Every 70 seconds, someone develops Alzheimer’s. Though there is no cure, hope is in the pipeline. Today, Pfizer is relentlessly exploring research to shed light on the brain’s complex pathways to further advance Alzheimer’s treatments. We’re also working on multiple compounds at one time to find more answers faster and to give those living with Alzheimer’s more life to live.

Pfizer is committed to helping people in need get access to their medicines. Learn more at PfizerHelpfulAnswers.com.

And to stand behind everyone it touches.

Alzheimer’s takes a toll not only on patients, but on the loved ones who tirelessly care for them. Pfizer puts a special focus on providing care for family and friends, offering access to an online database with links to local resources, as well as information and support networks to keep vital connections strong among those affected by Alzheimer’s. See how we’re putting our commitments to work at pfizer.com/alzheimers.

Working together for a healthier world™
Answers

Wouldn’t it be wonderful if you could count on having reliable answers for those times when your health is a concern?

If you always had the best information to help you take care of yourself?

If you could be assured breakthrough medicines would continue to be sought?

We think that would be wonderful, too. And we’re working to make it happen. Your good health is our passion.

Wouldn’t it be wonderful if you could count on having reliable answers for those times when your health is a concern?

If you always had the best information to help you take care of yourself?

If you could be assured breakthrough medicines would continue to be sought?

We think that would be wonderful, too. And we’re working to make it happen. Your good health is our passion.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Letters</td>
<td>4</td>
</tr>
<tr>
<td>Industry Partners</td>
<td>9</td>
</tr>
<tr>
<td>About Alzheimer’s Disease International/The Alzheimer Society of Canada</td>
<td>10</td>
</tr>
<tr>
<td>Conference Committees</td>
<td>11</td>
</tr>
<tr>
<td>General Information</td>
<td>12</td>
</tr>
<tr>
<td>Pre-Conference Sessions</td>
<td>15</td>
</tr>
<tr>
<td>Tourist Information</td>
<td>18</td>
</tr>
<tr>
<td>Hotel Floor Plan</td>
<td>20</td>
</tr>
<tr>
<td>Exhibition Layout</td>
<td>22</td>
</tr>
<tr>
<td>Poster Board Layout</td>
<td>23</td>
</tr>
<tr>
<td>ADI Workshops</td>
<td>25</td>
</tr>
<tr>
<td>Information for Presenters</td>
<td>26</td>
</tr>
<tr>
<td>Programme at a Glance</td>
<td>28</td>
</tr>
<tr>
<td>Speakers’ Biographies</td>
<td>30</td>
</tr>
<tr>
<td>Programme</td>
<td>34</td>
</tr>
<tr>
<td>Saturday 26 March</td>
<td>34</td>
</tr>
<tr>
<td>Sunday 27 March</td>
<td>35</td>
</tr>
<tr>
<td>Monday 28 March</td>
<td>41</td>
</tr>
<tr>
<td>Tuesday 29 March</td>
<td>46</td>
</tr>
<tr>
<td>Abstracts</td>
<td>49</td>
</tr>
<tr>
<td>Plenary Abstracts</td>
<td>49</td>
</tr>
<tr>
<td>ADI Workshop Abstracts</td>
<td>57</td>
</tr>
<tr>
<td>Oral Presentation Abstracts</td>
<td>59</td>
</tr>
<tr>
<td>Poster Presentation Abstracts</td>
<td>92</td>
</tr>
<tr>
<td>Abstract Authors’ Index</td>
<td>122</td>
</tr>
<tr>
<td>Notes</td>
<td>131</td>
</tr>
</tbody>
</table>

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.


OTTAWA
2011
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

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
50Q QUEEN STREET WEST, TORONTO, ONTARIO, M5H 3Z2
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
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
Industry Partners

Platinum Sponsor  Gold Sponsor

Silver Sponsor  Bronze Sponsor

Room for Persons with Dementia

Sponsored Symposia
Breakfast Symposium:
27 March 2011

Lunchtime Symposium:
28 March 2011

Media Partner

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
Tel: +44 (0) 20 7981 0880
Fax: +44 (0) 80 7928 2357
Email: info@alz.co.uk
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
Tel: +1 (416) 488-8772
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Key responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Nakoneczny</td>
<td>President, Alzheimer Society of Canada</td>
</tr>
<tr>
<td>Dale Goldhawk</td>
<td>Conference Chair, Alzheimer Society of Canada</td>
</tr>
<tr>
<td>Debbie Benczkowski</td>
<td>Alzheimer Society of Canada</td>
</tr>
<tr>
<td>Andrea Grimm</td>
<td>Alzheimer Society of Canada</td>
</tr>
<tr>
<td>Irene Tysall</td>
<td>Alzheimer Society of Canada</td>
</tr>
</tbody>
</table>

### International Advisory Board (IAB)

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

### Scientific Programme Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dale Goldhawk</td>
<td>Conference Chair, Canada</td>
</tr>
<tr>
<td>Dr. Howard Chertkow</td>
<td>Co-Chair, Canada</td>
</tr>
<tr>
<td>Dr. Sherry Dupuis</td>
<td>Co-Chair, Canada</td>
</tr>
<tr>
<td>Dr. Daisy Acosta</td>
<td>ADI Chairman, Dominican Republic</td>
</tr>
<tr>
<td>Prof. Bengt Winblad</td>
<td>ADI MSAP Chairman, Sweden</td>
</tr>
<tr>
<td>Dr. Li Ling Ng</td>
<td>Singapore</td>
</tr>
<tr>
<td>Prof. Magda Tsolaki</td>
<td>Greece</td>
</tr>
<tr>
<td>Marc Wortmann</td>
<td>Secretary, UK</td>
</tr>
<tr>
<td>Debbie Benczkowski</td>
<td>Canada</td>
</tr>
</tbody>
</table>
General Information

Contact Information
Alzheimer’s Disease International
64 Great Suffolk Street
London
SE1 0BL
UK
Tel: +44 (0) 207981 0880
Fax: +44 (0) 207928 2357
Web: www.alz.co.uk
Email: info@alz.co.uk

Local Organising Committee
Alzheimer Society of Canada
20 Eglinton Ave. W., Suite 1600
Toronto, ON, Canada
M4R 1K8
Tel: +1 (416) 488-8772
Toll-free: 1-800-616-8816 (valid only in Canada)
Fax: +1 (416) 488-3778
Web: www.alzheimer.ca
Email: info@alzheimer.ca

Conference Secretariat
MCI UK Ltd
Durford Mill
Petersfield
Hampshire
GU31 5AZ
UK
Tel: +44 (0) 870 458 4171
Fax: +44 (0) 870 442 9940
Email: adi2011@mci-group.com

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Opening Time</th>
<th>Closing Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday 26 March</td>
<td>15:00 – 21:15</td>
<td></td>
</tr>
<tr>
<td>Sunday 27 March</td>
<td>08:30 – 18:00</td>
<td></td>
</tr>
<tr>
<td>Monday 28 March</td>
<td>08:30 – 18:00</td>
<td></td>
</tr>
<tr>
<td>Tuesday 29 March</td>
<td>08:30 – 14:00</td>
<td></td>
</tr>
</tbody>
</table>

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 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Opening Time</th>
<th>Closing Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday 26 March</td>
<td>10:00 – 21:00</td>
<td></td>
</tr>
<tr>
<td>Sunday 27 March</td>
<td>08:00 – 18:00</td>
<td></td>
</tr>
<tr>
<td>Monday 28 March</td>
<td>08:00 – 18:00</td>
<td></td>
</tr>
<tr>
<td>Tuesday 29 March</td>
<td>08:00 – 13:30</td>
<td></td>
</tr>
</tbody>
</table>
General Information

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

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


“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

<table>
<thead>
<tr>
<th>Conference registration fee structure</th>
<th>Amount (C$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 day full rate</td>
<td>850.00</td>
</tr>
<tr>
<td>1 day full rate</td>
<td>525.00</td>
</tr>
<tr>
<td>Trainees**</td>
<td>520.00</td>
</tr>
<tr>
<td>1 day trainee rate</td>
<td>300.00</td>
</tr>
<tr>
<td>Students**</td>
<td>260.00</td>
</tr>
<tr>
<td>Carer*</td>
<td>260.00</td>
</tr>
<tr>
<td>Persons with dementia</td>
<td>260.00</td>
</tr>
<tr>
<td>3 day reduced registration ***</td>
<td>260.00</td>
</tr>
<tr>
<td>1 day reduced registration ****</td>
<td>170.00</td>
</tr>
<tr>
<td>Accompanying persons rate</td>
<td>80.00</td>
</tr>
</tbody>
</table>

*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).
Pre-Conference Sessions

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.

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.

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.

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.

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.

www.adi2011.org 15
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 publishes peer-reviewed frontier review and research articles on all areas of Alzheimer’s disease. This multidisciplinary journal will help in understanding the neurobiology, genetics, pathogenesis, and treatment strategies of Alzheimer’s disease. The journal publishes objective reviews written by experts and leaders actively engaged in research using cellular, molecular, and animal models.

Editor-in-Chief:
Debomoy K. Lahiri, USA

Go Online to Get Your FREE Sample Copy
Publishing Peer Reviewed Articles Rapidly
Available in Print & Online
Abstracted in EMBASE, MEDLINE, Scopus, EMBASE, BIOBASE, EMNursing
Free Online Trials for Institutions

For Subscriptions
Contact: subscriptions@benthamscience.org
For Advertising & Online Trials
Contact: marketing@benthamscience.org
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

<table>
<thead>
<tr>
<th>ROOM</th>
<th>FLOOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADI Office</td>
<td>Elgin</td>
</tr>
<tr>
<td>Small Meeting Room</td>
<td>Wentworth</td>
</tr>
<tr>
<td>Press Office</td>
<td>Wentworth</td>
</tr>
<tr>
<td>Pfizer Hospitality Room</td>
<td>Huron</td>
</tr>
<tr>
<td>Room For Persons with Dementia</td>
<td>Kent</td>
</tr>
<tr>
<td>Parallel Sessions/Parallel Sessions</td>
<td>Simcoe/Dufferin</td>
</tr>
<tr>
<td>Council Meeting</td>
<td>Civic Ballroom</td>
</tr>
<tr>
<td>Parallel Sessions</td>
<td>Grand Ballroom East</td>
</tr>
<tr>
<td>Parallel Sessions</td>
<td>Grand Ballroom Centre</td>
</tr>
<tr>
<td>Parallel Sessions</td>
<td>Grand Ballroom West</td>
</tr>
<tr>
<td>Plenary Sessions</td>
<td>Grand Ballroom</td>
</tr>
<tr>
<td>Poster Boards/Catering</td>
<td>Grand Ballroom Foyer</td>
</tr>
<tr>
<td>Foyer</td>
<td>Grand Ballroom Foyer</td>
</tr>
<tr>
<td>Exhibition/Member</td>
<td>Grand Ballroom Foyer</td>
</tr>
<tr>
<td>Speaker Preview</td>
<td>VIP Room</td>
</tr>
<tr>
<td>Registration</td>
<td>Concourse</td>
</tr>
</tbody>
</table>

Please see plan on opposite page
Exhibition Layout

Floor Plans

Table Booths
1. Alzheimer’s Australia
2. Alzheimer Society of Bangladesh (ASB)
3. Health Professions Press
4. Health Professions Press
5. Barbados Alzheimer Association
6. Ligue Nationale Alzheimer Liga (Belgium)
7. ADC (AD Chinese)
8. German Alzheimer Association
9. Greek Association of Alzheimer’s Disease and Related Disorders
10. Hong Kong Alzheimer’s Disease Association
11. Taiwan Alzheimer’s Disease Association
12. The Alzheimer’s and Related Disorders Association (ARDA) - Thailand

Table Booths
13. Alzheimer’s and Related Disorders Society of India
14. Alzheimer’s Association Japan
15. Alzheimer Disease Association and Foundation Macedonia
16. Industry Partner Information
17. MAREP
18. Alzheimer’s Association Nepal
19. Alzheimer’s Nederland
20. Alzheimer’s New Zealand
21. Alzheimer’s Pakistan
22. Alzheimer’s Association of Trinidad & Tobago
23. Febraz
24. Dementia Care Foundation
25. Dementia Services Development Centre
26. Tunstall Canada Inc
27. Canadian Association of Occupational Therapists

Table Booths
28. Come ask me about advocacy
29. Wade Canada
30. Psychosocial Research / Fondation Médéric Alzheimer Association de Alzheimer de Puerto Rico
31. Help for patients with Alzheimer’s disease and their families
32. Alzheimer Scotland – Action on Dementia
33. Alzheimer’s Association, Korea
34. Gillebre Centre for Studies in Aging
35. Spectrum Nasco
36. Book Signing
37. Roche Canada
38. International Psychogeriatric Association (IPA)

Exhibit Booths
1. Pfizer
2. Dr Amy Caregiving
3. Self Management
4. Login Canada
5. CARP - A New Vision of Aging
6. Baycrest
7. Alzheimer’s Society hosting the 2012 ADI Conference in London
8. Puzzle with Me
9. CKDTN
10. Jiminy Wicket
11. Consortium of Canadian Centres for Clinical Cognitive Research CSR
12. Alzheimer’s Disease International
13. Alzheimer Society Canada

www.adi2011.org
### Poster Board Layout

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

alzheimer’s
research&therapy

Editors-in-Chief:
Douglas R Galasko (University of California, USA)
Todd E Golde (University of Florida, USA)
Gordon Wilcock (University of Oxford, UK)

• Rapid peer review
• Unique focus on translational research
• Open access research: freely available online
• Immediate publication on acceptance
• Inclusion in PubMed and PubMed Central

http://alzres.com
ADl Workshops

The following ADl 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 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.

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>Opens</th>
<th>Closes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, 25 March 2011</td>
<td>14:00</td>
<td>18:00</td>
</tr>
<tr>
<td>Saturday, 26 March 2011</td>
<td>08:00</td>
<td>22:00</td>
</tr>
<tr>
<td>Sunday, 27 March 2011</td>
<td>08:00</td>
<td>18:00</td>
</tr>
<tr>
<td>Monday, 28 March 2011</td>
<td>08:00</td>
<td>18:00</td>
</tr>
<tr>
<td>Tuesday, 29 March 2011</td>
<td>08:00</td>
<td>13:30</td>
</tr>
</tbody>
</table>

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:

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.

---

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

#### Monday 28 March

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:30</td>
<td>Registration Open</td>
</tr>
<tr>
<td>08:00</td>
<td>Plenary Session: New Developments in Alzheimer's Disease</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom</td>
</tr>
<tr>
<td>08:30</td>
<td>Tea and Coffee, Posters and Exhibition</td>
</tr>
<tr>
<td>09:00</td>
<td>Plenary Session: Lifestyle and Alzheimer's Disease Prevention</td>
</tr>
<tr>
<td></td>
<td>Style de vie et prévention de la maladie d'Alzheimer</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom / Salle de bal</td>
</tr>
<tr>
<td>10:00</td>
<td>Lunch, poster viewing and exhibition</td>
</tr>
<tr>
<td>12:00</td>
<td>Tea and Coffee, Posters and Exhibition</td>
</tr>
<tr>
<td>13:00</td>
<td>Parallel Sessions and Workshops: Biomarkers and Risk Factors</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom E</td>
</tr>
<tr>
<td>14:00</td>
<td>Ethics</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom C</td>
</tr>
<tr>
<td>15:00</td>
<td>Caregiver Support</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom W</td>
</tr>
<tr>
<td>16:00</td>
<td>Tea and Coffee, Posters and Exhibition</td>
</tr>
<tr>
<td>17:00</td>
<td>Parallel Sessions and Workshops: Future Treatments</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom E</td>
</tr>
<tr>
<td>18:00</td>
<td>Housing, Design and Technology</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom C</td>
</tr>
<tr>
<td>19:00</td>
<td>Supporting Formal Care Providers</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom W</td>
</tr>
<tr>
<td>20:00</td>
<td>Farewell Dinner</td>
</tr>
<tr>
<td></td>
<td>Liberty Grand</td>
</tr>
</tbody>
</table>

#### Tuesday 29 March

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:30</td>
<td>Registration Open</td>
</tr>
<tr>
<td>08:00</td>
<td>Plenary Session: Alzheimer's Disease Prevention and Practice Related</td>
</tr>
<tr>
<td></td>
<td>to Dementia in the Indigenous Communities</td>
</tr>
<tr>
<td></td>
<td>Séance plénière</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom / Salle de bal</td>
</tr>
<tr>
<td>09:00</td>
<td>Plenary Session: Mild Cognitive Impairment</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom E</td>
</tr>
<tr>
<td>10:00</td>
<td>ADI Workshop - Fundraising</td>
</tr>
<tr>
<td></td>
<td>Civic Ballroom N</td>
</tr>
<tr>
<td>11:00</td>
<td>Meeting of Distinction</td>
</tr>
<tr>
<td></td>
<td>Civic Ballroom S</td>
</tr>
<tr>
<td>12:00</td>
<td>Parallel Sessions and Workshops: Burnout and Health as a Caregiver</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom</td>
</tr>
<tr>
<td>13:00</td>
<td>Lunch, poster viewing and exhibition</td>
</tr>
<tr>
<td>14:00</td>
<td>Satellite Symposium - Janssen Alzheimer Immunotherapy</td>
</tr>
<tr>
<td></td>
<td>Osgoode Ballroom E</td>
</tr>
<tr>
<td>15:00</td>
<td>Plenary Session: Alzheimer's Disease Prevention and Practice Related</td>
</tr>
<tr>
<td></td>
<td>to Dementia in the Indigenous Communities</td>
</tr>
<tr>
<td></td>
<td>Séance plénière</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom / Salle de bal</td>
</tr>
<tr>
<td>16:00</td>
<td>Closing Ceremony</td>
</tr>
<tr>
<td></td>
<td>Grand Ballroom</td>
</tr>
<tr>
<td>18:00</td>
<td>Delegate Departures</td>
</tr>
<tr>
<td>19:00</td>
<td>Farewell Dinner</td>
</tr>
<tr>
<td></td>
<td>Liberty Grand</td>
</tr>
</tbody>
</table>
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.
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 Molinuero

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 – 18:00</td>
<td>Registration</td>
</tr>
</tbody>
</table>
| 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 |
| 07:30 – 08:30 | OC001B Serge Gauthier Role of Amyloid Brain Imaging in the Revised Criteria for the Diagnosis of Alzheimer’s Disease |
| 08:00 – 18:00 | Opening Session  
Location: Grand Ballroom  
Introduction  
Performers:  
Christina Martin (NS), Dale Murray(NS), Patrick Brealey (Toronto) |
| 08:45 – 09:00 | S1 Christine Bryden Perspective of a person with dementia 10 years on |
| 09:00 – 09:15 | S2 Scott Dudgeon The result of the Rising Tide: The impact of dementia on Canadian society |
| 09:15 – 09:30 | S3 Marc Wortmann and Anders Wimo Alzheimer’s Disease International: Making dementia a global health priority |
| 09:30 – 10:30 | Dale Goldhawk Discussion with the audience |
| 10:30 – 11:00 | Tea and coffee, posters and exhibition |
| 11:00 – 12:00 | 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 |

www.adi2011.org  35
## Programme

### Sunday 27 March 2011

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

OC025 M. Maclure, W. Smith
Trends in the utilization and costs of services associated with cholinesterase inhibitor coverage

