients with mild cognitive impairment (MCI) and vascular risk factors with and without advanced carotid disease.

Methods: Cognitive status of 70 patients with vascular risk factors, diagnosed with MCI)and with advanced ICAs/o was compared with age and gender matched control group of 70 MCI patients with vascular risk factors but without ICAs/o. Cognitive testing was performed using MMSE and Montreal Cognitive Assessment (MoCA). Cognitive performance on both tests and on cognitive domains covered by MoCA was correlated with vascular risk profile.

Results: Compared to MCI patients without concomitant advanced ICA s/o, MCI patients with ICA s/o scored significantly worse on MoCA ($p<0{,}001$) while MMSE cognitive scores did not differ significantly between groups. Patients with ICA s/o also had significantly lower scores in delayed recall ($p<0{,}001$) and abstraction ($p<0{,}001$) when analysis of cognitive domains covered by MoCA was performed. Sustained attention was associated with the presence of multiple risk factors (>2), and impaired language with diabetes ($p< 0{,}05$). No significant differences in cognitive scores were found regarding the side of ICA s/o.
Conclusion: Patients with vascular risk factors and concomitant advanced carotid disease seem to be at increased risk of developing cognitive decline. The pattern of cognitive impairment could be easily revealed when MoCA subtests scores are analysed.

Disclosure of Interest: None Declared

OC128

VISUAL SEARCH EFFICACY DURING THE PRODROMAL STAGE OF ALZHEIMER'S DISEASE: DO AUDITORY CUES HELP FOCUS ATTENTION?

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Objectives: The ability to visually search one's environment is a complex skill used everyday. Success at finding a particular object is dependent on a variety of factors, including search strategy, the ability to ignore distracting items, and efficiency in shifting attention. As demonstrated in our lab, deficiencies in visual search performance are observed in individuals with amnestic mild cognitive impairment (MCI), a condition thought to be the prodromal stage of Alzheimer's disease. In the present study, we investigated whether auditory cues can facilitate visual search performance in individuals with amnestic MCI (single and multi-domain; $N = 16$) relative to healthy older adults ($N = 20$), and whether these effects are dependent on the type of cue (informative spatial cue vs. non-informative preparatory cue).
Methods: Participants (ages 65-84 years) completed two visual search tasks: orienting (informative cues) and preparatory (non-informative cues). In each task search condition (single, conjoined), array size (5, 9, 17), target presence, and cue availability were manipulated. Reaction time performance was used to measure visual search efficacy.
Results: The MCI participants were less efficient at detecting a target relative to healthy older adults. Additionally, the auditory cues facilitated visual search performance, with larger cueing effects observed in the MCI group relative to the healthy older adults on the orienting task.
Conclusion: These findings indicate that auditory cues can improve visual search efficacy in individuals with MCI, particularly when the cue is spatially informative.

Disclosure of Interest: None Declared

Poster Presentation Abstracts

P001

THE FORMATION OF TAU PATHOLOGICAL PHOSPHO-EPITOPES IN THE AXON IS PREVENTED BY THE DEPHOSPHORYLATION OF SELECTIVE SITES IN PRIMARY HIPPOCAMPAL NEURONS OVEREXPRESSING HUMAN TAU

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Objectives: In tauopathies including Alzheimer disease (AD), the axonal microtubule-associated protein tau becomes hyperphosphorylated at pathological epitopes and accumulates in the somato-dendritic compartment. However, it remains unclear whether tau becomes phosphorylated at these epitopes in the somato-dendritic compartment and/or in the axon. This was examined in rat primary hippocampal neurons overexpressing human tau.
Methods: We recreated the phosphorylation of tau at pathological epitopes by overexpressing human tau in primary hippocampal cultures. In this system, human tau was overexpressed both in the somato-dendritic and axonal compartments and therefore it was possible to examine how these epitopes were formed in each of these compartments.
Results: In primary hippocampal neurons where human tau was overexpressed both in the somato-dendritic compartment and the axon, the pathological epitopes recognized by the antibodies AT8 (S199/S202/T205), AT100 (T212/S214/T217), and AT180 (T231/S235) were found in the somato-dendritic compartment but not in the axon where tau was either not phosphorylated (T205 and T217) or not simultaneously phosphorylated (T231 and S235) at sites included in the above epitopes. When transfected neurons were treated with the phosphatase inhibitor, okadaic acid (OA), AT8, AT100 and AT180 epitopes were observed in the axon, indicating that tau was dephosphorylated at selective sites of pathological epitopes in this compartment. Expression of tau mutants where one phosphorylation site included in the above epitopes was mutated in alanine showed that the formation of one of these epitopes was not required for the formation of the two others in primary hippocampal neurons.
Conclusion: All together our results indicate that in the somato-dendritic compartment, the kinase and phosphatase activity does not prevent the formation of pathological epitopes whereas in the axon, the amount of tau phosphorylated at the pathological epitopes is regulated by phosphatase activity, most likely that of PP2A, the major tau phosphatase. This indicates that if the pathological epitopes are initially formed in the axon in AD brain, the activation of phosphatases could be an efficient way to abolish their generation.
References: Bertrand J, Sénéchal P, Zummo-Soucy M, Plouffe V and **Leclerc N** (2010) Dephosphorylation of selective sites by PP2A prevents the formation of tau pathological phospho-epitopes in the axon in primary hippocampal neurons overexpressing human tau. J. Neurochem. 114 :1353-1367

Disclosure of Interest: None Declared

P002

INHIBITORY EFFECTS OF PROTON PUMP INHIBITORS ON ASTROCYTIC NEUROTOXICITY: POTENTIALS OF PROTON PUMP INHIBITORS FOR TREATMENT OF ALZHEIMER DISEASE

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Objectives: Accumulating evidence indicates that proton pump inhibitors (PPIs) possess anti-inflammatory properties. Lansoprazole (LPZ), a typical PPI, has been identified as an agonist of nuclear liver X receptor and has been suggested to inhibit aggregation of amyloid beta peptide. PPIs could be therapeutic for Alzheimer disease (AD). We have previously reported that human astrocytes exert neurotoxicity when stimulated by interferon (IFN)-g through STAT3 activation. To further establish the potential of PPIs to treat AD, we investigated their effects on IFN-g-induced neurotoxicity of astrocytes and STAT3 phosphorylation. The effects of PPIs on astrocytic production of IFN-g-inducible T cell a chemoattractant (I-TAC) and intercellular adhesion molecule-1 (ICAM-1) were also examined.
Methods: Human astrocytes, astrocytoma U118-MG and U373-MG cells were incubated with or without LPZ or omeprazole (OPZ) for 15 min. Subsequently, astrocytes and U118-MG cells were incubated with IFN-g for 48 h. U373-MG cells were incubated with IFN-g for 24 h. Their supernatants were transferred to human neuroblastoma SH-SY5Y cell cultures. After 72 h incubation, the viability of SH-SY5Y cells was assessed by the MTT assay and phase contrast microscopy. Cell lysates of astrocytes stimulated with IFN-g for 30 min with or without the PPI pretreatment were immunoblotted for phospho-Tyr^{701}-STAT1, total STAT1, phospho-Tyr^{705}-STAT3 and total STAT3. Astrocytes incubated with IFN-g for 48 with or without the PPI pretreatment were used for the ICAM-1 assay and their supernatants were collected for enzyme-linked immunosorbent assay to determine the I-TAC concentrations.
Results: Results: Both LPZ and OPZ significantly attenuated IFN-g-induced neurotoxicity of astrocytes and astrocytoma cells. These drugs significantly inhibited IFN-g-induced phosphorylation of STAT 3, but not that of STAT1. LPZ, but not OPZ, significantly reduced astrocytic secretion of I-TAC. Neither LPZ nor OPZ suppressed astrocytic expression of ICAM-1.
Conclusion: These findings suggest PPIs attenuate IFN-g-induced astrocytic neurotoxicity through inhibition of STAT3 activation. PPIs that possess anti-neurotoxic properties could be a useful treatment for AD and other neurodegenerative diseases associated with activated astrocytes.

Disclosure of Interest: None Declared

P003

THE CU(II)/AB/HUMAN SERUM ALBUMIN MODEL OF CONTROL MECHANISM FOR COPPER-RELATED AMYLOID NEUROTOTOXICITY

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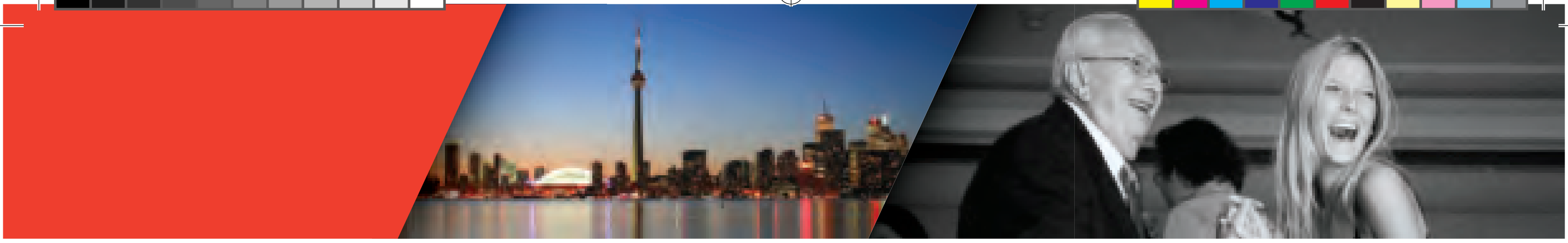
Objectives: According to current beliefs, oligomers of Aβ peptides are the main toxic species in Alzheimer's disease, while monomeric form of Aβ is nontoxic [1]. Cu(II) ions along with human serum albumin (HSA) appear to be important endogenous factors effecting the process of Aβ aggregation. The binding of Cu(II) ions to Aβ peptide initiates its polymerization, whereas HSA acts as the main inhibitor of Aβ association [2]. Our objectives were to establish the binding constants of Cu(II) ions to Aβ40 peptide and HSA and the stability of the Aβ40-HSA complex.
Methods: The Aβ40 peptide was obtained by expression in *E. Coli* and purified using HPLC method. The binding of Cu(II) ions to Aβ40 peptide and HSA was studied using fluorescence and UV-VIS spectroscopy, respectively. To establish the stability for the interaction of Aβ40 peptide with HSA we used circular dichroism spectroscopy (CD).
Results: The K_d value of Cu(II)-Aβ40 complex corrected for the buffer interference is 57 ± 5 nM.
The K_d value of Cu(II)-HSA complex determined by UV-VIS spectroscopy is 1 ± 0.2 pM.
The K_d value of Aβ1-40-HSA complex established by CD spectroscopy is 5 ± 1 μM.
Aβ40 is prone to form ternary complexes with Cu(II) ions and low molecular weight bioligands.
Conclusion: We propose a quantitative model of interactions in the Cu(II)/Aβ/HSA tripartite system. According to this model HSA is a key element controlling the toxicity of this peptide in CSF. **(i)** the affinity of Cu(II) ions to HSA is much more higher than that to Aβ peptide:Kd HSA-Cu(II) = 1 pM << Kd Aβ40-Cu(II) = 57 nM
HSA with its 1 pM binding site controls the availability of Cu(II) ions to Aβ. Sequestration of Cu(II) ions by HSA prevents their interaction with Aβ and reduces the risk of Aβ polymerization.
(ii) HSA binds monomeric Aβ with a 5 μM affinity and inhibits Aβ aggregation at sub-mM concentrations. Since the K_d value of Aβ:HSA interaction is similar to the local HSA concentration in CSF (~ 3 mM) even small fluctuations of HSA concentrations may have a significant impact on the efficiency of this protein to inhibit AB aggregation. **(iii)** The formation of ternary complexes may add complexity to the regulatory system but it is not expected to abolish it.
References: [1] Ch. Haass, D. J. Selkoe; *Nat. Rev. Mol. Cell Biol.* 2007 (**8**) 101-112.
[2] M. Rózga, W. Bal; *Chem. Res. Toxicol.* 2010 (**23**) 298-308**.**

Disclosure of Interest: None Declared



Poster Presentation Abstracts

P006

INCREASED SERUM B-AMYLOID PEPTIDE LEVELS IN THE EARLY STAGE OF ALZHEIMER'S DISEASE PHENOTYPE IN AN APP/PS1 DOUBLE TRANSGENIC MOUSE MODEL

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Objectives: Serum levels of β-amyloid (Aβ) peptides may represent an early biomarker in the diagnosis of Alzheimer's disease (AD).
Methods: In the present study, we investigated the temporal kinetic changes in the levels of serum Aβ 1-42 and 40 in an APP/PS1 double transgenic mouse model of AD. Serum Aβ peptide levels in 2-, 3-, 6-, 9- and 18-month old APP/PS1 transgenic mice were measured using ELISA kits.
Results: Results revealed that serum Aβ levels peaked in 3-month old transgenic mice. Compared to the 6-month old transgenic mice, Congo red staining showed that the 3-month old transgenic mice had minimum brain Aβ plaques, corresponding to the early stage of Alzheimer's disease phenotype, and confocal microscope images showed that the deposition of Aβ in their cerebral vessels was minimal. Furthermore, results of the water maze test, showed that memory was normal for the 3-month old transgenic mice when compared to age-matched non-transgenic mice.
Conclusion: These results suggest that serum Aβ peptide levels may be elevated during the early stage of AD. Monitoring serum Aβ peptide levels in the potential AD population may provide an early diagnosis of AD prior to the appearance of clinical symptoms.

Disclosure of Interest: None Declared

P007

EVALUATION OF A PILOT POST-DIAGNOSTIC SUPPORT PROJECT FOR PEOPLE NEWLY DIAGNOSED WITH DEMENTIA AND THEIR FAMILIES IN SCOTLAND

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Objectives: In response to UK policy (DoH, 2009; Scottish Government, 2010), intended to improve dementia care and deliver personalised services for people with dementia, a post-diagnostic pilot project has been set up in Scotland to support people newly diagnosed with dementia and their families to take control of their support and care needs and to plan for their future (advance care planning). The objective of this paper is to report on an evaluation of the project and to present findings from interviews with people newly diagnosed with dementia and their family caregivers and with key stakeholders involved in diagnosis and post-diagnostic care.
Methods: Fifteen people newly diagnosed with dementia and their family caregivers who opted to take part in the project (intervention group) were interviewed shortly after diagnosis and again after six months. Interviews were held with twenty one stakeholders, including memory clinic staff, consultant geriatricians, a solicitor and community mental health staff. All audio-recorded interviews were fully transcribed and thematically analysed.
Results: Preliminary findings from interviews with people newly diagnosed with dementia include the differences experienced by people depending on what kind of dementia they are diagnosed with, difficulties with taking in and retaining information and specific areas where the project has made a difference. Stakeholder interviews revealed different discourse and understandings of post-diagnostic support depending on profession, indicating both the complexity and inconsistency of delivering a concept (post-diagnostic support) through a multi-disciplinary team.
Conclusion: At present, post-diagnostic services are patchy and inconsistent, even within the small geographic region of Scotland studied. Final conclusions from this study can not be drawn until completion of the second round of interviews; these will be presented for the first time at the conference.
References: Department of Health (2009) *Living well with dementia: a national dementia strategy*, London, The Stationery Office
Scottish Government (2010) *Scotland's national dementia strategy*, Edinburgh, The Stationery Office

Disclosure of Interest: None Declared

P008

ASSESSEMENT OF THE RISK FOR CATASTROPHIC REACTIONS USING THE REVISED CRITERIA FOR ALZHEIMER'S DISEASE IN ASYMPTOMATIC AND PRODROMAL STAGES: A PILOT STUDY

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Objectives: Alzheimer's disease (AD), a progressive and ultimately fatal neurodegenerative disease, accounts for approximately 63 per cent of dementia cases, and currently affects over 500,000 Canadians, with this number set to increase several-fold over the course of the coming decades. This said, pre-symptomatic diagnosis of AD with accompanying disease-modifying treatments is now on the horizon, owing to ongoing revisions to the diagnostic criteria, formalized at this year's 10th International Conference on AD. It is therefore imperative that the psychosocial implications secondary to this potential change be explored. Using in depth face-to-face interviews and a modified version of a recently developed scale for assessing the psychological impact of susceptibility testing for AD, we aim examine the risk of catastrophic reaction among participants exposed to hypothetical scenarios involving pre-symptomatic diagnosis of AD, with and without the existence of effective disease modifying therapies. We hypothesize that despite an absence of catastrophic reactions, clinically significant psychological reactions will be observed.
Methods: Using a purposive sampling strategy, 12 participants will be recruited, and stratified into three equal groups: symptom free individuals at low risk for AD; individuals at high-risk for AD, presenting with very mild memory complaints, and those diagnosed as being in the very early stages of AD (the latter two groups corresponding to the revised diagnostic guidelines for asymptomatic AD, and prodromal AD, respectively).
Conclusion: In light of increasing talk of an 'AD epidemic,' the importance of pre-clinical diagnosis and disease modifying treatments has been accentuated, with predictions suggesting that this dual approach may reduce lifetime risk by half. However, it is likewise important that research on the psychosocial front keep apace with those in the area of neurobiology. It is our hope that the data yielded by our study will prove of value, in terms of their use as an impetus to further research, the aim of which remains the development of better ways for helping affected individuals and their families deal with AD.

Disclosure of Interest: None Declared

P009

A SYSTEMATIC REVIEW OF SCREENING TOOLS FOR PREDICTING THE DEVELOPMENT OF DEMENTIA

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Objectives: Early detection of dementia is essential to guide front-line health care practitioners to further clinical evaluations. There is a paucity of literature that assesses the effectiveness of screening tools in predicting the development of dementia. For this reason, a systematic review was conducted to assess screening tools used to detect early dementia. The purpose was to make recommendations to health care practitioners on which screening tool(s) best predicts the development of dementia and is most feasible in the primary care setting
Methods: Ten databases were searched for relevant articles. From the search results, abstracts and titles were reviewed independently for potential relevance by two reviewers. Papers were then further evaluated independently by each reviewer using the Relevance Tool.
Screening tools from the included studies were evaluated based on cognitive domains and item coverage, feasibility, predictive ability and test accuracy.
Results: 12 studies comprised of 14 screening tools met all relevance criteria and were included in the review. Four screening tools; the Chinese abbreviated MCI test, the memory section of the Cambridge Cognitive Examination, the Cognitive Capacity Screening Examination, and the Addenbrooke's Cognitive Examination were recommended fo use in the primary care setting. The Addenbrooke's Cognitive Examination was considered to be the ideal tool.
Conclusion: At the primary care level, early detection of dementia is an essential first step in revealing the need for further clinical evaluations at the specialist level. With this in mind it is important that front-line health professionals are aware of screening tools to use for this purpose and not to solely rely on the most commonly used tool such as the MMSE.
Further research is needed on screening tools used to detect early signs of cognitive impairment. Many screening tools do not cover all key cognitive domains and this seems to be related to the success of the tool.
References: Burns, J.M., & Morris, J.C. (2008). *Mild Cognitive Impairment and Early Alzheimer's Disease: Detection and Diagnosis*. West Sussex, England: John Wiley Sons, Ltd.
Kerwin, D.R., (2009). How to prevent a delayed Alzheimer's diagnosis. *The Journal of Family Practice*, *58*, (1), 9-15

Disclosure of Interest: None Declared

Poster Presentation Abstracts

P010

THE MISSING PIECE IN UNDERSTANDING ALZHEIMER'S DISEASE

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Objectives: In this session, attendees will learn:

- how and why Alzheimer's gets sparked in the body emotionally.
- how the "messages" of Reagan's previous illnesses could have prevented him from developing Alzheimer's.
- how a person's MO (modus operandi) is the missing link in developing disease.
- how to address emotional components that need to be released when a symptom, condition, or disease shows up.

Methods: This session is informed by theory, practical applications, and a case study of Ronald Reagan—the world's most famous Alzheimer's patient. It discusses the messages our bodies are trying to tell us through symptoms, conditions, or diseases. Its basis lies in understanding how our internal programming—called our MO or modus operandi—makes it possible to prevent or halt most diseases.
Results: With 10,000 baby boomers turning 65 *each day* in 2011, the number of Alzheimer's patients could triple in the next 40 years. That represents a tidal wave of tsunami proportions!
Given these dramatic statistics, isn't it time to understand the missing piece in Alzheimer's disease? This "missing piece" is the emotional component that underlies how and why Alzheimer's manifests in the body—a disease that actually starts at birth or early childhood, not at retirement age.
Conclusion: At the end stage of this disease, individuals with Alzheimer's appear to be in their own private worlds; they can't let themselves out emotionally nor let others in. Underlying this is their modus operandi (MO)—how they learned to operate early in life and showed up in an extreme way later in life. Anyone can apply the MO (Modus Operandi) Technique to acknowledge and release emotional roots of disease well before its onset, thus having a chance at preventing it.
References: Lincoln, Michael J., Ph.D. *Messages from the Body: Their Psychological Meaning.* Talking Hearts Publishing. 1981, 2006.
Hay, Louise L. *Heal Your Body: The Mental Causes for Physical Illness and the Metaphysical Way to Overcome Them.* Hay House. 1982.
Morris, Edmund. *Dutch: A Memoir of Ronald Reagan*. Random House. 1999.

Disclosure of Interest: None Declared

P012

ROLE AND SUPPORT NEEDS OF RURAL PRIMARY HEALTHCARE PROVIDERS IN DEMENTIA CARE

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Objectives: The objectives were to identify the roles and support needs of primary healthcare providers (family physicians and nurse practitioners) in the assessment and management of people with dementia, and to explore their perceptions of the barriers to providing dementia care.
Methods: Fourteen primary healthcare providers participated in telephone interviews during the period of January to May, 2010. Interviews were conducted with the assistance of a semi-structured interview guide, and participants received a $50 honorarium.
Results: Participants included nine family physicians and 5 nurse practitioners. Participants described their role in caring for patients with dementia as diagnostician, care co-ordinator, medications manager, and provider of resource assistance. Support needs included more time and staff to assist with assessments, training on diagnosis and management, availability of disease information for family members, information on new tools for diagnosis and assessment as well as pharmacological and non-pharmacological treatments, and greater access to specialists, specialist teams, and therapies. Barriers included isolation from other health professionals, referral issues for nurse practitioners, and shortages of health care professionals in rural areas.
Conclusion: The study revealed that when caring for patients with dementia, primary healthcare providers took on multiple roles that went beyond diagnosis and disease management. These roles involved supporting patients' families and connecting them with community resources. The study also indicated that primary healthcare providers had many unmet resource and support needs that must be addressed in order to meet the challenge of dementia care, particularly in the aging rural and remote population.

Disclosure of Interest: None Declared

P011

THE ROLE OF EDUCATION IN PREDICTING DEMENTIA FROM THE MMSE SCORE IN THE ELDERLY POPULATION

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Objectives: Due to the Japanese Colonial Era and the Korean War, the elderly Korean population is expected to have a lower level of education than other developed countries. On that account, the Mini-Mental State Examination, global screening tool of dementia, was modified in a non-Western elderly population and named the Korean Version of the Mini-Mental State Examination (K-MMSE). The aim of this study is to evaluate the effects of early life education level in predicting dementia from the MMSE score.
Methods: A systematic review is conducted using MEDLINE and EMBASE. The studies performed in Western and non-Western countries are both included and used for comparison.
Results: In general, the MMSE score was found to correlate with education level but it did not noticeably affect the predictive ability of the MMSE in Western countries. However, it was found to affect the predictive ability of the MMSE score in countries with low education level.
Conclusion: Regardless of the fact that growing number of dementia patients is a global trend, MMSE cut-off points cannot be universally designed. Also, it was shown that educational level have some effects in predicting dementia depending on countries.

Disclosure of Interest: None Declared

P013

DOWNREGULATION OF PTEN AND ELEVATED P-AKT LEVELS PROTECT NEURONS AGAINST NMDA-INDUCED CELL DEATH

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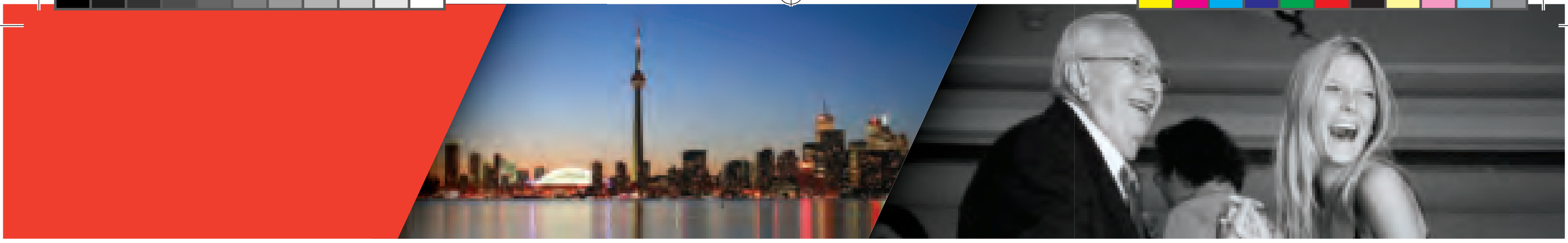
Objectives: The phosphatase PTEN is a potent tumor suppressor that governs the PI3-kinase/Akt survival pathway and has recently been implicated in multiple important CNS functions. PTEN inhibition plays an essential role in activating PI3K/Akt signaling which underlies the neuroprotective mechanism in neurodegeneration. In this study, we investigated that levels of PTEN protein and Akt activation under excitotoxic conditions as well as in brains from PTEN heterozygous mice.
Results: We found that NMDA treatment induced a rapid decrease in PTEN and increase in p-Akt levels in cultured primary neurons. We further demonstrate that downregulation of endogenous PTEN via specific siRNA renders neuroprotection, as evidenced by preserved neuronal structures. Moreover, the frontal brain of PTEN heterozygous mice bear reduced PTEN as compared to WT littermate controls and increased basal p-Akt levels. The cortical neurons from PTEN+/- brains exhibited more resistance to NMDA-induced cell death than those from WT controls, indicating a neuroprotective role for PTEN downregulation.
Conclusion: Downregulation of PTEN is neuroprotective in acute experimental models.