OC026 G-Y R Hsiung, M. Maclure
Epidemiologic issues in the measurement of cognitive functioning for prior authorization procedures

OC027 C. Jacova
Clinical meaningfulness in cholinesterase inhibitor treatment outcomes

OC028 N. Chappell
Caregiver perspectives on cholinesterase inhibitor Treatment outcomes

OC029 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
Fragility, 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 Andrease
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

<table>
<thead>
<tr>
<th>Session Code</th>
<th>Speaker</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC042</td>
<td>Leslie Cartz-Piver</td>
<td>An Alzheimer campaign in France (haute Vienne): impact on public opinion and stigma</td>
</tr>
<tr>
<td>OC043</td>
<td>Anthea Innes</td>
<td>Consulting with people with dementia on the northern Ireland regional dementia strategy</td>
</tr>
<tr>
<td>OC044</td>
<td>Corrine Hendricken-Eldershaw</td>
<td>Dementia care transformed in Prince Edward Island, Canada</td>
</tr>
<tr>
<td>OC045</td>
<td>Michael Hagedorn</td>
<td>Konfetti im kopf – an activation campaign using the power of creativity</td>
</tr>
<tr>
<td>OC046</td>
<td>Matthew Varghese</td>
<td>The impact of the dementia India report 2010</td>
</tr>
<tr>
<td>OC047</td>
<td>Michael Splaine</td>
<td>Special populations, special policy challenges</td>
</tr>
</tbody>
</table>
# Programme

## Monday 28 March 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 - 18:00</td>
<td>Registration</td>
</tr>
</tbody>
</table>

**Plenary session – New developments in Alzheimer’s Disease**  
Chair: David Tang-Wai  
Location: Grand Ballroom

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Chair/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 09:30</td>
<td>S8 Francesca Mangialasche: Current status of Alzheimer’s disease therapy: focus on clinical trials</td>
</tr>
<tr>
<td>09:30 – 10:00</td>
<td>S9 Monique Breteler: The relationship between Alzheimer’s disease and vascular dementia</td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>S10 Ronald Petersen: Alzheimer’s disease neuroimaging initiative</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Chair/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 – 11:30</td>
<td>S11 Carol Greenwood: Nutrition, diabetes and dementia prevention</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>S12 Nicholas Scarmeas: Exercise and diet and dementia prevention</td>
</tr>
<tr>
<td>12:00 –12:30</td>
<td>TBC / AC Interactive discussion</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Chair/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 – 14:00</td>
<td>OC047A Florence Lustmann, Sung Hee Lee, Sube Banerjee, Harry Johns: The National Alzheimer’s Disease Policy Forum</td>
</tr>
</tbody>
</table>

**Parallel Session – Biomarkers and Risk Factors**  
Chair: Amos Korczyn  
Location: Grand Ballroom E

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Chair/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 15:30</td>
<td>OC048 Moyra Mortby: Midlife motivational abilities: predictor of apathy and depression in dementia</td>
</tr>
<tr>
<td></td>
<td>OC049 Amanda Khan: Temporal horn Ventricular volume: a sensitive biomarker in Alzheimer’s disease progression</td>
</tr>
<tr>
<td></td>
<td>OC051 Leung-Wing Chu: Association between alcohol consumption and cognitive impairment in chinese older adults</td>
</tr>
</tbody>
</table>
## Programme

### Monday 28 March 2011

**Parallel Session – Biomarkers and Risk Factors**
Chair: Amos Korczyn  
Location: Grand Ballroom E

<table>
<thead>
<tr>
<th>Session</th>
<th>Speaker</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC052</td>
<td>Bhavani Shankara Bagepally</td>
<td>Vertex-wise analysis of sub-cortical structures in Alzheimer’s and apoe4 status</td>
</tr>
<tr>
<td>OC053</td>
<td>Juan Llibre Rodriguez</td>
<td>Does African ancestry protect against dementia? a population based case-control study in an AD mixed Cuban sample</td>
</tr>
</tbody>
</table>

**Parallel Session – Ethics**
Chair: Robert Yeoh  
Location: Grand Ballroom C

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

**Parallel Session – Caregiver Support**
Chair: Nori Graham  
Location: Grand Ballroom W

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

<table>
<thead>
<tr>
<th>Session Code</th>
<th>Speaker</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC082</td>
<td>Anthea Innes</td>
<td>Design and the environment: discussing the reliability and validity of a design audit tool</td>
</tr>
<tr>
<td>OC083</td>
<td>Elizabeth Steggles</td>
<td>A partnership to ensure safety for people with dementia</td>
</tr>
<tr>
<td>OC084</td>
<td>Frances Morton</td>
<td>Shifting the balance of care for persons with dementia: findings from southwest Ontario</td>
</tr>
<tr>
<td>OC085</td>
<td>Maria McManus</td>
<td>Hearing, sound and the acoustic environment for people with dementia</td>
</tr>
<tr>
<td>OC086</td>
<td>Linda Garcia</td>
<td>The role of physical and social environments in managing behaviours in advanced dementia: a multisite study</td>
</tr>
<tr>
<td>OC087</td>
<td>Frances Morton-Chang</td>
<td>Dementia-friendly design recommendations in a world of risk mitigation</td>
</tr>
</tbody>
</table>

### Parallel Session – Supporting Formal Care Providers

**Chair:** Lisa Loiselle  
**Location:** Grand Ballroom W  
**16:00 – 17:30**

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

### Parallel Session – Care Models and Philosophy

**Chair:** Sabine Jansen  
**Location:** Osgoode Ballroom E  
**16:00 – 17:30**

<table>
<thead>
<tr>
<th>Session Code</th>
<th>Speaker</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC095</td>
<td>Dayna Morrow</td>
<td>Memory’s footprints: fighting stigma through empathy</td>
</tr>
<tr>
<td>OC096</td>
<td>Deborah O’Connor</td>
<td>Reducing stigma: changing the way we talk about dementia</td>
</tr>
<tr>
<td>OC097</td>
<td>Mary Schulz</td>
<td>Culture change in care homes through a person centred approach</td>
</tr>
<tr>
<td>OC098</td>
<td>Hong-Jer Chang</td>
<td>A correlation between care model and problem behaviour of residents in dementia institution</td>
</tr>
<tr>
<td>OC099</td>
<td>Gwendolyn De Geest</td>
<td>The living dementia journey - the person comes first</td>
</tr>
<tr>
<td>OC100</td>
<td>David Troxel</td>
<td>Person centred (dementia) care - the next 25 years</td>
</tr>
<tr>
<td>OC100A</td>
<td>Virginia Bell</td>
<td>Professions dedicated to dementia care?</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 – 13:00</td>
<td>Registration</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>Parallel Session - Pharmacological Treatments</strong></td>
</tr>
<tr>
<td></td>
<td>Chair: Ken Rockwood</td>
</tr>
<tr>
<td></td>
<td>Location: Grand Ballroom E</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC107</strong> Frank Molnar</td>
</tr>
<tr>
<td></td>
<td>Should FDA, EMEA, Health Canada, consort accept last-observation-carried-forward analyses? a systematic review of dementia drug rcts</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC109</strong> Frank Molnar</td>
</tr>
<tr>
<td></td>
<td>Measures of clinical significance employed in dementia drug rcts</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC110</strong> Li-Yu Tang</td>
</tr>
<tr>
<td></td>
<td>Exercise and leisure activities prolong the cognitive enhancing effect of cholinesterase inhibitors?</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Tea and coffee, posters and exhibition</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>Parallel session – Service Delivery</strong></td>
</tr>
<tr>
<td></td>
<td>Chair: Dundeen Ferguson</td>
</tr>
<tr>
<td></td>
<td>Location: Grand Ballroom C</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC111</strong> Faranak Aminzadeh</td>
</tr>
<tr>
<td></td>
<td>Can persons with dementia re-create “home” in a retirement home?</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC112</strong> Marion Villez</td>
</tr>
<tr>
<td></td>
<td>Respite care: evolution of the concept and the programmes. An international perspective</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC113</strong> Sara Bartlett</td>
</tr>
<tr>
<td></td>
<td>Inmates undergo training to care for inmates with dementia</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC114</strong> Jo James</td>
</tr>
<tr>
<td></td>
<td>Transforming dementia care in the acute uk hospital - running to catch up</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC115</strong> Debye Macdonald Connolly</td>
</tr>
<tr>
<td></td>
<td>Let’s talk about how a small group of committed people can transform dementia care</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC116</strong> Heidi Härmä</td>
</tr>
<tr>
<td></td>
<td>Finnish rehabilitation system - the challenges for people with early-onset dementia and their relatives</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>Parallel session - Meaningful Activity and Social Engagement</strong></td>
</tr>
<tr>
<td></td>
<td>Chair: Jo Hague</td>
</tr>
<tr>
<td></td>
<td>Location: Grand Ballroom W</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC117</strong> Sandra Hobson</td>
</tr>
<tr>
<td></td>
<td>Shared occupation when one spouse has dementia: impact on person and couple identity</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC118</strong> Marvin E Knobloch</td>
</tr>
<tr>
<td></td>
<td>Outings for individuals with Alzheimer’s disease and dementia provide meaningful experiences and quality of life</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC119</strong> Peter Whitehouse</td>
</tr>
<tr>
<td></td>
<td>Intergenerational nature-based programs to foster brain health</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC120</strong> Rebecca Genoe</td>
</tr>
<tr>
<td></td>
<td>Meaning focused coping in early stage dementia</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC121</strong> Tara Stringfellow</td>
</tr>
<tr>
<td></td>
<td>Volunteering: meaningful contributions by people with dementia</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>OC122</strong> Faranak Aminzadeh</td>
</tr>
<tr>
<td></td>
<td>Social stimulation or social dislocation? The encounters of newly relocated persons with dementia with the social environment of retirement residences</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Poster No.</th>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>P081</td>
<td>Yumiko Momose</td>
<td>The relationship between job-related stressors and stress responses of nurses working in intermediate nursing home in Japan</td>
</tr>
<tr>
<td>P099</td>
<td>Erica E Hack</td>
<td>Does multilingualism protect against Alzheimer’s disease? findings from the nun study</td>
</tr>
<tr>
<td>P100</td>
<td>Courtney L Ropp</td>
<td>The impact of brain infarcts on dementia varies by apolipoproteine and educational status</td>
</tr>
<tr>
<td>P120</td>
<td>Balu Chakravarthy</td>
<td>Amyloid β1-42-associated p75ntr expression in human neuroblastoma cells and hippocampal cells in murine and human ad brains</td>
</tr>
<tr>
<td>P122</td>
<td>Ramesh Kandimalla</td>
<td>Sirna against presenilin 1 (ps1) down regulates amyloid β42 production in Alzheimer’s disease featured imr-32 cells</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 – 11:10</td>
<td>Kristen Jacklin</td>
<td>Understanding dementia in the indigenous communities in Canada. Comprendre la maladie d’Alzheimer dans les collectivités autochtones au Canada</td>
</tr>
<tr>
<td>11:10 – 11:20</td>
<td>Robin Shawanoo</td>
<td>First Link and Working in Oneida: Challenges and ways to overcome. Premier lien et la nation des Oneidas : les défis relever</td>
</tr>
<tr>
<td>11:20 – 11:40</td>
<td>Nienke Van Wezel</td>
<td>Reaching out to the ethnic minorities in the Netherlands À la rencontre des minorités ethniques dans les Pays-Bas</td>
</tr>
<tr>
<td>11:40 – 12:00</td>
<td>Gladys Maestre</td>
<td>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</td>
</tr>
</tbody>
</table>

12:20 – 12:30  
Question and answer session / Période de questions

---

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 – 13:00</td>
<td>Daisy Acosta</td>
<td>Closing Remarks</td>
</tr>
<tr>
<td></td>
<td>Andrew Ketteringham</td>
<td>‘2012 - ADI in London, shining a light on dementia - join us to discuss Science Fact Fiction’</td>
</tr>
</tbody>
</table>
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
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 known 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.

www.adi2011.org

Save the Date!
27th International Conference of Alzheimer’s Disease International
7-10 March 2012, ExCeL London, United Kingdom
Science Fact Fiction

www.adi2011.org
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 Banerjee1, Nori Graham2, Barry Gurland3
1Institute 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 the quality of life impacts of services and policies for people with dementia and their family carers.

References

S6

Emerging Approaches in Psychosocial Research: A Successful Community Based Solution from India
Amit Dias1*, Michael E. Dewey2, Jean D’Souza3, Rajesh Dhume4, Dilip D. Motghare5, K. S. Shaji5, Rajiv Menon6, Martin Prince2, Vikram Patel7
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
S7
Improving Palliative /End of Life Care in Long Term Care Homes Using Participatory Action Research
ML Kelley1, S Kaasaalainen2, M Bedard3, K Brazil4, C McAney5, P Chow6, P Severin7, J Sims-Goud1, J Vis1, E Wiersma1, S Wolfson1
1 Lakehead University, 955 Oliver Rd, Thunder Bay, Ontario; 2 McMaster University, 1232 Main Street West, Hamilton, Ontario; 3 Josephine 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 SSH-IRC 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.

References


S8
Current Status of Alzheimer’s Disease Therapy: Focus on Clinical Trials
F Mangialasche1,2, B Winblad3, A Solomon4,5, P Mecocci2, M Kvípelto1,2,4
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- and 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 pharmacological approach for the treatment of Alzheimer’s disease.

References
The Relationship between Alzheimer’s Disease and Vascular Dementia
Monique M.B. Breteler
German Center for Neurodegenerative disease (DZNE), Bonn, Germany; and 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!

Alzheimer’s Disease Neuroimaging Initiative
Ronald Petersen

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


Nutrition, Diabetes and Dementia Prevention

Carol E Greenwood1,2
1Kunin-Lunenfeld Applied Research Unit, Baycrest, Toronto, Canada, 2Department of Nutritional Sciences, University of Toronto, Toronto, Canada

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 mechanisms 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.

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.
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.

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.
Abstracts

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

G. Maestre1,2, M. Quintero1, L. Falque1, O. Rojas1,2, G. Amaya1, N. Mora1, Y. Morán de Villalobos1, C. Chavez1, O. Sega1,
1Neuroscience Laboratory, University of Zulia, Apdo. Postal 10.636, Maracaibo, Venezuela, 2G.H. Sergievsky Center, Columbia University, 630W 168th St., New York, NY 10032, 3Anthropology Studies, University of Zulia, Maracaibo, Venezuela, 4CEP Santa Rosa de Aigua, Maracaibo, Venezuela.

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, social 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.
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.
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., FRCP, 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.

Sponsored by Bayer

ROLE OF AMYLOID BRAIN IMAGING IN THE REVISED CRITERIA FOR THE DIAGNOSIS OF ALzheimer’s DISEASE

Serge Gauthier, MD, FRCP
Montreal Centre 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-ADAA. Three stages of AD are defined: preclinical, 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, this 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 injection of a radiolabeled 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 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 high 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.

OC001A

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

B. Reisberg 1, 2, K. Rockwood 3, J. Sadavoy 3
1Psychiatry, NEW YORK UNIVERSITY SCHOOL OF MEDICINE, New York, United States, 2Radiologic Medicine, Dalhousie University, Halifax, 3Psychiatry, 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 or older. Recent work has indicated that healthy persons without objective decrements in cognitive abilities who manifest subjective cognitive impairment (SCI) have a 4.5 times the risk of developing 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 Workshop 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 used 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 cognitive physiologic measurement for SCI studies, will be explored. 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 SCI 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 AG02951, AG02955, AG02927, and AG11506 from the National Institute on Aging of the U.S. National Institutes of Health; by grants 00AA2791, BAA0292, and BAA02916 from the U.S. DHHS Administration on Aging, by grant NCRM01 RX000606 from the General Clinical Research Center Program and by Clinical and Translational Science Institute grant UL1 RR020833 from the National Center for Research Resources of the U.S. National Institutes of Health, by the Fisher Center for Alzheimer’s Disease Research, by a grant from Mr. William Silberstein; by the Leonard Litwin Fund for Alzheimer’s Disease Research; by the Woodbourne Foundation; and by the Hagedorn Fund.

90AM2552, and 90AR2160 from the U.S. DHHS Administration on Aging, by grant NCRRM01 RR00096 from the National Center for Research Resources of the U.S. National Institutes of Health; by the Fisher Center for Alzheimer’s Disease Research, by a grant from Mr. William Silberstein; by the Leonard Litwin Fund for Alzheimer’s Disease Research; by the Woodbourne Foundation; and by the Hagedorn Fund.

90AM2552, and 90AR2160 from the U.S. DHHS Administration on Aging, by grant NCRRM01 RR00096 from the National Center for Research Resources of the U.S. National Institutes of Health; by the Fisher Center for Alzheimer’s Disease Research, by a grant from Mr. William Silberstein; by the Leonard Litwin Fund for Alzheimer’s Disease Research; by the Woodbourne Foundation; and by the Hagedorn Fund.

www.adi2011.org
Oral Presentation Abstracts

OC002
A MRI-COMPATIBLE BRAIN VENTRICLE PHANTOM FOR SOFTWARE VALIDATION
A. Khai 1, T. T. 2, M. Bous 1, R. Banta 1
1 Imaging Research Laboratories, Roberts Research Institute; 2Medical Biophysics, Department of Medicine, University of Toronto; 3Department of Radiology, University of Toronto, Toronto, Canada

Objectives: Brain lateral ventricle enlargement has been shown to be an objective surrogate measure of Alzheimer’s disease (AD) progression. Semi-automated 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 volumetric results. The objective of this work therefore, was to make a 3T MRI compatible, T-weighted brain ventricle phantom for the purposes of software validation.

Methods: A representative 3T T-weighted 3D MRI dataset was chosen from the Alzheimer’s Disease Neuroimaging Initiative (ADNI) database with a volume of 48 cm³, similar to that expected for AD patients. Using TRI-SNAP’s active contour methods, a mesh of the ventricles was created. The manual mode was used to refine the results of the automatic segmentation. The completed STL mesh was then exported and sliced to rapid prototyping the 3D ventricle from polylactic acid, a commonly used rapid prototyping material (Figure A). A 9x9x9 cm3 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 homogeneously corrected images were loaded into sample segmentation software programs, they were robust for segmenting the phantom.

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 ventricular volumetry software.

Disclosure of Interest: None Declared

OC003
PARETAL LOBE CHANGING ARE THE IMPORTANT IMAGING CHANGING OF AD
J. Gao 1, F. Feng 1, F. Li 1, Z. Zou 1, H. You 1, N. Niu 1, J. Guo 1, L. Cai 1 and PUNCHI UCENION MEDICAL COLLEGE HOSPITAL, Beijing, China

Objectives: To prove Hippocampus scasses 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-ADRDA and the FOG PET program AD-like changing. monitor by neuropsychological assessment: MR-SPetz, TW-Fst, MRS, VBM, SWI, FOG PET et al. Same age normal group for control. 2 For the hypothalamus atrophy patients: one group match the criteria of AD, the other only have the typical hypothalamus atrophy of MRS and have the hypometabolism of Hypoorcasus/FDG PET, compare the neurological assessment. 3 The neuropsychological assessment are step by step: scanning first by NINCE, MOCA, and also ADL, HLG. Clinical assessment by set of neuropsychological 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 assessment for researching much more detail for each cognitive function, much, more about memory, chinese aphasia , detail about construction et al.

Results: 13 dementia patients were enrolled: 41 patients are “pure” probable AD, 43 patients are “not” probable AD, 100% of them have the hypometabolism of parietal lobe on FOG PET, 92% of them have the the hypometabolism of Hippocampus. And some of the patients with anious and ICU are all have hypometabolism of parietal lobe here: one have been probable AD now. And some without Hippocampus atrophy for many years and FOG PET show the common changing of the hypometabolism of parietal lobe have had the typical clinical phenotypes 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 hypometabolism of parietal lobe on FOG-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 TOWARDS CLINICAL EVALUATION OF VASCULAR DISEASE AND ALZHEIMER’S OVERLAP SYNDROME
H. Mori 1, N. Fujisawa 1, Y. Reiki 1, T. Figi 2, Y. Tsukamoto 3, S. Takaezu 1, K. Uematsu 1
1 Physiology and Cardiology, 2Physiology, 3Neurology, TOKAI UNIVERSITY SCHOOL OF MEDICINE, Isehara, Japan

Objectives: Vascular disease and Alzheimer’s overlap syndrome is frequently noted in clinical settings and diabetes mellitus (DM)-related cerebrovascular microangiopathy is crucial for it. The present study examined whether synchronous radiation (SR) microangiography can detect functional DM microangiopathy and visualize directly the perforating branches of cerebral arteries (PBCAs) in rat models.

Methods: Monochromatic SR (X-ray) with an energy of just above K-edge of iodine was obtained from synchrotron acceleration of positrons, and allowed us to detect a small amount of iodine contrast in microvessel. The monochromatic SR that passed firegates in brain or in the atherosclerotic rats (n=5 and 10, respectively) was detected by a silicon camera with a super-high spatial resolution of 9.5 μm. SR microangiography was done twice at control period and during acetazolamide administration (2.5 × 10⁻³ mol/L), while contrast materials were injected into local artery. To fully characterize Long-Evans Triliskina Fatty rats (n=15), it was a type II DM model and Long-Evans Triliskina Osmotic rats (n=10) (LETR, n=15) as a control.

Results: The fluororadiography microangiography visualized arteries 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 vasodilatation of arteries in DM rats (202±83 vs 191±74, p<0.02, paired t-test), indicating functional DM microangiopathy, in contrast to a vasodilatory reaction (142±62 vs 160±68, 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 vasodilatation in DM rats.

Conclusion: SR microangiography and microangiography can detect functional DM microangiopathy in both the fingipalier arteries 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 estimates. We performed a literature analysis based on Romanian medical publications and market research papers, correlated with verified reportive results. Our results were then correlated with current health insurance regulations (i.e. framework contract, health insurance regulations).

Results: Local studies suggested 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 (75% of population) tend to develop cognitive decline as normal in elders. Unfortunately, given the lack of nationwide AD standardized care and practice guidelines, 75% of GPs also share this belief (1).

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

R. Friedman 1, S. Murray 1, T. O. Obiase 1, M. A. Gluck 2, M. Gatz 3, D. A. Bennett 4, S. Hayes 5
1University of Louisville, Louisville, United States, 2Axdev Group Inc, Montreal, Canada, 3Howard University, Washington, DC, 4Rutgers University, Piscataway, University of Southern California, Los Angeles, 5Tiedana University, Indianapolis, Rush-Presbyterian Medical Center, Chicago, United States

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 at 10.5 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 transcribed to increase findings’ salience.

Results: Knowledge of AD risk factors increased from baseline (=2.98-3.74) to post-program (=3.64-4.20, P≤0.001). At baseline, scores accurately distinguished between identifying symptoms of AD versus characteristics of normal aging (symptoms: =3.4-3.50 normal: =3.1-4.50). Following the program, attribution of both types of items to AD increased (symptoms: =3.54-3.91; P≤0.001; normal aging: =3.2-3.8; P≤0.001). Intent to change behaviors increased from =3.16-3.67 to =3.93-4.16 (P≤0.001) except for adherence to medications (=4.4-4.6 NS); Qualitative analysis revealed increased understanding of relevance of AD to 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, accepting 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 AD risk factors and chronic disease.

Disclosures of Interest: R. Friedman; None Declared, S. Murray; Employee of: Axdev Group Inc, T. Obiase; None Declared, M. Gluck; None Declared, M. Gatz; None Declared, D. Bennett; None Declared, S. Hayes; Employee of: Axdev Group Inc

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

L. Loebel 1, S. Dupuis 2, C. McKinley 3, and Dementia Diagnosis Resource Kit Working Group
1Murray Alzheimer Research and Education Program (MAREP), University of Waterloo, Waterloo, 2Department of Psychology & Behavioural Neurosciences, McMaster University, Hamilton, Canada

Objectives: Currently, there exist limited tools and resources that provide information and education to persons with dementia—tools and resources that might support them in coping with their diagnoses. 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: We employed 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, professional, 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, selecting out and assessing existing resources/kits, boxing 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 questionnaires) and qualitative (focus groups, interviews, open-ended questionnaires) methods were used to identify the information needed of persons with dementia and family care partners.

Results: The information needs identified by persons with dementia and their family care partners fell into four broad categories including: living well, emotional wellbeing, community involvement, and support services. 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., disease tracking and assessment).

Conclusion: This kit will enable those newly diagnosed with dementia and their families to have the necessary information to “live well” with this illness causing dementia and help them prepare for the future.

Disclosure of Interest: None Declared

EXPLORING PERCEPTIONS OF SELF-MANAGEMENT FOR DEMENTIA

E. Wernarsa 1, M. L. Keilty 2, S. Dupuis 2, K. La Clair 3, J. Puny 3, R. Willford 2
1Master of Public Health Program, 2Centre for Education and Research on Aging and Health, Lakehead University, Thunder Bay, 3Murray Alzheimer Research and Education Program, University of Waterloo, Waterloo, Centre for Studies in Aging and Health, Queen’s University, Kingston, Canada

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.

Methods: We sought to explore the meanings and definitions of self-management, factors to support self-management, and the opportunities, benefits, challenges, and costs of 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.

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 routine; 2) emotional management through a positive attitude and a “day-to-day” approach; 3) risk 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 providing 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 both programs and strategies are presented. Also, understanding what is important for people with dementia and their partners in care to self-manage can assist in developing relevant and useful self-management programs.


Disclosure of Interest: E. Wernarsa; Support from: Ontario Research Coalition for Care/Institutes on Aging. M. L. Keilty; None Declared, S. Dupuis; None Declared, K. La Clair; None Declared, J. Puny; None Declared, R. Willford; None Declared
Oral Presentation Abstracts

DC10

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

K. Kaur1, P. C. Chew1, K. L. Chan1, H. H. Png1
1Singapore General Hospital, Singapore, Singapore

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, and 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 50 participants was recruited. Ethics approvals 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 50 participants, 40% experienced 1 or more discrepancies. Non-intentional non-adherence and performance deficits were the 2 most identified contributing factors at patient level. At the system level, incorrect, 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).

Conclusions: 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 and integrated way at all levels is the first step to address this challenging issue.


Disclosure of Interest: None Declared

DC10A

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

M. Blom1,*, J. Meuwese1, J. Vuller1, J. Peeters1
1Alzheimer Nederland, Bunnik; 2Stichting Gelant, Heerhugowaard; 3Nivel, Utrecht, Netherlands

Objectives: More than 10 years ago, a specialist dementia care provider called Stichting Gelant 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 psychosocial workers). In the first year Gelant reached about 850 patients and their families. This number has grown gradually to 3000 per year. The services offered within the context of casemanagement have developed as well as beside 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 idea 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 2006, 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

DC11

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

M. Dempsey1
1Clinical services, Alzheimer Society of Niagara Region, St Catharines, Ontario, Canada

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 ethos-cultural diversity. 2. To assist individuals with dementia and their care-partners to navigate the existing support system. 3. To strengthen individual resilience and care relationships. 4. 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 agencies. To provide a positive working 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 experience in evidenced-based knowledge about “successful/unsuccessful” navigation of community-based dementia resources and partnering among the person with AD, family members and providers. The Family Care team are provided with many 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/families. The Family Care team are provided with many 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/families. Staff job satisfaction is high evidenced by high staff retention rates. Staff job satisfaction is high evidenced by high staff retention rates. Staff job satisfaction is high evidenced by high staff retention rates.

Results: 
1. Successful community based partnerships have been established with more than 100 community and long term care services. 
2. Staff retention rates are 100%. The Family Care team are provided with many 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/families. Staff job satisfaction is high evidenced by high staff retention rates. Staff job satisfaction is high evidenced by high staff retention rates. Staff job satisfaction is high evidenced by high staff retention rates.

Conclusion: The innovative community based, relationship model of family care navigation has evolved, based on evidenced-based knowledge about “successful/unsuccessful” navigation of community-based dementia resources and partnering among the person with AD, family members and providers. The Family Care team are provided with many 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/families. Staff job satisfaction is high evidenced by high staff retention rates. Staff job satisfaction is high evidenced by high staff retention rates. Staff job satisfaction is high evidenced by high staff retention rates.

Disclosure of Interest: None Declared

DC112

ENABLING PARTNERSHIPS AMONG PEOPLE WITH EARLY STAGE ALZHEIMER’S, FAMILY CAREGIVERS AND PROVIDERS

C. Ward-Griffith1
1Nursing , UWO, London, Canada

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 partnership’s 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 code 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
OC013

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

H. Wang 1, D. Qiu 2, B. Wu 1, H. Chen 1, X. Kang 1, D. Wang 1, Z. Mao 1, X. Yu 1, S. L. Kenkel1, 3
1PEKING UNIVERSITY INSTITUTE OF MENTAL HEALTH, Beijing, School of Public Health, Wuhan University, Wuhan, China, 2University of North Carolina at Greensboro, Greensboro, NC, 3Brigham & Women’s Hospital, Harvard Medical School, Boston, MA, United States, 4Department of Social Work, Peking University, Beijing, China, 5University of South Carolina, Columbia, SC, United States

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/most-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. In AD group, the caregiving burden score was strongly correlated with the caregivers' level of depression and anxiety. Besides, the subgroup with CDR 2 showed significant decrease in subjective symptoms (β = -0.8, SE = 0.3, p = 0.01) and QOL (β = 0.2, SE = 0.1, p = 0.05), except in caregiver burden and perceived social support. Besides, the subgroup with higher CGR level, significantly greater caregivers' care skills improvement (β = 0.27, SE = 0.03, p = 0.00) was achieved, and greater improvement or maintenance trend were observed in other outcomes including caregiver burden (β = -0.48, SE = 0.09, p = 0.00), caregiver practical (β = 0.29, SE = 0.05, p = 0.00), and QOL (β = 0.3, SE = 0.04, p = 0.00) and less deterioration in caregiver psychological symptoms of depression, and greater quality of life (QOL) with standardized tools, and generally rated satisfaction (QES) was then performed to compare the results of the two groups. Moreover, specific QES analyses were performed to compare treatment efficacy due to the difference in caregiver readiness (QES) in the group.

Conclusion: This study evaluated the efficacy of a culturally-adopted occupational therapy home program for families caring for people with dementia in North Taiwan. The characteristics of caregivers and care-recipients that may influence the treatment effect will also be explored.

Disclosure of Interest: None Declared

OC014

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

P. Maccotta 1, M. McKeown 1
1Centre on Aging, UNIVERSITY OF VICTORIA, Victoria, BC, Canada, 2Sensory & Spiritual Health, Vancouver Island Health Authority, Nanaimo, Canada

Objectives: The goal of the intervention is to encourage family caregivers to consider the impact of their grief and trauma on their daily lives and the people they care for. 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 for caregivers of dementia patients 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 complete 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 other caregiver group in relation to pre- and post-measures of grief.

Conclusion: Understanding 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 increasing 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 CAREGIVERS OF COMMUNITY DWELLING PEOPLE WITH DEMENTIA

L. Van Mierlo 1,*, F. Meiland 1, 2, R.-M. Dröes 1, 2
1Psychiatry, 2Nursing Home Medicine, VU MEDICAL CENTER, Amsterdam, Netherlands

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 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 professionals' care work satisfaction, work experience and self-esteem) was investigated. Finally, the cost 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 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 control group (no intervention). To evaluate the effect on the professional caregivers a randomized control trial was applied that compared a group that provides care as usual (a group that, besides usual care, provides telephone support). Outcome measures for the informal caregiver were: care burden and health complaints. Outcome measures for professional caregivers 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 caregivers.

Results: The preliminary results show a significant difference in feelings of competence between groups. Receiving telecoaching in addition to daily 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. 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 2011, 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

S. H. Tang 1, D. I. Choi 1, H. C. Cheu 1, L. H. Chen 1, H. F. Mao 3
1The Catholic Founder's Hospital of Alzheimer's Disease and Related Dementia, 2St. Joseph Home for Alzheimer's Disease and Related Dementia, 3School of Occupational Therapy, National Taiwan University, Taipei, Taiwan, China

Presentation Method: No Preference

Objectives: To establish and assess the efficacy of a culturally-adopted 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 consisted of 8-12 90-min home visits aimed at scaffolding caregivers' attitudes towards dementia and management strategies for symptoms. Fifty-four families of dementia clients were randomized into either intervention (30) 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 (coping function, activities of daily living (ADL) independence, the severity of behavioral psychological symptoms of dementia (BPSD), and quality of life (QOL) with standardized tools, and generally rated satisfaction (QES) was then performed to compare the results of the two groups. Moreover, specific QES analyses were performed to compare treatment efficacy due to the difference in caregiver readiness (QES) in the group.

Results: The results showed that the intervention program had led to significantly greater progression in caregivers' caring skills (p=0.10, SE=0.46, p<0.02) and perceived social support adequacy (p=0.17, SE=0.46, p<0.05), and the trends of better improvement or maintenance were observed for the treatment group in outcomes including caregiver burden (β = -0.48, SE = 0.09, p = 0.00), caregiver practical (β = 0.29, SE = 0.05, p = 0.00), and QOL (β = 0.3, SE = 0.04, p = 0.00) and less deterioration in caregiver psychological symptoms of depression, and greater quality of life (QOL) with standardized tools, and generally rated satisfaction (QES) was then performed to compare the results of the two groups. Moreover, specific QES analyses were performed to compare treatment efficacy due to the difference in caregiver readiness (QES) in the group.

Conclusion: This study examined the efficacy of a culturally-adopted OT home program. Moreover, the difference in treatment efficacy with respect to QOL and CDR levels indicates 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.


Disclosure of Interest: None Declared
Oral Presentation Abstracts

DC107
THE IMAGINATION METHOD: A NEW APPROACH FOR CAREGIVERS OF PEOPLE WITH DEMENTIA IN NURSING HOMES
A. van Dijk 1, 2,*, A. van Woert 1, R. Dool 3
1Emgo Institute, Psychiatry, VU Medical Center, 2Amsterdam School of Communication Research, University of Amsterdam, Amsterdam, Netherlands

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, nurses, assistants, activity therapists). Phase 3: Impact of the imagination method on PwD and caregivers. PwD receiving an Imagination method activity were compared with PwD receiving a usual reminiscence activity. Different aspects of behavior and quality of life are measured at: (1) pretest; (2) during the activity and (3) posttest. Phase 4: 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 activity (regarding 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-hour dementia care. The study results of the impact study (phase 3) are expected in December 2010.

Disclosure of Interest: None Declared

DC109
IMPLICIT PROCESSES ENHANCE COGNITIVE ABILITIES IN AMCI
G. Rowe 1,*, A. Troje 1, K. Murphy 1, 2
1Psychology, BAYCREST CENTRE, 2Psychology, UNIVERSITY OF TORONTO, Toronto, Canada

Objectives: Recent work (e.g., Rowe et al., 2009) has shown that healthy older adults pick up irrelevant information implicitly, unconsciously, using 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 acquired information, they do so in a way that improves performance. These findings have important implications for our understanding of AMCI.

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, the words were presented. For each participant, the number of words correctly solved was calculated as a proportion of words correctly solved. For each participant, the number of words correctly solved was calculated as a proportion of words correctly solved. The participants were then divided into two groups: (1) those who solved more words than non-presented words and (2) those who solved fewer words than non-presented words.

Results: 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 presented than non-presented words. 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 presented than non-presented words. The experimental group was significantly more likely to solve a higher proportion of fragments of presented than non-presented words (p < .05).

Conclusion: The current study provides evidence that implicit processes play a role in the conscious performance of cognitive tasks. These findings have important implications for our understanding of AMCI and the role of implicit processes in the conscious performance of cognitive tasks.

Disclosure of Interest: None Declared

DC108
DEMENTIA BEYOND DRUGS: CHANGING THE CULTURE OF CARE
G. A. Power 1, 2,*, M. Slutzky 1,*, C. Fitzpatrick 2
1Administration, ST. JOHN’S HOME, 2Clinical Associate Professor of Medicine, University of Rochester, Rochester, New York, United States

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 65% of people with dementia are receiving antipsychotics, despite little evidence of efficacy and increasing concerns about morbidity and mortality. Non-pharmacological approaches are widely tested, 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 current study addresses the needs of people with dementia to stop 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.

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 refocus 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.