Disclosure of Interest: None Declared



Poster Presentation Abstracts

P014

RECRUITMENT OF PEOPLE WITH MEMORY LOSS FOR STUDIES IN MILD COGNITIVE IMPAIRMENT: CHANGE ON COGNITIVE SCREENING TESTS OVER ONE YEAR

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Objectives: Research studies for people with early mild cognitive impairment (MCI) have difficulty recruiting subjects by conventional routes. People referred by family doctors to specialist memory assessment clinics often already have late MCI, prodromal Alzheimer Disease or even mild to moderate dementia. Our objectives were to reassess participants for change on screening tests at one year follow up and to determine if a categorized group was more likely to return.

Methods: People over age 55, who responded to newspaper advertisements in 2009 with self-reported memory loss and interest in research and who were assessed, were re-contacted in July 2010. In 2009, 42 people had received cognitive screening tests using the standardized Mini Mental State Examination (SMMSE), the Montreal Cognitive Assessment (MoCA), the 15-point Geriatric Depression Scale (GDS), the Cornell Scale for Depression in Dementia and the Lawton Brody Activities of Daily Living Scale. The latter two tests were administered with a corroborating partner. The test results were case-conferenced with a geriatrician and categorized as normal/age-consistent loss, MCI, depressive symptoms, mixed clinical picture, possible dementia or other. All participants agreed for their test results to be sent to their family physician.

Results: On re-contacting the 42 subjects, 22 agreed to return for repeat testing in July 2010. Most of those who did not return had been in the normal/age-consistent loss group, in 2009. Of the 22, 14% had no change on their cognitive tests. However, 32% had declined on their cognitive scores over the one year period, and 14% had improved. Of those that returned, the self-reported depressive symptoms had decreased over the year.

Conclusion: 1. The 32% of subjects that declined in cognition was in the expected direction and was consistent with the estimated 10-15% of people with MCI who progress from MCI to dementia.

2. Subjects whose test results were categorized as normal/age-consistent loss were less likely to return for 1 year follow-up testing.

3. Those with depressive symptoms may have improved with non-drug/drug approaches.

Ongoing follow-up of this study cohort and the recruitment rate to MCI studies will be followed.

Disclosure of Interest: None Declared

P015

THE IMPACT OF MEMORY CHANGE ON EVERYDAY LIFE IN MILD COGNITIVE IMPAIRMENT

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Objectives: Amnestic mild cognitive impairment (aMCI) is a high risk factor for Alzheimer's disease and is associated with mild memory difficulties reflecting everyday problems such as learning new names or remembering the events of previous days[1,2]. Past research with a multiple sclerosis population has indicated that mild memory changes can negatively impact areas of daily life including social, leisure, and work activities[3]. However, it is not known if or how memory failures specifically impact the day to day lives of older adults with aMCI. The present study aimed to answer this question by collecting qualitative data from individuals with aMCI and from normal older adults for comparison.

Methods: Participants in the study were 14 older adults with aMCI and 23 older adults with normal memory for their age. Qualitative information was collected by conducting 2 focus groups with aMCI participants and 3 focus groups with healthy older adults. A thematic analysis of the focus group transcripts was used to identify key impacts of memory change on the daily lives of participants.

Results: The thematic analysis revealed 5 major themes from the aMCI group: changes in feelings and views of the self, changes in relationships and socialization, decrease in leisure activities, decrease in work and/or volunteer activities, and increased behavioural compensation. Additionally, 5 major themes in the normal aging group were found: changes in feelings and views of the self, changes in relationships, increased compensation, increase in stimulating leisure activities, and more wasted time.

Conclusion: Memory change impacted a number of areas in the everyday lives of individuals with aMCI. The impact of memory change appears to be greater and more adverse on the daily lives of participants with aMCI compared to healthy older adults. Future studies will use the knowledge gained from this qualitative research to develop a questionnaire that can quantitatively measure this functional impact on older adults with aMCI.

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Disclosure of Interest: None Declared

P016

QUANTITATIVE EEG CHANGES IN MILD COGNITIVE IMPAIRMENT AND ALZHEIMER'S DISEASE

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Objectives: Alzheimer's disease is a neurodegenerative disorder developing as a result of a complex cascade of biological processes involving neuronal loss and changes in synaptic functions especially in hippocampus, neocortex and other brain regions involved in memory, language, and other cognitive functions. Development of techniques for successfully distinguishing people who are aging normally from those who will / have developed mild cognitive impairment (MCI) and Alzheimer's disease (AD) is critical to promoting healthy aging and the prevention and treatment of the disease.

Since AD is a dysfunction of cerebral cortex, abnormalities in EEG can be directly correlated to the pathological changes in the structure and function of the brain areas affected in AD. The present study has been designed to investigate if signature of baseline quantitative EEG improves the chances of early diagnosis and progression of disease.

Methods: EEG changes were studied in AD and MCI and were compared with healthy age matched individuals. EEG change observed included power in individually defined lower alpha 1 & 2, upper alpha, theta, beta and gamma bands. Further the peak power frequency and the mean power frequency in these bands was analyzed. These parameters were analyzed at 19 electrode positions.

Results: MMSE (Mini Mental State Examination) and CDR (Clinical Dementia Rating) scores were statistically different in normal elderly, MCI and AD. Lower alpha 1 & 2, upper alpha and theta bands were calculated for each subject after calculation of individual alpha frequency. The absolute and relative baseline power in upper alpha band and beta band was lower in AD compared to MCI. Theta power was higher in AD compared to MCI. The peak and mean power frequency in lower alpha 2, upper alpha, beta and gamma was higher in MCI compared to AD.

Conclusion: Power analysis of alpha band suggests decreased performance in AD compared to MCI where as beta band analysis suggests a better attention in MCI. Frequency analysis suggests a better processing speed of cognitive load in MCI compared to AD. In MCI the neuronal circuits related to attention and binding are being activated to compensate for the cognitive loss as compared to the normal elderly.

Disclosure of Interest: None Declared

P017

ASSOCIATIVE RECOGNITION IN MILD COGNITIVE IMPAIRMENT

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Objectives: Associative memory involves remembering relations between items of information, such as words paired together or objects in their locations, and is contrasted with item memory, which involves remembering the items themselves. Associative memory is critically dependent on the hippocampus (Mayes et al., 2007), and this brain structure shows prominent early changes in amnestic mild cognitive impairment (aMCI; Masdeu et al., 2005). Not surprisingly, there is emerging evidence that measures of associative memory are particularly sensitive to aMCI (Troyer et al., 2008). We expand on these initial findings by examining associative recognition in aMCI and explore its relation with the hippocampus and genetic risk for Alzheimer's disease.

Methods: Twenty-four individuals with aMCI and 21 matched controls were given two associative recognition tests matched for overall level of difficulty and consisting of face-name and word-word pairs. We used a recombination paradigm that allowed us to derive measures of both item and associative recognition. We also obtained volumetric measures of the hippocampus from MRI scans and completed apolipoprotein E (ApoE) genotyping.

Results: Both item and associative recognition were poorer in the aMCI than control group, $F(1,43) = 18.46$, $p = .001$, $\eta_p^2 = .30$. Importantly, there was a significant group-by-recognition-type interaction, $F(1,43) = 5.19$, $p = .03$, $\eta_p^2 = .11$, indicating a greater associative-recognition deficit than item-recognition deficit across tasks in the aMCI group relative to controls. Within the aMCI group, both associative and item recognition showed large and significant correlations with hippocampal volume, $r(20) = .51$ to $.69$. Associative and item recognition also showed medium to large correlations with number of ApoE ε4 alleles, $r(24) = -.24$ to $-.56$, that were significant only for the face-name task.

Conclusion: Our findings replicate and expand on previous studies by showing an associative recognition impairment above and beyond the known impairment in item recognition in aMCI. The overall memory deficit is related to the structural integrity of the hippocampus and increases with genetic risk for Alzheimer's disease. Findings provide support for the use of associative memory measures in the early detection of aMCI and incipient Alzheimer's disease.

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Disclosure of Interest: None Declared

Poster Presentation Abstracts

P018

SCREENING ASSAYS FOR A-BETA AGGREGATION BLOCKERS: POTENTIAL FOR ALZHEIMER DISEASE TREATMENT.

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Objectives: The objective is to discover new therapeutic agents for treating Alzheimer disease (AD). AD is characterized by the accumulation of millions of A-beta deposits. Each of these deposits is a focus of inflammation, activating microglia that release neurotoxic substances. A therapeutic strategy is to screen for agents that will block accumulation of such deposits and therefore be effective in treating AD.
Methods: : We developed two simple in vitro screening assays. One assay is based on binding of fluorescence-tagged A-beta 42 to synthetic A-beta 42 plated in wells of fluorescent black- wall microplates. Fluorescence- tagged A-beta 42 solutions are then added to the plates with and without potential blockers. The amount of bound fluorescence is then measured. The second is a tissue based assay, where sections of unfixed brain tissue from Alzheimer patients or Alzheimer transgenic (Tg) mouse brains are mounted on glass slides. The same solutions assayed in the microplate test are then added to tissue sections. Binding of fluorescence-tagged A-beta 42 to the A-beta deposits in AD or transgenic mouse brain tissue is detected with a fluorescence microscope. Good agreement is obtained between the two methods.
Results: Most of the agents tested have too low an affinity for A-beta42 to be effective clinically. Agents that have affinity of marginal strength according to these tests include 1,2,3,4,6-penta-O-galloyl-b-D-glucopyranose (PGG), epigallocatechin gallate (EGCG), and resveratrol. Compounds reputed to be A-beta aggregation blockers but which were inactive by these assays, and which might therefore be predicted to fail in clinical trials, include scyllo-inositol, myo-inositol, rhamnose, ginkgolide A, emodin, rhein, caryophellene, curcumin, valproic acid, and tramiprosate. Dietary ingredients and herbs which might contain blockers of sufficient strength to be therapeutic candidates include ginger, rhubarb, cinnamon, and blueberries. Garlic extract enhanced binding which might be a signal that some dietary constituents could actually promote AD. Promising herbal ingredients are now undergoing testing in AD transgenic mice.
Conclusion: In vitro testing by the methods described here is a rapid and inexpensive approach to first step screening of potential therapeutic agents for AD. The methods are particularly suited to the testing of herbal and dietary products which might contain highly active ingredients.

Disclosure of Interest: None Declared

P020

THE HEALTH PROFILE OF ELDERS WITH DEMENTIA IN COMMUNITY

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Objectives: The prevalence of dementia is increasing. To our knowledge, a comprehensive health profile of elders with dementia in Southern Taiwan is unknown. A cross-sectional prospective study described the overall health profile of elders with dementia.
Methods: A purposive sampling of 45 elders with dementia were assessed in cognition, activities of daily living, depression, perceived health status and quality of life. The Mini-mental Status Examination, Clinical Dementia Rating scale, Barthel Index, Geriatric Depression Scale, Health Perception Scale, and World Health Organization Quality of Life were administered (MMSE, CDR, BI, GDS, & QOL).
Results: The average MMSE and BI scores were 16.1 and 90.3, respectively. The CDR ranged from suspected to mild. Depressive symptoms were obvious in 30% of the sample. Regression analyses revealed that educational level and BI scores were significant predictors of MMSE (adjusted R square= .553). Decisively, the GDS score was a significant predictor of both QOL and perceived health (adjusted R square= .241, .448).
Conclusion: Daily function not only correlated with cognition but had influences on emotion, consequently, the change in QOL. The fundamental object in caring for elders with dementia is to uphold their daily function. Further studies could investigate this caregiving concept and how it is being practiced.

Disclosure of Interest: None Declared

P021

DEMENTIA WITH WHITE MATTER LESIONS : DEGENERATION OR MIXED ?

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Objectives: There have been too much over diagnosis of vascular dementia because of the white matter lesions. we want to study the cognitive changing of white matter lesions, to research the different cortext function and get much more correct diagnosis.
Methods: 1 follow up the patients with white matter lesions and the vascular risk factors, 2 test their cognitive function by neuropsychological test step by step , MMSE, MoCa, ADL and HAD for screening, a group of our organized test for different cognitive function,which include the attention, languge, memoory, construction,similarity, calculation , insight and jugement , related cortext function ,and still the exective function, each function should be test by at least three item for clinical diagnosis . they all should have been modified by Chinese with the Chinese normal value. Then the special detail assesment for aphasia or for construction test about reseachment .3IF the neurosycological test show us dementia , then test their cortex function by FDG-PET , VBM of MRI, MRS,SWI, EEG and some without dementia for control .4 If we can have the autopsy do the MRI test after fixed and then pathological research
Results: 1 292 cases be include in and follow up for 2 to 12 years. 82 cases with dementia (28.08%), 2 the dementia have relationship with the cortex function and have no relationship with the degree of white matter changing,3 Many of the dementia are mixed or only degeneration with the white matter lesions. 82% of them are AD , FTD and Beson syndrome.4 FDG-PET have the definite changing of AD , or FTD, or Benson syndrom and MRI VBM show the related atrophy of AD, FTD.5 cilnical course and cognitive changing are all same to the FDG-PET CHANGING 6 One case have been autopsy , MRI and pathological changing are significant .
Conclusion: dementia with white matter lesion are mainly related with the cortext degneration. Lots of White matter lesions matter because of the cortext disfunction.

Disclosure of Interest: None Declared

Poster Presentation Abstracts

P022

DEMENTIA DISORDERS: A SYSTEMATIC REVIEW OF THE INTERPLAY BETWEEN HEART HEALTH AND COMPLEX NEUROLOGICAL AILMENTS

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Objectives: Research evidence suggesting that underlying cardiovascular and cerebro-vascular risk factors contribute to cognitive decline in dementia[2-6.] This project assessed the impact of cardiovascular and cerebro-vascular risk factors in cognitive decline and the incidence of dementia through a systematic review of the literature.
Methods: The data for this was gathered through a systematic review conducted methodologically. Using the PICO model and PubMed, a search strategy was developed. Gathered studies were scanned by title and abstract for relevance. Exclusion criteria included: English publication after the 2005, human studies, non-pharmaceutical and relevant methodology.
Results: The studies included demonstrate that each of the following were significant risks in developing cognitive decline in dementia disorders: hypertension; hypercholesterolemia; atrial fibrillation; carotid initmal media thickness; myocardial infarction; subclinical cerebral small vessel disease; and arterial compliance[1-6].
Conclusion: Cardiovascular and cerebro-vascular risk factors are indeed associated with cognitive decline and the onset of dementia disorders. Large population-based cohort studies need to be conducted in order to clarify dementia disease pathology as influenced by the risk factors examined here[1-6].

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Disclosure of Interest: None Declared

P023

BRAINSTEM RAPHE LESION IN PATIENTS WITH ALZHEIMERS DISEASE

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Objectives: The current clinical criteria and classification for the diagnosis of Alzheimer's Disease (AD) are focused mostly on progression of AD neurofibrillary degeneration in cerebral hippocampal and entorhinal cortex, followed by degenerative changes in high-order cognitive neocortex. Recent neuropathological studies showed early involvement of brainstem, particularly the dorsal raphe nuclei in the pathogenesis of AD. Transcranial sonography (TCS) using B mode provides more functional information of brain parenchyma as well. Echogenicity of the midbrain line mesured by means of TCS was shown to correlate with the integrity of basal limbic system and raphe nuclei (RN).
Methods: Ten patients with diagnosed with AD (mean age 68,0 ±7,8 years) and 10 age-matched non-demented controls (mean age 65,4 ±6,5 years) were included in the study. Cognitive decline was assessed by means of Mini Mental State Exam (MMSE). TCS was performed freehandedly with ultrasound system equipped with 2.5 MHz transducer. In all subjects, the measurements were performed twice, by two independent examiners, with insonation performed billateraly using temporal insonation "windows". The echogenicity of the pontomesencephalic RN was rated semiquantitatively on a three-point scale, with red nucleus as a reference point (1= RN not visible, 2=slighty echogenic/interrupted RN, 3=normal RN echogenicity).
Results: Our results showed significantly lower RN echogenicity in patients with AD (mean echogenicity 1,4) compared to RN ehogenicity in non-demented controls (mean echogenicity 2,7). Reduced RN echogenicity was found in 7 of 10 of the patients with AD but only in 3 of 10 non-demented controls.
Conclusion: Our pilot study showed significantly lower RN echogenicity in patients with AD, which is in line with recent neuropathological reports confirming early involvement of the raphe nuclei in AD degenerative process. Non-invasive TCS could be used as a simple imaging method in the assessment of patients with AD.

Disclosure of Interest: None Declared

P024

REGIONAL ESTIMATES FOR PREVALENCE OF APOLIPOPROTEIN E (APOE) E4 CARRIER (HETEROZYGOTES AND HOMOZYGOTES) AMONG PATIENTS DIAGNOSED WITH ALZHEIMER'S DISEASE: A META-ANALYSIS

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Objectives: To obtain estimates for the prevalence of APOE e4 carrier status among diagnosed cases of AD by country and geographic region (Asia, Europe [Central, North, and Southern], North America, South America), and stratify by National Institute of Neurological and Communicative Disorders and Stroke–Alzheimer's Disease and Related Disorders Association (NINCDS–ADRDA) AD definitions (possible or probable).
Methods: A systematic review and meta-analysis was conducted covering English-language studies published from January 1, 1985 to May 31, 2010. Studies were identified by searching MEDLINE and EMBASE. Articles reporting APOE e4 status for patients diagnosed with AD were selected. Community-based observational studies were included; autopsy studies or clinical trials were excluded. APOE e4 data were pooled and prevalence and 95% confidence intervals (CIs) were calculated.
Results: 258 published studies were identified that reported findings for 139 independent samples of patients with AD. The studies analyzed include 27,109 patients, and of these 15,773 are "probable" AD cases. 73 studies report prevalence of e4/4 (homozygotes). Pooled estimates were derived for APOE e4 carrier prevalence: 48.7% (95% CI: 46.5–51.0) and e4/4 prevalence: 9.6% (95% CI: 8.4–10.8). Based on probable AD cases, APOE e4 carrier prevalence was 50.4% (95% CI: 47.6–53.1) and e4/4 was 10.3% (95% CI: 8.9–11.9). The lowest regional estimates for e4 carrier status were in Asia: 41.9% (95% CI: 38.5–45.3), e4/4 prevalence: 7.7% (95% CI: 5.8–9.6), or Southern Europe: 40.5% (95% CI: 36.8–44.1), e4/4 prevalence: 4.6% (95% CI: 2.7–6.4); the highest were in Northern Europe: 61.3% (95% CI: 55.9–66.7), e4/4 prevalence: 14.1% (95% CI: 12.2–16.0). Substantial heterogeneity of these prevalence estimates is observed within each region, e.g., in Asia, Japan: 48.9% (95% CI: 45.9–51.9) and China: 32.8% (95% CI: 28.3–37.3).
Conclusion: APOE e4 genotype prevalence differs among AD patients by region and country. Differences in AD case definitions contribute to the substantial heterogeneity of published prevalence estimates within each region.

Disclosure of Interest: A. Ward Employee of: A Ward is a full-time employee of United BioSource Corporation, Consultant of: A Ward was hired as a vendor by Janssen Alzheimer Immunotherapy, S. Crean Employee of: S Crean is a full-time employee of United BioSource Corporation, Consultant of: S Crean was hired as a vendor by Janssen Alzheimer Immunotherapy, C. Mercaldi Employee of: C Mercaldi is a full-time employee of United BioSource Corporation, Consultant of: C Mercaldi was hired as a vendor by Janssen Alzheimer Immunotherapy, J. Collins Employee of: J Collins is a full-time employee of United BioSource Corporation, Consultant of: J Collins was hired as a vendor by Janssen Alzheimer Immunotherapy, D. Boyd Employee of: D Boyd is a full-time employee of United BioSource Corporation, Consultant of: D Boyd was hired as a vendor by Janssen Alzheimer Immunotherapy, M. Cook Employee of: MN Cook is a full-time employee of Pfizer Inc., H. M. Arrighi Employee of: HM Arrighi is a full-time employee of Janssen Alzheimer Immunotherapy

P025

DIFFERENTIAL DIAGNOSIS BETWEEN DEPRESSION AND VERY MILD COGNITIVE IMPAIRMENT EFFORTFUL VS AUTOMATIC MEMORY PROCESSES

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Objectives: INTRODUCTION: Memory process may be effortful or automatic. Effortful memory process codifies, retrieves and recognizes materials previously presented and requires great attention demand and correct storage information. Automatic processes requires less concentration and attention demand but need to maintain precise storage information
OBJECTIVE: To determine cognitive markers that differentiates the neuropsychological involvement of depression from the cognitive decline of mild dementia.

Methods: Hypothesis: Associative priming and automatic memory processes are useful to differentiate between depressive patients (DP), very mild Alzheimer Disease (vmAD) and normal controls (NC)
Methodology: 25 DP (MMSE 26.8+2.65, Hamilton 17.5+2.3), 25 vmAD, NINCDS-ADRDA criteria, (MMSE 24.0 +2.6; GDS 3.5+0.5; Hamilton Depression 6.0+2.5)and 27 NC (MMSE 29.18+0.87; Hamilton 5.6+3.66) age and education matched were assessed with MMSE, ADAS, and the Stimulus Modality Monitor Test (SMM) The SMM consists of 30 cards with 2 stimulus each. Each pair may be: word-word; word-drawing; drawing-word, drawing-drawing. We asked the patients to do a deep semantic processing of 32 pairs of items. Half of pairs were coherent and half not. Afterwards we asked for free recall, associative priming and incidental learning.
Results: Results: Free Recall differentiated AD(10.85+3.65) and DP (19.5+8.68) from controls (26.09+8.0 p<.001). The associative priming reflects the likelihood of giving a determined associate when the patient was primed with a previous stimulus. This assessment discriminated between controls (23.0+5.53) and vmAD(8.87+3.9 p<.001),and between controls and DP (15.6+8.25 p<.05). The incidental learning was higher than the cutoff of 45 in controls (60.0+4.81) and DP (56.1+5.52), while it was lower in vmAD (37.87+7.03 f=21.78 p<.001.)
Only the associative priming in the drawing modality of the unrelated associates significantly differentiates among the 3 groups.
Conclusion: Memory processes without great attention requirements are useful to differentiate among the 3 groups. Incidental learning offer helpful cognitive markers for the differential diagnosis between depression and mild AD.

Disclosure of Interest: None Declared

Poster Presentation Abstracts

P027

ANDROGEN INTERVENTION THERAPY IN A PATIENT WITH FAMILIAL ALZHEIMER'S DISEASE

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Objectives: Mutation in the presenilin-1 (PS-1) or amyloid precursor protein (APP) genes results in autosomal dominant Familial Alzheimer's disease (FAD), in which the onset of the disease occurs at an unusually early age (onset under the age of 60). Previously, androgen modulating therapy for AD has been proposed by our group based on published animal and clinical studies, We now report on a symptomatic mutation carrier of FAD prior to and following testosterone intervention therapy.
Methods: We investigated clinical and blood biomarker correlates in this female aged 32 years. She underwent comprehensive neuropsychological and blood biomarker testing. We monitored blood plasma levels of Amyloid beta 1-42, amyloid beta 1-40, clusterin, total apoE and TNF-alpha during the course of this treatment.
Results: Neuropsychological testing revealed a MMSE (mini-mental score examination) of 17 and severely affected short and long term memory. Analysis of a panel of biomarkers before treating with testosterone implant at two different time points (3 weeks apart) showed amyloid beta 42 (97.52 pg/ml; 115.43pg/ml) amyloid beta 40 (148.87 pg/ml; 136.17 pg/ml) total apoE (18.5 mg/dl; 11.5 mg/dl), clusterin (450.21 µg/ml; 453.10 µg/ml), TNF-alpha (28.6 pg/ml; 38.08 pg/ml). A repeated analysis of the same panel of biomarkers was then carried out one month after treatment with 200mg of testosterone pellet implant. Testing revealed a MMSE of 18 and no further cognitive decline. Plasma biomarkers showed amyloid beta 42 (87.13 pg/ml), amyloid beta 40 (155.46 pg/ml), total apoE (12.5 mg/dl), clusterin (420.34 µg/ml), TNF-alpha (10.86 pg/ml).
Conclusion: From our results it appears that amyloid beta 42/40 ratio, clusterin and TNF-alpha levels have significantly decreased after one month of testosterone treatment ($P<0.01$). Total apoE levels showed an increase ($p<0.05$) in response to treatment. These promising preliminary findings require longer follow up and investigation in additional patients before a definite decision can be reached on the clinical significance of this therapeutic approach.

Disclosure of Interest: None Declared

P028

CAREGIVERS' EXPERIENCE OF ALZHEIMER'S DISEASE AND TRANSDERMAL PATCH THERAPY

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Objectives: To qualitatively investigate characteristics, experiences and perceptions of caregivers for persons with Alzheimer's disease (AD) who have been treated with rivastigmine transdermal patch. This pilot study was designed to establish the merit for quantitative research.
Methods: Participants were enrolled from the USA, France, Germany and Spain. For inclusion, they were required to fulfil the criteria of a screening questionnaire and to be the main carer of a person with mild to moderate AD who was receiving rivastigmine patch. Assessment methods were semi-structured and included an interview between the caregiver and a moderator, interview between one moderator and two caregivers (to encourage discussion), or a video diary in which the caregiver recorded their daily thoughts, answered set daily questions and discussed a daily topic. Responses were grouped into: the interpersonal relationship; AD impact on caregivers; from symptoms to treatment; caregiver help and support; the care environment; daily routine; caregiver experience of the patch; and caregiver influence on treatment.
Results: Responses were collated from 56 caregivers. Caregivers were involved in numerous different roles which had practical, social, emotional and financial impacts on their lives. Some found AD to be isolating, with conflict avoidance a main day-to-day aim; many struggled to cope with the responsibility. Caregivers felt poorly informed about treatment options and that their delay in seeking help was a missed opportunity to initiate therapy. The patch enabled them to treat patients even on 'bad days' and reduced the anxiety and efforts involved with administering capsules. Some caregivers reported stabilization of symptoms, improved long-term memory and language function, reduced conflict and slowed patient deterioration with the patch. Practical and efficacy advantages of the patch translated into emotional benefits for caregivers.
Conclusion: This pilot study revealed important aspects of caregivers' experience of AD therapy using rivastigmine patch, which suggest convenience and overall satisfaction, with potential for improved commitment to therapy, and merits quantitative research.