Disclosure of Interest: None Declared

DC110
AFFECTION REGULATION THERAPY FOR THE TREATMENT OF COGNITIVE AND HEALTH DISORDERS
M. Slutzky 1,*, C. Fitzpatrick 2
1CHE SENIOR PSYCHOLOGICAL SERVICES, Brooklyn, NY, 2CHE SENIOR SERVICES, Lakewood, NJ, United States

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 deactivation process has commenced. This paper extends the paradigm shift already burgeoning in the affective neuroscience, integrating and measuring the role of internally regulated 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 videos demonstrations will illustrate two particular applications of treating cognitive disorders, through the modulation of phototherapeutic photodinamic and neuroptic 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


Disclosure of Interest: None Declared


Disclosure of Interest: None Declared


Disclosure of Interest: None Declared
**OC021**

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

D. DIAMOND \*1, H. BRACK \*2

1 CENTRE MOE LEVIN, DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE, VERDUN, QUEBEC, Canada

**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 an out-patient memory clinic, a therapy 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 MCI, using Tai-Chi; learning strategies and amusement with specialized computer programs, to multimodal strategies in order to maintain functional abilities in people with mld to moderate cognitive impairment at the Day Center; and therapeutic activities using a person-centered approach to reduce behaviors that are associated with dementia in the in-patient unit.

**Results:** Qualitative and quantitative results of a 20 week cognitive training for MCI patients will be presented, as well as results of the “Neurocin in Action”, using Nintend Wii, for the therapeutic day centre, will be presented. The reduction of symptoms on the in-patient unit, where a person-centred approach was used, will be presented. It is measured with the Cohen Maniatted Agitation Inventory and the Cummings Neuropsychiatric Inventory.

**Conclusion:** Behavioral complications of dementia are a common issue of widespread clinical 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.


**Disclosure of Interest:** None Declared

**OC022**

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

C. J. Marlow \*1, M. A. Luzzatto \*2, M. J. Bone \*1

1 School of Psychology, 2School of Medicine, Flinders University, Adelaide, Australia

**Objectives:** Spaced retrieval training, when delivered intensively, has demonstrable efficacy in helping people with dementia learn and/or retain relevant 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 minimum 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 8 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 and last 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 15 participants were able to either recall trained information or recall and demonstrate the trained strategy at one week post-intervention assessment. An average of 19.62 trials (SD=7.1) 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 Status Examination (MMSE), SD=64.03) or Repetible Battery for the Assessment of Neuropsychological Status total index (W=4.68, SD=21.26). Scores. Relationships between other assessments and spaced retrieval training will be presented. As a 3 month follow up, 65% 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 retain personally relevant information or strategies to assist daily living. When delivered weekly, it 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**

S. Dupeu \*1, L. Loiselle \*1, J. Jaradon \*1, K. Hancock \*1, J. Henderson \*1, G. Bands \*1


**Objectives:** People with dementia can continue to learn and adjust to their illness, play a role in their own care in and 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 methodologies 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, 6 regional forums across Ontario have been held with another third 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 “nagory” discourse to a discourse of “possibility” in dementia care.

**Disclosure of Interest:** None Declared

**OC024**

**CHOLINERGIC 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 (ADTI).**

C. Jacova \*1, G. Huang \*1, K. Rabheru \*1, I. Lee \*2, M. Macintyre \*3, H. Chapell \*4, B. Beattie \*5

1 Neurology & Clinical Research, 2Department of Health Care Policy, 3Division of Geriatrics, 4Department of Psychology, University of British Columbia, 5Vancouver Psychopharmacology Services Division, BC Ministry of Health Services, 6Faculty of Pharmaceutical Sciences, University of Victoria, 7Victoria, British Columbia, Canada

**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 4 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 (Chapell); 6) Next steps for ADTI (Lee).

**Results:** To date, 16,055 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 8400 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 physical 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 real-world evidence-based coverage algorithms.

**Disclosure of Interest:** C. Jacova: None Declared, G. Huang Conflict with: Site investigator for clinical trials sponsored by Pfizer, Eli, and Brustik-Myers Squidd, K. Rabheru: None Declared, I. 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 Conflict with: Has received honoraria for speaking and participated on advisory boards with Janssen-Ortho, Novartis and Pfizer, K. Rabheru: None Declared, P. Lee Conflict with: Has received honoraria for speaking and participated on advisory boards with Janssen-Ortho, Novartis and Pfizer.
Oral Presentation Abstracts

OC024
PAY IT FORWARD: YOUR ROLE IN TRANSLATING KNOWLEDGE TO PRACTICE
Margarita Hrynkiw, BHSc, BPHM, Do Ad Ed, MN;
Myriam Albrecht, Alzheimer Knowledge Exchange and KT Planning and Development Lead; Canadian Dementia Research and Knowledge Exchange 79 Deer Court, Oakville, ON, L6J 9N8
Tel: 905-844-7091
E-mail: hrynkiw@alzstouthealth.com
Elizabeth Lau, BA
KT Specialist; Alzheimer Knowledge Exchange and KT Resource Mobilization Lead; Canadian Dementia Research and Knowledge Exchange Tel: 613-548-5567 ext 5452
E-mail: lau@providencecare.ca
Sarah Clark, BA, MPH (pending)
Knowledge Broker; Alzheimer Knowledge Exchange and KT Resource Mobilization Lead, Canadian Dementia Research and Knowledge Exchange Tel: 613-548-5567 ext 5452
E-mail: clark@southamresearchtower.ca
Co-Presenters: Elizabeth Lau
KT Specialist; Alzheimer Knowledge Exchange and KT Resource Mobilization Lead; Canadian Dementia Research and Knowledge Exchange Tel: 613-548-5567 ext 5452
E-mail: lau@alzstouthealth.com
Sarah Clark
Knowledge Broker; Alzheimer Knowledge Exchange and KT Resource Mobilization Lead, Canadian Dementia Research and Knowledge Exchange Tel: 613-548-5567 ext 5452
E-mail: clark@southamresearchtower.ca

Presentation Purpose:
The purpose of this workshop is to explore the practical values of knowledge translation in the health system and to discover the potential of knowledge brokering as a translation (KT) facilitator 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 an individual role that can be developed
  - as a supportive infrastructure that enables knowledge flow
- engage with knowledge translation resources such as www.knowledgebrokering.ca, www.alzresearch.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

Disclosure of Interest
None Declared

OC025
BUILDING CAPACITY FOR BETTER CARE: BEHAVIOURAL SUPPORT SYSTEMS ACROSS CANADA
M. Harris 1, J. K. LeClair 2,*
KT Planning and Development Lead, Canadian Dementia Research and Knowledge Exchange, Miller, Geriatric Psychiatry, Providence Continuing Care, Kingston, Canada

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 live experiences to draft BSS guidelines and model;
- examine and discuss indicators of success in terms of 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 Research 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, translational-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;
- Help to advance the field of dementia research and education in both clinical and psychological symptoms of dementia;
- Establish a network of national thought leaders for continued collaboration in the area of mental health and dementia; and
- Support the priorities of the Mental Health Commission including the mental Health Services Guidelines and Knowledge Exchange centre, and Canada’s Senior’s 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

Abstracts

OC026
EXPLORING INTER-SECTOR COMMUNITIES OF PRACTICE AS A STRATEGY TO SUPPORT BEST-PRACTICE PALLIATIVE CARE FOR PEOPLE WITH DEMENTIA
D. Gribble 1, B. Homer 1, C. Tye 1, A. Robinson 2, M. Jow 2, D. Slater 2, B. Brotzman 2, K. Holloway 2
Palliative Manager, ALZHEIMER’S AUSTRALIA WA LTD; Fremantle Park; ‘Clinical Director: Curtin Health Innovation Research Institute, ‘Receives Professor: Curtin Health Innovation Research Institute, Curtin University, Bentley, ‘Holloway Research Institute, University of Tasmania, Hobart; ‘Champion, Chronic Disease: Curtin Health Innovation Research Institute, Curtin University, Bentley; ‘Chief Executive Officer: Alzheimer’s Australia Tas Inc., ‘Working Research and Education Centre: Menzies Research Institute, University of Tasmania, Hobart; ‘NTA Centre for Cancer and Palliative Care, Curtin University, Bentley, Australia

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 sets out to develop, trial and refine in two contrasting regions, supported inter-sector Communities of Practice (CoP) as a means of delivering better practice approaches to palliative dementia care.

The project is funded by the Australian Government, and four organisations partnered to coordinate the research project: organisations for Australia’s Health, 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, Tasmania. Two CoP members were recruited in each State from among staff in four participating communities: acute care and residential care staff, acute care settings, two in-home respite care providers, two local GP practices, 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-sector CoP discourses, 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 care 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 Government with recommendations on how to implement the best-practice strategies identified and adopted by the CoPs.

Disclosure of Interest
None Declared
OC028

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

M. Gibson 1,*. D. Matta 2, L. Hardy 3, S. Ruthe 4

1St. Joseph’s Health Care London, London, 2Department of Human Sciences, University of Quebec, Chicoutimi, 3Health and Social Services, Yukon Territory Government, Whitehorse, 4Emergency Program, Corporation of the District of Oak Bay, Victoria, Canada

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 (Ferrandino et al., 2006). 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 risks and responsibilities of health care providers, was identified and synthesized in consultation with the International Workgroup on Health Care Providers convened by the Division of Aging and Security, 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.

Conclusions: 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 (Guer 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.


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

OC031

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

N. Van Wezel1,*. ALZHEIMER NIEDERLAND, B.V.I.N.K, Netherlands

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 undeserved term among Turkish and Moroccan cultures. Because of these people are unknown with care facilities. The care for a person with dementia relies heavily on the family. 91% of the immigrants with dementia live at home or with their family. And more than 62% 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 Cafés 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 vergelen’ and final, 2 last 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.

Conclusions: 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.

Disclosure of Interest: None Declared

OC030

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

K. Jacklin 1,*, W. Warry 2

1Human Sciences, NORTHERN ONTARIO SCHOOL OF MEDICINE, Sudbury, 2Anthropology, McMaster University, Hamilton, Canada

Objectives: This paper explores the findings of a multi-ethnic quality 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. Conclusions: 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

OC029

THROUGH OUR EYES: A LIFE WITH DEMENTIA

A. Houston 1,* and Scottish Dementia Working Group 1Scottish Dementia Working Group, Edinburgh, United Kingdom

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 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 and develop 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.

Diverse culture-specific 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.

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 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.

Disclosure of Interest: None Declared
Objectives: To assess the impact of cultural beliefs in home based care among the dementia patients and document its effect on utilization 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, 33 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 system. On the other hand, over 40 percent continued to seek various types of indigenous medicines. There was a strong belief between Dementia and witchcraft. Utilization of traditional medicines 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 utilization of indigenous medicines. Cultural values should be considered in order to improve services for the Dementia patients.

Disclosure of Interest: None Declared

OCC032

DECODING DEMENTIA CARE: A GROUNDED THEORY OF MEMORY LOSS AND MEMORY CARE FOR Secwépemc Nation Elders

W. Huku 1, 2 and National Aboriginal Dementia Network

Social Work , THOMPSON RIVERS UNIVERSITY, 1Centre for Research on Personhood in Dementia, University of British Columbia, Kamloops, Canada

Objectives: The purpose of this presentation is to present a grounded theory of Secwépemc views on memory loss and approaches to memory care developed through collaborative research with Elders from three Secwépemc 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 focused coding, memo-writing, and constant comparison and resulted in four categories or themes: Being Secwépemc, Growing Older, Supporting One Another, and Losing Memory (Huku, Camille, Antifeau, et al., 2015). Further analysis and interpretation of the results led to the creation of a grounded theory of Secwépemc 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 life cycle and four aspects of health for Secwépemc peoples. This research indicates that your dementia has disrupted the normal process of going through the full circle of life within the Secwépemc Nation and that the circle can be made whole again by decolonizing dementia or ‘bringing back traditional respect’.


Disclosure of Interest: None Declared

OCC033

THE CONTEXT OF DEMENTIA IN RURAL NORTHERN COMMUNITIES IN ONTARIO

E. Wiersma 1, A. Guss 1, A. Denton 2

1MASTER OF PUBLIC HEALTH PROGRAM, LAKEHEAD UNIVERSITY, 2Alzheimer Society of Thunder Bay, Thunder Bay, Canada.

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 the northern region. 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 northern Ontario.

Methods: A focused ethnographic approach was used in four communities in northeastern Ontario. In-depth interviews were conducted with 14 partners in care, 2 people living with dementia, 37 health service providers, and 14 community members, totaling 87 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, 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 offers it, and many care issues could not be 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. Guss: None Declared, A. Denton: None Declared

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

J. Robinson 1,*, P. Sudbury 2
1Nursing, THE LOOGE AT BROOKWASH, Victoria, BC, Canada

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 caregivers’ 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 valued 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) making 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.

Conclusions: 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 the education of staff in care home settings and beyond.

Disclosure of Interest: None Declared

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

E. Silverberg 1,*, F. Sudbury 2
1ALZHEIMER SOCIETY OF YORK REGION, Richmond Hill, Ontario, Canada

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 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 respondents’ level of agreement to statements addressing the research questions.

Conclusions: Results: Substantiating data from clinical practice, the literature, caregiver accounts and peer reviews were used in providing a Grief Intervention Model with dementia caregivers. 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.

Objectives: The objective of this research was to gather family caregivers’ 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 valued 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) making 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.

Conclusions: 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 the education of staff in care home settings and beyond.

Disclosure of Interest: None Declared

Save the Date!

27th International Conference of Alzheimer’s Disease International
7-10 March 2012, ExCeL London, United Kingdom
Science Fact Fiction
OC040
THE LIVED EXPERIENCE OF YOUNG-ONSET DEMENTIA
D. Hunt
College of Nursing, UNIVERSITY OF CENTRAL FLORIDA, Orlando, United States

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

Methods: van Manen’s (1998) 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 Questionnaire (Pfeffer, 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 verbatim. The University IRB approved this study.

Results: All nine participants were able to make the initial contact with the interviewer via telephone or email. They were able to describe and reflect on their 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 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: - 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 seniors.

- 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)
A. Kallström1, T. C. Popham2, S. Brew2
1External Affairs, ALZHEIMER’S SOCIETY, London, United Kingdom

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 these 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 belief that it has to relate to those with dementia, particularly some of the seldom heard groups. A mixed method 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 general quality of life measures were 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 developed 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 REDUCTION
L. Cartz-Piver1,*, N. Dumoitier2, H. Videaud1, P. Couratier1, J. P. Clement1
1Memory Clinic, MEMORY RESEARCH AND RESOURCE CENTER, LIMOGES, FRA, 2General Practise, 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” of Haute Vienne, France.

Methods: In September 2009, public and professionals were invited to attend conferences, meetings with professionals and cultural events (movie, play, 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 220 people registered during the campaign, 60 filled in the questionnaire (27%). Most were female (65%) and 45% were aged under 50, 52% did not work in medical or social fields. RESULTS: 98% increased their knowledge about Alzheimer’s disease. 60% 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’s disease. 62, 4% were more willing to go through screening. The public who attended the cultural events (play, dance or movie) was younger, and worked more often in medical or social fields, whereas conferences and meetings attracting 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.


Disclosure of Interest: None Declared

OC043
CONSULTING WITH PEOPLE WITH DEMENTIA ON THE NORTHERN IRELAND REGIONAL DEMENTIA STRATEGY
A. Innes1,*, T. Kelly1, H. Sleator1
1Dementia Services Development Centre, University of Stirling, Stirling, United Kingdom

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 Trusps in the Northern Ireland region. 188 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 most emphasis on 5 out of the 15 areas, this suggests that those 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.


DSDC (2010) Easy read version of Improving Dementia Services in Northern Ireland: A regional Strategy

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 4

Objective: 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 journey 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 caregivers. 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 caregivers.

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 journey together.

Disclosure of Interest: None Declared

OC045

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

M. Hagadorn 1,* Konfetti im Kopf, Hamburg, Germany

Objective: 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 exhibition displaying pictures from my long-term photo project on dementia. But there is much more to it. It was my intention to reach the general public in public space, clearing out prejudices about dementia and spreading a new approach on how to deal with people with dementia. During the pre-phase of the campaign 26 professional organizations 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 screens, poster, 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 synergic effect for the important issue. Close to 30 German cities and some international organisations 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 campaign 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

M. Varghese 1, J. K. Roy 2,* on behalf of Alzheimer & Related Disorder Society of India

Objective: 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 focused on a description of dementia and the prevalence of dementia in India in general and in some narrow bands of persons with the disease and carers and subsequent policy considerations. Among these persons are Downs syndrome form of mental retardation now facing the dual diagnosis of Alzheimer’s, incarcerated persons aging in place and persons with ADRD living alone.

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 synergic effect for the important issue. Close to 30 German cities and some international organisations expressed their strong interest in participating.

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 campaign manages to show new perspectives and to encourage people to look into the subject more closely.

Disclosure of Interest: None Declared

OC047

SPECIAL POPULATIONS, SPECIAL POLICY CHALLENGES

M. Splaine 1,* and ADI WRH working group

Objective: 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 persons are Downs syndrome form of mental retardation now facing the dual diagnosis of Alzheimer’s, incarcerated persons aging in place and persons with ADRD living alone.

Methods: Oral presentation and powerpoint, audience questions and answers

Results: Policy change recommendations

Conclusion: This session will describe the populations and preliminary policy recommendations for each subgroup.

Disclosure of Interest: None Declared
MIDLIFE MOTIVATIONAL ABILITIES: PREDICTOR OF APATHY AND DEPRESSION IN DEMENTIA

M. Mortty, 1 A. Maerbar, 2 S. Formstein
1Psychopharmacology and Clinical Intervention, UNIVERSITY OF ZURICH, Zurich, Switzerland

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 well-being 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 subsample 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). Motive 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 cognitive. 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 levels 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

ASSOCIATION BETWEEN ALCOHOL CONSUMPTION AND COGNITIVE IMPAIRMENT IN CHINESE OLDER ADULTS

L-W. Chu 1,2,3, M. W. Chan 1, K-H. Chu 1,4 and HHU’s Alzheimer’s Disease Research Network
1Acute Geriatric Unit, Grampian Hospital, Dept. of Medicine, Queen Mary Hospital, THE UNIVERSITY OF HONG KONG, Hong Kong, Hong Kong, China

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 (8.5) years. The average weekly alcohol consumption in the cognitively impaired group was significantly higher than that of the normal cognition group (mean [SD]: 3.41 ± 2.17 (270.26) versus 181.80 [673.03] g/day 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 (>40g/day for men and >28g/day for women) were associated with an increased risk of cognitive impairment (OR=4.39, 95% CI 1.68-11.53, p<0.05) and 0.01), while light drinkers and nondrinkers (40g/day for men and <28g/day for women) were associated with reduced risk (OR=0.32, 95% CI 0.12-0.86, OR=4.93, 95% CI 0.38-63.91, 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

VELOCIR:A: EVALUATION OF SUB-CORTICAL STRUCTURES IN ALZHEIMER’S & APOE4 STATUS

B.S. Bagavathy1, J.P. John1, M. Purushotham1, O. Mahaperumal1, L. Kota1, S. Sattanathan1, N. Reddy1, O. Pokhri1, P.T. Gokulan2, R. Srinivasan2, R. Nandakumar1, M. Varghese1
1Department of Psychiatry, National Institute Of Mental Health And Neurosciences (NIMHANS), 2Molecular Neurology Group, National Center for Biological Sciences (NCBS), Bangalore, India

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 (16 ApoE4 carrier) according to NINCDS/ADRDA A.D. criteria attending NIMHANS and 25 (6 ApoE4 carrier) matched controls. All subjects were right handed, evaluated using standard scales & genotyped at ApoE locus. The 1mm3 structural MPRAGE images were acquired on 3T MRI.

Results: 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 status 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 status 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 status 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 status 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).

Conclusion: These results suggest that absolute temporal horn volume at baseline may be used with more confidence in aiding diagnostic categorisation of patients. Also, while bilateral ventricular and hippocampal horn volume over 24 months were both strongly correlated to AD categorization, hippocampal horn volume was a more sensitive measure of MCI categorization. Future studies will include more patients and examine AD to APOE4 converters.

Disclosure of Interest: None Declared

VELOCITY ALTERATIONS IN THE HUMAN HIPPOCAMPUSS:

P. T. Sivakumar 1, S. Bharath 1, S. Jain 1, M. Varghese 1
1Imaging Research Laboratories, Robarts Research Institute, 2Medical Biophysics, 3Epidemiology and Biostatistics, Schulich School of Medicine and Dentistry, University of Western Ontario, London, Ontario, Canada

Objectives: Brain lateral ventricular enlargement, as captured on magnetic resonance imaging (MRI), is an objective surrogate of neuronal atrophy associated with MCI Cognitive Impairment (MCI) and Alzheimer’s Disease (AD).

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). Motive 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 cognitive. 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 levels 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

Disclosure of Interest: None Declared

VERTEBRAE: A SENSITIVE BIOMARKER IN ALZHEIMER’S DISEASE PROGRESSION

A. Khan 1,2, Y. H. Choi 3, M. Smith 4, R. Borek 1,2, R. Bartha 1,2
1Imaging Research Laboratories, Robarts Research Institute, 2Medical Biophysics, 3Epidemiology and Biostatistics, Schulich School of Medicine and Dentistry, University of Western Ontario, London, Ontario, Canada

Objectives: Brain lateral ventricular enlargement, as captured on magnetic resonance imaging (MRI), is an objective surrogate of neuronal atrophy associated with MCI Cognitive Impairment (MCI) and Alzheimer’s Disease (AD).

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). Motive 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 cognitive. 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 levels 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
OC063

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

B. M. Teruel1, C. P. Fernández M. J. Prince3, J. J. Libre Rodríguez2 and 1096 dementia Research Group National Centre of Genetics, Medical University, La Habana, Cuba; HISPRED, Institute of Psychiatry, London, United Kingdom; Clinical Sciences, Medical University of Havana, Havana, Cuba

Objectives: Studying the relationship of dementia risk to individual admixture within admixed populations is the most direct way to disentangle genetic from environmental explanations for ethnic differences in disease risk. We set out to test the hypothesis, in an older, admixed Cuban population, that (i) African ancestry is inversely associated with dementia prevalence (ii) 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 (26 SNP’s) 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.

Conclusions: The hypothesis that African ancestry is protective for dementia was not supported. Further analyses, using data from admixed 1066 controls in Mexico, Dominican Republic and Venezuela, will allow us to estimate these associations more precisely.

Disclosures of Interest: None Declared

OC070

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

D.C. Malloy1, M. J. Goldberg1, D. C. Malloy1, P. R. Sevigny1, T. Hadjistavropoulos1, E. Fayeh-McCarthy2, P. Liu3, Z. Peng3

1University of Regina, Regina, Canada; 2Trinity College, Dublin, Ireland; St. Bonaventure University, St. Bonaventure, 3Bay University, Changsha, China

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 judgments. The purpose of this study is to look at the effect of the ethical position of physicians from different cultures on their response to a single dementia themed ethical dilemma.

Methods: A sample consisting of 86 physicians from China and one consisting of 73 physicians 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 sub-scales of the EPQ, Rationalism 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 whom dementia is suspected is considered more unethical compared to physicians from countries scoring high in collectivism (e.g., China). Furthermore, results showed that Rationalism 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.

Conclusions: The results highlighted 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 laws (i.e., Rationalism) could be a factor in the ethical decision making process.

Disclosure of Interest: None Declared

OC084

DEMENTIA, SAFETY AND RISK FOR ABUSE

M. Schulz

Education, ALZHEIMER SOCIETY OF CANADA, Toronto, Canada

Objectives: Research has shown that abuse effects between 4 and 15% 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 3.4% in a study by Pasec et al. (1992) to 11.9% in a study by Coyne et al. (1995). People with dementia, their family members and caregivers can be particularly vulnerable to abuse, mistreatment or neglect. This is mainly due to cognitive decline, behavioral changes, reliance and dependence on caregivers. Whether abuse is intentional or unintentional, it is a really affecting life-longing population. Today, 800,000 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 goal 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.

Conclusions: 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: Public Health Agency of Canada 2009

Disclosure of Interest: None Declared

OC086

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

F. Guitton

1FONDATION MÉDÉRIC ALZHEIMER, Paris, France

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 personal 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 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 Tools developed by Appelbaum and colleagues). In the theoretical field of moral philosophy, capacity for autonomy is another conceptualized as the capacity to have “values” (Jaworska) or “interests” (Deonkr). 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.

Conclusions: Making a clear distinction between the empirical concept of capacity for autonomy (as a decision-making capacity) 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
GENETIC PREDICTION OF AD IN INDIGENOUS COMMUNITIES: INTERCULTURAL ETHICAL IMPLICATIONS

E. Butler1, B. Beattie1, R. Butler2, R. Jess3
National Core for Neuroethics, University of British Columbia, 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 Alzheimer Disease (EOAD) 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 (Gillot, 2007) and individual and communal consent (Port, 2007) to research. There has been little uptake of predictive genetic testing for EOAD 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 integrates Western and Indigenous philosophies. This framework should be based on knowledge and practice that respects and incorporates both Western science and traditional teachings.


Disclosure of Interest: None Declared

THE DRIVING AND DEMENTIA TOOLKIT

A. Bylowska1, F. Molnar1, W. D’Albis1
Regional Geriatric program, THE OTTAWA HOSPITAL, Ottawa, Canada

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 confirmed. A toolkit was developed to assist health professionals in understanding the issue of driving safety in PWD and information and strategies for persons with dementia and their caregivers.

Methods: An interdisciplinary team of clinicians and researchers from the following disciplines have developed the toolkit to bring the gap in addressing the challenging area of dementia care: geriatrics, physical therapy, 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 online 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 toolkit provides 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
OC061

MEASUREMENT OF HARM OUTCOMES AFTER HOSPITAL DISCHARGE: RELIABILITY AND VALIDITY

A. Douglas1, L. Letia2, J. Richardson2, K. Eva4

1Rehabilitation, Clinical Epidemiology and Biostatistics, MCMASTER UNIVERSITY, Hamilton, Canada

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 better 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 limited 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 (kappa =0.9, p<0.01). Validation with medical charts 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.

Conclusions: 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

Y. Taylor

Respite, ALZHEIMER’S AUSTRALIA WA, Perth, Australia

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 centered assessment supports the philosophy of social inclusion where the voice of the person with dementia is not only heard but valued.

Methods: The Best Practice Assessment techniques developed by Alzheimer’s Australia WA include:

- Using dual assessors. Quite often the “perception of needs” offers 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 to more visits to achieve any concerns, to develop rapport and to build trust.
- Building rapport between 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 organizing a “high tea” 2. Working with younger onset and same sex couple 3. Assessment in a pick up truck!

Conclusions: This paper will demonstrate that by providing a quality person centered approach to assessment, not only will the carer benefit, but also the person with dementia will be heard and valued.

Alzheimer’s 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

N. Kaner1, Y. Bonar2

1Alzheimer Society of Montreal, 2MEMORY CLINIC, JEWISH GENERAL HOSPITAL, MONTREAL, Special Care Counselling, Vanier College, Montreal, Canada

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 (2000-2002) of its database 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 multidisciplinary 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” (Bergeryon, 2006) highlighted the significance of the NAD’s results and subsequent changes for delivery of programs and services that ASP 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 multidisciplinary 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 Kaner, 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

A. L. Ulle1, H. Cooper2, J. Beres3

1Programs and Client Services, ALZHEIMER SOCIETY OF YORK REGION, Thornhill, 2Community & Health Services - The Regional Municipality of York, Newport, 3Adult Day Programs, York Central Hospital, Richmond Hill, ON, Canada

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 35 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 Municipalities of York and York Central Hospital pioneered a new model for service delivery of cognitively impaired people 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:

- standardization assessment and admissions process
- service navigation and ongoing case management, support and education
- continuity in service delivery and philosophy (person-centered care)
- partners that work together for their benefit
- follow up after day program discharge

Conclusions: 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 programs and services offered 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 cognitively impaired specific day programs in the Region. The Alzheimer Society of York Region’s Support and Education program fits in excess of 30,000 day program spaces annually and works with approximately 1500 families per year.

Disclosure of Interest: None Declared
FAMILY CAREGIVERS IN MANAGING BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

H. Brody 1, C. Assaneoua 1

Objective: Despite behavioral and psychological symptoms of dementia (BPSD) affecting over 50% of people with dementia at some time during the course of their illness, clear pathways for their management remain a challenge. We aimed to review family caregiver (CG) interventions for managing BPSD of people living with dementia in the community.


Results: Of 1568 papers identified 32 caregiver (CG) interventions met review criteria often in combination. Elements of CG interventions were categorical: no skills training; education; occupational therapy; interventions, enhancing support for caregivers; self-care techniques for caregivers and macularia. Of 16 studies ranked high quality randomised controlled trials, 13 reported BPID systems, of which 11 found positive treatment effects. Of 9 high level studies reporting CG outcomes pertaining to BPID, six found positive treatment effects for CGs.

Conclusion: Non-pharmacological interventions involving family CGs can reduce the frequency and severity of BPID 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 responses of BPID 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

OC065

ENHANCING PERSON-CENTRED CARE THROUGH RESEARCH-BASED DRAMA

S. Dupuis 1, C. Zenas-Simpson 1, C. Whyte 2, J. Carson 3, J. Gillies 4
Nursing, YORK UNIVERSITY, Toronto; 5Psychiatry Simulation Innovation Centre, Mount Sinai Hospital, 6Faculty of Medicine, University of Toronto, Toronto, Canada

Objective: 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. This paper focuses on the dramatic and performance-based components of the study and the methods used to collect data.

Methods: Guided by interpretative phenomenology, researchers used pre and post performance focus groups to better understand the immediate phenomenological shifts in participants' understandings of reality experienced by persons living with dementia. Focus groups were held 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 illuminated 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, leading comfort, confidence and courage in 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 extended literature and current findings. Researchers will also delineate 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 Sciences and Humanities Research Council of Canada (SSHRC).

Disclosure of Interest: None Declared

OC066

EVALUATING A MUSEUM EXPERIENCE FOR PEOPLE WITH AD AND THEIR FAMILY MEMBERS

M. Mihalkova 1, 2, C. Epstein 3
Psychiatry, NYU LANGONE MEDICAL CENTER, New York, United States

Objective: 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 6 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 of the 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 some 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 value of MoMA Tour program for people with AD. Participants return every 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

OC068

OC067

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

P. C. Koontz 1, 2, G. Michal 1, B. Many 1, B. Balske 1, 2
Toronto Rehabilitation Institute, Dalla Lana School of Public Health, University of Toronto; 3School of Nursing, York University; 4YORK UHNS Nursing Academy, Psychiatric Simulation Innovation Centre, Mount Sinai Hospital, 5Faculty of Medicine, University of Toronto, Toronto, Canada

Objective: To evaluate a 12-week drama-based educational intervention to introduce to dementia practitioners a 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 and space for individualized self-care.

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 and space for individualized self-care.

Conclusion: Our findings make an important contribution to person-centred dementia care by broadening the notion of personhood, and by facilitating implementation using drama. An enhancement of person-centred care, the support of embedded selfhood may significantly improve residents’ quality of life, quality of care, and practitioners’ caregiving experience.

Disclosure of Interest: None Declared

OC067

THE CHANGING FACE OF DEMENTIA

26th International Conference of Alzheimer’s Disease International
25-29 March 2011, Sheraton Centre, Toronto, Canada

The Changing Face of Dementia
Oral Presentation Abstracts

OC069

A MORE HOLISTIC APPROACH TO SUPPORT
M. Cameron 1, 2, and Alzheimer Society of Toronto
1Research Centre, ALZHEIMER SOCIETY OF TORONTO, 2Resource Centre, Alzheimer Society of Canada, Toronto, Canada

Objectives: To determine the effectiveness of a holistic approach in support groups for family caregivers of persons with dementia through the use of expressive arts and relaxation techniques.

Methods: In the AIGE study, a pilot project with 2 support groups for family caregivers (a total of 20 participants) was launched at the Alzheimer Society of Toronto. As a part of the design of their experiences, participants have explored various forms of expressive arts (painting, pottery in music, collage, and music programs) and relaxation techniques (meditation, guided imagery). Supplementary meetings and exercises for between sessions are located in the art and music therapy center.

Results: Expressive art and relaxation/visualization technique have encouraged participants to focus on the more positive aspects of caregiving, and provided new meaning to the support group. AIGE has reached a state of community and commitment, the participants engage with each other in all activities.

Conclusion: To date, the project has proven to be both empowering and transformative. Participants have been encouraged by the results of their expressive art activities, which have acknowledged and given voice to their emotional and spiritual experiences.

References:
- Art Heals: How Creativity Cures the Soul. Shaun McNiff, 2004
- Mindsets of Soul Intermodal Expressive Therapy. Paolo Knill, EGS Press, 2004

Disclosure of Interest: None Declared

OC070

CREATIVITY, DEMENTIA AND BRAIN RESERVE CAPACITY
L. Fonzasella 1, C. Fischer 1, L. Ringer 1, M. Rigatti 1
1UNIVERSITY, Toronto, Canada

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 complaints of Cognitive impairments. Her clinical, neuropsychological and neuroimaging investigations suggested a moderate to severe cognitive deficits due to a probable vascular dementia.

Results: Her MMSE was 12/30 and the Normal Cognitive Assessment was 55/90. Although she scored poorly in most cognitive tests, like aphasic 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 mirror (a living Buddha) and surroundings using her impaired episodic and semantic memory. She made a most accurate portrait of a famous musician who died the day of the assessment.

Conclusion: Several 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 daily to daily functions. As they Raved and Shouted in music, Willem de Kooning, Danas Chambers and William Utermohan in painting, Iris Murdoch, Ralph W Emerson and Agatha Christie in literature. Our patient demonstrates a remarkable preservation of creativity and talent, independent of her cognitive impairment and marked decrease in her Activities of Daily Living requiring almost full care. We are proving that all these creative artistic processes developed in their 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
J. Leitner 1, 2
1Alzheimer’s Society of Canada, Toronto, Canada

Conclusions: 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 invisible process of physical and spiritual metamorphosis. 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 true nature of memory?

Disclosure of Interest: None Declared

OC072

DOMINANT PERSONALITY FEATURES IN WILD COGNITIVE IMPAIRMENT VS. ALZHEIMER’S DISEASE
R. Moraru 1,*, M. Blacioc 1, I. Spiv 1
1ANA ASLAI INTERNATIONAL ACADEMY OF AGING, Bucharest, Romania

Objectives: We tried to identify the main personality features exhibited by patients diagnosed with mild cognitive impairment (MCI) by comparison with those with Alzheimer’s 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 - Matthies” 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=44) followed by impulsivity (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 (38.7%, n=11) which were more often than in MCI patients (16.7%, n=5); schizoid tendencies in moderate AD reached 23.3% (n=7) in moderate AD vs. 5.0% (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

I. Ioanici1, L. Spiru1, I. Turcu1
1 Ana Aslan International Academy of Aging, Bucharest, Romania

Objectives: Based on neuropathology, the pain symptoms experienced by Alzheimer's disease (AD) patients are highly variable, but AD patients quite often first learn to communicate pain by suggesting nondrug therapies (pain is therefore quite often undertreated). The assessment of pain is very important for efficient analgesia, the improvement of this disease course severely relies in improving their quality of life. Pain is a subjective symptom and it therefore cannot be measured using objective tools. Our study aimed to identify the most reliable method 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=108, 93 female and 15 male, 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=108) of all patients could be assessed using all 5 scales. Most of the patients completed the “Graphic Scale” (81.7%, n=457), “Word Descriptor Scale” (52.9%, n=270) and the “Scale for Evaluation of Functional Performance” (89.8%, n=452) were also performed. Visual Analog Scale (33.3%, n=168) and Verbal Scale (38.8%, n=171) seemed to be less applicable. 15% of patients’ assessments were deemed as ambiguous (contradictory results).

Conclusions: Because our patients have severe memory impairment and difficulty integrating pain experiences over time, recording pain as it occurs is pain-deteriorative factors, quality, irradiation, severity and time and when the pain exists is the most-reliable method. We can adjust the timing, the dosage or the drug administration, or we can react for more physical, psychological, social and spiritual comfort.

Disclosure of Interest: None Declared

OC074

EARLY ONSET DEMENTIA: A TUNISIAN COHORT STUDY

I. Ioanici 1,*, L. Spiru 1, I. Turcu 1
1 Ana Aslan International Academy of Aging, Bucharest, Romania

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). We 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 505 cases of early-onset dementia among 906 demented patients, giving a frequency of 28.32% of dementia cases. Male to female ratio was 1.28. Mean age of onset was 55.2 years and mean age at presentation was 57.7 years. Etiologies varied with neurodegenerative causes accounting for 48.8% of the cohort. Alzheimer’s Disease was frequent (34.1%). Vascular dementia accounted for 17.8%. Metabolic causes accounted for 7.5% and inflammatory causes accounted for 1.9%. At last follow-up, 44 patients (11.9%) had an unknown etiology.

Conclusions: 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 DISEASE

C. Fischer 1,2, L. Forrest 1, Z. Imasa1, J. Jey1, T. A. Schwatz1,2
1 Psychiatry, Keenan Research Centre and Li Ka Shing Knowledge Institute, St. MICHAELS HOSPITAL, 2Psychiatry, Centre for Addiction and Mental Health, Neuosurgery, ST. MICHAELS HOSPITAL, Toronto, Canada

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 or 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 or 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.

Conclusions: 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

OC076

The Changing Face of Dementia

26th International Conference of Alzheimer's Disease International 26-29 March 2011, Sheraton Centre, Toronto, Canada
OC037

TOOLs & SKILLS TO FACILITATE COGNITIVE STIMULATION THERAPY GROUPS EFFECTIVELY

A. Strawle1, E. Aguirre2
1 MENTAL HEALTH SCIENCES, UNIVERSITY COLLEGE LONDON, London, United Kingdom
2 DEPARTMENT OF HEALTH SCIENCES, UNIVERSITY OF SOUTHAMPTON, Southampton, United Kingdom

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.