Disclosure of Interest: P. Martinez-Lage Speakers Bureau of: Acted as a speaker on behalf of Novartis AG, Consultant of: Novartis AG, M. Pepp Employee of: Branding Science (UK) Limited which provides consultancy services to Novartis AG

P029

MULTI-FACTORIAL DISEASES REQUIRE MULTI-FACTORIAL THERAPY. WHY WE NEGLECT PROCAINE IN NEURODEGENERATIVE DISEASES?

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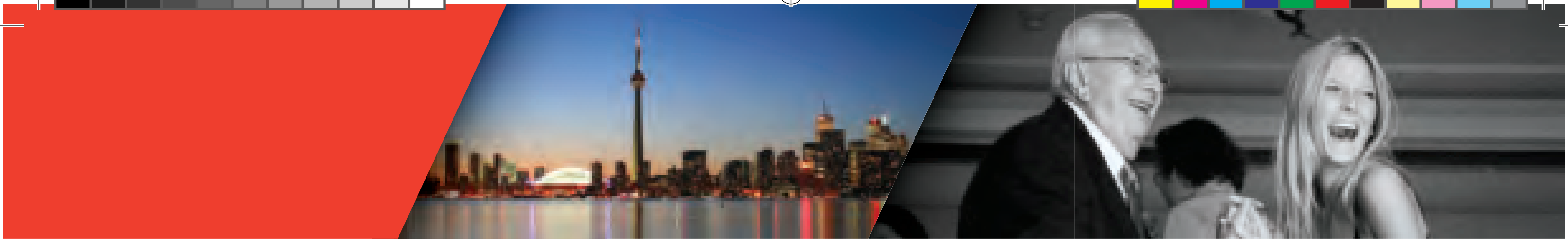
Objectives: The multifactorial etiology of neurodegenerative diseases should require drugs able to synergistically target the vulnerability to develop the illness (ultimately, the abnormal expression of responsible genes), and to counteract the effects of those environmental factors able to trigger their onset.
Methods: Our latest research outcomes regarding the multifactorial pharmacodynamic potential of procaine, as well as recent findings available in the literature, enable us to plead for Procaine as a valuable candidate molecule for future developments in neurodegenerative therapies.
Results: The "procainome" that we deciphered in pharmacokinetic studies with double-labeled (99mTc and 131-I) procaine suggests that the feed-sideward interactions between the byproducts issued from *in vivo* procaine's hydrolysis cascade may explain the multifactorial pharmacodynamic potential of this molecule. Preclinical pharmacodynamic studies were able to additionally support this potential. The recently demonstrated epigenetic-drug qualities of this molecule (by the Spanish school of oncology) and the demonstration of its capacity of modulating the adrenals' response to stress are also valuable add-ons.
Conclusion: Thorough research is needed to validate these new insights. As a matter of course, they may reveal surprising therapeutic applications in many neurodegenerative diseases.

Disclosure of Interest: None Declared



Poster Presentation Abstracts

P030

MORPHINE PROTECTS AGAINST INTRACELLULAR AMYLOID TOXICITY BY INDUCING ESTROGEN RELEASE AND UPREGUATION OF HSP70

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Objectives: More and more data show that intracellular amyloid b (iAb) correlates better to early Alzheimer's disease (AD) development. In this study, we would like to test the effect of morphine on AD toxicity in human.
Methods: We used morphine as well as endomorphine-1 and endomorphine-2 to whole brain and rat hippocampal primary neuronal cultures and in rat brains *in vivo*. Spatial memory performance of rats was conducted by Morris water maze tests. The level of Hsp70, estrogen, intracellular amyloid toxicity and proteasomal activity were examined.

Results: We find that morphine as well as endomorphine-1 and endomorphine-2 can protect against iAb toxicity in human of whole brain and rat hippocampal primary neuronal cultures and in rat brains *in vivo*. Morphine reverses the electrophysiological changes induced by iAb. Also morphine improves the spatial memory performance of rats infected by iAb packaged virus in Morris water maze tests. Morphine protection is mediated through inducing estrogen release by hippocampal neurons, possibly by increasing P450 cytochrome aromatase activity. Released estrogen induces upregulation of Hsp70. Hsp70 protects against intracellular amyloid toxicity by rescuing proteasomal activity which is impaired by iAb.
Conclusion: This is the first time, to our knowledge, that induction of estrogen releasing in hippocampal neurons by morphine is reported. Our data have important impact on both AD therapy and pain clinics where morphine is widely used.

Disclosure of Interest: None Declared

P031

CONCENTRATION OF RIVASTIGMINE TO THE COGNITIVE RESPONSE IN ALZHEIMER'S DISEASE

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Objectives: To clarify the associations of plasma concentration of rivastigmine and its metabolite to the cognitive function in patients with Alzheimer's disease (AD).
Methods: Clinically diagnosed AD patients taking rivastigmine 4.5 mg twice a day and receiving Cognitive Assessment Screening Instrument (CASI) and Clinical Dementia Rating (CDR) scale every 6 months were recruited. The nine sub-categories of CASI in baseline and following assessment were examined and analyzed in relation to the plasma concentration of rivastigmine and its metabolite, NAP226-90, measured by capillary electrophoresis. The responder was defined as the improved score in CASI total and its sub-domains score. Logistic regression was conducted to adjust the responses in relation to age, gender and apolipoprotein E genotype.
Results: Fifty-three clinically diagnosed AD patients taking rivastigmine 4.5 mg twice a day were recruited. Forty-three point four of all AD patients improved in CASI total score, 47.2% in short- term memory, 66% in long-term memory, 62.3% in attention, 73.6% in concentration, 49.1% in orientation, 66% in visual construction, 64.2% in abstraction/judgment, 49.1% in language ability, and 71.7 % in categorical fluency.
The increased NAP 226-90 concentration was significantly associated with worsened abstraction/judgment ($p<0.05$), but not other domains. Higher concentration of rivastigmine was significantly associated with improved short-term memory and worsened abstraction/judgment ($p<0.05$), but not other domains ($P>0.05$).
Conclusion: A higher plasma concentration of rivastigmine was significantly associated with improved short-term memory and worsened abstract/judgement function. An adequate dosage of rivastigmine should be monitored with regard to varied clinical response.

Disclosure of Interest: None Declared

P032

ELOPEMENT EVALUATION ON ALZHEIMER DISEASE PATIENTS IN FRANCE : EVADE STUDY

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Objectives: We decided to study the profile of those who run away, analyse the prevalence and intervention strategies currently employed to prevent new intent to elope.
Methods: Prospective study over one year (2009), of 6,649 participants, living in nursing homes or long-term care units in the North of France.
Results: Our survey describes the circumstances, environmental risks and injuries sustained in **66** elopement incidents by our residents. Among of the **48** residents who eloped, **8** did so several times.
All residents who eloped had been diagnosed with AD or other forms of dementia, and were described as elderly, men were involved in 27 incidents. 35 % had a history of elopement.
In most of cases (60 %), the length of time the patients spent wandering was under an hour.
All elopers needed help to come back to the facilities. All of the residents were found.
No resident was found dead. Most of the residents who eloped did not sustain any injuries (93 %). One resident fell and was admitted to hospital.
Once the patients got back, caregivers made significant changes (36 %): by adapting organization levels, pharmacological interventions, and activity programmes. Behavioural modification was also tried, alongside efforts to keep nursing home patients safe -thanks to bracelets, door alarms, and video cameras, or by seeking placement for residents in an Alzheimer's special care units…
However for those who had run away and whose carers did not change their strategies; we noticed 15 new elopement incidents (versus 3 when changes had been made).
There was no legal investigation involved in the course of our study.
Conclusion: Elopement can be dangerous. It puts both families and caregivers under a lot of stress. However the prevalence we estimated in our study is about one incident a week for the 65 facilities that volunteered for the study, namely one eloper for 140 residents.
All elopers had AD or other forms of dementia and in 71 % of cases they also had a history of behavioural disorders (wandering 69 %). Concerning the time of the day (especially in the afternoon) when the elopement occurs we think that the French hospital model for our facilities may be the cause: there are too few caregivers after lunch.
The problem for physicians, administrators and caregivers is working out how to improve safety enough to prevent elopement incidents for residents without encroaching upon their rights.

Disclosure of Interest: None Declared

P033

SEEDS OF CHANGE: HEARING THE VOICES OF FRONTLINE STAFF

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Objectives: The purpose of this presentation is to provide a summary of the results of a Canadian survey of Revera long-term care staff and their experiences with responsive behaviours also commonly referred to as challenging behaviours.
Methods: The survey was developed as an initial step in the process of developing a person-centered model of dementia and behavioural care. The survey was co-created with input from Revera opinion leaders across Canada. The online and paper survey was distributed and made available to all staff working in long-term care, retirement homes, and home health services. The prevalence of responsive behaviours is of significant concern in long-term care facilities. It is well known that staff under-report incidents involving challenging behaviours, particularly those incidents in which they have been personally involved (Pulsford & Duxbury, 2006; Robinson & Tappen, 2008).
Results: This survey provided an opportunity for frontline staff to report their encounters with responsive behaviours and their ideas on effective responses to these behaviours. Preliminary results indicate that 98% of staff report encountering responsive behaviours. The most commonly reported behaviours were pacing and wandering, repetitive questions, and recurring requests for attention.
Conclusion: The process of engaging frontline staff in quality improvement activities is essential and often overlooked. Barriers and strategies identified by staff in managing responsive barriers should be considered in reviewing programs and policies that shift the care environment beyond task-focused care. These findings can be used by clinical leaders and managers to further develop strategies to support staff and foster the culture change needed to provide person-centered care.
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Robinson K.M, & Tappen R.M. (2008). Policy recommendations on the prevention of violence in long-term care facilities. *Journal of Gerontological Nursing, 34*(3), 10-14.

Disclosure of Interest: None Declared

Poster Presentation Abstracts

P034

PREDICTION OF FACIAL EXPRESSION ON PAIN AMONG PATIENTS WITH DEMENTIA

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Objectives: Pain in patients with dementia has often been under-detected, primarily because the pain scale evaluation of their facial expressions rely on very course indictors.Thus, the purpose of this study was to translate the facial expression of pain (eight action units, AUs) into Chinese and assess its psychometric properties, as well as investigate its prediction on pain among patients with dementia.
Methods: Four hundred and twenty-three residents with dementia chosen from veterans homes in north Taiwan and 225 residents from adult apartment were recruited in this study. Demographic data, MMSE, and ADL were collected. The research includes four phases including establishing content equivalence of facial expression of pain, translation and back-translation, and establishing semantic equivalence of facial expression of pain. To determine semantic equivalence, intra-rater correlation coefficient was used to assess the consistency of the English version of the reduced facial expression of 8 AUs and Chinese version of the reduced AUs of facial expression. To assess construct validity, agreement between AUs and self-reported pain and Doloplus-2 was tested using Kappa statistics. Moreover, logistic backward stepwise regression and backward regression model was to determine the association between AUs and self-reported pain and Doloplus-2.
Results: In the cognitive intact group and residents with dementia, the prevalence of existing pain was 41.1% and 46.7% respectively. The inter-rater reliability of the AUs on facial expression was tested by the intra-class correlation coefficient (ICC). The ICCs were .747, .774, .865, respectively. The internal consistency reliability was .646. The highest agreement between AUs and self-reported pain and Doloplus-2 were were AU 4 Brow lowerer, AU6+7 Orbit tightening, and AU25+26+27 Open mouth. In addition, AU4, AU25+26+27, and AU6+7 could predict pain by using residents' report, Doloplus-2 or verbal descriptor scales testing.
Conclusion: Based on the research finding, it is recommended to employ facial expression as an assistive cue to assess patients with dementia who are unable to verbal communication.

Disclosure of Interest: None Declared

P035

IS THERE AN ARIADNE'S THREAD WHEN COMMUNICATING WITH ALZHEIMER PATIENTS?

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Objectives: Diagnosing Alzheimer Disease (AD) is a long-lasting challenge, given the wide variety of initial symptoms and the fact that patients are most likely either unaware of their difficulties or attempting to conceal them. Complete diagnostic workups are too often performed in later stages of AD and usually lead to an implacable diagnostic, forcing both caregivers (family) and patients to face numerous uncertainties.
We tried to identify if previous studies have investigated particular communication features when addressing mild and moderate AD patients and if so, which were the most effective communication strategies.
Methods: We performed a PubMed search for medical literature (disclos* OR communic* NOT communicate AND Alzheimer) selecting papers focused on doctor/patient and doctor/caregiver communication issues. Initial search returned 1181 results which is why we further refined our search using various criteria, which lead us to an incredibly low 17 search results count. Further analysis of the content only lead us to three relevant studies worldwide. We then summarized the recommendations and gold-practices identified by study authors, contracting them into key messages (i.e. 'frontal, eye-contact').
Results: A minimum set of communication skills were identified for effective collaboration between (1) physician and patient, (2) physician and patient's caregivers/family and (3) caregivers/family and patient. However it became obvious that more studies are needed in this field; such studies should have a holistic, multidisciplinary approach addressing all study pitfalls identified so far (i.e. small populations, lack of long-term follow-up etc).
Conclusion: Although communicating with AD patients is difficult, quite often the communication barriers seem to be mainly due to an inaccurate perception of the disease and of patient limitations and disabilities. Better understanding communication disruptors and caregivers' self-training in acquiring certain interpersonal skills may significantly improve communication, thus overcoming at least in part some communication barriers.

Disclosure of Interest: None Declared

P036

EFFECT OF MUTISENSORY STIMULATION ON HEART RATE IN A GROUP OF PATIENTS WITH ALZHEIMER DISEASE AND BEHAVIORAL DISORDERS

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Objectives: the multi-sensory stimulation is a therapeutic approach conducted inside a special environment, so called "Snoezelen Room", that allows the simultaneous stimulation of all sensory modalities through lighting effects, music, noise, massage, perfume,.... Usually, agitation, like behavioral disorder, is associated with an abnormal activation of the psyco-physiological state in the person: increase of the heart rate (HR) is typically present in that state. Temporary improvement of the behavioural symptoms in patients with severe dementia, above all agitation, after the treatment by Snoezelen Room. The reduction of the agitation is demonstrated by heart rate decreased.
Methods: 8 patients living in a Special Care Unit and affected by severe Alzheimer disease (CDR score 3,88 ±0.35) and BPSD (UNCLA-NPI score 53.63 ±27.48) were treated with the multisensory stimuli in the Snoezelen Room. Patients had an average age of 80 (±7.17) and 6 years (±2.8) of education. The effect of the multisensory stimulation was tested by measuring their heart rate (by pulse-oximeter and the patient being at rest) in three different times: before the treatment (outside the room), within 5 minutes from the start and after 1 hour of treatment. No patient had abnormalities of rhythm or pace-maker.
Results: at the preliminary analysis, HR values decrease both within 5 minutes from the start (mean 71.09± 8.63; *t* = 8.63, p<0,05) and after 1 hour of treatment (68,06± 8.71; *t* = 11.20, p<0,05).
Conclusion: multisensory stimulation by Snoezelen Room seems to reduce the heart rate in a group of patients with severe Alzheimer disease and BPSD. Moreover, the decrease of HR appear to be associated with the reduction of the agitation observed in patients.

Disclosure of Interest: None Declared

P037

PHYSICAL ACTIVITY AND PHYSICAL & COGNITIVE FUNCTION IN LONG-TERM CARE RESIDENTS WITH DEMENTIA: A PILOT STUDY

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Objectives: Physiologic effects of aging combined with abnormal cognitive decline often lead to decreased functional independence among older adults with dementia. Those who reside in long-term care (LTC) are even more prone to this as they are typically at a more advanced stage of dementia and require more care and assistance with activities of daily living relating to self-care. A small existing body of literature exists suggests that regular physical activity may be effective at maintaining/improving physical and cognitive function in this population (Heyn et al., 2004; Yu et al., 2006).

Methods: Fifty-three residents of a Western Canadian long-term care facility were invited to participate, with proxy decision-maker consent. Twenty residents were randomly assigned to either a three-times weekly group walking program, or a control condition involving only weekly group social visits with student volunteers. Functional indicators to be assessed at baseline, six, and twelve weeks are timed up-and-go, functional reach, and six-minute walk. Cognitive function will also be assed using the Mini-Mental State Examination. Descriptive data, including age, education level, prescribed medications, and comorbid health conditions was collected through chart audits. Mixed-model ANOVA will be used to assess within and between group differences.
Results: Data is currently being collected with results to be shared at this conference.
Conclusion: Positive results from this study would show the potential of a relatively simple physical activity intervention to improve function, independence and quality of life among elders with dementia residing in long-term care. Positive results would indicate

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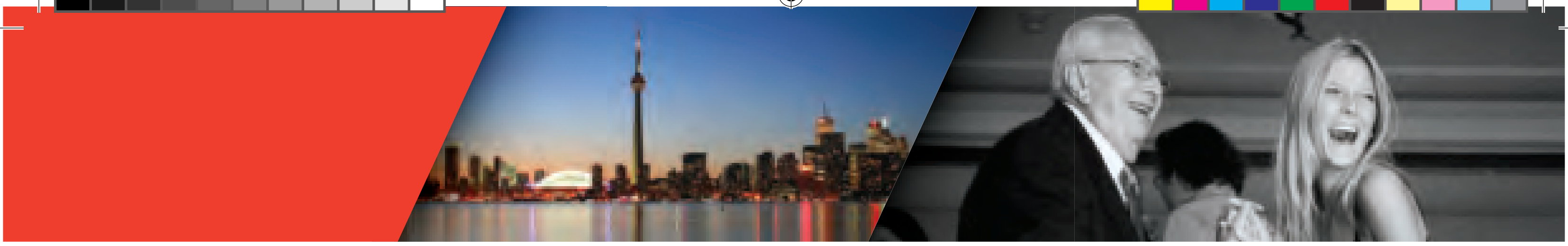
Heyn, P., Abreu, B. C., & Ottenbacher, K. J. (2004). The effects of exercise training on elderly persons with cognitive impairment and dementia: a meta-analysis. *Archives of Physical Medicine & Rehabilitation, 85*, 1694-1704.

Disclosure of Interest: None Declared



Poster Presentation Abstracts

P038

HOW TO FAVORISE THE REMINISCENCE PROCESSES? A PSYCHOSOCIAL AND QUALITATIVE APPROACH

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Objectives: The aim of this communication is to discuss the interest of an exploratory qualitative research relating to group Reminiscence Therapy through a case study. These groups are a way to give back the elderlyoral expression through recollection and sharing of autobiographical memories. We postulate that it is important to recognize the interaction meaning, *in situ*, before trying to explain it statistically. Up to date, we think that this first step has not been enough explored. Based on clinical analysis, we hope our recommandations would help the group mediator practices.
Methods: We film twice a group of Alzheimer's patients in a french nursing home. Five women, between 76 and 86 years old, are invited by a psychologist to talk about some old objects (*e.g.* tools, pictures, toys, songs, *etc.*) around a table. Objects are chosen according to the participants' past in order to stimulate its reminiscence. We research behavioral regularities using the transcription software Elan® 3.8.0, integrating two simultaneous camera corners: from a mobile camera to focus on each person and a fixed one interested in the global situation.
Results: We are still working on the video records analyses in order to provide more precise results. Our observation method allows us to access to the interaction distribution between humans and their environment. We are studying influence elements about speech circularity, especially recalling acts, just as discourse types, presented or manipulated objects, close or open questions, presence of simultaneous speakers, free discourse association possibility, and time duration too. In this aim, we apply a discourse analysis including linguistic and paralinguistic elements.
Conclusion: Reminiscence processes would be promoted by having a more humanistic consideration of seniors. Therapists have to watch for each individual implication in social world, *i.e.* both humans and artefacts. Indeed, artefacts are not only pluri-sensorial assistants, but also essential historical and cultural witnesses. Furthermore, our work enables to propose new research directions to future confirmatory studies.
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Bruner, J. S. (1990). *Acts of meaning.* Harvard University Press.
Butler, R. N. (1963). The life review: An interpretation of reminiscence in the aged. *Psychiatry, 26*, 65-75.

Disclosure of Interest: None Declared

P039

EVALUATION AND COMPARISON OF THE EFFECTIVENESS OF TWO DIFFERENT CST APPROACHES AND THEIR IMPLEMENTATION IN PRACTICE

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Objectives: To develop, evaluate, and implement a training package of Maintenance CST and carry out a pragmatic multi-centre RCT of two different training approaches:
Treatment as usual (TAU): manuals, workbook, DVD plus 1 day CST training seminar seminar and outreach support (local coordinator, ongoing email support, monthly group telephone conferences, and online forum) versus the intervention group: manuals, workbook, DVD and 1 day CST training seminar.
Running concurrently alongside the RCT will be a monitoring phase evaluating the effectiveness of Maintenance CST in practice with people who independently bought the CST manual.
Methods: For the RCT non qualified dementia care staff working in a variety specialist and non specialist dementia settings; residential home, nursing home, day centre, day hospital, memory clinic and social club with people with dementia will be approached and recruited in to the trial and through cluster randomization be randomized in to the TAU or intervention group.
The monitoring phase will consist of classical surveillance to identify non qualified dementia care staff that have independently purchased the manual and/or attended the training day. They will then receive delayed CST training or continue in the TAU (manual only). All participants from both the RCT and the monitoring phase will be assessed at three different time points during the study.
Results: The study will identify the level of adherence to CST and whether it will increase in relation to the degree of support that the site receives. It will also highlight the knowledge that people have in regards to CST and dementia and whether this has any implications for numbers of groups run or successfulness of these, and if groups have not been run the reasons for this.

Disclosure of Interest: None Declared

P040

EXAMINING THE NEUROCOGNITIVE VALIDITY OF COMMERCIALLY AVAILABLE, MOBILE PHONE-BASED PUZZLE GAMES

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Objectives: Cognitive stimulation interventions may promote cognitive health of older adults. Their role in dementia prevention is unclear. We sought to examine the relationship between performance on common puzzle games and standard measures of neuropsychological performance.
Methods: Twenty-nine participants, aged 50 - 65 years, completed a comprehensive neuropsychological test battery and played three mobile phone-based games in triplicate. Based on game characteristics, the following correlations were expected: i) scores obtained on a matching pairs game (Matches Plus) and tests of visual memory; ii) word puzzle (Jumbline) scores and measures of verbal memory; and iii) performance on a number-placement puzzle (Sudoku) and tests of logical reasoning and problem solving.
Results: As predicted, a priori, significant correlations were observed between matching pairs game (Matches Plus) scores and a test of visual memory (r=0.49; p=0.007); word puzzle (Jumbline) scores and performance on tests of reading ability/estimated IQ (r=0.53; p=0.003) and verbal learning (r=0.39; p=0.039); and number-placement puzzle (Sudoku) scores and a test of reasoning and problem solving (r=0.42; p=0.023). A further analysis at the 1% significance level to adjust for multiple comparisons identified a significant unpredicted correlation (r=0.49; p=0.007) between performance on a number-placement puzzle (Sudoku) and a measure of nonverbal working memory.
Conclusion: Performance on these mobile phone-based games is indicative of relative cognitive ability across several cognitive domains at a fixed time point, and may be a valid outcome in future trials of brain training cognitive health.

Disclosure of Interest: None Declared

P041

ART THERAPY AND COGNITIVE EXERCISES FOR ALZHEIMER'S PATIENTS AND CAREGIVERS GROUPS

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Objectives: Objectives on Alzheimer's Patients:· Increase communication.· Preservation of identity. · Memory stimulation.· Rhythmic movement.· Emotional expression and rest.· Discover the pleasure of creating and its healing generate an alternative channel of expression beyond the verbal ground. Objectives Caregivers · Identify emotional disorders: depression, anxiety, stress, insomnia.· Existential disorientation: lack of autonomy and self-esteem. Environmental work and family issues.· Emotional fatigue.
Methods: We defined this study as a specialized discipline in facilitate and enable a significant change in the patient and the caregiver through ar and cognitive exercises. During the creative process images that create and the questions and answers they raised. Trough the process the participants generates an alternative channel of expression beyond the verbal field. Results were measure testing when before, at the middle and end the workshops will offer the Mini Mental State Examination to the Alzheimer's patients and the Goldberg Depression Questionnaire to caregivers. The workshops included 12 art experiences and 12sessions of cognitive exercises.

Results: 67% of the patients demonstrated a increase in total points in the MMSE. 83% of the caregivers demostrated a decrease in total points in the Goldberg depression questionnaire.

Conclusion: The study served as an educational tool for the preparation of alternate activities among caregivers and their families. Provided techniques that can be applied in spaces and relaxed environment space. For persons with memory loss regardless how advanced is it same was an opportunity to remember, share, and stimulate the brain areas which are affected. The techniques used can be performed in the home along with other members of the family environment. These techniques being of family integration improves caregiver and patient communication. The study results suggest improved in the quality of life of people with dementia and their caregivers
References: Abraham. (2005). When worlds have lost their meaning: Alzheimer's patients communicate through art.Westport, CT: Preger Published. Malchiodi,C.A. (2007). The art therapy sourcebook. (2nd ed.) New York, NY: McGraw-Hill. Shenk,D. (2001). The Forgetting: Alzheimer's: portrait of an epidemic. New York, NY.

Disclosure of Interest: None Declared

Poster Presentation Abstracts

P042

WHY HAVE WE FAILED TO CURE AD?