Results: The inclusion criteria and the measures used and the purpose 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.

Discussion of Interest: None Declared

OC038

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

V. Hung1, J. Korman1
1 Physical and Environmental Science, University of Toronto Scarborough, Toronto, Canada

Objectives: It has been found that the formation and deposition of amyloid-beta (Aβ) fibrils is associated with the onset of Alzheimer’s disease (AD). Factors that effect the aggregation kinetics of Aβ peptides include elevated levels of copper (Cu), zinc (Zn) and iron (Fe) in Aβ plaques. 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: None Declared


Disclosure of Interest: None Declared

OC039

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

N. Emerson Lombardo1, L. Volcuer2, J. Valla3, S. Averbach4, P. McNamara5, E. Harris6
1 NEUROLOGY, BOSTON UNIVERSITY SCHOOL OF MEDICINE, BOSTON, 2Aging Studies, University of South Florida, Tampa, Florida, 3NEUROLOGY, Allmane Neuro Int, St. Joseph’s Hosp & Med Center, Phoenix, 4Evolutionary Neurobehavior Laboratory, Boston University School of Medicine, Boston, United States

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 trials/research suggests certain nutrients can slow or postpone cognitive decline. Recent epidemiological studies using established diets found a combination of nutrients may be more powerful that 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, anti-oxidant, anti-inflammatory properties, which ameliorates inuence 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 achieve promising results.

Methods: The MPNSP consists of a phyto-nutrient powder comprised of 100% organic flaxseed hulls and vegetables, spices, grains and probiotics; an anagoge of herbs and seeds chosen for their reported anti-inflammatory properties, and olive oil. The NSCT added to the MPNSP a DMA enriched fish oil and 900 KJ of vitamin D. The NSCT study is an open label Phase 1 clinical trial in 23 cognitively normal healthy older adults over an 8 month period including two months for titration to full dosage. Blood & sputum specimens, blood pressure, BMI measurements and 3POCs will be taken at baseline, 5 and 8 months. Outcome biomarkers include: Inflammation (CRP, IL-6), blood glucose (HbA1c), lipids, oxidative stress (8OHdG in urine), homocysteine, COX2, creatine and output, neurotransmitter tyramine and tyrosine, and metabolic profiles in plasma. For adherence & bioavailability: vi Bs, vi D, vi E, vi K, iron & 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 will 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.


OC080

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

E. Aguirre1
1 Mental Health Sciences, UCL, London, United Kingdom

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 successful 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).


Disclosure of Interest: None Declared

Abstracts

Save the Date!
27th International Conference of Alzheimer’s Disease International
7-10 March 2012, ExCel London, United Kingdom
Science Fact Fiction
DESIGN AND THE ENVIRONMENT: DISCUSSING THE RELIABILITY AND VALIDITY OF A DESIGN AUDIT TOOL
A. Innes 1,*, F. Kelly 1
Dementia Services Development Centre, UNIVERSITY OF STRINING, Stirling, United Kingdom

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 usable by both expert auditors, practitioners, those involved in building design or those wanting to improve an existing care facility for people with dementia. The objectives 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 original 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 using three methods, Percentage agreement, Cohen’s Kappa and Intraclass Correlation Coefficient (ICC). The validity of the tool was also assessed through qualitative analysis of the focus group transcripts.

Results: Inter-rater reliability based on percentage agreement was 88.7%. 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 were found to be most important to people with dementia and their family 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 aspect of good design.

Conclusions: 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.


Disclosure of Interest: None Declared

SHIFING THE BALANCE OF CARE FOR PERSONS WITH DEMENTIA: FINDINGS FROM SOUTHWEST ONTARIO
F. Morton, PhD. Student 1, and Balance of Care Research Group
Health Policy Management and Evaluation, UNIVERSITY OF TORONTO, Toronto, ON, Canada

Objectives: Persons living with dementia (PwD) 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 that PwD 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 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 PwD, including such “low-level” but often critical supports as transportation, medications management, personal care, and housekeeping. In spite of the recent Aging of Home initiative, Ontario’s policy legacy is one of largely ignoring community-based care options for PwD.

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 PwD and their caregivers at different levels of need. We then used provincial data to calculate the costs of these packages and to estimate which would be cost-effective alternative care 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 panels were very sympathetic and supportive of the needs of PwD and caregivers, care packages constructed in a service-by-service basis, requiring multiple provisions to provide care in family residence, were complicated and costly.

Conclusions: A policy legacy which has largely ignored integrated, community-based care options for PwD, means support care for PwD and caregivers at different levels of need, are broader and more complex than the current LTC and PwD caregivers and is well past the limits of current capacities. New investment into more integrated approaches including balance of care may be necessary to ensure that the care systems meet the needs of people with dementia and their caregivers.

Disclosure of Interest: None Declared

A PARTNERSHIP TO ENSURE SAFETY FOR PEOPLE WITH DEMENTIA
E. Staggins 1,*, M. Schub 1
School of Rehabilitation Science, MACMASTER UNIVERSITY, Hamilton, Ontario, Information, Education and Support Services, Alzheimer Society of Canada, Toronto, Canada

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: 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 ethics research 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. Five of the respondents were aware of AT that might enhance safety and none used AT. Education about strategies to enhance safety is needed.

Conclusions: Caregivers of people with AD do not have 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

HEARING, SOUND AND THE ACOUSTIC ENVIRONMENT FOR PEOPLE WITH DEMENTIA
M. McNamara 1,2
Dementia Services Development Centre Northern Ireland office, University of Stirling, Belfast, United Kingdom

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 behavior. In addition it can be amplified or softened by the structure, situation, layout and finish of buildings. In order to practice 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 DBSIC, ‘Hearing, sound and the acoustic environment for people with dementia.’

Disclosure of Interest: None Declared
OC086

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

L. Ganja 1, W. Wiksten 2, J. Cote 1, S. Staberg 1, J. Charles 1, M. Elsayad 3

1York University, School of Health Sciences, Ontario, Canada, 2Baylor College of Medicine, Houston, TX, 3University of Wollongong, Wollongong, Australia

Objectives: The purpose of the study was to develop a better understanding of the impact of the socio-physical environment on behavior in specialized 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 (77 from Ottawa and 73 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 MEQOLTC 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 their involvement in their environment. The residents needed assistance with all 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 less fear, 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. Environmental features 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 literatures 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

OC087

DEMENTIA-FRIENDLY DESIGN RECOMMENDATIONS IN A WORLD OF RISK MITIGATION

S. Cook 1, F. Morton-Chang 2

1Knowledge Broker, Design and Dementia Community of Practice, ALZHEIMER KNOWLEDGE EXCHANGE, 2KT Resource Mobilization Lead, Canadian Dementia Resource and Knowledge Exchange, Kingston, 3Design and Dementia Community of Practice, ALZHEIMER KNOWLEDGE EXCHANGE, Toronto Student, Health Policy, University of Toronto, Toronto, Canada

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, doors, 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, compliance and codes, while also advocating for an environment which supports person-centered care and increases responsive behaviors 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 overall 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 envelohip has enabled mutual learning and sharing among group members as well as development of a core professional group able to assist and advise on future design inquiries.

Conclusion: The CoP continues to refine 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

OC088

TOUCH THE SPIRIT ENGAGEMENT (ACTIVITY) PROGRAM

D. Troxel 1, K. Kallander 2,*, P. Jepson 2

1Consultant, American Baptist Homes of the West, Pleasanton, United States

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.

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 provide spiritual care to persons with dementia.

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 novel program of ABHOW recognized during the accreditation process is “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 animals. 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.

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 increases the amount and quality of spiritual activities which 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 MEQOLTC and staffing levels were used as measures of social environment.

Disclosure of Interest: None Declared

OC089

A CANADIAN TRISTAN TO AN ICONIC DEMENTIA CARE PHILOSOPHY

S. Price 1, D. Troxel 2, V. Bell 3

1Dementia Care Programs, ALZHEIMER SOCIETY OF CALGARY, Calgary, Canada, 2Just Say “Best Friends”, Best Friends Institute, Sacramento, 3Alzheimer’s Association Kentucky, Lexington, United States

Objectives: 1. To introduce the concept of care philosophy.

2. To explain the difference between the philosophy of the Knack Learning Framework and the Best Friends Approach.

3. To share successes and challenges to development and implementation of knowledge-to-practice recommendations.

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-centered 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 friendship as a staff training model within the continum 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 behavior 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 centered 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 403-943-1690 Debbie.lee@ubccarebenevolent.ca

2. Lisa Miller, Adult Day Program Manager, Bethany Care Society 403-672-8423 millerl@bethanycare.com

Disclosure of Interest: None Declared
OC090

DYING WITH DEMENTIA: INTEGRATING A PALLIATIVE APPROACH
J. Robinson1, 2 and B. Baboolal2
1Nursing, THE LODGE AT BROADMEAD, Victoria, BC, Canada
2ALOIS ALZHEIMER CENTER, Cincinnati, United States

Objectives: Over the past few years, an interprofessional 2 day educational workshop titled The Dementia Difference project has been developed and taught to a 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 workshops 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 outline 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/palliative care. 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
M. Bauer1, 2, L. McAlvuff3, C. Chentso2, R. Nay2, D. Feisthenrathaug2, M. Wiltz4
1Australian Centre for Evidence Based Aged Care, LA TROBE UNIVERSITY, Melbourne, Australia

Objectives: Sexuality is a basic human need and key to quality of life and well being, 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 as problematic: dementia-related behaviour. Yet true hypersexuality in people with dementia is relatively rare, with behaviour 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 White1 and accompanied by dementia-specific items taken from a survey developed by Kuhn2 was administered prior to and following a 3 hour evidence-based education intervention designed to improve attitudes of aged care staff. Herzog ethical standards were met.

Results: Analysis of questionnaire data revealed an overall significant positive change in attitudes of care staff following the education intervention(t2, n=298) = 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 (t2, n=298) = 10.3, 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 completeness of staff attitudes. The longevity of these changes and their impact on care delivery and resident outcomes requires further investigation.


Disclosure of Interest: None Declared

OC092

EXCEPTIONAL TRAINING, SUPPORT AND RETENTION FOR STAFF IN A DEDICATED ALZHEIMER’S FACILITY
J. Dellancon1, S. Gliner1
1ALOIS ALZHEIMER CENTER, Cincinnati, United States

Objectives: Staff recruitment and retention continues to be on the minds of many in long-term care, particularly those who struggle daily to secure enough staff to meet the needs of the residents with Alzheimer’s disease and dementia. Turnover rates for direct staff, nurses and administrators range from 40% to well over 100% in nursing homes as well as assisted living. Perceived reasons for this trend to center around monetary and benefit issues intrinsic to the workforce, rather than intrinsic factors related to working conditions, relationships with one another 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 includes: 1) successful staff selection, 2) interviewing strategies, 3) vision and mission, 4) staff preparation and orientation, 5) ongoing direction and support, 6) providing a stimulating and motivating environment, 7) staff participation/ownership, 8) monitoring techniques, and 9) recognizing and celebrating accomplishments.

Drug 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 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 of 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
D. Mansour1
1Alzheimer’s Association-Libanon, ALZHEIMER’S DISEASE INTERNATIONAL, LONDON, United Kingdom

Objectives: To provide access of the less privileged to modern approaches to Alzheimer’s disease through improving the capabilities, 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. Sigma 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 to general budget.

References: Proposal written material.

Disclosure of Interest: None Declared
Oral Presentation Abstracts

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

A. Pizzolatto 1, B.C. Broady 2, J. Biever 2, E. Ciesielski 1, L. Gilles 1, S. Radley 3, J. Guadagnola 1, 2, D. Dini 2, M. Mantenuto 3, H. Peper 2, K. Robinson 3, 4

**Methods:**
Exposure to GPA.

**Conclusions:**
Findings from this study will be presented with earlier findings from 4 pilot units including staff levels of self-efficacy in holistic care and peer sensitisation. Testimonials and feedback from 382 professionals are available as supporting tributes to the results of the training session.

**Disclosure of Interest:** None Declared

**MEMORY’S FOOTPRINTS: FIGHTING STIGMA THROUGH EMPATHY**

D. Monro 1, L. Guanschak 2

**Objectives:**
Reconnect with a person-centred approach to care and improve intervention techniques.

**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. Using empathological 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 timeframe.

**Results:**
Participants will leave with a sustainable 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 sensitisation.

**Disclosure of Interest:** None Declared

**REDUCING STIGMA: CHANGING THE WAY WE TALK ABOUT DEMENTIA**

D. O’Connor 1,* and Centre for Research on Personhood in Dementia, UNIVERSITY OF BRITISH COLUMBIA, Vancouver, Canada

**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 marginalisation, discrimination of remaining thought 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 recognised 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

**CULTURE CHANGE IN CARE HOMES THROUGH A PERSON CENTRED APPROACH**

M. Schub 1 and Alzheimer Society of Canada, Guidelines for Care working group

**Education:** ALZHEIMER SOCIETY OF CANADA, Toronto, Canada

**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 “living the best day possible” our collective resident goal in care homes.

**Conclusion:**
The consensus of the Expert Consultation group is to focus on Culture Change in care homes through a person-centred care approach, with all the attributes and core competencies required for this. ASC is now pulling 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 organisations as we support people with dementia and their families now and as their numbers increase[1].


**Disclosure of Interest:** None Declared
DC100
PERSON CENTERED (DEMENTIA) CARE - THE NEXT 25 YEARS
D. Troxel1, V. Bell2
BEST FRIENDS, Sacramento, 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 current 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. Specific topics include the impact of the baby boomers, dementia as a world wide challenge, the rise in early diagnosis, and contributing research into behavioral interventions. The authors will reflect back on their varied careers and give recommendations to new professionals and current practitioners regarding career paths and program planning encouraging them to be future thinkers.
Conclusion: The workshop will cover current trends in the field of 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 contributing research into behavioral interventions. The authors will reflect back on their varied careers and give recommendations to new professionals and current practitioners regarding career paths and program planning encouraging them to be future thinkers.
Disclosure of Interest: None Declared

OC100A
PROFESSIONS DEDICATED TO DEMENTIA CARE?
A. Berard1,*, J.-P. Aquino1, L. Ngatcha-Ribert1
Foundation MdM/Alzheimer, Paris, France
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 the new profession, and their collaborative practices.
Methods: 406 professional profiles have been surveyed qualitatively through semi-directive, one-hour interviews, each dyad consisting of an institutional representative of the profession (professional Orders, 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
OC104

MOBILE SUPPORT SERVICES TO MEET USERS NEEDS IN RURAL FRENCH AREAS

M.J. Guisard Mathieu 1, 1FONDATION MEDEREC 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 Repas 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 encompass numerous actions including people with dementia and family members, non institutional images of the services and programmes, proposed, shared knowledge perspective and cooperation.

Information was collected about the implementation process adopted by each team: clear action plan, partnership and non-verbal cues to encourage open discussion, and advising patients and caregivers to keep lists of 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

OC105

RURAL SOLUTIONS FOR RURAL PEOPLE

P. Birkett 1,*, A. Dunlop 1

HESSE RURAL HEALTH SERVICE, Winchelsea, Australia

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 presentations 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 contribute 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

Disclosure of Interest: None Declared
OC106
DIAGNOSTIC AND POST-DIAGNOSTIC SUPPORT FOR PEOPLE WITH DEMENTIA AND THEIR CARERS IN RURAL SCOTLAND.
A. Innes 1 *, P. Smyczynska 1
1Dementia Services Development Centre, UNIVERSITY OF STRIPLING, 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 recognized by the Scottish Government in their 2006 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 targets and to redesign diagnostic services as required to improve diagnostic processes and post diagnostic support for people with dementia. The study’s objectives were therefore: to review international best practise 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 family 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 relationship between 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, EMA, HEALTH CANADA, CONSORT ACCEPT LAST-OBSERVATION-CARRIED-FORWARD ANALYSES? A SYSTEMATIC REVIEW OF DEMENTIA DRUG RCTS.
F. Mohr 1 *
1Division 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 MCI Cognitive Impairment.

Methods: Design: Systematic review of analytic methodology.
Data Sources: Systematic electronic search of Medline and Cochran’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 ST studies selected, 13 did not report the results of ITT analysis and 35 employed Last-Observation-Carried-Forward as the only form of ITT analysis with 26 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 dementia 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, J. Hinch-Reinshagen 2, N. Namjoshi 1, A. Wilkinson 1, S. May 1, J. Chon 1, J. Fair 1, J. Collins 1
1Pathology, University of British Columbia, Vancouver, Canada, 2GlaxoSmithKline, 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 biogenesis. In AD mice, ABCA1 deficiency exacerbates amyloidogenesis, whereas selective overexpression of ABCA1 ameliorates amyloid burden. Liver X Receptor (LXR) agonists upregulate ABCA1, which stimulates many genes involved in lipid homeostasis, reduce A𝛽 levels and rescue cognitive deficits in AD mice. The objectives of this study were to: 1) determine 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 VASP/ABCA1 cohorts were left untreated, or treated with GW3965 compounded in chow. Three treatment groups were used: 1) Low-dose prophylactic animals received GW3965 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 received GW3965 at 33 mg/kg/d for 8 weeks. Outcome measures included Novel Object Recognition and Morris Water Maze behavioral tasks, biochemical analysis of A𝛽 levels, ABCA1 expression, apoE expression and amyloid load.

Results: ABCA1 increased amyloid 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 ABCA1 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 amyloid levels in brain tissue and cerebrospinal fluid in response to GW3965 and failed to demonstrate improved cognitive function.

Conclusion: These results show 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, J. Hinch-Reinshagen None Declared, N. Namjoshi None Declared, A. Wilkinson None Declared, S. May None Declared, J. Chon None Declared, J. Fair None Declared, J. Collins Employee of GlaxoSmithKline
OC110

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

L.-Y. Tsai 1,*, T.-F. Chan 1, M.-J. Chiu 2
TAIWAN ALZHEIMER’S DISEASE ASSOCIATION, 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 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 389 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 life style between the 2 groups. The responder group had less deterioration of MMSE score in 6 and 12 months, and better AQL 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.

Conclusions: 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

OC112

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

L. M. Niglio-Ribe 1,*, M. Villois 2
FONATION MEMOIRE ALZHEIMER, Paris, France

Objectives: Respite care is a priority of the first French Alzheimer Plan 2008-2012. On behalf of the governmental follow up committee, Fonation Memorie Alzheimer established, in 2009, 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 continues, 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 (theses, meeting abstracts, professional publications, etc). 2, material gathered through professional focus groups, interviews of family carers, or participating leisure activities response better to the treatment of cholinesterase inhibitors.

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 families not only the validation of carers relief 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.

Conclusions: Our recent investigation confirms the new trends observed in 2008, such as: reconsideration 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

OC111

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

F. Aminzadeh 1,*, W. B. Dalziel 1, F. Molnar 1, L. Garcia 2
Regional Geriatric Program of Eastern Ontario, The Ottawa Hospital, Ottawa, 1Health Sciences, University of Ottawa, Ottawa, Canada

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 post-relocation.

Results: At the time of relocation, living at home had become a paradoxic 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 care of content 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. Dementia, PwD received greater support to meet their instrumental needs to “settle in”. Their higher order psycho-social needs to “fit in” were necessary to complete the emotional transition, were largely overlooked.

Conclusions: 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” wherever they live.

Disclosure of Interest: None Declared

OC113

INMATES UNDERGO TRAINING TO CARE FOR INMATES WITH DEMENTIA

S. Bartlett 1,*, J. B. Banting 2
ALZHEIMER’S ASSOCIATION, San Luis Obispo, United States

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 CBC staff also showed that the quality of life of the inmates-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.

Conclusions: 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
SHARED OCCUPATION WHEN ONE SPOUSE HAS DEMENTIA: IMPACT ON PERSON AND COUPLE IDENTITY
S. Hobson 1,*, M. Wipprecht 2
School of Occupational Therapy, THE UNIVERSITY OF WESTERN ONTARIO, London, 1Respiratory Care Unit, Sudbury Regional Hospital, Sudbury, Canada

Objectives: Dementia progressionally 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 and 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 their 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. Sharing other activities detracted from that of caring for the person with dementia, thus resulted in fewer PRN medications.

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 Rikket, 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

OUTINGS FOR INDIVIDUALS WITH ALZHEIMER’S DISEASE AND DEMENTIA PROVIDE MEANINGFUL EXPERIENCES AND QUALITY OF LIFE
M. E. Knothlor 1,*, S. Sible 2
ALZDOS ALZHEIMER CENTER, Cincinnati, United States

Objectives: The number of individuals affected by Alzheimer’s disease continues to increase each year, leaving persons not only robbed of precious memories but also 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 individuals affected by Alzheimer’s disease.

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 in outings, providing firsthand 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 of 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 medication.

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 specific details 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

P. Whitehouse 1, 2,*, D. R. George 1

Support Services, ALZHEIMERS AUSTRALIA WA LTD, Perth, Australia

Objectives: (1) To develop an intergenerational health and wellness program 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 to a multi 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 values 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 remain 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 price award from the US EPA in the Rachel Carson Sense of Wonder contest. While we continue the work with the Nature Center we have built our own multi generational educational garden 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 health and children’s curricular 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 together about health 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

OC121

VOLUNTEERING: MEANINGFUL CONTRIBUTIONS BY PEOPLE WITH DEMENTIA

T. Strifling 1, D. Do Ozzi 1

Support Services, ALZHEIMERS AUSTRALIA WA LTD, Perth, Australia

Objectives: Many people with early stage dementia express a feeling of loss of meaning and purpose in their lives. In response to this, Alzheimers Australia WA adapted 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 selectively them to suit their needs, strengths and interests. Organisations received education to increase their understanding about dementia and how to best support their volunteers. Before volunteering participants were interviewed to gain a sense of their experiences in volunteering, current quality of life, self-esteem in regards to meaningful contribution in their lives. Clients and their main support person also completed the Quality of Life: AD (QL-AD) three months into their volunteering we followed up with another interview focusing on the care and administration the QL-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 also volunteer the 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. This 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 IN THE SOCIAL ENVIRONMENT OF RETIREMENT RESIDENCES

F. Amendola 1,*, F. Milner 1, W. D. Dabel 1, L. Garcia 2

1Regional Geriatric Program of Eastern Ontario, 2Regional Geriatric Program of Eastern Ontario, The Ottawa Hospital, Ottawa, Canada

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 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 found 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 foraging 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 trusting relationships with other residents proved to be much more complex. As newcomers, many perceived the social terrain as being strange, confusing, unwelcoming & impenetrable. 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 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

MEANING FOCUSED COPING IN EARLY STAGE DEMENTA

R. Ganoe 1, S. Dupuy 1

1Kinesiology and Health Studies, UNIVERSITY OF REGINA, Regina, Canada

Objective: 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’ experiences 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, 1991). Participants experienced five aspects of meaning-focused coping through their active participation in leisure, including benefit finding, benefit reminding, adaptive goal processes, nonscoring priorities, and infusing ordinary events with meaning (Folkman, 2000). 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 distress about changing abilities. Participants managed stress by creating new goals to suit their abilities. In revising 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 felt 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 leisure and found meaning in living with dementia.

Disclosure of Interest: None Declared
Oral Presentation Abstracts

OC123
CORTISOL AND COGNITION IN ASIATIC MILD COGNITIVE IMPAIRMENT
K. Murphy1, A. Trevelyan1, L. Galea2
1Psychology, BAYCREST, Toronto, 2Psychology, University of British Columbia, Vancouver, Canada

Objectives: Elevated cortisol is associated with reduced memory. Cortisol is chronically higher in individuals with Alzheimer’s disease however it does not appear to be in mild cognitive impairment (MCI). This is a curious given MCI is characterized by reduced memory function and is considered a transition phase between normal aging and dementia. In contrast to normal aging, higher basal cortisol has been associated with poorer memory function in MCI. Here cortisol was sampled weekly 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 (20 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 saliva cortisol samples were taken during both test sessions. Basal sampling was completed during the week between test sessions (5 samples throughout 1 to 3 days).

Results: Cortisol levels were comparable between groups on basal sampling and elevated in the aMCI group on both test days (p < .05). Following a stressor, both groups showed the expected elevation in cortisol (p < .05). As expected, the aMCI group performed worse on memory tests. Immediate recall performance was enhanced by stress in the control group but not in the aMCI group (p < .23).

Conclusions: 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 hypothalamic-pituitary-adrenal axis, a primary stress system involved in the stress response.

Disclosure of Interest: None Declared

OC124
ONE-YEAR OUTCOMES OF MILD COGNITIVE IMPAIRMENT IN THE COMMUNITY
M. Ganguli1, B. E. Stratz1, J. A. Saposnik1, T. F. Hughes2, C.-H. Lee3, J. VanderBilt1, C.-C. H. Chang1
1Psychiatry, Neurology, and Epidemiology, 2Neurology, 3Psychiatry, University of Pittsburgh, Pittsburgh, United States

Objectives: Mild cognitive impairment (MCI) is widely regarded as a prodromal stage of Alzheimer’s disease, but outcomes (MCI to dementia) 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 having 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 pure cognitive classification into Amnestic and Non-Amnestic MCI. At one-year follow-up, for each MCI definition, three outcomes were examined: worsening progression to dementia with CDR0.5 or severe cognitive impairment; improvement (reversion to CDR0.0 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 CDR0.5 (17-19%) or severe cognitive impairment (0-25%) at rates higher than their cognitively normal peers. Somewhat larger proportions improved or reverted to normal (6-8%). The majority remained stable (29-88%). Where definitions focused on memory impairment, and on cognitive domains, higher proportions progressed and lower proportions reverted on CDR.

Conclusions: 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 less 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
H. Cherkin1, N. Philipps2, Z. Naziroglu2, W. Whitehead2
1Neurology, Jewish General Hospital, McGill University, 2Psychology, Concordia University, Montreal, 2Neuro Rive- Sud, Sherbrooke University, Sherbrooke, Canada

Objectives: We wished to assess whether individuals with early Mild Cognitive Impairment (MCI) had a lower rate of progression to dementia and Alzheimer’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 at least one follow-up visit (avg. # FU visits: 2.6; SD: 1.3) with average follow up 3 years. Annual clinical reevaluation was performed.

Results: Of that initial cohort, 44 have progressed to dementia (37 to AD, 7 to Other D. Mislabeled, VaSc, or FTLD) while 62 have remained MCI. Comparing the initial MoCA score between the progressors and non-progressors, (NP) average score was 22.5 (SD 2.3), while Progressors (P) average score was 25.5 (SD 1.5) (t-test p-value < .001). A further analysis was done comparing the lowest tertile of MoCA scores (n=37; range: 14-22) against the highest tertile (n=22; range: 29-30) in terms of proportion of progressors in each, and those percentages were not significantly different (65% vs. 36%, χ² = 3.1, p = .12). Following a stressor, both groups showed the expected elevation in cortisol (p < .05). As expected, the aMCI group performed worse on memory tests. Immediate recall performance was enhanced by stress in the control group but not in the aMCI group (p < .23).

Conclusions: 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 hypothalamic-pituitary-adrenal axis, a primary stress system involved in the stress response.

Disclosure of Interest: None Declared

OC126
CLINICAL, COGNITIVE AND GENETIC PREDICTORS OF CONVERSION FROM ASIATIC MILD COGNITIVE IMPAIRMENT TO ALZHEIMER’S DISEASE IN CHINESE OLDER ADULTS
L.-W. Chu1, W. Ma1, C.-P. Chung2, M. Chen3, Y.-Q. Song4, C. Chan5, F. Kwan5, P.-Y. Yik5, and HKU Alzheimer’s Disease Research Network
1Dept of Medicine, Queen Mary Hospital, 2Dept of Biochemistry, THE UNIVERSITY OF HONG KONG, Hong Kong, Hong Kong, China

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 amnestic MCI 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: 181 Chinese older adults with aMCI were recruited. 17.5% (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 (OR=2.84, 95% CI 1.09, 7.36), BMI (OR=1.82, 95% CI 1.07, 3.07) and 30-minute recall of the selective reminding test (OR=2.01, 95% CI 1.03, 3.91) but not apolipoprotein E genotype were significant independent predictors for conversion to AD.

Conclusions: 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 risk of aMCI conversion to AD.

Disclosure of Interest: None Declared
OC128

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

P. M. McLaughlin 1,*, J. B. Rich 1, 2, N. D. Anderson 3, 4, S. J. Murtha 1
1Psychology, YORK UNIVERSITY, 2Psychology, 3Kunin-Lunenfeld Applied Research Unit, Baycrest, 4Psychology and Medicine (Psychiatry), University of Toronto, Toronto, Canada

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

OC127

MILD COGNITIVE IMPAIRMENT IN PATIENTS WITH CAROTID DISEASE

I. Martinic Popovic 1,*, A. Lovrencic-Huzjan 1, A. M. Simundic 2, V. Demarin 1
1Clinical Dept. of Neurology, 2University Department of Chemistry, Sestre milosrdnice University Hospital, Zagreb, Croatia

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 ICA s/o was compared with age and gender matched control group of 70 MCI patients with vascular risk factors but without ICA s/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 WMSE 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
THE FORMATION OF TAU PATHOLOGICAL PHOSPHO-EPOPTES IN THE AXON IS PREVENTED BY THE DEPHOSPHORYLATION OF SELECTIVE SITES IN PRIMARY HIPPOCAMPAL NEURONS OVEREXPRESSION HUMAN TAU

J. Bertand, P. Sénéchal, M. Zumo-Soucy, V. Plouffe, N. Leclerc. *Batiment V, SIE, DE, FT, Montréal, Canada

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 the axon. This was examined in rat primary hippocampal neurons overexpressing human tau.

Methods: We examined 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 and AT180 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 axons showed that the formation of one of these epitopes was not required for the formation of the other two in primary hippocampal neurons.

Conclusions: All together our results indicate that in the somato-dendritic compartment, the kinase and phosphatase activity do 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.


Disclosure of Interest: None Declared

THE CUSSA/HUMAN SERUM ALBUMIN MODEL OF CONTROL MECHANISM FOR COPPER-RELATED AMYLOID NEUROTOTOXICITY

M. Rózga, W. Bal. *Department of Biophysics, INSTITUTE OF BIOCHEMISTRY AND BIOPHYSICS, Polish Academy of Science, Warsaw, Poland

Objectives: According to current beliefs, oligomers of Aβ peptide are the main toxic species in Alzheimer’s disease, while monomeric form of Aβ is non-toxic. (1) Cu(II) ions along with human serum albumin (HSA) appear to be important endogenous factors affecting the process of Aβ aggregation. The binding of Cu(II) ions to Aβ peptide induces its polymerization, whereas HSA acts as the main inhibitor of Aβ aggregation (2). Our objectives were to establish the binding constants of Cu(II) ions to Aβ40 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 of the interaction of Aβ40 peptide with HSA we used circular dichroism spectroscopy (CD).

Results: The Kd value of Cu(II)-Aβ40 complex corrected for the buffer interference is 5 ± 3 nM. The Kd value of Cu(II)-HSA complex determined by UV-Vis spectroscopy is 1.0 ± 0.2 nM. The Kd value of Aβ40-HSA complex established by CD spectroscopy is 5 ± 1 nM.

Conclusion: These findings support PPIs attenuate Aβ induced astrocitic 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

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


Ykamren Laboratory of Neurological research, UNIVERSITY OF BRITISH COLUMBIA, Vancouver, BC Canada, *Biological, University of British Columbia Kelowna, Kelowna, Ykamren Laboratory of Neurological research, University of British Columbia Kelowna, Vancouver, BC Canada, Canada

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) through STAT3 activation. To further establish the potential of PPIs to treat AD, we investigated their effects on Aβ-induced neurotoxicity of astrocytes and STAT3 phosphorylation. The effects of PPIs on astrocytic production of Aβ-inducible T cell a chemotactant (TAC) and intracellular 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 LPZ for 48 h. U253-MG cells were incubated with LPZ for 24 h. Their supernatants were collected and human neuroblastoma SH-SY5Y cells were used for bioluminescence. 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-γ for 20 min with or without the PPI pretreatment were immunoblotted for phospho-Tyr 705-STAT3, total STAT3, phospho-Tyr 705-STAT1 and total STAT1. Astrocytes incubated with LPZ for 48 h with or without the PPI pretreatment were used for the I-TAC assay and their supernatants were collected for enzyme-linked immunosorbent assay to determine the I-TAC concentrations.

Results: Both LPZ and OPZ significantly attenuated Aβ-induced neurotoxicity of astrocytes and astrocytoma cells. These drugs significantly inhibited LPZ-induced phosphorylation of STAT3, but not that of STAT1. LPZ, but not OPZ, significantly reduced astrocytic secretion of I-TAC. Neither LPZ nor OPZ expressed anti-inflammatory expression of ICAM-1.

Conclusion: These findings suggest PPIs attenuate Aβ-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

References:

Disclosure of Interest: None Declared

Poster Presentation Abstracts

26th International Conference of Alzheimer’s Disease International
25-29 March, 2011, Sheraton Centre, Toronto, Canada

The Changing Face of Dementia
Increased Serum B-amylloid Peptide Levels in the Early Stage of Alzheimer’s Disease Phenotype in an APP/PS1 Double Transgenic Mouse Model

J. He1, S. Zhu2, Y. Zhang2, J. Kang3, K. M. Lui1
1University of Manitoba, Winnipeg, Canada

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 Aβ1-42 and Aβ1-40 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.

Conclusions: 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

P006

Assessement of the Risk for Catastrophic Reactions Using the Revised Criteria for Alzheimer’s Disease in Asymptomatic and Prodromal Stages: A Pilot Study

A. Lauzy1, S. Gauthier1
1Psychiatry, McGill University, Montreal, Canada

Objectives: Alzheimer’s disease (AD), a progressive and ultimately fatal neurodegenerative disease, accounts for approximately 61% per cent of dementia cases, and currently afflicts 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 research 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 purpose sampling strategy, 12 participants were recruited, stratified into three equal groups: symptomatic individual 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 stage of AD (the latter two groups corresponding to the revised diagnostic guidelines for asymptomatic AD, and prodromal AD, respectively).

Conclusions: 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 appearance of clinical symptoms.

Disclosure of Interest: None Declared
THE MISSING PIECE IN UNDERSTANDING ALZHEIMER'S DISEASE

M. Minneman Jones 1, 2

1American Holistic Nurses Association, Flagstaff, 2Member, Association for Humanistic Psychology, Tilton, New Hampshire, USA

Objectives: In this session, attendees will learn:
- how and why Alzheimer's gets sneakied in the body emotionally.
- how to prevent Alzheimer's by releasing emotions or finding the missing link in developing Alzheimer's.
- 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! 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.

Conclusions: 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. Uncovering 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). Techniques to acknowledge and release emotional roots of disease will be shared, thus having a chance at preventing it.


Disclosure of Interest: None Declared

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

D. Morgan 1,*, J. Kosteniuk 1, A. Innes 2, J. Keady 3, T. Goins 4, N. Stewart 5, C. D'Arcy 6, A. Kirk 7

1Canadian Centre for Health & Safety in Agriculture, UNIVERSITY OF SASKATCHEWAN, Saskatoon, Canada, 2member, Canadian Holistic Nurses Association, 3member, Association for Humanistic Psychology, Canada, 4member, American Holistic Nurses Association, Flagstaff, 5member, Association for Humanistic Psychology, Tilton, New Hampshire, USA

Objectives: The objectives were to identify the roles and support needs of primary healthcare providers (family physicians and nurses practitioners) in the assessment and management of people with dementia, and to explore their perceptions of the barriers to providing dementia care.

Methods: Fourteen family physicians and nurse practitioners 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 five nurse practitioners. Participants described their role in caring for patients with dementia as diagnostician, care co-ordinator, medication manager, and provider of resource assistance. Support needed 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; the need for more 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.

Conclusions: 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

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

T. Wu 1, X. Li 1

1Department of Neurology, Wuhan the Second People’s Hospital, Affiliated to Tongji Medical University, Jiangsu, China

Objectives: The phosphatase PTEN is a potent tumor suppressor that governs the PI3K/AKT survival pathway and has recently been implicated in multiple important CNS functions. PTEN inhibition plays an essential role in activating FOS/D-JUN 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 primary neurons more resistant to NMDA-induced cell death.

Conclusion: Overexpression of PTEN is neuroprotective in acute experimental models.

Disclosure of Interest: None Declared

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

S. Yoo 1, 2

1MCMASTER UNIVERSITY, Hamilton, Canada

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 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.

Conclusions: 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
P014
RECRUITMENT OF PEOPLE WITH MEMORY LOSS FOR STUDIES IN MILD COGNITIVE IMPAIRMENT: CHANGE ON COGNITIVE SCREENING TESTS OVER THREE YEARS
B. Loye1, S. Wootton-Goldsmith1, M. Borrie1,2
1Lawson Health Research Institute, 2Division of Geriatric Medicine, University of Western Ontario, London, Canada

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, preclinical Alzheimer Disease or even mild to moderate dementia. Our objectives were to reassure 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 (MMSE), 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 co-ordinating partner. The test results were case-concordant with a geriatrician and categorized as normal-range, mild to severe, or abnormal. All participants agreed for their last 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-range-consistent 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.