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Objectives: There is widespread recognition in the urgency to understand the causes and mechanisms of senile dementia. Attempts to find cures for Alzheimer's disease (AD) have, however, failed so far, in spite of enormous investments, intellectual and financial. We therefore have to reconsider the problem from new angles. AD is regarded as a disease because of its clinical manifestations and underlying pathology. However, this combination does not define a disease but rather a syndrome, just like hepatic cirrhosis in which liver pathology causes metabolic changes, but which can result from many different etiologies. It is unlikely that attacking a downstream phenomenon, like apoptosis or b-amyloid accumulation, can cure AD, or prevent the progression of the disease.

Methods: Epidemiological studies have identified many risk factors for "senile dementia of the Alzheimer type", some genetic but most environmental and therefore modifiable.
Results: Epidemiological studies have identified many risk factors for "senile dementia of the Alzheimer type", some genetic but most environmental and therefore modifiable.
Conclusion: Thus, it is probable that AD is the result of a combination of several processes, working differently in each person. Therefore a concerted action to fight the dementia epidemic must be made by aggressive action against its risk factors, and this battle must begin in midlife, not in old age.

Disclosure of Interest: None Declared

P043

IN VITRO CHARACTERIZATION OF AMYLOID AGGREGATION BY OXIDATION OF ELECTROACTIVE INTERCALATIVE DYES

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Objectives: We demonstrate that the oxidative peak current of electroactive beta-sheet intercalating dyes, Congo red and Thioflavin T, incubated in the presence of amyloid beta peptides (1-40,1-42) corresponds to the state of peptide aggregation in vitro. Intercalative dyes have been well-described to monitor interfacial properties of amyloid beta aggregation by fluorescence and UV-vis spectroscopy. We report for the first time their utility in an electrochemically-based approach.
Methods: Amyloid beta (Aβ) peptides were dissolved in dimethyl sulfoxide and sonicated for 10 min to dissolve aggregates. Prior to incubation, Aβ was diluted in phosphate buffered saline (pH 7.4) to a final concentration of 50 μM. An equal concentration of Congo Red (CR) or Thioflavin T (ThT) was then added. Aggregation was stimulated by incubating Aβ at 37 ± 1 oC with light shaking (300 rpm). At desired time intervals, aliquots of the incubating sample were removed and added to the surface of a disposable screen printed carbon electrode. Dye molecules available in free solution were oxidized at the electrode surface by differential pulse voltammetry (DPV).
Results: The oxidative peak current of CR decreases exponentially over 24 h, reaching a steady state after approximately 5 h. This stable oxidation signal was attributed to the complete aggregation Aβ; confirmed by UV-Vis analysis (λ= 541 nm). Conversely, the oxidative peak current of ThT increased over 24 h. However, complete aggregation was again marked by an unchanging oxidation signal at 5 h, confirmed by fluorescence analysis (λ= 485 nm).
Conclusion: We report for the first time, the use of the electroactive properties of β-sheet intercalating dyes CR and ThT to monitor the aggregation of Aβ-40 and Aβ-42 by DPV on disposable carbon printed electrodes. The polarity of the dye determined the trend in oxidation signal that was observed. We propose that the six aromatics rings of CR allow for incorporation into the highly hydrophobic protofibril units formed from associating Aβ intermediates. This results in a decrease in the concentration of CR available to the electrode surface and subsequent decline in the observed peak current.

This decreasing trend opposes studies with the hydrophilic dye, Thioflavin T, for which fibrillization of Aβ-40/42 resulted in an increase in oxidative peak current over time. This has been attributed to the expulsion of the hydrophilic dye from the increasingly hydrophobic core of the forming protofibrils.

Disclosure of Interest: None Declared

P044

DEMENTIA AS AN INNER JOURNEY IN THE CHANGING LANDSCAPES OF INTERACTIONS: EXPERIENCES OF GROUP – COUPLE- AND FAMILY THERAPY FOR YOUNG PATIENTS

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Objectives: The aim of this presentation is to raise the whole family in the center of the good dementia care and look at the illness as a common challenge for the entire family by combining the views of therapists and a patient.Family centered approaches to dementia care have been developed in Helsinki Alzheimer Association Since 2000 with the funding of Finnish Slot machine Association. After working with 92 families we found out that dementia in a family evokes many psychological challenges for all family members. Also the official health care system doesn't have resources to face the inner processes of the families. During 2007 – 2011 we are developing group- couple- and family therapeutic working models for young patients and their families. Our aim is also awake the dialogue between the professionals in mental healthcare and dementia care.
We want to help the families to
face and share together the feelings and questions that each of the family member has in this new situation
find meaningfulness to their life in spite of the illness
think and prepare for the future to come
consider their aspects of good care and talk together about how to arrange things in future
have psychotherapeutic and conducted peer support

Methods: Groups for the patients, couples and healthy spouses
Individual – couple and family therapy
Results: During 2007-2010 250 sessions with 40 families of 1-5 members
Even one psychotherapeutic session can be meaningful
The essential challenge is to cope with the feelings and continual change
Conclusion: Proceeding memory illness means a long lasting inner journey of grief and loss, where families need a long lasting supportive relationship. Most families seem to have many traumatic events in their early interactions. The Attachment style and difficulties in interdependence seem to affect the persons´ ability to accept the illness, vulnerability and helplessness as a part of the new interaction in the family. Systemic approach gives every member of the family the possibility to be heard and enables the whole family to share different feelings, and reframe the new reality. Every member of the family should be allowed to feel being supported even they are family caregivers.

Disclosure of Interest: None Declared

P046

FACTORS RELATED TO HEALTH SEEKING INTENSION IN ELDERLY DEMENTIA CAREGIVERS

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Objectives: Early diagnosis and treatment of dementia can slow progression of the disease. However, influenced by social and cultural values in Asian society, people may refuse to seek medical assistance for their family members who suffer from dementia and thus delay their relatives' treatment of dementia. Based on Theory of Reasoned Action proposed by Fishbein and Ajzen, this study investigated how family's attitude toward health care and subjective norms could affect their intension in seeking health care for their demented elders.
Methods: A cross-sectional design was used. Data were collected from 122 primary caregivers of dementia elders in three medical institutions. The data were analyzed to explore the possible determinants in health seeking intention among dementia caregivers
Results: The intention in seeking health care was related to caregivers' education level, MMSE scores, the frequency of problem behaviors, attitude of seeking health care and subjective norms. The results demonstrated that attitude of caregiver seeking health care and the subjective norms can mediate the effects of the frequency of problem behaviors and the intention in seeking health care. In addition, the attitude of seeking health care for caregivers and subjective norms could explain nearly 43.9% variance in intention to health care.
Conclusion: The findings of attitude of caregiver seeking health care and subjective norms may serve as many uses in future practice and research. First, they may serve as a screening tool for high risk caregivers in caregiving process. It would be also beneficial for health professionals to consider future interventions in disadvantaged caregiver groups of elderly dementia. Our findings also highlight the important mediators of attitude of caregiver seeking health care and the subjective norms in dementia caregiver's health seeking process
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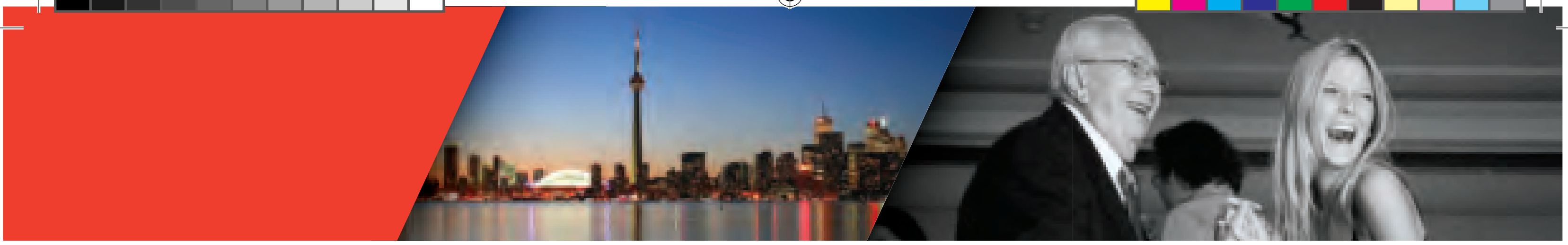
Disclosure of Interest: None Declared



Poster Presentation Abstracts

P047

A SURVEY ON PRACTICAL NURSING CARE FOR DEMENTIA PATIENTS ADMITTED TO GENERAL HOSPITALS

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Objectives: We are developing a nursing program for dementia patients admitted to general hospitals for treatment of other illnesses that enables them to live a comfortable convalescent life. The purpose of this study is to clarify the practical aspects of nursing care for dementia patients provided by general hospital nurses and to determine issues that must be addressed in a nursing program.
Methods: Between February and March 2010 a questionnaire was sent by post to 544 ward nurses at general hospitals. The questionnaire included the background of the respondents and the practice and assessment of, and issues that need to be addressed in, nursing care for dementia patients. We received a total of 340 responses (62.5%), from which responses from head nurses were excluded, and the remaining responses from 272 staff nurses were subjected to statistical and qualitative analyses.
Results: The mean age of the respondents was 38.0 (SD: 9.8), and 144 respondents (52.9%) had 20 or more patients diagnosed with dementia in their hospital ward at some time between April 2009 and the time of the survey. When planning nursing care, the respondents gave higher priority to the state of the illness which was the purpose of admission, the clinical course prior to admission, the level of independence in daily life, and the development and symptoms of the dementia, than to the disease causing the dementia and the patient's lifestyle, habits and hobbies. Among 27 nursing care items for patients with dementia, the items practiced most regularly (practiced regularly by at least 60% of the respondents) were: confirmation of oral medicine intake, direct observation of excretion and meals, pain relief, and fall prevention, while the items practiced least regularly (practiced regularly by less than 25% of the respondents) were: not using physical restraints, delirium prevention, and adjusting the environment of the patient's room. As important issues in nursing care for dementia patients, the respondents listed ensuring sufficient personnel, improvement in work shifts, and more unified nursing care, in order to provide adequate care.
Conclusion: Issues that must be addressed in order to improve the quality of nursing care for dementia patients at general hospitals include further study of dementia assessment and effective nursing care, and the establishment of a nursing system that provides ample care.

Disclosure of Interest: None Declared

P048

IN-HOME STIMULATION/RESPITE FOR FAMILIES TOUCHED BY DEMENTIA: A PERSON-CENTERED APPROACH

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Objectives: Day programs for cognitively impaired seniors can provide relief for the caregivers and a stimulating social environment for care recipients. Families who cannot benefit from outside programming lack adequate respite while the care recipient may lack sufficient stimulation. Alzheimer Groupe (A.G.I.) Inc. developed a 6 month pilot project to address these families' needs. The project provides stimulating, meaningful activities by professionals to non-autonomous, cognitively impaired individuals in their homes; concurrently, the primary caregiver receives respite.
Methods: The A.G.I. In-home Stimulation/Respite program serviced 8 families 4 hours once a week for six months. A unique stimulation kit was designed and used to engage the clients in therapeutic recreational activities for failure-free interactions. The kit is modeled after the AGI day program. Each kit is tailored to the individual - based on his/her interests and abilities. Hired healthcare professionals received specialized training for dementia care to enhance their existing skills. The timeslot allotted for the respite/stimulation was based on the needs of the families. The same professional visits the family on a weekly basis, assuring consistency, familiarity, and predictability. The effectiveness of the program is being evaluated based on 2 measures: 1) the impact of respite on the primary caregiver; 2) the impact of stimulation on the care recipient. Evaluation tools used included the Zarit 4-item Caregiver Burden Scale and pre/mid/post caregiver questionnaire.
Results: At midpoint, the pilot program is regarded as being helpful to reduce caregiver burden. The family caregivers reported the respite as sufficient time to complete daily tasks and/or to engage in social activities. Most caregivers noted improvements in overall mood and responsiveness of the care recipient as a direct result of the stimulating activities.
Conclusion: Final results will be presented once the program is complete.

Disclosure of Interest: None Declared

P049

MONITORING THE QUALITY OF DEMENTIA CARE:THE DEVELOPMENT OF INDICATORS USING THE DELPHI METHOD

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Objectives: The number of people with dementia in Taiwan has reached 100,000 recently. It will continue to grow in synergy with the growth of the aging population. As the rate of dementia increase, how to provide quality care has become one of the most important issues in long-term care. One of the quality assurance measures was to develop standards or indicators to keep the entire course of care under close scrutiny. Unfortunately, those indicators were currently unavailable in Taiwan. This research aimed at filling up this gap by (1) constructing quality indicators for dementia care and (2) proposing quality assurance measures to better service provision in this society.
Methods: A two-round modified Delphi method was employed to develop quality indicators. Literature review and expert meeting were conducted to produce the first-round questionnaire. On the basis of RAND appropriateness method, a 9-level Likert Scale for each item ranging from extremely unimportant to extremely important was adopted. The importance of each indicator was then weighted by a team of experts from various areas of Long-Term Care, including public service, medicine, nursing, social work, occupational therapy, care agency, and family member of the demented. A total of 23 experts agreed to participate with 18 of them completing the weighting and proposing for the revision. This resulted in the second-round questionnaire. The 18 experts were requested to weigh and give opinion for each item of questionnaire again. The data were analyzed with SPSS 17.0 version. Those items with a rating of median above 7 by more than 75% of the experts were retained.
Results: Results showed that 115 quality indicators(QIs) has been identified across the six stages of dementia care, including screening (10 QIs), diagnosis/assessment (18 QIs), treatment (11 OIs), care planning /referral (7 QIs), service provision (58 OIs), and following up (11 QIs). These indicators provide a sound ground for the development of comprehensive dementia care model and measures for quality assurance.
Conclusion: On the basis of findings, this study proposed that 1) a comprehensive screening tool be developed for screening, assessment, and quality assurance; 2) a team of experts from various disciplines be needed to ensure quality every step of the way in care delivery; 3) training programs be designed on the basis of those indicators; and 4) care programs be evaluated on the ground of those indicators.

Disclosure of Interest: None Declared

P051

ETHICAL ISSUES ARE DIFFERENT IN THE EARLY STAGE OF DEMENTIA

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Objectives: There is a need to look at ethical issues of people with dementia in early stage or newly diagnosed in a completely different and holistic way.
Methods: Interviews with people with dementia from around the world
Results: Almost every time there is a need to choose between (x) or (y) situations one is confronted with an ethical issue. Examples people with dementia needs to make their own decisions, giving up the job, whether to participate in drug research, handling money, changing residence, driving, knowing or not diagnosis, benefit or not by technological advances, etc. Ethical issues are based in moral, cultural, religious patterns, social standards, attitudes, values, legal organization, but also with the economic development of a certain country (society), common sense and everybody concerns. There are many controversial issues discussed by ethicists, today many arise in clinical settings. Health care workers are continually dealing with life and death situations. That is the reason that since 1985 applied ethics enter the field of dementias. The first time in an ADI Conference 1996 (Israel), ethical issues were introduced more oriented to late stages of dementia. In those days others needed to decide for people with dementia. Dementia does not start in late stages!Today things have changed people with dementia want to decide by themselves, to be heard, respected, believed, they are fighting for their dignity and human rights.
Conclusion: They have exactly the same human rights as everybody else, with a myriad of ethical and legal issues. Let's hear, believe and respect them in a workshop in Toronto and in our daily life. We can no longer neglect ethical issues of people with dementia.

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Disclosure of Interest: None Declared

Poster Presentation Abstracts

P052

FADING MEMORIES CONCERN FOR CARING FOR DEMENTIA PATIENT

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Objectives: Fading memories are a challenge faced by an old person in his sixties and above and once he is diagnosed as a Dementia patient it is the families caring for loved ones, face multiple challenges. This study was conducted in New Delhi on such families having experiences for establishing a diagnosis and subsequent care and treatment. They were more concerned as what to expect in future and how to prepare and face the coming scenario. Using a descriptive qualitative approach, 46 family caregivers living in New Delhi INDIA were interviewed regarding their experiences with dementia diagnosis and treatment. They were also interviewed about their experiences on their personality. The caregivers took along time in getting a diagnosis established. They were concerned about the developments in the behavioral symptoms and living a normal life. The denial phase was very long. The visits to numerous physicians required a lot of effort and time which ultimately resulted in feelings of hopelessness. Caregivers described the Emotional, Physical, Financial and social strain of providing care, with minimum access to the support groups. It is the family and extended family who bear the strain of caring. Very few professional carers are available to give respite to the families. A documentary film Fading Memories was also made to create the awareness about the disease and the stress of caregivers.

Disclosure of Interest: None Declared

P053

A RESEARCH OF SUCCESSFUL AGING FOR DEMENTIA PATIENTS TO EMPOWER THEIR LIVES IN NURSING HOMES: A CASE STUDY OF THE YMCA CENTER IN TAINAN, TAIWAN 2010

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Objectives: As many patients with dementiaare the elderly, it is important to encourage institutions of dementia to enable the elderly to arrange their daily activities and age in place successfully. The main objective of this study is to help dementia patients to obtainre-adjustment of life and strengthen their ability to age in place.
Methods: Through the literature reviews to explore the success of the concept of aging in place, assist dementia patients to empower their lives, and receive care services. They include the maintenance of physical health, the strengthening of mental awareness activities, and the promotion of social interaction and cooperation. In 2010, The Tainan YMCA center for the elderly proposed a project of "The Promotion of successful Aging under the Unit Care". The center arranges a period of nine months, providing patients with dementia and disability living arrangements and encourage them to participate actively in activities. They include a variety of interactive sports leadership, language and cognitive training programs, the festival theme and community activities. Dementia patients who received care services in the center are reviewed and evaluated.
Results: Research results show that patients with dementia are capable of managing their own lives not only following the first three basic principles but also possessing the following important characteristics: (1) maintain daily routine, (2) encourage active participation in various sports, (3) arrangecognitive activity groups to learn together, (4)promote the co-operation amongdementia patients (5) provide guidance in regular activities, and(6) encourage participation in community activities.
Conclusion: In conclusion, the quality of care services provided to patients with dementia is being re-examined by applying the concept of "successful aging". As a result, patients with dementia are more likely to receive care services that are tailored to them as well as to manage their own lives in institutions. In addition to strengthen the positive interaction among patients with dementia within the institution, they can also receive continuity of care services and are more likely to age in place successfully.

Disclosure of Interest: None Declared

P054

DEVELOPING AN E-LEARNING WEB SITE FOR CARING ELDERS WITH DEMENTIA: METHODOLOGICAL TRIANGULATION FOR LEARNING CONTENT MAP

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Objectives: Dementia affects elders and related family and professional careproviders physi-psychologically, and threats the socio-economic system of the nation. Due to the shortage of nursing resources and the difficulty of attending traditional education program, it's inevitable trend to utilize e-Learning for dementia competence in the Internet era of information technology.
To discover Content Map of Dementia e-Learning and to identify critical factors of implementation in daily care and continuing education for academic and industry information.
Methods: This project employed a design of methodological triangulation, a combination of quantitative and qualitative research. It completed caring needs/problems of dementia elders through careproviders focus group interviews, which were manifested by themes, contents, and clinical applications. A comprehensive education program was developed and validated by literature reviews, expert Delphi methods, and focus group discussions. The education network with dementia care, as well as a pilot testing of the use of web content map were established.
Results: Qualitative interview recorded data were transcribed and content analyses were conducted to have major themes and simulated case scenarios. Learning effect evaluations of the Asynchronous Dementia e-Learning, including "Network Literacy", "Interface Easiness", "e-Learning Willingness" "Information Usefulness", and "Service Quality", were valued well (all means were > 4.5 with 1-5 Likert Scale).
Conclusion: It is as expected to form an efficient Dementia e-Learning Website to improve the careproviding ability of health professionals in complex situations. In addition, the propagation and implementation are foundations for the government, the academic, and the institution to reform and enhance the quality of dementia care.

Disclosure of Interest: None Declared

P055

MANAGING BEHAVIORAL CHANGES: A CLINICAL PRACTICE REPORT

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Objectives: We educate clinicians, aides and families caring for Alzheimer's patients experiencing challenging behavioral changes. Our goal is to share some innovative resources to address the challenges of escalating behavioral changes.
Methods: Triggers of challenging behavior stem from physical comfort and well being. The Alzheimer's patient's ability to identify sources of discomfort and pain is compromised as the disease progresses. Physical discomfort may be caused by lack of nutrition. Knowing the benefits of anti-oxidants, we incorporated whole food nutrition into the daily diet of some of our patients. In 4 months, we saw improvement in daily functioning; better balance, regular bowl movements and reduced UTIs. At 8 months, one patient gained weight and had increased hemoglobin and red blood cells. We add 15 minutes of sunlight for daily vitamin D. Changing residence can escalate confusion creating trust issues and anxiety. Caregivers are taught to identify and eliminate physical triggers in patient surroundings. A stronger light bulb can make all the difference. When you adapt the environment to compensate for physical decline, challenging behavior is minimized.
Results: Whole food nutrition is a key element in our care plans for Alzheimer's patients. They experience improvement in overall function, both mentally and physically. Daily activities are more easily performed minimizing frustration and risk of accidents. Immune systems are strengthened. There are fewer infections due to reduced inflammation and a decrease in homocysteine levels. The effect of the individual is affected by the proper flow of brain chemicals which regulate overall mood.
Conclusion: We've seen improvement in the overall daily functions of our patients after adding whole food nutrition to their daily diets. Research cited in the journal, Integrative Medicine, suggests that extracts from fruits and vegetable are more bioavailable and can be used to significantly improve the immune function in the elderly. Our clinical experience supports this. We have seen fewer infections and by keeping people in their own homes, they are not exposed to bacteria found in elder care facilities. Overall, patients kept at home with a steady diet of whole food nutrition experience fewer symptoms that lead to challenging behavioral changes.
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Disclosure of Interest: None Declared

Poster Presentation Abstracts

P056

A CREATIVE CARE APPROACH TO THE ELDERLY WITH COGNITIVE IMPAIRMENT IN A GROUP HOME IN JAPAN

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Objectives: Group Home (GH), recently developed in Japan and characterized by all single rooms and group-care in a community, is a special nursing home for the elderly with cognitive impairment. Daily life care, including meal supply, giving a bath and assistance of bodily wastes, is provided to 5-9 elder tenants in a house unit. Last year we reported a creative care approach in GH prevented a deterioration of mini-mental state examination (MMSE) score and of physical activity of daily living (ADL). In this study we report the state of conventional care approach in the GH
Methods: The state of a conventional care on 26 tenants in GH (24 females and 2 males, 81.0±7.1 in age) was analyzed retrospectively. The caregivers assist the daily life of tenants. The changes in mini-mental state examination (MMSE) score and Physical activity of daily living (ADL) for 1 year were analyzed. Physical activity of daily living (ADL) was assessed by I (Independent), A (assistance required), D (dependent) scoring 8 items (bathing, dressing, personal grooming, toileting, continence, transferring, walking and eating).
Results: MMSE score tended to be worse from 9.1±4.2 to 3.3±3.2 in the last 1 year. ADL became worse (>2 items) in the 11 tenants, in contrast the improvement of ADL in more than 2 items was not noted in any tenants. The numbers of death and evacuation to hospital in the last 1 year were 1 and 4.
Conclusion: It seemed to be necessary to make matched pair study between the conventional care approach and creative care approach.

Disclosure of Interest: None Declared

P057

THE EXPERIENCE OF MOVING A FAMILY MEMBER INTO A SECURE UNIT FOR PERSONS WITH DEMENTIA

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Objectives: The purpose of this study was to better understand the lived experience of moving a family member into a secure unit for persons with dementia. Though there is a growing body of literature describing how family carers experience the transition process when a family member moves from community care into a long term care facility in general, very little is known regarding these particular types of specialized units. This gap is striking given that most persons with dementia are placed in secure units, and that some evidence shows that increased stigma and fear often surround these types of transitions. The main objectives of this study were: 1) to explore the process experienced by family members moving a relative into a secure unit for people with dementia; 2) to explore their perceptions of factors that either facilitated or hindered a positive transition experience; 3) to contribute to existing theoretical frameworks of the transition process from community care to long term care; 4) to propose policy and program recommendations that may address issues articulated by family members.
Methods: 6 family members to people with dementia were recruited through a local Alzheimer Society to participate in an in-depth, semi-structured interview with the principle investigator. 3 men and 3 women were questioned about their experience moving their family member into a long term care facility. The carers interviewed were primarily spouses (5), while one carer was a daughter. There was variation in where the placement process began (home, hospital, residence), the time since diagnosis (between 2 and 12 years), and the time since placement (between 1 week and 8 months). The interviews, having been recorded using a digital voice recorder, were subsequently transcribed, coded and analyzed according to guidelines outlined by a grounded theory approach.
Results: Though analysis is in its beginning stages, initial findings seem consistent with past literature regarding the transition process towards long term care. In particular, family members included in this study describe their experience moving a family member into a long term care facility in the larger context of the dementia trajectory.
Conclusion: A thorough and systematic analysis is underway in order to draw further conclusions from the data.

Disclosure of Interest: A. Hayward Employee of: Alzheimer Society of Montreal, Support from: Provost's Graduate Fellowship from McGill University

P058

DEVELOP UNDERSTANDING OF THE PRISMA PROJECT DEVELOPED IN THE QUEBEC PROVINCE OF CANADA AND ASSESS ITS EFFICACY FOR DEMENTIA CARE IN SCOTLAND.

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Objectives: This study will be carried out in the months leading up to ADI 2011; field work will take place immediately prior to the conference, given the distance between Scotland and Canada.
Scotland's *Dementia Strategy* aspires to transformational change to service delivery within existing budgets. Demographic changes will result in older people making up a greater proportion of the Scottish population; the number of people with dementia in Scotland is set to double within the next 25 years. Within the climate of public sector budget cuts and increasing number of people with dementia, the *Dementia Strategy's* success will largely be dependent on better partnership working between health and social care.

This study aims to develop an understanding of the PRISMA integrated delivery model; identifying the lessons it offers and assessing its efficacy for dementia care in Scotland. Evidence based research is a key element of influencing public policy. As the *Dementia Strategy* moves forward it will be important for Alzheimer Scotland to monitor its development, seeking to influence both national policy and local implementation. This study will develop Alzheimer Scotland's evidence base through providing an understanding of a *successful**[1]*** international integrated service delivery model.

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Methods: Carry out a literature review in order to provide social and health care context for both Scotland and Canada, gain background information on PRISMA and identify the evidence base on PRISMA.
Secondary desk based research; analysis of the existing evidence base on PRISMA and consideration of its efficacy for Scottish context.
Face to face semi structured interviews with practitioners involved in the PRISMA model in Quebec ahead of the ADI 2011 conference to provide further understanding of its application for people with dementia.
Results: The anticipated outcome of the study is the development of understanding and learning from international model in order and to inform Alzheimer Scotland's policy positions, national consultation responses and influencing local practice.
Conclusion: Study in progress; conclusions not yet known.

Disclosure of Interest: None Declared

P059

PUTTING THE ACTIVE INTO ACTIVITIES

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Objectives: Participants will be able to name 8 components of active aging as they relate to dementia engagement/activities.
Participants will be able to describe the importance of physical exercise for persons with dementia.
Participants will be able to name at least three ways to enhance and improve their activity/engagement programs.
Methods: Lecture, group exercise, discussion
Results: Atria Senior Living has divided its activity programming into 8 categories that reflect the above values. They are: physical activity & exercise, lifelong learning and brain fitness, family & friends, inspiration and spirituality, social engagement & fun, arts and entertainment, creative expression, and intergenerational activities/civic engagement. This focus has allowed our staff to more fully understand the value and importance of activity programs; keeping persons with dementia engaged in life fights depression, boosts self-esteem, reduces challenging behaviors and adds happiness and interest to the day. Atria has also adopted the Best Friends philosophy of care (Bell & Troxel) which encourages the building of relationships and supports the importance of adult activity.
The workshop will share examples of activities in each of the 8 categories and encourage those present to redefine their activities to reflect more contemporary ideas of active aging and how they benefit persons with dementia.

Conclusion: Keeping persons with dementia involved in active aging supports a higher quality of life and greater family satisfaction and staff success. Many of the principles of this workshop apply to active aging in general; we believe that what is good for the healthy senior (for example civic engagement) is also good for persons with dementia. The workshop stresses that many activities for healthy seniors can easily be modified to support persons with dementia through their journey.
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Disclosure of Interest: None Declared

Poster Presentation Abstracts

P060

COMMUNICATION STRATEGIES EMPLOYED BY FORMAL CAREGIVERS ASSISTING INDIVIDUALS WITH MODERATE-SEVERE ALZHEIMER'S DISEASE DURING ACTIVITIES OF DAILY LIVING (ADLS): A MIXED METHODS APPROACH

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Objectives: Identify which communication strategies, employed by formal caregivers, are related to fewer breakdowns while assisting individuals with moderate-severe Alzheimer's disease (AD) during completion of a basic activity of daily living (ADL), toothbrushing. A second objective is to conduct an in-depth examination of formal caregivers' perceptions surrounding communication with individuals with moderate-severe AD during daily care tasks to further our understanding about caregiver's use of communication strategies with this client population.
Methods: Sixteen formal caregivers and 16 residents with moderate-severe AD will be recruited from two long-term care (LTC) facilities. Each caregiver-AD dyad will be observed during the completion of six separate toothbrushing trials, for a total of 96 trials. Each toothbrushing session will be transcribed into a language analysis software program (i.e., SALT) and each transcript will be coded. Descriptive statistics will be used to analyse the frequency of communication behaviours and correlation analysis will be used to examine relationships in the data. Following the completion of the toothbrushing trials, the caregivers will participate in a focus group that explores caregivers' perceptions surrounding communication with this population and the use of communication strategies best suited for individuals with moderate-severe AD. To date, we have completed data collection from one of the facilities. Seven residents with moderate-severe AD and their caregivers (n = 9) completed a total of 42 toothbrushing trials. The MMSE score of AD participants ranged from 5 - 20 (*M* = 13.1, *SD* = 6.6). Six of the caregivers also participated in a focus group. We are in the process of participant recruitment at the second facility.
Results: Data analysis is underway on the data collected to date.
Conclusion: Results from this study will be used to help inform the development of evidence-based communication strategies specific to individuals with moderate-severe AD and to help inform the selection of communication prompts provided by an innovative assistive technology (COACH system) designed to increase independence and autonomy of individuals with AD. We will present results and conclusions at the ADI 2011 conference.

Disclosure of Interest: None Declared

P061

NURSING PRACTICES IN END-OF-LIFE CARE AND PROBLEMS IN NURSING COOPERATION AT GROUP HOMES FOR DEMENTIA IN JAPAN

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Objectives: In 2009， HIRAKI & MOMOSE clarified the realities and issues of nursing cooperation in west Japan through interviews with semi-structured questions. The purpose of this study was to clarify the realities and issues of nursing cooperation in west Japan through quantitative research.
Methods: 1, The subjects were 6,000 GH administrators, nurses and visiting nurses (2,000 each)， selected with random sampling through WAMNET. 2, Data were collected through mailed, anonymous, self-reported questionnaires. The collected data were separated into 3 groups – administrators， nurses and visiting nurses and each group was analyzed with the realities and issues in nursing cooperation by using chi square and factor analysis.
Results: 519 subjects (218 administrators, 113 nurses and 194 visiting nurses) responded. Nursing practices in end-of-life care at GH. The largest number of the respondents (48.6%) chose "inform care providers about patients' physical changes and what they should pay attention to" as a major nursing practice. Other major practices were "monitor vital signs (48.4%)," "take care of bedsore (48.4%)," "administer intravenous drip (47.0%)," "diagnose the patient's condition (46.5%)," "provide dosage control (45.9%)." Only 3.6% of respondents chose "record data with electrical carte." There were significant differences between these three groups on all questions except for "record data with electrical carte" (P<0.01). 1)Major Problems in nursing cooperation in end-of-life care at GH consists of seven factors: (1)Providing care with wavering, fear and/or anxiety; (2)Regret to low availability of medical services at GH, (3)Nurses do not fully understand care for people with dementia, (4)Limitation of care availability due to contracts, (5)Insufficient care record and legislation, (6)Differences of philosophy on life and death between the groups and (7)Securing contacts 24/7. 2) The differences between average factor scores of the three groups were analyzed by using ANOVA method. The first, second, third and sixth factors in each group showed significant differences (P<0.05).
Conclusion: Realities and issues were; 1) fear and anxiety toward death, 2) insufficient medical services due to legal imitations, 3) lack of understanding on end-of-life care and 4) philosophical differences on life and death. Suggestions were 1) opportunities for joint study sessions and conferences and 2) Dividing up roles of professionals in written form.

Disclosure of Interest: None Declared

P062

PROBLEMS AND PRIORITIES OF END-OF LIFE CARE IN A JAPANESE GROUP HOME FOR PEOPLE WITH DEMENTIA

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Objectives: Small-scale nursing homes for people with dementia are called 'group home (GHs)' in Japan. Although there is a growing demand for providing end-of life care in GHs, many Japanese GHs do not provide end-of life care. The purpose of the present study is to examine problems and priorities of end-of life care in a Japanese GHs for people with dementia.
Methods: The semi-structured interview was conducted at a group home (GH) for people with dementia in Japan. The subjects of this study were eight carers working in a GH for people with dementia in Mie prefecture, Japan and two visiting nurses who visited the GH to provide end-of life care. The GH provided end-of life care for a resident in the past. The qualitative inductive analysis was used for data collection.
Results: The carers indicated it is difficult to provide end-of life care in Japanese GHs because there are no nursing staff. In addition, carers have limited knowledge about end-of life care therefore they feel uneasy to provide end-of life care at their GH. Carers mentioned the priorities of providing end-of life care at the GH, which were classified into six categories as "cooperation among healthcare professionals, carers of the GH and family of residents", "increased number of staff at the GH", "coopertion and consent of the family of residents", "promotion of staffs' knowledge about end-of life care", "purchase of care equipment and medical equipment", and "provision of a room for end-of life care". The visiting nurses indicated that a large number of proprietor have limited knowledge about the reward for medical cooperation and the reward for end-of life care in GHs. Thus, many proprietors do not contract staff from a home-visit nursing station and this is causes difficulties to provide end-of life care in GHs. The visiting nurses mentioned the priorities of providing end-of life care, which were classified into four categories as "cooperation among healthcare professionals, carers of the GH and family of residents", "promotion of staff and proprietors' knowledge about end-of life care", "purchase of care equipment and medical equipment" and "revision of Long-Term Care Insurance system in Japan".
Conclusion: The promotion of staff and proprietors' knowledge about end-of lie care and medical cooperation are important factors in order to increase end-of life care in Japanese GHs. This study was subsidized by the Grant-in-Aid for Young Scientists（Start-up）.

Disclosure of Interest: None Declared

P063

CARE AT HOME FOR PEOPLE SUFFERING FROM DEMENTIA

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Objectives: The increased number of elderly people in recent years brought results in the need for study and treatment of medical-social problems of these people.An important effort in the region of the elderly protection, and especially in those suffer from dementia and their families, has been made from the "Greek Association of Alzheimer's Disease and Related Disorders". The team of care at home of the Center is consisted by Doctor, Dentist, Psychologist, and Social Worker.
Methods: The team realises visits in houses of patients with dementia of final stage or less advanced stage that for various reasons are not able to reach the centre. Each member of this interdisciplinary team appreciates the situation of patient and offers as much as it is possible. In order to measure our effectiveness we have used several tests (mmse, npi, frssd, sirs, zarit, bdi) in the first assessment and then after six months.
Results: Most of the caregivers had less depression and emotional burden after the intervention. Also, most of the patients had less behavioural problems and pain.
Conclusion: The basic effort for the elderly succeeded to be the maintenance of their good quality of life, the guarantee of autonomy and their self-sufficiency, as their protection in case of illness.
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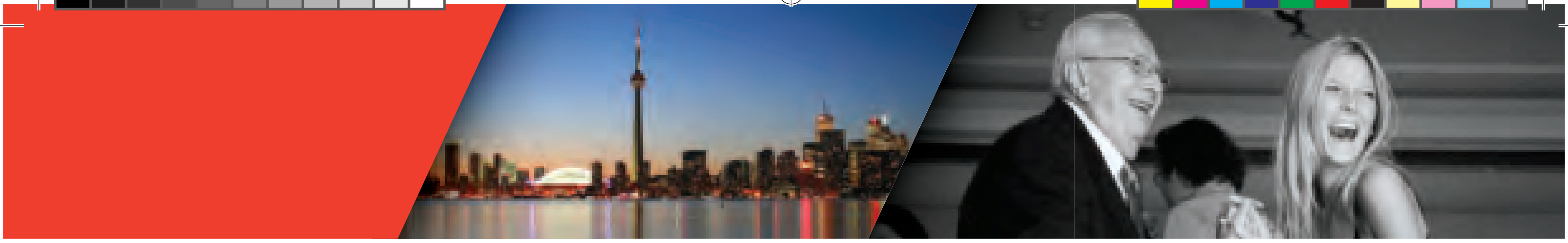
Disclosure of Interest: None Declared



Poster Presentation Abstracts

P064

STRATEGIES TO IMPROVE THE QUALITY OF END-OF-LIFE CARE FOR ELDERLY RESIDENTS WITH DEMENTIA IN JAPANESE NURSING HOMES

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Objectives: In Japan, care for dementia has become a central issue in the policies for the aging. In nursing homes in Japan, the residents are having more severe dementia and increasing dependence on medical care. Therefore, it is urgent to improve the quality of end-of-life care for elderly residents with dementia.The objective of this study was to clarify the strategies to improve the quality of end-of-life care for elderly residents with dementia in Japanese nursing homes.
Methods: The subjects of this study were 10 nurse administrators with extensive experience in end-of-life care for elderly residents with dementia .The subjects voluntarily participated in the study.The subjects were asked to provide specific information regarding cases in which they were able to give good end-of-life care in such residents. The subjects talked specifically about the content and procedures of care that were necessary and important for end-of-life care. The data were recorded and transcribed. These were analyzed by content analysis.
Results: The nurse administrators had 23.6±7.4 mean years of experience as nurses and 14.0±7.3 mean years of experience in dementia care.The following 7 categories were extracted by the data analysis:1) removal of pain of the elderly, 2) determination of comfort levels using their facial expressions and behavior as clues, 3) creation of an environment which provides the elderly with the sense of a familiar place or space, 4) assistance in their daily living with emphasis on their preferences and intentions, 5) provision of explanations enabling their families to understand the elderly's health conditions in detail, 6) provision of time that the elderly can spend together with their families, 7) understanding of social roles and stress of the families who care for the dying elderly.
Conclusion: The elderly residents with dementia have limited ability to communicate verbally. However, it is possible to use their facial expressions and behavior to ascertain what their preferences and intentions are, what is familiar to them, and what gives them comfort. Nurses need to utilize non-verbal communications in the daily care for residents. It is important for the families (1) to receive easily understandable explanations on the pathological conditions at the end of life in the elderly resident with dementia and (2) to be given sufficient time to spend with the elderly. In addition, the nurses should share the sense of social burden of the families in caring for the dying.

Disclosure of Interest: None Declared

P065

A DEMENTIA SCREENING PROTOCOL FOR ABORIGINAL SENIORS

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Objectives: Performance on mental status screening tests (e.g., MMSE) is influenced by culture, language, and education. Culturally appropriate assessment protocols are needed to accurately identify cognitive impairment and dementia, and rates of dementia, among nonmajority seniors. Cognitive screens for Northern Aboriginal seniors, in particular, must address the cultural bias of existing assessment protocols, and be developed in consultation with front-line health care workers and health managers who reside and work in the North.
Methods: In partnership with staff of Home Care Services, Keewatin Yatthé Regional Heath Authority (KYRHA), clinical researchers and Psychology graduate students with the Rural and Remote Memory Clinic have developed the Northern Cultural Assessment of Memory (N-CAM), a new dementia screening protocol for Aboriginal Seniors. A series of working groups held at St. Joseph's Health Centre, Ile a la Crosse, and clinical experiences in the Rural and Remote Memory Clinic, supported our foundational work in this area and highlighted the importance of: developing screening tools that do not assume or require formal education; modifying assessments to enable home-based interviews by front-line health workers; incorporating colour, humour, and familiar images and materials into assessment protocols; and, including family caregivers in the assessment of activities of daily living and changes in functional status. The N-CAM has been designed for home-based administration by front-line health care workers, and does not require formal education or exposure to urban culture. We assume the participation of a family caregiver or equivalent, and conduct the assessment in the language of the senior.
Results: Pilot work indicates that the N-CAM can be completed with relative ease in the home environment by trained home-care staff, and that the protocol is well-received by front-line workers, family caregivers, and by Aboriginal seniors with memory difficulties. The screening procedure can be completed within one hour, and provides a quantifiable measure of functional status and cognitive performance.

Conclusion: Our early findings are encouraging, but research is ongoing to ensure the acceptability and ease of performance by healthy Aboriginal seniors without formal education or exposure to urban culture, and to establish the sensitivity of the N-CAM to cognitive impairment and early-stage dementia.

Disclosure of Interest: None Declared

P066

DECISION MAKING OF INSTITUTION PLACEMENT AMONG FAMILIES WITH DEMENTIA ELDERLY PERSON

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Objectives: The purpose of this study was to develop a conceptual framework related to the decision making process by a family to institutionalize an elderly family member with dementia.
Methods: The grounded theory method was used in this study. The main participants were families that had experienced institutionalizing a relative with dementia, and families that were intending to do so. The data collection unit was the family. Each family participating in this study was interviewed which included at least the primary caregiver and/or the primary decision maker. Twenty-two families, including 32 family caregivers participated in the present study, and 32 face-to-face interviews were used to collect the data. All interviews were audio-recorded and then transcribed verbatim. ATLAS.ti soft ware and a comparative strategy were employed to analyze the data. The participants included 19 female and 14 male family caregivers, their ages ranged from 37 to 84 years, and their mean age was 55.3 years.
Results: The findings of our study revealed that "seeking for approval and synchronization" emerged as the core category from the family decision-making process of institutionalizing their relative with dementia. The "seeking for approval and synchronization" by the family caregivers was as a result of their desire to maintain a harmonious and balanced relationship between the individual, the entire family and society when going through the decision-making process to institutionalize their elderly family member with dementia. This "seeking for approval and synchronization" included four components: "recognizing the need of a change in the caregiving mode", an appraisal of the institution care", "family negotiation", and "developing strategies to consolidate an agreement". If a family completed these four components then they had finished their process of making their decision to institutionalize their elderly relative with dementia. These four components are interrelated and showed that there is continuity in the family decision making process. The process turns out to be circular and dynamic.
Conclusion: The findings of this study provide a conceptual model to explain the decision making process and its related variables to institutionalize an elderly relative with dementia, in the context of the Taiwanese society. This information will be useful to community health nurses and care managers, and promote the quality of family caregiving.

Disclosure of Interest: None Declared

P067

PREVALENCE OF COGNITIVE IMPAIRMENT AND DEPRESSION AMONG KOREAN IMMIGRANT EDERS: PRELIMINARY FINDINGS FROM THE MEMORY AND AGING STUDY AMONG KOREANS IN MARYLAND (MASK-MD)

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Objectives: Estimated nearly two million in U.S., Korean-Americans comprise the fourth largest Asian-American subgroup, and the vast majority (up to 85%) of Korean elders attends ethnic churches.[1] Memory and Aging Study among Koreans in Maryland (MASK-MD) is a community-based, cross-sectional study that examines burden of cognitive impairment and depression among Korean immigrant elders while establishing partnership with Korean churches to develop strategies to improve their mental health.
Methods: Based on cluster sampling method, we selected twenty out of one hundred fifty Korean churches and three out of six Korean senior centers in Baltimore-Washington area and recruited 740 Korean American elders (mean age: 74.03 +/- 6.31 years; female: 69.5%), all were first-generation immigrants. Participants were screened for depression and dementia based on Korean versions of Mini-mental Status Examination (MMSE-KC) and Patient Health Questionnaire (PHQ-9-K) and administered face-to-face by trained community health workers.
Results: 19.2% scored less than 24 on MMSE-KC, and 7.0% scored below the age- and education-specific cut-off values for probable dementia based on Korean normative data for MMSE-KC. 22.8% and 7.2% of the participants had PHQ-9 scoresof 5 or above ("any depression") and 10 or above ("clinical depression"), respectively. Of fifty-two cognitively impaired (based on Korean normative data) participants, only four (7.3%) sought consultationand treatment from a health careprovider[h1] for cognitive impairment. Likewise, of fifty-one participants screened positive for severe depression(PHQ>10), only nine (18.2%; all females) reported seeking treatment from a health care provider and two of them was on antidepressants.
Conclusion: Our preliminary findings suggest that prevalence of cognitive impairment and depression are high among Korean American elders in Maryland. Rate of mental health service utilization among cognitively impaired or depressed Korean elders, especially men, is low. Further research is warranted needed to further identify barriers to and strategies for adequate mental health care for Korean immigrant elders.
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Disclosure of Interest: None Declared

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P068

LONG TERM CARE FOR ABORIGINAL SENIORS IN RURAL AND REMOTE COMMUNITIES OF SASKATCHEWAN

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Objectives: Objectives: This paper examines the distribution, the level of care, and the challenges facing Aboriginal people as they attempt to establish long term care facilities in their communities.
Methods: Methods: Data for these communities were obtained from Statistics Canada and the First Nations and Métis Relations Branch of the Government of Saskatchewan. Information for Personal Care and Special Care Home facilities was provided by the Health Branch of the Government of Saskatchewan. The communities, facilities, and the level of care were then mapped. Each location was hyperlinked to a data base containing additional community information including demographic and socio-economic data.
Results: Results: Our preliminary findings reveal a lack of care homes particularly in Northern Saskatchewan which has a primarily Aboriginal population and is one of the poorest regions in Canada. Although a new innovative facility was established in one community, two other facilities faced significant challenges, resulting in the closure of one of them during the course of this research.
Conclusion: Conclusions: The paucity of care facilities for Aboriginal seniors in rural and remote communities requires further research particularly as the situation will become more critical as the Aboriginal population with ADRD increases.

Disclosure of Interest: None Declared

P070

PERCEPTIONS OF NURSES REGARDING FACTORS EXACERBATING BPSD IN JAPANESE GENERAL HOSPITALS

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Objectives: Nurses in general hospitals typically do not understand the factors that worsen BPSD (Behavioral and Psychological Symptoms of Dementia), and often experience difficulties in providing suitable care. The purpose of this study was to clarify how well the nurses in general hospitals understood the factors exacerbating BPSD.
Methods: The subjects were 202 nurses who work at general hospitals in Japan. Data were collected by the use of a self-administered questionnaire. We obtained information on age, general nursing experience, interest in dementia care, and experience in dementia care training. Perceived factors exacerbating BPSD were measured by a 20-item questionnaire generated from our previous research. We used factor analysis and Mann-Whitney U test to analyze the data. Respondents participated on a voluntary basis and the return of a completed questionnaire was taken as consent to participate.
Results: Nurses were aged 22 to 59 years (mean=33.9), and their nursing experience ranged from 0.5 to 36 years (mean=10.6). 78.7% of the nurses were interested in dementia care, and 26.3% had dementia care training. Factors associated with BPSD exacerbation were categorized into four types: "care in which the person was not respected", "physical pain from disease and treatment", "unpleasant experiences related to treatment surroundings ", and "improvement of physical functions in the recovery process". There were no significant differences in the scores among these four factors with regard to either nurse age or nursing experience. Nurses displaying interest in dementia care and having had dementia care training experience had significantly higher scores on the exacerbation factors "care in which the person was not respected" ($p<0.05$) and "physical pain from disease and treatment" ($p<0.01$). Nurses displaying interest in dementia care had significantly higher scores on the exacerbation factor "unpleasant experiences related to treatment surroundings" ($p<0.05$).
Conclusion: Perceptions of nurses in general hospitals regarding factors worsening BPSD were categorized into four types. Nurses interested in dementia care and those having training experience in this area perceived exacerbating factors for BPSD from various angles.

Disclosure of Interest: None Declared

P071

QUALITY OF LIFE OF FAMILY CAREGIVERS OF ALZHEIMER'S DISEASE PATIENTS

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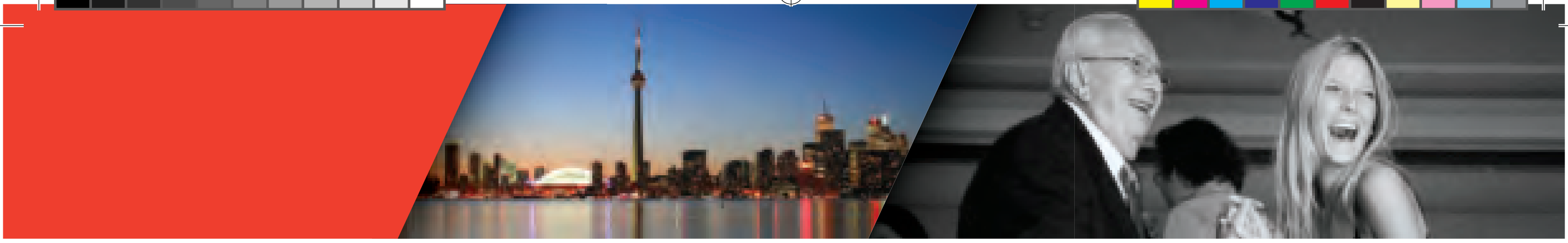
Objectives: Research has suggested that adult day programs may reduce caregiver strain, decrease stress and improve the quality of life (QOL) of primary caregivers looking after a loved one with Alzheimer's disease. Our study sought to determine how health service interventions consisting of adult day programs and caregiver support groups affected the QOL of caregivers of Alzheimer's disease patients. We hypothesized that utilizing health services would increase the QOL of caregivers of Alzheimer's disease patients.
Methods: A cross-sectional comparative study design was piloted to examine the effectiveness of two specific interventions: (i) caregiver support groups, and (ii) adult day programs. Primary data collection consisted of a self-report questionnaire and a 13-item QOL scale. Individuals were recruited at five adult day programs and at six caregiver support groups in Durham Region in Ontario, Canada.
Results: A total of 62 caregivers participated in the study. Each individual was classified into one of three groups: (i) group 1 – caregivers of Alzheimer's disease patients who attended support groups (n=28, mean age = 68.7); (ii) group 2 – caregivers of Alzheimer's disease patients whom are adult day programs clients (n=15, mean age = 71), and (iii) group 3 – caregivers of dementia-free adult day program clients (n=19, mean age = 61.3). We observed no difference in the reported QOL between group 2 and group 3 respondents (2.75 vs. 2.76, $p > 0.05$). Similar results were also observed when we compared among caregivers of Alzheimer's disease patients. Our results showed that caregivers who attended support groups (group 1) enjoyed slightly higher QOL ratings than those who did not seek supports for themselves (group 2). The difference in QOL, however, did not reach statistical significance (2.92 vs. 2.75, $p > 0.05$).
Conclusion: Our findings show that caregivers of Alzheimer's disease patients who utilized community-based services enjoyed the similar level of QOL as caregivers of non-patients. These findings suggest that health services may be beneficial and should target the multiple needs of caregivers, including their knowledge of community resources and coping strategies. Further investigations should be encouraged.

Disclosure of Interest: None Declared



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P072

POLICY & PRACTICE DIALOGUE SUMMIT: RURAL HOME CARE'S USE OF EVIDENCE TO INFORM DEMENTIA CARE

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Objectives: Rural home care providers are expected to take an active role in ensuring that informal caregivers have the information they need to provide quality care to their family member with dementia. The purpose of the study is to increase the use of dementia care research evidence within rural home care programs by developing a clearer understanding of:
i) how well a rural home care program is equipped to acquire, assess, adapt, and apply research evidence related to dementia care
ii) the degree of readiness for organizational and practice changes within a rural home care program that facilitate use of research evidence in dementia care decision-making, and
iii) implementation strategies to facilitate the use of research evidence
Methods: A one-day summit titled "Policy and Practice Dialogue Summit: Rural Home Care's Use of Evidence to Inform Dementia Care" was collaboratively hosted with Alberta Health Services in a northern rural community. The McMaster Health Forum Policy Dialogue principles and features guided the summit and "Is Research Working for You?" (CHSRF, 2006) guided the structure of the summit, analysis and reporting of the data.
Results: Attendance was outstanding with 37 participants representing all levels, roles and disciplines. The findings revealed a high degree of readiness for organizational and practice changes within their rural home care program. Participants recommended the following knowledge translation and exchange strategies:

- provide opportunities for more formal education and training and in-service sessions
- invite researchers and internal speakers to discuss dementia care topics
- connect with a network of experts in the province and support champions on site
- supply concise, practical research information in easy-to-use formats for staff and clients
- increase use of nurse practitioners who have expertise in dementia care

Conclusion: Home care providers reported that they primarily learn about best practice dementia care informally through their own and others' experiences. Although they are committed to evidence-informed dementia care, without the resources and support from the health care system, administration, and management, their ability to keep up-to-date on dementia care evidence is and will continue to be limited.

Disclosure of Interest: None Declared

P073

SLEEP DISTURBANCE AND ASSOCIATED FACTORS IN FAMILY CAREGIVERS OF PATIENTS WITH DEMENTIA

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Objectives: In Taiwan, 85% of dementia patients are cared for by family caregivers (FCGs), who have indicated that insomnia is a prevalent health problem. Therefore, the aim of this study was to explore sleep disturbance and its associated factors among FCGs of dementia patients.
Methods: A purposive sample of 180 dyads of dementia patients and their FCGs was recruited from northern Taiwan. Dementia patients' neuropsychiatric symptoms were assessed using the Chinese Neuropsychiatric Inventory (CNPI). FCG's distress was measured by CNPI Caregiver Distress Scale (CNPI-CD), physical fatigue by Lee's Fatigue Scale (LFS), and mental fatigue b y Attentional Function Index (AFI), depressive symptoms by Center for Epidemiological Studies-Depression Scale-Short Form (CESD-S), and sleep disturbance by General Sleep Disturbance Scale (FSDS).
Results: Sleep disturbance was reported by 13.3% of FCGs to interfere with their daily lives. Hierarchical regression modeling indicated that FCG's sleep disturbance was predicted by their marital status and their relationships with dementia patients in level I model. Patients' psychiatric symptoms predicted FCG's sleep disturbance in level II model. FCG's mental and physical fatigue predicted their' sleep disturbance in level III. Finally, FCG's mental and physical fatigue as well as their depressive symptoms predicted their sleep disturbance in the final hierarchical regression model, explaining 58.6% of the variance.
Conclusion: Based on the results of this study, different relationships between dementia patients and FCGs may need different social resource. In addition, health professionals need to assess patients' behavioural problems, FCGs' metal and physical fatigue, and FCGs' depressive symptoms when helping to care for FCGs' sleep disturbance (255 words)

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Disclosure of Interest: None Declared

P074

AN EXPERIENTIAL LEARNING MODEL APPLIED TO NURSES WORKING WITH PATIENTS WITH CREUTZFELDT-JAKOB DISEASE

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Objectives: Creutzfeldt-Jacob disease (CJD) is a rare prion disease that is fatal. Prion diseases affect humans and animals such as cattle (bovine spongiform encephalopathy, commonly called "mad cow disease"). The mad cow disease epidemic in the United Kingdom popularized prion diseases worldwide. This contributed to the proliferation of inaccurate information, causing confusion between those two prion diseases in the public and health care providers. The purpose of this paper is to describe the approach utilized to develop and evaluate an educational module on CJD for nurses.
Methods: Kolb's four phases of experiential learning model were used in this intervention. A workbook was developed to complement learning. Fifteen participants were recruited from the Alzheimer Society of Canada.
Results: The results indicated that the participants had limited knowledge about CJD. They felt unprepared in providing care to these patients. An experiential learning model is an effective approach to increase knowledge about CJD.
Conclusion: Kolb's experiential learning approach is highly efficient in providing knowledge to nurses. With an adequate educational tool, information can be obtained to improve patient care. The importance of having knowledge to provide better care to this unique clientele cannot be overlooked.

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Disclosure of Interest: None Declared

P075

IMPACT OF SUPPORT SERVICES ON PERCEIVED CAREGIVING STRESS AND PERCEIVED HEALTH STATUS AMONG DEMENTIA CAREGIVERS

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Objectives: The purpose of this study was to determine the relationship between support services availability and utilization and perceived caregiving stress and perceived health status among 93 informal caregivers who provided direct care to a relative with a diagnosis of dementia at home.
Methods: using a descriptive correlational research design. Participants completed the Revised Memory and Behavior Problem Checklist (Teri, Truax, Logsdon, Uomoto, Zarit, and Vitaliano, 1992) in addition to other questions concerning perceived health status and social support.
Results: Results of this study indicated a significant negative correlation between satisfaction with social support and perceived caregiving stress (r = - .294, p = - .01). No significant relationship between the perceived caregiving stress and social support service utilization was found. Chi- squared revealed a statistically significant relationship between caregivers' satisfaction with the support services they received and their perceived health status (x^2= 16.553, *p* = .03).
Conclusion: social support was found to have a strong mediating effect between perceived caregiving stress and perceived health status.

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Disclosure of Interest: None Declared

Poster Presentation Abstracts

P076

THE NEW DEMENTIA EDUCATION PROGRAM, CHALLENGES AND REWARDS

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Objectives: The Montreal Alzheimer Society new education program seeks to
- Influence care providers in using best practices in dementia care
- Break the isolation of ethnic communities by providing culturally coherent information on dementia and dementia care
- Educate families, informal caregivers and healthcare providers within a person centered (Kitwood, 1997) model of care.

Methods: The production and launch of a new education program, consisting in culturally adapted conferences in five languages, nine bilingual (French , English) information sessions and eight bilingual professional training sessions. All presented in a full length bilingual guide and in a an abridged pamphlet version tailor made for the Alzheimer Society of Montreal (ASM).

Results: A bilingual education guide and a bilingual abridged version in pamphlet format
- Increased visibility for the Alzheimer Society of Montreal (ASM)education program
- Increased participation of healthcare providers' in trainings and educations sessions

Increase in dementia care knowledge reported by professionals in post-training evaluations

Conclusion: The new education program responds to the Montreal population needs, bringing to our local branch recognition as" an authority" in support, information and dementia care.

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Disclosure of Interest: None Declared

P077

FACTORS AFFECTING THE QUALITY OF DEMENTIA CARE PROVIDED BY PROFESSIONAL CAREGIVERS IN UNIT-TYPE HEALTHCARE FACILITIES FOR THE ELDERLY

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Objectives: The objective of this study is to clarify the factors affecting the quality of dementia care provided by professional caregivers in unit-type healthcare facilities for the elderly.

Methods: Subjects were professional caregivers working in unit-type healthcare facilities for the elderly in Japan. The questionnaire contained 20 items comprising the "scale for measuring the quality of dementia care provided in unit-type healthcare facilities for the elderly" as developed by the researchers of this study. This study used a Multiple Indicator Multiple Cause (MIMIC) model, including as independent variables the four subjects' attributes: "registration type of unit-care facility to which the subject belongs (0 = partially unit-type, 1 = unit-type)," "number of years of experience working as a caregiver," "number of years of caregiving experience in healthcare facilities," "whether the subject has received unit leader training (0 = no, 1 = yes), and as a dependent variable "quality of dementia care." The fitness of the model was tested via structural equation modeling. Subjects were informed that participation was voluntary and that their return of the completed questionnaire would be taken to indicate their consent to participate in the study. The questionnaire was anonymous and self-administered.

Results: A total of 984 valid questionnaires were returned (valid response rate: 49.2%). The fitness of the MIMIC model was statistically acceptable (CFI = 0.916, RMSEA = 0.050). The path coefficients for "registration type of unit-care facility" and "number of years of caregiving experience in healthcare facilities" on "quality of dementia care" were 0.16 and 0.14, respectively; both were statistically significant.

Conclusion: It has been suggested that "registration type of unit-care facility" and "number of years of caregiving experience in healthcare facilities" affect the "quality of dementia care" provided by caregivers, and that individual caregivers' dementia care practice is influenced more by his/her number of years of caregiving experience in healthcare facilities than by his/her number of years of experience working as a caregiver.

Disclosure of Interest: None Declared

P078

DEMENTIA-SPECIFIC TRAINING FOR PERSONAL SUPPORT WORKERS – LESSONS LEARNED

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Objectives: The Alzheimer's Society of Toronto (AST) offers an enhanced 9-hour module-based dementia training program free of charge to personal support workers (PSWs), many who are foreign-born, ESL, and without formal PSW training. The three modules are focused on: 1) an overview of Alzheimer's disease and communication skills; 2) responsive behaviors; and 3) partners in care. The purpose of this evaluation was to explore the experience of the training program mainly from the perspective of the PSWs.

Methods: Between March 2008 - May 2009, a mixed methods approach was used to assess the impact of this training program. Quantitative data from approximately 1,742 PSWs was obtained to explore their understanding of key concepts and satisfaction with the program. Qualitative data was obtained by one focus group discussion with 3 PSW graduates; and personal interviews with 4 PSWs, 4 PSW supervisors, 2 family caregivers, 1 person with dementia (PWD), and 2 AST educators. Informed written consent was obtained; interviews were audio-recorded, transcribed and subjected to thematic content analysis.

Results: This program was well-regarded by all stakeholders. Based on the quantitative data, PSWs were more knowledgeable about dementia, gained insight and empathy towards PWD, learned effective communication techniques, and skills to develop strategies to care for clients exhibiting responsive behaviours. From the interview data, PSWs expressed being more confident in providing enhanced dementia care, which improved their quality of work life. There were some suggestions for program improvement: longer/additional sessions for ESL learners, more audio-visuals and interactive sessions (case studies, simulations, group discussions). Additional emphasis on the following topics was recommended for future workshops: management of other co-morbid conditions; safety issues, personal care, and meaningful activities for PWD; and how to better counsel families. The interviews with PWD, family members and PSW supervisors highlighted their satisfaction with the program, and PSWs' ability to gain greater insight into the needs of PWD.

Conclusion: While the initial assessment of the program appears positive, a more rigorous evaluation is required. With more funding, additional modules could be developed and the program could be improved by incorporating culturally-sensitive, innovative teaching methods and interactive learning activities to engage the adult ESL learner.

Disclosure of Interest: None Declared

P079

LITERTURE REVIEW ON DELIRIUM PREVENTION STRATEGIES IN OLDER INDIVIDUALS WITH DEMENTIA

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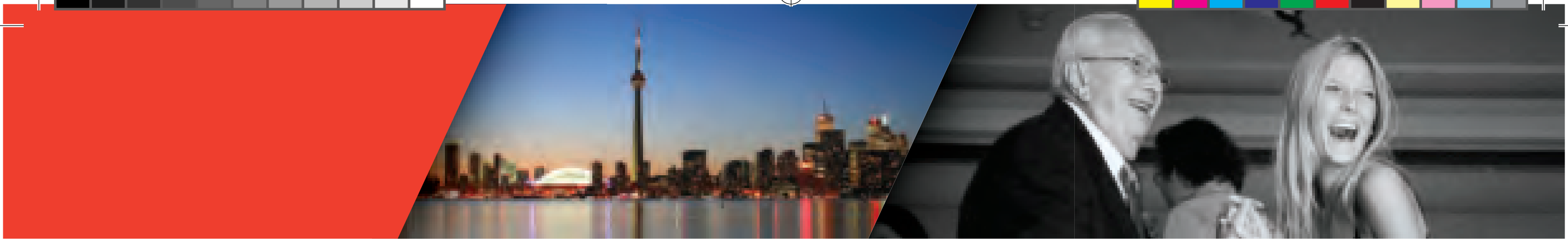
Objectives: This study presents recommendations for prevention of delirium based on a literature review. The purpose of this study was to clarify the present situation and problems associated with delirium prevention in older individuals with dementia.

Methods: We conducted a review of the literature for all original research articles reporting sources of data published through September 2010 using the following databases: MEDLINE, CINAHL, PsycINFO, and Ichushi Web. Thirty-two articles about delirium care for older individuals with dementia were considered. We focus on the impact of delirium, care of delirium, and strategies for preventing delirium.

Results: Some studies reported that delirium was associated with poorer functioning in physical, cognitive, and affective domains. Additionally, delirium was associated with a high rate of nursing home placement and mortality. Some studies reported that care of older individuals with delirium included "foot bath using aromatherapy oil before bedtime", "visiting a patient's room frequently", "environmental improvement such as cleaning up her bedside", "administration of sedative", "restraint", and "reality orientation such as representing time and place". Others noted "hydration management", "pain management", "educating patient about need for therapy using leaflets", "playing music that patient feels soothing", and "offering patient's favorite TV programs".

Conclusion: Feeling comfortable is important for older individuals with dementia to improve and prevent delirium. We think that it is possible to prevent delirium in older individuals with dementia by increasing positive feelings and well-being. Because delirium results in poorer functioning in physical, cognitive, and affective domains, as well as mortality, it is necessary that it be prevented in older individuals with dementia.

Disclosure of Interest: None Declared



Poster Presentation Abstracts

P080

REDUCING ANTIPSYCHOTIC PRESCRIPTIONS AND IMPROVING FOLLOW UP OF PEOPLE WITH DEMENTIA IN PRIMARY CARE: BARRIERS, PERCEPTIONS AND A WAY FORWARD.

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Objectives: One in 14 people over 65 years suffer from Dementia in the UK. Over 25% are receiving antipsychotics,which cause increases in mortality and cerebrovascular events.The need for a reduction and the use of alternative supportive strategies has been reportd.Risperidone at 6 week intervals is the only antipsychotic indicated for treatment with regular review.The majority of management occurs at primary care level. We aimed to investigate antipsychotic prescribing practices and patient review.
Methods: Two surveys comprising questions addressing prescribing practices were developed and distributed electronically to all GP practices and Care Homes in Coventry and Warwickshire, West Midlands, England.
Results: To date, 60 of 144 GP practices(41.6%)and 28 of 69 Care Homes(41%),providing care for 741 people with dementia(29.8% on antipsychotics),have completed the surveys.Most GP's(75%)reported only "occasional" discontinuation of antipsychotics due to concerns at reducing drugs on their own, expectations of regulation from secondary care and resistance from care home staff. Poor reduction levels were reported in Homes,attributing low numbers to reluctance among GP's.Positive results after withdrawal among GP's and Homes reducing prescriptions were however noted and re-initiations were avoided. History of cardiovascular risk factors did not appear to influence withdrawal.Varied alternate antipsychotic use, with only 40% of GP practices maintaining sole use of risperidone,was recorded.Homes utilized a large number of alternate antipsychotics. Reports of alleviation of challenging behaviour after analgesia/laxatives were made. Initial review after initiation was considered the responsibility of secondary care.Regular GP review of stable patients was 63% at least 6 monthly and 21% 3 monthly. Homes reported review among stable patients with 64% at least 6 monthly,3 monthly was poor.Access to non-pharmacological alternatives was varied and resource-dependent and a lack of practical options highlighted.
Conclusion: A number of pertinent issues regarding appropriate prescription and follow up from the perspective of primary healthcare staff are raised. Interdisciplinary communication, structured support and guidance,and reallocation of resources is necessary.

Disclosure of Interest: None Declared

P081

THE RELATIONSHIP BETWEEN JOB-RELATED STRESSORS AND STRESS RESPONSES OF NURSES WORKING IN INTERMEDIATE NURSING HOME IN JAPAN

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Objectives: Nurses working in intermediate nursing home experience a great variety of stressors while caring for older people. Therefore, the purpose of this study was to examine the relationship between stressors and stress responses of nurses who work at intermediate nursing homes in Japan.
Methods: In this cross-sectional study, 1,444 nurses from 399 nursing homes in Japan were surveyed. Job-related stressors of nurses were measured by a 38-item questionnaire developed according to our previous research. Data were collected by a paper-and-pencil questionnaire and analyzed using correlation analysis.
Ethical considerations: Respondents participated on a voluntary basis and confidentiality was guaranteed. Return of a completed questionnaire was taken as consent to participate.
Results: The majority of respondents were female (94.5%) who had worked for an average of 6.1 years. The mean age of respondents was 45.5 years (ranging from 21 to 72 years). Nurses reported a great variety of stressors including difficulties associated with BPSD (Behavioral and Psychological Symptoms of Dementia), excessive workloads, human relationship building with coworkers and administrators, nursing judgment and practice associated with rapid physical state changes in residents, insight for avoiding accidents (e.g.; falls, infections), among others. Nine factors were extracted from the 38 stress measures by exploratory factor analysis (i.e., resident's memory and behavior problems, building of human relationships, discontent with excessive workloads, work-related inconsistency, housekeeping and child-rearing, and others). Significant relationships were shown between some of the subscales of job-related stressors and stress responses among nurses. In particular, difficulties related to the building of human relationships with other nurses, coworkers and their administrator was significantly related to the total stress response score (r=.42, p<.001).
Conclusion: These findings suggest that nurses' stress responses might be minimized by improving labor conditions via methods such as increasing staff and fostering effective stress management strategies in the work environment. Moreover, educational programs for improving stress management competence for nurses who work in nursing homes to deal with the stress relevant to this line of work need to be developed.

Disclosure of Interest: None Declared

P082

A STUDY ON CARE BURDEN OF FAMILY CARE-GIVERS FOR ELDERLY PERSONS WITH DEMENTIA IN JAPAN AND CHINA 2-RELATIONSHIP BETWEEN STRESS MANAGEMENT STYLE AND CARE BURDEN

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Objectives: Objectives were to clarify the characteristics of the relationship between Stress Management Style and Caregiver Burden for elderly persons with dementia in Japan and China, and to consider about the reduction of their care burden.
Methods: Data were collected using a questionnaire including the background of the family and the elderly, the Zarit Caregiver Burden Interview (ZBI, 22 items), and the Care's Assessment of Managing Index (CAMI, 38 items). The sample populations were the family looking after their elderly in a city in Japan (n=252) and a city in China (n=250). The questionnaire was distributed to the family ethically through visiting nurses or by mailing. This study was approved by a university ethical review board. T-test and χ^2-test were used to analyze the data statistically using the SPSS (Version.18) analytical software.
Results: The response rates were 41.7% in Japan and 55.2％ in China. In 30 items of the CAMI, there're significant differences between Japan and China. The CAMI was more useful in China than in Japan. For the ZBI scores in Japan were significantly higher than the ones in China. In relationship between the CAMI and the ZBI, there're significant differences for 6 items in Japan and 12 items in China. As for 5 out of 6 items in Japan and 10 out of 12 items in China, the ZBI scores for the family answering usefulness of the CAMI was significantly lower than the ones of the family answering no usefulness of the CAMI. In the point of 3 types of coping strategies by Nolan, these 5 items were "problem solving and coping" (1 item), "dealing with stress symptoms" (4 items)in Japan, 10 items were "problem solving and coping"(4 items), "dealing with stress symptoms"(3 items), and "alternative perception of events"(3 items) in China.
Conclusion: Care burden of family in Japan was higher than the one in China. In China, they were more use of stress coping than Japan and they used all types of stress coping. In the former study of S. Okuno, et al, the QOL of the family in Japan was lower than the one in China. It seems to make the use of stress coping have influenced on the QOL. Nurse needs to support that the family can manage themselves by stress coping.

Disclosure of Interest: None Declared

P083

A STUDY ON CARE BURDEN OF FAMILY CARE-GIVERS FOR ELDERLY PERSONS WITH DEMENTIA IN JAPAN AND CHINA 1- RELATIONSHIP BETWEEN QUALITY OF LIFE AND CARE BURDEN

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Objectives: Objectives were to clarify the characteristics of family care-givers for elderly persons with dementia at home in Japan and China, and to examine the relationship between quality of life (Q.O.L.) and Care Burden.
Methods: Data were collected using a questionnaire including the background of the family and the elderly, the Zarit Caregiver Burden Interview (ZBI, 22 items), and the scale of Q.O.L. . The sample populations were the family looking after their elderly in a city in Japan (n=252) and in a city in China(n=250). The data collection was from July, 2009 to January, 2010. The questionnaire was distributed to the family ethically through visiting nurses or by mailing. This study was approved by a university ethical review board. T-test and χ^2-test were used to analyze the data statistically using the SPSS (Version 18) analytical software.
Results: The response rates were 41.7% (n=105) in Japan and 55.2 % (n=138) in China. The mean score of the Q.O.L. was higher in China than in Japan(p<.001). There was significantly difference in the degree of care burden between the two countries, and personal strain in the subscale was higher in Japan than in China (p<.001). The Q.O.L. significantly related to 16 items of the ZBI in Japan and to 5 items of the ZBI in China. The difference between Japan and China was affected by the advanced in age of the family and the elderly, the relationship between the family and the elderly, the level of BPSD (Behavioral and Psychological Symptoms of Dementia), the health condition of the family, the support of other family members in living together, and the period of time for caring.
Conclusion: These findings indicates that it is necessary to control the health condition of the family who is the advanced in age in Japan, and it is necessary to concern the difficulty of caring the elderly in the future because of becoming few family members in China, while the one-child policy being in progress. Furthermore, it is important for both countries to develop efficient support programs in order to reduce the family care burden in concerning their own cultural backgrounds.

Disclosure of Interest: None Declared

P084

COMPARING FAMILY FUNCTIONS WHOSE ELDERLY FAMILY MEMBERS HAD DEMENTIA

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Objectives: Purpose was comparing family functions based on a functional classification among families living with and taking care of aged family members with dementia.
Methods: Participants were 158 caregivers who take care of aged family members with dementia at home in urban areas. The average age was 55.9 (SD 12.3) for caregivers and 83.2 (SD 6.5) for care-receivers. Women occupied the vast majority for both groups and 30% of caregivers took care of their mothers. Data collection tools were self-report style questionnaires: Family Adaptability and Cohesion Evaluation Scale at Kansai Gakuin, General Self-Efficacy Scale, and Egalitarian Sex Role Attitudes Short Form. Those questionnaires were mailed to each participant and participants were asked to mail those questionnaires back. ANOVA was used for data analysis. This research protocol was reviewed and approved by the Research Ethical Committee of the university the author belongs to.
Results: Family functions were categorized into extreme, moderate and balanced types. Participants obtained emotional and instrumental supports from family members who didn't live together. The moderate type group had a longer period as caregivers and had more traditional sex role attitudes concerning parenting values (p<.05) and occupation values (p<.05).
Conclusion: Family functions which were categorized as moderate type had traditional values and family members adapted themselves to challenging circumstances effectively using their family ties.

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Disclosure of Interest: None Declared

P086

ALZHEIMER CAREGIVER QUALITY OF LIFE: AN EXPLORATORY STUDY OF ASSOCIATIONS BETWEEN NEUROPSYCHIATRIC SYMPTOMS AND CAREGIVER COPING STRATEGIES

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Objectives: People with Alzheimer's disease (AD) exhibit neuropsychiatric symptoms (NPS) that may negatively impact specific areas of caregiving for care recipients. Problem focused (PF) and emotion focused (EF) coping strategies have been related to differential outcomes in AD caregivers and care recipient variables. The present study explored relationships between care recipient NPS, caregiver quality of life and caregiver coping strategies.

Methods: Alzheimer's caregivers were recruited from support groups and aging and disabilities service offices in the Portland area. 20 caregivers completed the Neuropsychiatric Inventory (NPI-Q), the Caregiver Quality of Life questionnaire (CGQOL), and the Ways of Coping- Revised questionnaire (WAYS-R).
Results: Pearson product moment correlations indicated a significant negative correlation between PF coping strategies and Assistance with Instrumental Activities of Daily Living (IADL's), *r*(18) = -.52 and a positive trend between NPS and IADL's *r*(18) = .46. A significant negative relationship was found between EF coping strategies and Role Limitations Due to Caregiving, *r*(18) = -.50. A significant negative relationship was found between EF coping strategies and caregiver Personal Time, *r*(18) = -.52. Part correlations controlled for several care recipient and caregiver variables. Pearson product moment correlations revealed that relationship to the care recipient, years since diagnosis, caregiver age, and caregiver attendance at skill building workshop and support group affected correlation strengths.
Conclusion: Differences in caregiver quality of life significantly correlated with caregiver coping strategies, and there additionally was a trend with respect to NPS in care recipients. Further studies should investigate how caregiver coping strategies mediate the relationship between NPS in people with AD and caregiver quality of life.

Disclosure of Interest: None Declared

P087

GENDER DIFFERENCES IN CAREGIVER DISTRESS OVER TIME

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Objectives: The aim of this retrospective study was to examine differences in reported family caregiver distress by gender and relationship (spouse vs. adult child) over three annual time points of a longitudinal study. Each family member in the analysis identified him/herself as the primary caregiver for the person diagnosed with dementia at the initial visit to a Rural and Remote Memory Clinic (RRMC) in a western Canadian city. Ethics approval for the study was obtained from the university ethics board.
Methods: Questionnaire data from primary caregiver wives, husbands, daughters, and sons were collected in person at the RRMC site at time of dementia diagnosis, and repeated annually at Year 1 and Year 2 after diagnosis. Self-report measures of caregiver burden (N = 264), severity of distress (N = 242), and mental health (N = 263) provided the data for analysis. Statistical analysis was conducted using the Generalized Estimating Equation (GEE). Change of caregiver status was treated as missing data to maintain consistency in comparisons over time.
Results: From the initial diagnostic clinic day until Year 2, women reported more caregiver burden (z = -2.18; p = 0.0051); more severe distress (z = -2.50; p = 0.0123); and lower mental health (z = 2.81; p = 0.0049) than men. There was no difference based on caregiver relationship (spouse vs. child) and no statistical interaction effect (gender x relationship) across the three time points.
Conclusion: These results provide support for an ongoing need to develop gender-specific strategies to address the distress of family caregiving and enhance the mental health of those who provide the primary support for a family member with dementia living at home.

Disclosure of Interest: None Declared

P088

AN EVALUATION OF A TRAINING WORKSHOP FOR HEALTH AND SOCIAL CARE STAFF IN RURAL SCOTLAND

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Objectives: The objective of this study was to evaluate a dementia training workshop for health and social care practitioners in rural Scotland. The workshop aimed to educate and inform health and social care staff about dementia to broaden their knowledge and increase their confidence in the diagnostic process and referral processes for people with dementia. We also wished to identify further staff training needs.
Methods: Data collection occurred before and after the training workshop. Three methods were used; group discussions, individual anonymised written accounts and a formal evaluation questionnaire.
Results: Results indicate that most staff perceived the workshop as an opportunity to learn and to network with their colleagues from across the remote and rual area where they worked. Anticipated learning outcomes varied considerably from a desire to learn more about what dementia is, to a desire to gain ideas to help them in their work. High levels of satisfaction with fulfilment of expectations and improving participants' knowledge were reported. Participants identified a number of barriers that may impede the implementation of the training in their practice. Participants reported a increase in their understanding of the importance of early recognition of dementia symptoms and the need for a diagnosis. Suggestions for future training were made by participants included the need for information about managing behaviours that challenge, what the diagnostic process involves and what services are available locally to provide post-diagnostic support.
Conclusion: The training workshop encouraged health and social care staff to discuss key challenges they experienced in their dementia care practice. Further training needs include how to recognise dementia, what the diagnostic process entails, and the management of challenging behaviour. In spite of identified barriers to implementing learning, the workshop received high satisfaction rating from the participants. Health and social care staff in rural areas of Scotland require further training on specific issues related to dementia to enable them to be confident in their role in the diagnostic process and the delivery of post-diagnostic support services.

Disclosure of Interest: None Declared

Poster Presentation Abstracts

P090

A STUDY ON CARING MODEL ADOPTED IN THE COMMUNITY WITH EMPOWERED DEMENTIA PATIENTS - A CASE STUDY OF ZEELANDIA DEMENTIA ASSOCIATION IN TAINAN, TAIWAN

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Objectives: It is worthwhile to explore how to empower patients with dementia so that they can be taken care in the community. In this way, non-profit organizations are able to integrate the caring on patients with dementia into community lives with a view to bringing patients back to their original community and establishing their own lives.
Methods: This research probes into how to apply “empowerment” on caring patients with dementia in the community. Three principles are concluded which non-profit organizations should follow when they are promoting community cares for patients with dementia. This study will utilize the three principles, observation and interview so that real cases can be verified. Furthermore, Zeelandia Dementia Association in Tainan City has held the project “Bring Patients with Dementia back to Community” for ten months since 2010. Many lessons and activities are included in this project, including enhancing patients’ cognition, assisting them to exercise, acquiring support from family, caring lessons and promoting the service. The project also connected long-term caring and cooperation.
Results: The result of the research suggests that when the three principles are applied to empower the patient with dementia so that they can live as an individual to promote the service in the community, there would be some important issues: (a) enhancing the patient’s self-learning and adapting; (b) improving the patient’s daily healthy life; (c) connecting all services and cares the patient needs; (d) arranging the patient to join the community; (e) constructing the interaction and social network; (f) improving and strengthening family functions; (g) creating a culture of community cares.
Conclusion: In conclusion, it is possible to enable patients with dementia live by their own will as long as a plan of community caring can be promoted by empowering patients. Moreover, the interaction and combination between the patient’s family and the community can be thus enhanced to support patient’s life in the community. In this way, cares from non-profit organizations are able to last longer to help patients with dementia construct their own lives in the community.
References:

Disclosure of Interest: None Declared

P091

DEMENTIA FRIENDLY COMMUNITIES - LA LIGUE ALZHEIMER'S 'DEMENTIA - AGENT' NETWORK

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Objectives: The objectives of the ‘dementia-agent’ network
The creation of the network fulfills several objectives :

- To create a ‘dementia – agent’ network.
- To guide towards the ‘dementia – agent’ each person (families and professionals) who wishes to get in touch with this service
- To inform the ‘dementia – agents’ on the activities organised by la Ligue and/or on updated data related to financial support, administrative, medical and psycho-social actions to take.
- To gain updated information on the type of help communal agents can provide the disoriented people with.

Methods: The ‘dementia – agent’
The ‘dementia – agent’ is a professional likely to meet disoriented people or their relatives. He/she must feel able to play an extra role (no matter his/her degree).
The ‘dementia – agent’ will follow a three – day training session. The session will be dedicated to themes such as: the disease’s medical aspects ; the legal, ethical and administrative issues ; the daily life of the disoriented person and his/her relatives ; communication and psycho-social accompaniment of the diseased.
Results: La Ligue Alzheimer wants to create and establish this specific network everywhere in the French-speaking Community of Belgium. La Ligue wants as many communes as possible to be covered, so that a professional from a similar background (in terms of hometown) can guide people with dementia and their carers, and provide them with adapted information. La Ligue Alzheimer is moreover willing to optimize existing services.
Conclusion: By doing so, la Ligue Alzheimer makes a step further in its willingness to make Alzheimer’s Disease and other types of dementia more approachable and more accessible in the ordinary environment of the diseased person. La Ligue’s other similar activities include the Alzheimer Cafés and the training session for the demented people’s relatives.

Disclosure of Interest: None Declared

P092

AGE-FRIENDLY AND DEMENTIA - BROADENING THE SCOPE

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Objectives: *Age friendly – aims to enable older persons to achieve active aging by optimizing opportunities for health, participation and security in order to enhance quality of life as people age*
General Principles Guiding Age-Friendly Community Based Primary Health Care, World Health Organisation, 2004
Can age-friendly principles and programs achieve the same intended outcomes for people living with dementia as for older persons?
The concept of age-friendly is included in the World Health Organisation’s response to the challenges and opportunities posed by population aging, addressed in Active Aging: A Policy Framework, WHO 2002. A diverse range of age-friendly policies and programs have been developed at the international, national, and local levels to address the social, health and environmental factors that contribute to active and healthy aging in society.
Dementia is the leading single cause of disability in older Australians (aged 65 years or older) and is responsible for one year in every six years of disability burden for this group. Age-friendly policies are intended to prevent disability and enable those who have disabilities to fully participate in community life. Age-friendly physical environments are intended to support and promote independence rather than dependence, particularly for older persons.
Methods: The relationship between age-friendly and dementia is examined through a review and synthesis of existing age-friendly policies and programs and dementia frameworks and guidelines, sourced from searching websites known to contain these.

Results: Opportunities and key considerations are identified for broadening the scope of existing age-friendly principles and programs to encompass the rights and support the enablement of people living with dementia.

Conclusion: In the light of these findings, it is appropriate to reflect upon the commonly held view that age-friendly policies and programs are inclusive of the rights and needs of people living with dementia.

Disclosure of Interest: None Declared

P093

“A NEW FORM OF FAMILY” IN JAPAN’S AGING SOCIETY: “HOUSE H”, AN APARTMENT BUILDING COEXISTING WITH THE COMMUNITY

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Objectives: In the present study, we analyzed the formation process of “House H”, a house in which five elderly individuals with Alzheimer disease or other conditions live with a woman in her 20s named “K” in coexistence with the community.
Methods: The director of “House H” and others were interviewed with regard to the management principles of the house, the features of the house since its establishment, and approaches toward the community, and the contents were qualitatively analyzed.
Results: “House H” was operated by “M Services”, a company that provides homecare. In order to enable activities to be conducted freely without regulations, as in a normal house, the company had not applied for a permit or received public funds or support. At “House H”, elderly individuals lived freely with the support of the community. “K” is a certified occupational therapist and home helper, but works outside as an employee of “M services”. Outside of work, she lives with her family of six. Her family routinely interacts with members of the community.
Conclusion: The director provided support that enabled “K” and elderly individuals to live as members of the community, without making the support public. “House H” is a normal house where residents live in coexistence with the community by maintaining routine interactions with neighbors. This approach was thought to indicate “a new form of family” in Japan’s aging society.

Disclosure of Interest: None Declared

Poster Presentation Abstracts

P094

BRIDGING THE LONG DISTANCE GAP: ON-LINE LEARNING FOR FAMILIES

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Objectives: - Particpants will learn how the use of online learning can connect families caring at a distance from one another

- Particpants will have the opportunity to manipulate these interactive learning tools

Methods: In recent years Alzheimer Calgary has delivered popular in-service presentations and workshops for family care partners as well as staff care providers in the Calgary area. These presentations offer up-to-date information and best care practices to traditional classroom learners. Through our research we have learned that families and friends need a variety of options when accessing information, especially infroamtion that is barrier-free. In 2009, we developed a 30-minute e-Learning module called ***Dementia Basics© On-line*** which offers foundational information about Alzheimer's disease and related dementias. In January 2011, Alzheimer Calgary launched ***Empowered Care: Learning through inforamtion, sharing and strategies***, a 50-minute online version of our family care partner workshop.

Results: In 2011, information about Alzheimer's disease and other forms of dementia is more readily available through a variety of sources including the internet. Family caregivers are looking for information that moves them beyond the facts toward stories that align with their own experience. Relevant care strategies help caregivers adapt to situations throughout the life course of the disease -- providing a comprehensive approach to care that adjusts to the changes necessary in their caregiving as the disease progresses.
Conclusion: Due to the overwhelming response of the ***Dementia Basics© On-line*** success (accessed by 2,500 people in 2009 from 44 countries) we are responding to this global need of supporting the family network with the addition of ***Empowered Care: Learning through inforamtion, sharing and strategies*** e-Learning module, and bridging the gap of long distance care partners.

References: Debbie Lee, Clinical Specialist, Alberta Health Services Calgary Region 403-943-1650
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Disclosure of Interest: None Declared

P096

AN EXPLORATION INTO HOW THE GENERAL PUBLIC UNDERSTAND AND RESPOND TO DEMENTIA

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Objectives: Dementia and in particular Alzheimer's are terms which have become familiar and it could be argued are part of everyday language. However the understanding that exists behind these terms is not so easily identified. The objective of this paper is to document an international review of the literature on how dementia is understood within the general public, how this understanding has been constructed and how it might affect the way a person responds to someone with dementia.
Methods: Within the topic outlined above the following search terms were identified;
Alzheimer* or dement* and *public or lay and understand* or knowledge or attitude*
The search included books, original studies, reviews, general articles, case studies and policy documents. Databases used were Web of Science (also known as the Social Science Citation Index and Web of Knowledge), Social Services Abstracts, Sociological Abstracts, International Bibliography of the Social Sciences, CINAHL, Health Source, Internurse, Medline and PsycINFO. The search was limited to articles or literature in the English language and while some of the books are older, the articles are restricted to 1980 onwards.
Results: The literature reveals that partial or incomplete understandings of dementia can be found among different groups within the general public. These, as might be expected, appear to be linked to individual experience or exposure to particular constructions of dementia. Thus a GP is likely to have a medical understanding and a carer's understanding may be a complex mix of medical and lived experience. Other factors influencing understanding and response include labelling, stigma, concepts of mental illness and ageism.
Conclusion: Further research is required into how the public understands dementia and the consequences of any particular understanding on response and behaviour. While stigma is often associated with fear and aggression in other mental illnesses, stigma was found to exist for people with dementia who are often viewed more compassionately. Age also emerged as a factor requiring further attention in terms of its' influence on how people respond to dementia.

Disclosure of Interest: None Declared

P098

CORRELATIONS AMONG PRIMARY FAMILY CAREGIVERS' QUALITY OF LIFE AND CARE RECIPIENTS'DEMENTING STATUS IN COMMUNITY

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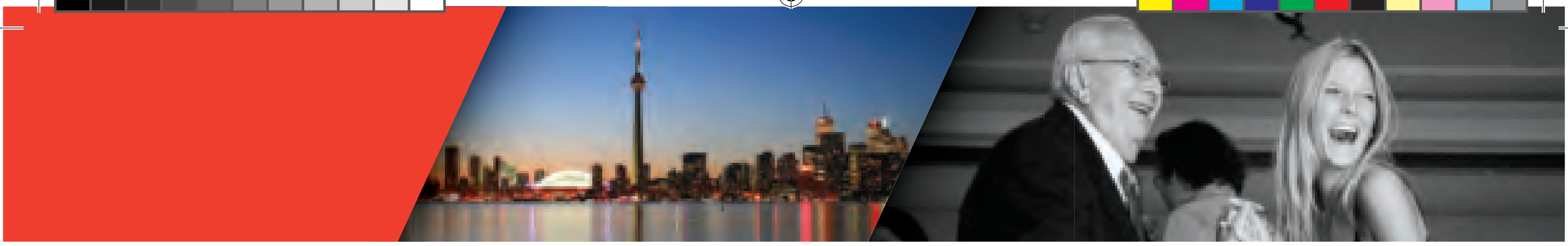
Objectives: The prevalence of dementia is expected to rise significantly in the coming decades. As well, the impact on primary family caregivers (PFC) is expected to increase extensively. The Objective is to determine how dementing status of elders with dementia impact on their PFCs' quality of life.

Methods: A purposive sampling of 45 elders with dementia, who were diagnosed by advanced neurologists for more than three months at medical centers in Taiwan, were assessed in cognition, function, and emotion states with Mini-mental Status Examination (MMSE), Barthel Index (BI), and Geriatric Depression Scale (GDS). The study portrayed correlative factors impact on PFCs, who primarily took care of the elders with dementia at homes, three hours per day for more than 3 months. The PFCs were assessed with World Health Organization Quality of Life (WHOQoL) and Health Perception Scale (HP). Pearson Correlation and Multiple Linear Regressions were conducted to determine particular association with PFCs' QoL.
Results: The PFCs included 45 with more female (53.5％), ranged in age from 30 to 79 years, with a mean of 57.74, and ranged in education from 0 to18, with a mean of 11.78 years. PFCs had the most satisfaction in physical domain (4.11), conversely, the lowest satisfaction was in overall domain (3.54) of WHOQoL. Multiple Linear Regressions only revealed that education background and HP had significant influences on PFCs' QoL (Adjusted R Square=0.693).
Conclusion: The dementing status did not correlate with PFCs' QoL significantly. Details specifically addressed a multidimensional conceptualization of PFCs' QoL. Future studies should be conducted with individualized interventions to improve PFCs' perceived health states and explore positive impact on the PFCs' and their elders' QoL.

Disclosure of Interest: None Declared



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P099

DOES MULTILINGUALISM PROTECT AGAINST ALZHEIMER'S DISEASE? FINDINGS FROM THE NUN STUDY

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Objectives: Multilingualism requires the ability to execute cognitive tasks in multiple ways. Recent studies suggest that multilingualism may be protective against the onset of Alzheimer's disease (AD) by enhancing or reflecting reserve capacity. In this study, we examined the ability of multilingualism to predict development of AD.
Methods: The Nun Study is a longitudinal study of aging in 678 participants 75+ years living in the United States; 507 of these participants had data on multilingualism, which was defined as speaking two or more languages fluently. The association of multilingualism with AD, dementia and AD neuropathology was assessed using logistic regression models adjusted for age, education and apolipoprotein E. AD was diagnosed based on meeting criteria for both clinical dementia and AD neuropathology. Dementia was diagnosed based on performance on the standard CERAD battery of neuropsychological tests in combination with impairment in activities of daily living. Neuropathologic assessment for AD was based on CERAD (probable/definite) or NIA-Reagan (intermediate/high likelihood) criteria.
Results: Multilingualism was not significantly associated with AD. This was found consistently whether AD was defined based on CERAD (odds ratio [OR]=1.39; 95% CI=0.57- 3.41; n=171) or NIA-Reagan (OR=0.91; 95% CI=0.44-1.88; n=197) neuropathologic criteria in the presence of dementia. Multilingualism also was not associated with these neuropathologic criteria for AD independent of dementia, or with a clinical diagnosis of dementia independent of neuropathology.
Conclusion: Although multilingualism may plausibly be hypothesized to enhance or reflect reserve capacity, this research provides no evidence of an association with AD in the Nun Study. Further research may reveal associations with characteristics of multilingualism (e.g., number or type of languages) or AD (e.g., age at onset). Identification of protective factors associated with AD may provide insight into mechanisms of cognitive reserve and strategies to maintain cognition in late life.

Disclosure of Interest: None Declared

P100

THE IMPACT OF BRAIN INFARCTS ON DEMENTIA VARIES BY APOLIPOPROTEIN E AND EDUCATIONAL STATUS

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Objectives: Previous research suggests that clinical expression of Alzheimer's disease (AD) may be influenced by the presence of brain infarcts, the pathological evidence of stroke. Not all individuals with brain infarcts, however, experience dementia. The aim of this study was to examine if the effect of brain infarcts on AD and dementia varied with the risk factors apolipoprotein E (APOE) and education.
Methods: The Nun Study is a longitudinal study of aging in 678 participants 75+ years living in the United States. Of these 678 participants, 484 have died and had neuropathologic assessments for AD, including gross neuropathologic examinations for brain infarcts. AD was diagnosed based on meeting criteria for both clinical dementia and AD pathology. Dementia was diagnosed based on performance on the standard CERAD battery of neuropsychological tests in combination with impairment in activities of daily living. Neuropathologic assessment for AD was based on CERAD (probable/definite) or NIA-Reagan (intermediate/high likelihood) criteria. The association of brain infarcts with dementia, AD and AD pathology was assessed using logistic regression models adjusted for age, education and APOE; models were also stratified by APOE status or educational level.
Results: Brain infarcts were significantly associated with dementia. In addition, APOE status and educational level modified this association, with the largest impact of infarcts among those with the APOE-e2 allele (odds ratio [OR]=6.53; 95% CI=1.63-32.96; n=60) or the highest level of education (Master's or higher) (OR=2.35; 95% CI=1.22-4.60; n=187). Brain infarcts were not significantly associated with AD whether AD was defined based on CERAD or NIA-Reagan pathologic criteria in the presence of clinical dementia. Brain infarcts also were not associated with these criteria independent of clinical dementia.
Conclusion: Brain infarcts significantly increased the risk of dementia, particularly among low-risk APOE and educational subgroups. The greater predictive power of infarcts within these low-risk subgroups raises intriguing questions about the interplay of neuropathology, risk factors and brain reserve.

Disclosure of Interest: None Declared

P101

PROVIDING EFFECTIVE WEIGHT MONITORING PROGRAMS FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE AND DEMENTIA

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Objectives: Maintaining adequate nutritional intake in individuals with Alzheimer's disease is challenging for assisted living and long-term care settings. Short attention span, confusion, inability to remember when, where and how to eat, and feeding difficulties such as dysphagia make adequate nutrition increasingly difficult to achieve. In addition, weight loss can lead to increased risk of decubitus ulcers, infections (such as pneumonia, UTI, etc), and falls. This session discusses the results of a program designed to facilitate good nutrition and weight maintenance in individuals with Alzheimer's disease along the disease continuum in a facility dedicated to caring for individuals with Alzheimer's and dementia for the past 24 years.
Methods: An interdisciplinary, team approach can be developed to increase nutritional intake and prevent weight loss in individuals with Alzheimer's disease. This team approach consists of a systematic, well-developed program of ongoing monitoring and individualized and well-communicated interventions. Interventions are thoughtful and creative, and include not only accurate intake records and supplementation opportunities, but expand to include personal preference and past eating habits, creative meal opportunities, changes in physical and/or medical status, and other methods to increase and stimulate appetite.

Results: While research suggests that individuals with Alzheimer's disease will lose 5-10% of their body weight per year, this expectation need not be true and has proven wrong. Using the interdisciplinary approach, data has found monthly and annual weight loss averages have been kept to single digits, and decubitus have been virtually non-existent.
Conclusion: Individuals with Alzheimer's disease and dementia are often faced with nutritional problems, especially unintentional weight loss. Therefore it is crucial to be proactive in monitoring resident weight loss. Education, hands-on training, and a trial and error approach combined with a "never give up" attitude can make a difference in overall quality of care and quality of life.

Disclosure of Interest: None Declared

P102

MEMORY PRESERVATION NUTRITION INTERVENTION IN ASSISTED LIVING AND LONG TERM CARE: CLINICAL PRACTICE REPORT

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Objectives: : Studies suggest that diets can reduce risk of, or slow cognitive decline in early AD. Established comprehensive diets, such as the Mediterranean diet or the DASH anti-hypertensive diet, can do more than single foods or nutrients, in protecting the brain. Using all available brain health related evidence, we designed a whole foods Memory Preservation Nutrition (MPN) program emphasizing synergistic contributions of increasing plant foods, Omega-3s, foods with anti-oxidant, anti-inflammatory properties, and attenuate insulin resistance , reduce amounts and oxidation of LDL cholesterol. Objective is to implement this intervention in real life settings, e.g. group meals served to residents of assisted living (AL) to reduce risk, or slow, cognitive decline, and assess feasibility and acceptability
Methods: A real world clinical intervention includes training and educational sessions with all facility staff (not just culinary), with residents, their families, and referral sources. Program includes assessment of current practices (pantry, menus, recipes, dining presentation, culinary capabilities) and preferences; then consultation about changing these practices, in doable steps and stages, to achieve a brain healthy, delicious, MPN nutrition program, responsive to resident preferences medical conditions, budgetary, food sourcing limitations, other considerations.
Results: Preliminary results (after 9-42 months in 6 residences) suggest feasibility and acceptance of this model nutritional program in AL communities, with changes accomplished in ingredients, menus and recipes as well as dining practices. Changes build over time and often refresher educational sessions and quality assurance checks are necessary to maintain adherence by staff (and residents). Emphasis on memory/AD special care units. Staff and referring providers appear eager to learn better nutrition for themselves, not just their clients, reflecting growing awareness in U.S. in how nutrition affects brain and body health.
Conclusion: Some MPN nutrients recommended for cognitive aspects of brain health are also potent treatments for emotional and other aspects of brain and body health. As the evidence mounts, whole food nutritional interventions to promote brain health both for primary and secondary prevention will become mainstream treatment options, for individuals as well as in group settings. Future effectiveness and efficacy studies of whole foods (and combination nutrition) interventions for brain health are needed.
References:

Disclosure of Interest: N. Emerson Lombardo Conflict with: Owner, HealthCare Insights, LLC

Poster Presentation Abstracts

P103

"GOT THE TOOLS I'M READY TO COOK" A MEN'S COOKING GROUP

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Objectives: To provide an opportunity for gentlemen who have never set foot in the kitchen to gain basic kitchen/cooking skills. This target population has a similar generational theme of a mother who raised and provided for them, and then they moved on to get married where their wife took over in the kitchen. Therefore when they need to step up and help in the kitchen they don't have a clue what they are doing as they struggle to provide the best for their loved one living with dementia.

Methods: Approach gentlemen who fall into these categories:
- Living at home with their wife who is losing her skills in the kitchen.
- Living at home alone once their wife has gone into LTC (Long Term Care).
- Living alone once their wife has passed away.
- Supporting their wife who is a fulltime caregiver for her parent.

Partner with a facility/organization who will provide a kitchen location and knowledgeable volunteers/staff i.e. a church women's group. A 'getting to know you' questionnaire is used to gain knowledge of where the gentlemen are at concerning their cooking skills.

Results: The gentlemen came together once a week for two hours over the course of one month. They gained knowledge concerning kitchen and food safety, purchasing food, reading recipes, following instructions to create a tasty and nutritious meal, cooking with leftovers and using equipment such as microwaves and slow cookers. Each week participants prepared and completed a simple meal using common ingredients, which they took home for themselves and their loved one to eat after each session. Participants received a manual complete with recipes they had prepared along with helpful information i.e. Canada Food Guide, food storage info etc.

Conclusion: The gentleman gained valuable skills that enabled them to confidently work in their kitchens at home. It was found that these gentlemen benefited by the social and supportive atmosphere within the group as it became clear that this course was touching a much more sensitive area, greater then just cooking. Men like to eat, but more importantly they like to provide the best for their loved one, through this course they are now more capable to do just that!

Disclosure of Interest: None Declared

P104

MANAGING STRESS IN ALZHEIMER'S CLIENTS AND CAREGIVERS

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Objectives: The objectives were: to assess the value of natural health practices in easing stress, anxiety and agitation in people with Alzheimer's Disease or related Dementias while evaluating the potential to enhance their relationships with their partners-in-care through massage; and to consider the value of self-shiatsu as a solution to caregiver stress.

Methods: Research studies exploring the concept of shiatsu and massage as effective strategies for stress management were reviewed. Next a review of research into non-pharmacological interventions and the potential of these practices in reducing agitated behaviours in late stages of Alzheimer's Disease and related Dementias was undertaken. The perceived benefits of learning how to perform a simple shiatsu massage on their family member or friend with Alzheimer's or dementia was discussed with caregivers.

Results: There is evidence to support the idea that non-pharmacological interventions such as massage, acupressure and shiatsu should be considered as beneficial and cost-effective strategies in Alzheimer's and dementia care. Further, self-shiatsu could provide a suitable solution to the challenges of easing caregiver stress.

Conclusion: Quality of life for those with Alzheimer's or dementia and their partners-in-care can be improved by incorporating simple shiatsu massage techniques into their health care regime. Stress levels in caregivers can be reduced allowing them to better cope. In addition, teaching caregivers how to do a short shiatsu massage on those with Alzheimer's can reduce stress and anxiety, decrease the frequency and severity of behavioural symptoms, and most importantly, provide both parties with a meaningful way to interact.

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Disclosure of Interest: None Declared

P106

LIVING MY OWN LIFE AS A MEMBER OF SOCIETY EVEN THOUGH I HAVE DEMENTIA

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Objectives: Even with dementia, I believe there are a lot of things I can do. As a member of society, I wish to make myself useful to other people using my current abilities. Here, I would like to introduce my social activities and develop the idea that people with dementia are part of the local community.

Methods: My social activities include working as a member of staff at a home for the elderly, participating in activities as a user of day care services, and participating in activities as a member of the Alzheimer's Association Japan Oita branch (hereafter "the Association").

Results: I was diagnosed with early-onset Alzheimer's disease four years ago. One after another, strange things began to happen. I was anxious, feeling that I was not myself, I felt as if I was losing everything, and I even wanted to die. We joined the Association around the time I was diagnosed, and the Association drastically changed our views of dementia. I was surprised to find so many people with the same distress as me, and at the same time I realized, through conversations with other people with dementia, that we share the same wish to live our own lives even with dementia. I am enjoying my life both on the days when I work at a home for the elderly and when I receive day care services. Since I also have dementia, I can understand how people with dementia feel, and by making use of this ability in my work, I am rewarded by the residents' smiles and words of thanks. This gives me a sense of satisfaction. I believe making my thoughts known to as many people as possible through lectures organized by the Association is another role I can play and enables me to make myself useful to other people in society.

Conclusion: Having a partner plays an important role in enabling people with dementia to live their own lives. The assurance that we are not alone and that there is always someone to give us a helping hand can keep us going. Feeling this assurance, I wish to live with the dream that this illness does not lead to despair but hope.

Disclosure of Interest: None Declared

P107

'THE FIGHTERS, A PLACE WHERE DISORIENTED PEOPLE CAN SHARE AT THEIR OWN PATH'

S. Henry [1,*], A. Dion [1]
[1]LIGUE ALZHEIMER ASBL, Liège, Belgium

Objectives: Younger [1] people with dementia face particular issues while coping with the disease: they do not have access to adapted care centres; they have to face particular financial problems; they must stop their careers before having reached the retirement age;...

The objectives
- To give a voice to people with dementia
- To encourage the expression of feelings related to the disease
- To share feelings and fears

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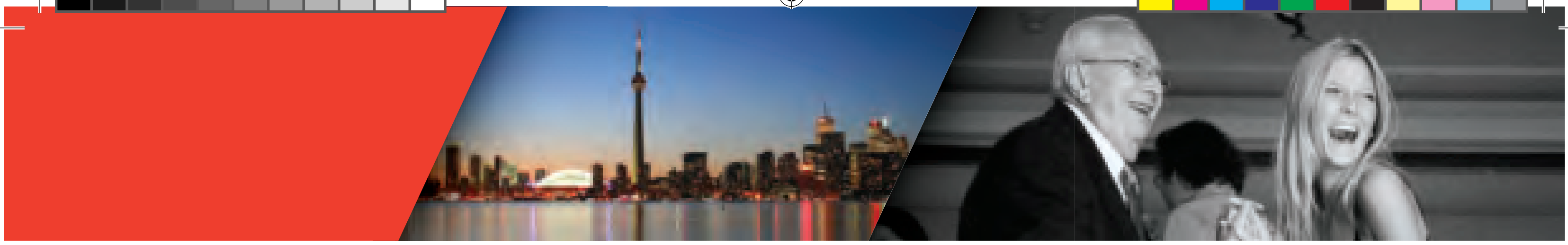
[1] Under the age of 60

Methods: La Ligue Alzheimer has created a support group entirely dedicated to them: 'The Fighters'. 'The Fighters' stands for regular meetings accessible only to people suffering from Alzheimer's Disease and related types of dementia.

Results: By doing so, these meetings enable younger people with dementia to maintain skills such as: the ability to speak, the memory and the feeling of identity. The interests and skills of each participants are used and developed, and relationships are built between the participants.

Conclusion: Some meetings can also become Working Groups. In such cases, a main theme (e.g. the lack of adapted care centres) is discussed and ideas, projects and initiatives can be found the participants.

Disclosure of Interest: None Declared



Poster Presentation Abstracts

P111

OUTLOOKS ON THE FUTURE: PERSPECTIVES FROM PEOPLE WITH DEMENTIA AND THEIR FORMAL AND INFORMAL CAREGIVERS

I. Hellström [1,*], S. Torres [2]
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Objectives: Historically dementia has been perceived primarily as a biomedical phenomenon with a specific course of illness. Awareness of dementia, or more usually a lack of such, has been viewed primarily as a symptom of dementia. It has been suggested that active management of awareness is a central issue in social interaction between the person with dementia and their interpersonal environment. This presentation aims to shed light on how people with dementia and their caregivers perceive and manage the illness trajectory and more specific the impact it has on their future.
Methods: The project is based on 68 semi-structured qualitative interviews (28 with people with dementia, 30 with their informal caregivers and 10 with their formal caregivers). The interviews were structured around the following themes: the family and social network, the home and surroundings, 'a typical day', their health, informal and formal support and thoughts of the future. Additionally, 12 short observation sessions (recorded among others through photos) were conducted in the informants' home or day care centre.
Results: The persons with dementia were in different stages of the disease and had different levels of support from the family and/or the formal care system. The analysis shows that most participants deemed diminished everyday competence to be a given.
Conclusion: Most seem also very much aware of what the future holds because of what they know about the disease. In spite of this the majority seemed optimistic about their future.
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Disclosure of Interest: None Declared

P113

THE LONG GOODBYE : A TOUCHING DOCUMENTARY FILM ABOUT SOME ELDERLY PEOPLE WHO SUFFER FROM DEMENTIA, AND THEIR FAMILIES.

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Objectives: In order to raise the awareness of dementia and reduce stigma in Chinese society.
Methods: The catholic foundation of Alzheimer's disease and related dementia had been made a documentary film named "THE LONG GOODBYE" in Taiwan from 2008 to 2010.
Results: In this film, there are many real touching stories regarding six elderly people who are suffering from dementia along with their families at home or the staffs in the St. Joseph community center in Taipei. When the memories of these elderly people with dementia gradually deteriorate, their family members begin to put together the old photographs and objects, trying to awake the forgotten times of their lives. Every time a story is told, a memory is slowly formed. The whole family becomes closer and they cherish their time together more...
Conclusion: The film will be launched on 26th. Nov. 2010.Audiences will understand the psychic symptoms of dementia and the psychosocial activities used to look after them with "LOVE" through this 1.5 hours film. A 10 minutes English trailer will be special presented on the conference.

Disclosure of Interest: None Declared

P114

MAKING A COUNTRY REPORT TOWARDS DEVELOPING A NATIONAL DEMENTIA STRATEGY - THE INDIAN EXPERIENCE

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Objectives: 1. Sharing the Indian experience of developing a country dementia report.
2. How to take this report to the policy makers and govt. of India
3. Developing a national Dementia strategy for India
Methods: 1. Regional consultative meetings across India
2. Participation of Neurologists, Psychiatrists, Geriatricians, Social Workers, Psychologists, nurses, professional caregivers and family carers.
3. Recording of all the deliberations and outcomes of the consultation
Results: 1. Information/data on the present dementia scenario in India
2. Decision to compile all the acquired data/info into a comprehensive report.
3. Result -"Dementia India Report" a comprehensive document on understanding dementia and its management, number of people with dementia, the impact of dementia, service for people with dementia and recommendation.
Conclusion: 1. The 'Dementia India Report' was released on Sept. 20th, during the National Dementia Summit held in New Delhi.
2. The release of got wide spread publishing and has already generated lot of interest.
3. Copies have been send to the PM and key Govt. Department for further action.
4. The Dementia India Report has the potential to change the dementia care scenario and the make the government develop a national dementia strategy for India.

Disclosure of Interest: None Declared

P115

THE SIX FRIENDLY MEN OF HEALTH POLICY

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Objectives: To develop as follow up to the Dementia India Report health policy framework, identifying the different stakeholders and their roles, responsibilities.
Methods: A brainstorming session involving all stakeholders at the National Dementia Summit in New Delhi, 21st September 2011. The session had apart from experts, policy makers, civil society representatives, caregivers, persons with dementia and significant others. A 5W1H Management model was used to develop a framework of needs and responsibilities.
Results: The need for co-operation and partnership between Government, civil society, private providers and affected families became apparent during this exercise. The Government clearly has to lead on making dementia a national priority, guaranteeing support for the caregiver and developing new dementia policy and legislation, all of which need immediate and timely action. On the other hand civil society support groups and care providers clearly have their work cut out for them taking ownership for tasks like increasing awareness in the community, improving dementia identification and care skills, and developing community support systems. The development of comprehensive care-giving models will require the involvement of experts: universities and tertiary facilities, working in tandem with affected families. Research is seen as one area where all parties need to take part. The Government must increase funding for dementia research; pharmaceutical agencies and industry must contribute their mite; as must Universities and other academic agencies; civil society supporting and enhancing the process; families participating with enthusiasm and altruism.
Conclusion: An inclusive bottom up approach to health policy development is necessary and must be advocated for in developing countries like India.
References: The Dementia India Report; published by the Alzheimer's and Related Disorders Society of India (ARDSI), September 2010, New Dellhi, India.

Disclosure of Interest: None Declared

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ANATOMY OF THE CMRR AND PROPOSITION OF FUNCTIONING

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Objectives: The primary objective was to have an internal view of the functioning of the CMRR for clinical trials, to estimate their strengths and weaknesses and identify possible difficulties which can exist for the implementation of industrial clinical trials. The secondary objective was to make a proposition to optimize these tries.
Methods: A survey was led to a questionnaire sent to the various professionals of CMRR. This questionnaire contained 33 questions with elements of the general organization and elements more individual)
Results: 135 questionnaires were filled.If certain elements appear as structuring, there are zones of weakness. The lack of staff of staff dedicated with absence of dedicated place,the reproduction of the activities essentially poured towards the current care, subdivision in diverse functional units are the main elements.From an SWOT analysis we retain as axes to be improved: the distribution of the information and the trainings, the implementation of meetings.To do it, we propose the creation of a unit of research "clinical trials" within every CMRR, with creating a regional unique office.
Conclusion: The creation of a unit of research "clinical trials" within every CMRR would allow to strengthen the level, the skills and the ability to react of the centres of clinical investigation specialized to facilitate so collaborations with the teams of the big pharmaceutical companies.

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Disclosure of Interest: None Declared

P118

PREMATURE CENTROMERE DIVISION (PCD) OF THE X CHROMOSOME IN ALZHEIMER DISEASE: A NEW BIOMARKER ON THE HORIZON?

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Objectives: It has been suggested that chromosomal alterations may be involved in the etiology and/or pathogenesis of aging and Alzheimer's disease. Premature centromere division (PCD) of the X chromosome has also been found in aging patients and Alzheimers. The purpose of the present study is to evaluate the incidence of premature centromere division of the X chromosome in peripheral blood lymphocytes and neuronal population in sporadic Alzheimer disease patients in relation to their gender and age and compared to age-matched unaffected controls.
Methods: Using Fluoroscent in situ hibridization (FISH) with the chromosome abberation assay one hundred metaphase nuclei per each subject were analyzed for X chromosome with PCD (PCD,X) in peripheral blood lymphocytes and interphase nuclei of frontal cerebral cortex neurons from five sporadic AD patients and five age-matched controls.
Results: The results demonstrated that in women patients with AD, regardless of age, increased incidence in the frequency of PCD,X where found in peripheral blood lymphocytes and neuronal nuclei of the fronal cerebral cortex compered to age matched controls.
Conclusion: This cytogenetic analysis, thus, suggests that PCD of the X chromosome is clearly representative of AD, rather than epiphenomenon of chronological aging in women suggesting that the X chromosome may have biomarker potential.

Disclosure of Interest: None Declared

P119

MULTI-SENSORY THERAPY USE FOR DEMENTIA IN RESIDENTIAL AGED CARE: A SURVEY OF ONE AUSTRALIAN STATE.

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Objectives: The aim of this research was to determine the prevalence of multi-sensory therapy use for residents with dementia in residential aged care facilities; how multi-sensory therapy is being used, in what form the therapy is being delivered, the indications for its use, staff education/training in the use of these interventions and how its efficacy is being determined.
Methods: All 814 residential aged care facilities in Victoria, Australia were invited to participate in a Computer Assisted Telephone Interview (CATI) survey consisting of pre-coded and open ended questions. Data was collected over a four month period in 2009. Descriptive statistics and correlations were used to analyse the data.
Results: Four hundred and sixteen facilities (51%) completed the survey. Nursing homes were the greatest users of multi-sensory therapies and 44% of facilities had used these for more than 5 years. At least 90% of facilities used six or more different multi-sensory interventions for residents with dementia. Only 29% of facilities had a permanent dedicated room for the delivery of the interventions. Seventy five percent of facilities indicated that they used multi-sensory interventions as a recreational therapy, in addition to the management of behaviours. Only half the residential aged care facilities reported some informal evaluation either as care plan review (54%), observation (42%), or documentation of use in progress or nursing notes (34%). No formal evaluation of the use of multi-sensory therapies was reported.
Conclusion: While many residential aged care facilities report using multi-sensory therapies for the management of behaviours related to dementia, the form and manner of multi-sensory use varies widely and there appears to be little or no formal evaluation to support their use clinically.

Disclosure of Interest: None Declared

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P120

AMYLOID B1-42-ASSOCIATED P75NTR EXPRESSION IN HUMAN NEUROBLASTOMA CELLS AND HIPPOCAMPAL CELLS IN MURINE AND HUMAN AD BRAINS

B. Chakravarthy [1,*], M. Ménard [1], C. Gaudet [1], L. Brown [1], T. Atkinson [1], S. Ito [1], U. Armato [2], J. Whitfield [1]
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Objectives: We have shown that amyloid β- peptides ($A\beta_{1-42}$ and $A\beta_{25-35}$) increase human p75 neurotrophin receptor ($p75^{NTR}$) expression in human SH-SY5Y neuroblastoma cell membranes (J Alzheimers Dis. **21**, 915, 2010). Moreover the $A\beta_{1-42}$ accumulation in the hippocampi of triple transgenic Alzheimer's disease (3xTg-AD) mice was accompanied by a doubling of the membrane $p75^{NTR}$ level. Consequently we sought to find out if $A\beta_{1-42}$ accumulation is also accompanied by increased $p75^{NTR}$ expression in the hippocampi of human AD brains.
Methods: SH-SY5Y and SK-N-SH human neuroblastoma cells, brains from wild-type, triple-transgenic AD mice (3xTg-AD) expressing $PS1_{M146V}$, APP_{Swe} and tau $_{P301L}$ transgenes, and post-mortem human brain hippocampi (from the Douglas Hospital, Montreal) were used in these studies. Cell and tissue homogenates were subjected to immunoblot analysis using Aß-, tau- Trk A-,Trk B- and $p75^{NTR}$ -selective antibodies. In some cases, frozen hippocampii were cryo-sectioned and subjected to immunohistological analyses with somatostatin receptor 3- and $p75^{NTR}$-selective antibodies.
Results: We have now shown that Aß-peptides actually stimulate $p75^{NTR}$ synthesis in both human neuroblastoma cell lines as indicated by blockage of the response by cycloheximide. However, Aβ peptides do not affect the expression of either TrkA or TrkB neurotrophin receptors. Together with the observation that the accumulation of $A\beta_{1-42}$ in the hippocampi of 3xTg-AD mice is accompanied by an increase in $p75^{NTR}$ level these findings raised the possibility that $p75^{NTR}$ upregulation would also accompany $A\beta_{1-42}$ accumulation in the hippocampi of human AD brains. Indeed, there was a 2-3-fold increase in membrane-associated $p75^{NTR}$ levels in the hippocampi of brains from AD patients compared to non-AD human brains.
Conclusion: The physiological impact of an increased $p75^{NTR}$ level is not yet clear. However, $p75^{NTR}$ signalling does appear to be required for memory functions in a normal brain. But the receptor may become dangerous in AD brains because accumulating $A\beta_{1-42}$ and pro-neurotrophins stimulate $p75^{NTR'}$s apoptogenic 'death domain' without being able to bind and activate the anti-apoptogenic Trk receptors. These findings increase the evidence for $p75^{NTR}$ being an important player in AD.

Disclosure of Interest: B. Chakravarthy Support from: Alzheimer's Society of Canada, M. Ménard: None Declared, C. Gaudet: None Declared, L. Brown: None Declared, T. Atkinson: None Declared, S. Ito: None Declared, U. Armato: None Declared, J. Whitfield: None Declared

P121

A STUDY OF ATTITUDES TOWARDS ALZHEIMER'S DISEASE AND OTHER DEMENTIAS IN TRINIDAD AND TOBAGO

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Objectives: As the population of Trinidad ages, family physicians and family members are reporting increasing numbers of persons exhibiting behaviours that are normally associated with Alzheimer's Disease (AD) and other dementias. This study sought to: (i) determine the knowledge that a group of beginning and more experienced educators had of Alzheimer's disease and other dementias; (ii) determine the respondent's attitudes towards persons with AD and other dementias and the type of care that they would prefer for family members who had received a relevant diagnosis. This preliminary study is part of a wider study that will survey various groups in Trinidad and Tobago.
Methods: A small, non-random survey was conducted among three groups of beginning and more experienced educators in Trinidad, West Indies. A total of 50 persons (80% females), ranging from age from 18 to 60 years old, completed a questionnaire with both open-ended and closed questions.
Results: The study found that all the respondents had heard of the terms "Alzheimer's", dementia and senility. In terms of more expansive definitions and descriptions more of the respondents (60%) reported that AD "affects memory"; 78% stated that it was "a brain condition" while 6% thought it was "a psychiatric condition". 26% reported that they know someone with the disease. With regard to who should provide care in the later stages of the disease, 56% stated that the closest family members should provide care while 14% said that the responsibility should be that of the state. 28% wanted the care to take place in the family's home and 56% in a special home for patients with Alzheimer's Disease. Where disclosure of the condition to non-family members was concerned, 86% wanted to see this happen if their family member had AD and 82% for themselves if they were diagnosed with AD.
Conclusion: The data revealed that while these educators had a good basic knowledge of Alzheimer's Disease, it was not so for other dementias. The respondents had strong views as to the role the family should play in the care of persons with dementia in the late stage of the disease. This study provides useful information, which will feed into our planned larger study. The recommendation would be to ensure that a large survey of varied groups, including persons with much less education should be done soon, in order to create awareness of dementia issues to a wider group of persons given the ageing population and the anticipated increase in cases of dementia.

Disclosure of Interest: None Declared

P122

SIRNA AGAINST PRESENILIN 1 (PS1) DOWN REGULATES AMYLOID B42 PRODUCTION IN ALZHEIMER'S DISEASE FEATURED IMR-32 CELLS

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Objectives: One of the pathological hallmarks of Alzheimer's disease (AD) is the deposition of the ~4 kDa amyloid β protein (Aβ) within lesions known as senile plaques. Aβ is also deposited in the walls of cerebral blood vessels in many cases of AD. A substantial proportion of the Aβ that accumulates in the AD brain, is deposited as Amyloid, which is highly insoluble, proteinaceous material with a β-pleated-sheet conformation and deposited extracellularly in the form of 5–10 nm wide straight fibrils. As γ-secretase catalyzes the final cleavage that releases the Aβ42 or 40 from amyloid β -protein precursor (APP), therefore, it is a potential therapeutic target for the treatment of AD. γ-Secretase cleavage is performed by a high molecular weight protein complex containing presenilins (PSs), nicastrin, Aph-1 and Pen-2.Previous studies have demonstrated that the presenilins (PS1 and PS2) are critical components of a large enzyme complex that performs γ-secretase cleavage.
Methods: βIn this study we used RNA interference (RNAi) technology to examine the effects of small-interfering RNA (siRNA) against PS1 on expression of PS1, Aβ42 and furthermore understand APP processing regulated by PS1 and γ-secretase in AD featured IMR-32 Cells.
Results: Silencing of PS1 with siRNA lead to decreased Aβ42 production in AD featured IMR-32 cell line which was confirmed by immuno blotting and immunofluorescence. These results suggest a pivotal role for PS1, the main catalytic subunit of γ-secretase which is responsible for the production of Aβ42 in AD
Conclusion: Silencing of PS1 gene, component of γ-secretase by siRNA technology in AD featured IMR-32 cells lead to the decreased Aβ42 production. This study shows the possibility of targeting g-secretase, especially PS1 subunit for decreasing Aβ42 production which can be used as a therapeutic regimen for AD. More detailed studies are needed to exploit the potentiality of PS1 siRNA in this field.

Disclosure of Interest: None Declared

Poster Presentation Abstracts

P123

CENTRALIZED COGNITIVE IMPAIRMENT REGISTRY IN ARGENTINA (REDECAR). PILOT STUDY CONCLUSIONS.

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Objectives: Background: Cognitive impairment is a great health economic problem. An accurate distribution of material and human resources should optimize prevention and treatment strategies. Its planning requires an epidemiologic approach with an accurate identification of the problem. A first national registry of cognitive pathologies has been developed in our country. We present the results of the pilot phase of the study, which include a novel more detailed classification of cognitive pathologies
Objective: To inform the conclusions of the ReDeCar pilot study. The first registry of cognitive impairment pathologies in Argentina.
Methods: Prospective, observational, standardized and multicentre study. Two institutions centralized the data sent from other ten centers, dispersed along the country. Patients that currently assist for mild cognitive impairment (MCI) or dementia (Dem) were included. Cognitive Impairment pathologies classification was made according to a novel list. The registry also included data concerning to age, sex, education level, living and labor status, times since symptoms onset and diagnostic, level of cognitive impairment, co morbidities and pharmacological treatment.
Results: 292 patients were enrolled, aged between 72 and 82 years; 72.6% were women. 17.5% were diagnosed with MCI, and the 82.5% reminder with Dem (50.2% pure degenerative, 13.7% pure vascular, 33.6% mixed and 2.5% others). Most frequent Dem were Alzheimer disease (any type) in 70.5%, mixed vascular (cortical-subcortical) in 6.6% and Lewy bodies in 5.4%. Time since symptoms onset to diagnose was 12 (9; 23) months (median, quartiles). Most frequent comorbidities were hypertension (65.1%) and dyslipidemia (52.1%), and most prescribed drugs were memantine (43.8%) and rivastigmine (12.3%).
Conclusion: In this pilot phase we could evaluate not only communication among centers, but also homogenization of diagnosis, because we also tested this more detailed novel classification proposed criteria for cognitive pathologies types. We could also proved the utility and feasibility of the registry form across the country's centers.

Disclosure of Interest: None Declared

P124

THE PREVALENCE OF DEMENTIA IN CENTRAL SOUTH AFRICA: RESULTS FROM A 10/66 DEMENTIA RESEARCH GROUP PILOT STUDY

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Objectives: To report on the prevalence of dementia and co-morbid conditions in an indigenous South African population, utilizing the 10/66 Dementia Research Group protocol and dementia algorithm.
Methods: Participants aged 65 years and older from 230 households in a defined geographical area were interviewed utilizing the 10/66 Dementia Research Group's core minimum data set. This included a household interview, background socio-demographic and risk factor interview, clinical interview, cognitive test battery, physical and neurological examination and an informant interview. Interview schedules were translated into the local Sesotho language. The 10/66 computerized algorithm was applied to eligible household data sets (N=205).
Results: 6.4% of participants aged 65 years and older met the criteria for DSM-IV dementia. This pilot stage prevalence rate is comparable to prevalence rates observed in central Latin American (6.1%) and the Caribbean (6.5%), as well as Europe (6.2%) for age > 60years. The prevalence of 10/66 dementia – which includes cases beyond those defined by the DSM-IV – was unusually high. The prevalence of ICD-10 depression was 14.9% for females and 11.4% for males >65 years, and similar to prevalence rates for ICD-10 depression in the Dominican Republic in the same age group.
Conclusion: The preliminary results from a 10/66 Dementia Research Group pilot study in Central South Africa reveal a higher than expected prevalence of DSM-IV dementia, as well as 10/66 dementia. Compared to imputed prevalence rates for dementia in Southern Sub-Saharan Africa (2.1%), and the African continent (2.6%), these results warrant further investigation in the form of an expanded study that would include at least 2000 eligible households.

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Disclosure of Interest: None Declared

MONDAY, 28 MARCH 2011

The Alzheimer's Immunotherapy Program (AIP) of Janssen Alzheimer Immunotherapy and Pfizer Inc is pleased to invite you to a symposium:

"THE NATIONAL ALZHEIMER'S DISEASE POLICY FORUM: A Discussion On The Status Of Alzheimer's Disease Public Policy"

PLEASE JOIN US

WHEN: Monday, 28 March 2011
12:30–2:00 PM

WHERE: Sheraton Centre Hotel,
Toronto, Canada

Funding for this program has been provided by Janssen AI and Pfizer Inc to Alzheimer's Disease International. The program has been planned and organized by Alzheimer's Disease International and content has been developed by the faculty.

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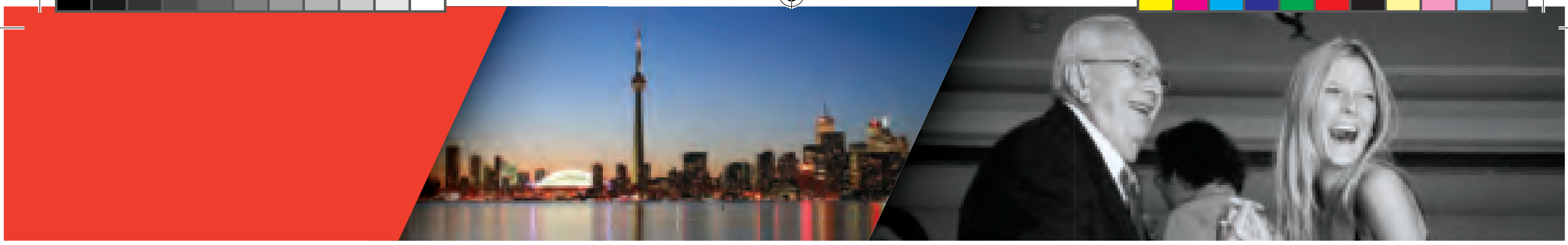

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