Conclusions: 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 last results were categorized as normal-range-consistent loss were less likely to return for 1 year follow-up testing.
3. Those with depressive symptoms may have improved with non-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
P. Parikh1,2,*, A. K. Troyer1, A. Maione1, K. J. Murphy3,4
1Psychology, BAYCREST CENTRE FOR GERIATRIC CARE, 2Adult Education and Counselling Psychology, 3Rotman Research Institute, BAYCREST CENTRE, 4LC Campbell Cognitive Neurology Research Unit, Heart and Stroke Foundation Centre for Stroke Recovery, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada

Objectives: Associative memory involves remembering relationships 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 the brain structure shows prominent early changes in amnestic mild cognitive impairment (MCI). Mauad et al. (2005). Not surprisingly, there is emerging evidence that measures of associative memory are particularly sensitive to MCI (Troyer et al., 2009). We expand on these initial findings by examining associative recognition in MCI and explore its relationship with the hippocampus and genetic risk for Alzheimer’s disease.

Methods: Twenty-four individuals with MCI and 21 normal 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 MR scans and completed haplotype-based (6) (haplotype genotyping).

Results: Both item and associative recognition were poorer in the MCI than control group, (P(1,43) = 18.4, p = .001, η2 = .30). Importantly, there was a significant group-by-recognition type interaction, (P(1,43) = 5.19, p = .03, η2 = .11), indicating a greater associative recognition deficit than item-recognition deficit across tasks in the MCI group relative to controls. Within the MCI group, both associative and item recognition showed large and significant correlations with hippocampal volume, (τ =) 51 to 59. Associative and item recognition also showed medium to large correlations with number of April of alleles, (τ =) 24 to 56, that were significant only for the face-name task.

Conclusions: Our findings replicate and extend previous studies by showing an associative recognition impairment above and beyond the known impairment in item recognition in MCI. 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 MCI and incident Alzheimer’s disease.


Disclosure of Interest: None Declared

P016
QUANTITATIVE EEG CHANGES IN MILD COGNITIVE IMPAIRMENT AND ALZHEIMER’S DISEASE
R. Sharma1, S. Sharma1, A. Talwar1, M. Tripathi2
1Physiology, 2Neurology, All India Institute of Medical Sciences, New Delhi, India

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 discriminating 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 its 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 alpha1 & 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 were higher in MCI compared to AD.

Conclusions: 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 neural 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
A. Troyer1, K. J. Murphy2, A. Anderson3, F. Croik3, M. Moscicki2, J. Maione1, J. Gao4
1Psychology, 2Kuin-Lunenfeld Applied Research Unit, 3Rotman Research Institute, BAYCREST CENTRE, 4L.C. Campbell Cognitive Neurology Research Unit, Heart and Stroke Foundation Centre for Stroke Recovery, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada

Objectives: Associative memory involves remembering relationships 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 the brain structure shows prominent early changes in amnestic mild cognitive impairment (MCI). Mauad et al. (2005). Not surprisingly, there is emerging evidence that measures of associative memory are particularly sensitive to MCI (Troyer et al., 2009). We expand on these initial findings by examining associative recognition in MCI and explore its relationship with the hippocampus and genetic risk for Alzheimer’s disease.

Methods: Twenty-four individuals with MCI and 21 normal 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 MR scans and completed haplotype-based (6) (haplotype genotyping).

Results: Both item and associative recognition were poorer in the MCI than control group, (P(1,43) = 18.4, p = .001, η2 = .30). Importantly, there was a significant group-by-recognition type interaction, (P(1,43) = 5.19, p = .03, η2 = .11), indicating a greater associative recognition deficit than item-recognition deficit across tasks in the MCI group relative to controls. Within the MCI group, both associative and item recognition showed large and significant correlations with hippocampal volume, (τ =) 51 to 59. Associative and item recognition also showed medium to large correlations with number of April of alleles, (τ =) 24 to 56, that were significant only for the face-name task.

Conclusions: Our findings replicate and extend previous studies by showing an associative recognition impairment above and beyond the known impairment in item recognition in MCI. 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 MCI and incident Alzheimer’s disease.


Disclosure of Interest: None Declared
Poster Presentation Abstracts

P018
SCREENING ASSAYS FOR A-BETA AGGREGATION BLOCKERS: POTENTIAL FOR ALZHEIMER DISEASE TREATMENT.
J.-P. Guo1, P. L. McGeer1,2
1Kinsmen Laboratory of Neurological research, UNIVERSITY OF BRITISH COLUMBIA, Vancouver, BC Canada, Canada

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 thereby be effective in treating AD.

Methods: We developed two simple in vitro screening assays. One assay is based on binding of fluorescence-labeled A-beta 42 to synthetic A-beta 42 plated in wells of fluorescent black-wall microplates. Fluorescence-labeled 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-labeled 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-tetrahydroisoquinoline (THIQ), 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, curcumin, valproic acid, and tramiprosate. 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 ELDER LS WITH DEMENTIA IN COMMUNITY
W. Y. Chang1
1School of Nursing, NATIONAL CHENG KUNG UNIVERSITY, Tainan, Chinese Taipei

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, 3MS, ADL, and HAD for screening, a group of our organized test for different cognitive function which include the attention, language, memory, constructional ability, calculation, insight and judgment). The CD-R 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 = .448).

Conclusion: Daily function not only correlated with cognition but had influences on emotion, consequently, the change in QOL. The fundamental objective 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?
J. Guo1, 2, F. Li1, F. Feng1, J. Guo1, L. Cui1
1neurological dept., PEKING UNION MEDICAL COLLEGE HOSPITAL, Beijing, China

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 function of different cognitive 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, Mini-CA, ADL, and HAD for screening, a group of our organized test for different cognitive function which include the attention, language, memory, constructional ability, calculation, insight and judgment. 3. The special detail assessment for aphasia or for construction test. 4. If the neurosurgical test show us dementia, then test their cortex function by FDG-PET, 5. MRI of MRR, MRS, SWI, EEG and some without dementia for control. 4 If we can have the autopsy do the NMR test after dead and then pathological research.

Results: 325 cases be include in and follow up for 2 to 12 years. 82 cases with dementia (26.04%), 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 mixed syndrome. 4.FDG-PET have the definite changing of AD, or FTD, or Benson syndrome and MRR, MRS, EEG show the related activity of AD, FTD, 5. clinical course and cognitive changing are all same to the FOG-PET.

Conclusion: dementia with white matter lesions are mainly related with the cortex degeneration. Lots of White matter lesions matter because of the context dislocation.

Disclosure of Interest: None Declared
P022

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

F. Hall 1

1Health Sciences, UNIVERSITY OF OTTAWA, Ottawa, Canada

Objectives: Research evidence suggesting that underlying cardiovascular and cerebro-vascular risk factors contribute to cognitive decline in dementia 1-4. 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 demonstrated that each of the following were significant risks in developing cognitive decline in dementia disorders: hypertension; hypercholesterolemia; atrial fibrillation; cardio metabolic media thickness; myocardial infarction; subclinical cerebral small vessel disease; and arterial compliance 1-4. 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 pathologies as influenced by the risk factors examined 1-4.

Disclosure of Interest: F. Hall: None Declared

Poster Presentation Abstracts

P023

BRAINSTEM RAPEX LESION IN PATIENTS WITH ALZHEIMER’S DISEASE

R. Bane 1, J. Martinic Popovic 1, M. Buducic 2, Z. Tkarec 1, M. Strineka 1, A. Lorencin-Hujjan 1, V. Damar 1

1Clinical Dept of Neurology, Sestre milosrdnica University Hospital, Zagreb, Croatia

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 mechanisms. Recent neuropathological studies showed early involvement of brainstem, primarily the dorsal raphe nucleus in the pathogenesis of AD. Transcranial sonography (TCS) using B mode provides more functional information of brain parenchyma as well. Echogenicity of the midbrain measured by means of TCS was shown to correlate with the integrity of basal leptin system and raphe nucleus (RN). Methods: Ten patients with diagnosed with AD (mean age 65.0+8.7 years) and 10 age-matched non-demented controls (mean age 66.4+6.5 years) were included in the study. Cognitive decline was assessed by means of Mini Mental State Exam (MMSE). TCS was performed bedside with ultrasound system equipped with 2.5 MHz transducer. In all subjects, the measurements were performed twice, by two independent examiners, with instruction performed: bilaterally, using temporal insonation “window”. The echogenicity of the pontomesencephalic RN was rated semi-quantitatively on a three-point scale, with the red nucleus as a reference point [1=not visible, 2=slightly visible, 3=normal RN echogenicity]. Results: Our results showed significantly lower RN echogenicity in patients with AD (mean echogenicity 1.4) compared to RN echogenicity in non-demented controls (mean echogenicity 2.7). Reduced RN echogenicity was found in 6/10 of the patients with AD, but only in 3/10 of 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 nucleus 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 (HERITOGYZODES AND HOMOYGOZES) AMONG PATIENTS DIAGNOSED WITH ALZHEIMER’S DISEASE: A META-ANALYSIS

A. Ward 1, S. M. Crean 1, C. J. Mercaldi 2, J. M. Collins 1, D. Boyd 1, M. N. Cook 3, H. M. Arrighi 4,*, C. Mangone 1, R. Chiang 1, R. Arizaga 1, R. Sica 2

1Center for Epidemiology and Database Analyses, United Biosource Corporation, Leesington, VA; 2Center for Epidemiology and Database Analyses, United Biosource Corporation, Bethesda, MD; 3Pharica Inc., Collegeville, PA; 4Janssen Alzheimer Immunotherapy, South San Francisco, CA, United States

Objectives: To obtain estimates for the prevalence of APOE e4 carrier status among diagnosed cases of AD by country and geographical region (Asia, Europe Central, North, and Southern), North America, South America), and by strain through National Institute of Neurological and Communicative Disorders and Stroke–Alzheimer’s Disease and Related Disorders Association (NINCDS-ADRA) AD definitions (possible or probable)

Methods: A systematic review and meta-analysis was conducted using English language studies published from January 1, 1985 to May 31, 2010. Studies were identified by searching MEDLINE and EMBASE. Articles representing 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: 269 published studies were identified that reported findings for 139 independent samples of patients with AD. The studies analyzed included 27,103 patients, and of these 15,773 (57.7%) were “probable” AD cases. 73 studies reported prevalence of e4 (in homozygotes). Pooled estimates were derived for APOE e4 carrier prevalence: 46.7% (95% CI 46.5-51.0) and e4/e4 prevalence: 7.7% (95% CI 5.8-9.6%). Based on probable AD cases, e4 carrier prevalence was 50.4% (95% CI 47.6-53.5) and e4/e4 prevalence was 10.3% (95% CI 8.1-12.7). The lowest regional estimates of e4 carrier status were Asia: 41.9% (95% CI 38.5-45.3), e4/e4 prevalence: 4.6% (95% CI 4.5-4.7). The highest were in Northern Europe: 61.3% (95% CI 55.9-66.7), e4/e4 prevalence: 14.1% (95% CI 12.2-16.0). Substantial heterogeneity of these prevalence estimates exists within each region. Conclusion: APOE e4 carrier 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. M. Crean Employee of: S M Crean is a consultant of: S Crean is an employee of United Biosource Corporation, Consultant of: S Crean was hired as a vendor by Janssen Alzheimer Immunotherapy, C. J. 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. M. Collins Employee of: J Collins is a full-time employee of United Biosource Corporation, Consultant of: J Collines 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. N. Cook Employee of: M Cook is a full-time employee of Pharica Inc., H. M. Arrighi Employee of: H Arrighi is a full-time employee of Janssen Alzheimer Immunotherapy, C. Mangone Employee of: C Mangone is a consultant of: C Mangone is a full-time employee of United Biosource Corporation, Consultant of: C Mangone was hired as a vendor by Janssen Alzheimer Immunotherapy, R. Chiang Employee of: R Chiang is an employee of United Biosource Corporation, Consultant of: R Chiang was hired as a vendor by Janssen Alzheimer Immunotherapy, R. Arizaga Employee of: R Arizaga is a full-time employee of United Biosource Corporation, Consultant of: R Arizaga was hired as a vendor by Janssen Alzheimer Immunotherapy, R. Sica Employee of: R Sica is an employee of United BioSource Corporation, Consultant of: R Sica was hired as a vendor by Janssen Alzheimer Immunotherapy.

P025

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

C. Mangone 1, R. Grillo 1, N. Escalante 1, R. Alzugar 1, R. Sica 2

1Neurology, Sanpsrit General Hospital, C.A.B.A., Science & Research Secretary School of Medicine, University of Buenos Aires, Buenos Aires, Argentina

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 cognitively normal of demented patients.

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) Procedure: Methodology: 25 DP (MMSE 26.8+2.6), Hamilton 17.7+2.3, 25 vmAD NINCDS-ADRA criteria, (MMSE 24+2.3; GDS 3.5+0.5; Hamilton Depression 6.2±2.7) 25 NC (MMSE 28.9+1.9; Hamilton 5.6±1.6) 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; 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 (50.8±3.6) and DP (19.5±4.8) from controls (26.0±3.9 p<0.001). The associative priming reflects the likelihood of a given a determined association when the patient was primed with a previous stimulus. This assessment differentiated between controls (23.5±5.5) and vmAD (20.8±3.9 p<0.001) and between controls and DP (15.4±2.5 p<0.001). The incidental learning was higher than the control of 45 in controls (60.0±4.1) and DP (59.1±5.2), while it was lower in vmAD (37.8±7.3) 1<0.05. Only the associative priming in the drawing modality of the unrelated associate significantly differentiates among the 3 groups.

Conclusion: Memory processes without great attention requirements are useful to differentiate among the 3 groups. Incidental learning after help, ordinary 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  
Services to Novartis AG  
Disclosure of Interest: P. Martinez-Lage acted as a speaker on behalf of Novartis AG.  

Objectives: Mutation in the presenilin-1 (PSEN1) 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 biological biomarkers 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, clueterin, 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; 115.43 pg/ml) amyloid beta 40 (144.87 pg/ml; 136.17 pg/ml), total apoE (18.5 mg/dl; 11.5 mg/dl), clueterin (450.21 pg/ml; 453.10 pg/ml), TNF-alpha (220.6 pg/ml; 369.0 pg/ml). A repeated analysis of the same panel of biomarkers was then carried out one month after treatment with 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 (195.46 pg/ml), clueterin (1420.34 pg/ml), TNF-alpha (10.86 pg/ml).  

Conclusion: From our results it appears that amyloid beta 42/40 ratio, clueterin 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  
P. Martinez-Lage 1,*, M. Pepp 2  
Department of Neurology, FUNDACION CITADELMEDICINA, San Sebastian, Spain, 2Branding Science (UK) Limited, London, United Kingdom  

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 future quantitative research.  

Methods: Participants were enrolled from the USA, France, Germany and Spain. For inclusion, they were required to fulfill 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 collected from 91 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 convergence 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  
MULTIFACTORIAL DISEASES REQUIRE MULTIFACTORIAL THERAPY. WHY WE NEGLECT PROCAINE IN NEURODEGENERATIVE DISEASES?  
I. Turcu 1,*, L. Spiru 1,  
1ANA ASLAN INTERNATIONAL ACADEMY OF AGING, Bucharest, Romania  

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 [13C13] and [11C11] procaine suggests that the feed-forward interactions between the byproducts released 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 agonistic drug qualities of this molecule (by the Spanish school of oncology) and the demonstration of its capacity of modulating the anterior’s 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
CONCENTRATION OF RIVASTIGMINE TO THE COGNITIVE RESPONSE IN ALZHEIMER’S DISEASE

Y.-H Yang 1, B. -H Chen2
1Neurology, Kaohsiung Medical University Hospital, 2Graduate Institute of Pharmaceutical Sciences, Kaohsiung Medical University, Kaohsiung, Chinese Taipei

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 overviewed and analysed 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-domain scores. 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 percent of AD patients showed improved CASI score, 42.7% in short-term memory, 66% in long-term memory, 42.3% in attention, 73.6% in concentration, 48.1% in orientation, 66% in visual construction, 64.2% in abstraction/judgment, 49.1% in language ability, and 71.7% in olfactory fluency. The increased NAP 226-90 concentration was significantly associated with 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 abstraction/judgment function. An adequate dosage of rivastigmine should be monitored with regard to varied clinical response.

Disclosure of Interest: None Declared

SEEDS OF CHANGE: HEARING THE VOICES OF FRONTLINE STAFF

N. Lubin1, J. J. DYKEMAN2, REVERA, Winnipeg, REVERA, TORONTO, Canada

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-centred model of dementia and behaviours 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 (Pulford & Duberry, 2006; Robinson & Tapan, 2008). 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-centred care.


Disclosure of Interest: None Declared

27th International Conference of Alzheimer's Disease International 7-10 March 2012, ExCoL London, United Kingdom

Science Fact Fiction
P034

PREDICTION OF FACIAL EXPRESSION ON PAIN AMONG PATIENTS WITH DEMENTIA
L.-C. Lin1*, L. Chiu2,3, C.-Y. Tsai1,2,2*
1Institute of Clinical and Community Health Nursing, NATIONAL YANG-MING UNIVERSITY, Taipei, Chinese Taipei
2Department of Nursing, College of Medicine, National Taiwan University, Taipei, Chinese Taipei
3Institute of Gerontology, National Yang-Ming University, Taipei, Chinese Taipei

Objectives: Pain in patients with dementia has often been under-detected, primarily because the pain scale evaluation of their facial expressions rely on very coarse indicators. 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 thirty-six residents with dementia chosen from veterans homes in north Taiwan and 233 residents from adult apartments were recruited in this study. Demographic data, MMSE, and ADL were collected. The research included 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, in-vivo correlation coefficient was used to establish the consistency of the English version of the reduced facial expression of B 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 recursive model was determined to test 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 48.7% respectively. The inner-rater reliability of the AUs on facial expression was tested by the intra-class correlation coefficient (ICC). The ICCs were 0.74, 0.74, 0.86, respectively. The inter-rater consistency reliability was 0.84. The highest agreement between AUs and self-reported pain and Doloplus-2 were AU 4 Brow lowerer, AU 6+7 Orbit tightening, and AU25+26+27 Open mouth. In addition, AU 4, AU25+26+27, and AU6+7 could predict pain by using residents report, Doloplus-2 or verbal descriptor scores scaling.

Conclusion: Based on the research finding, it is recommended to employ facial expression as an auxiliary cue to assess patients with dementia who are unable to verbal communication.

Disclosure of Interest: None Declared

P035

IS THERE AN ARACHIDE’S THREAD WHEN COMMUNICATING WITH ALZHEIMER PATIENTS?
R. I. Tisoa1*, L. Gino1
1ANA ASIAN INTERNATIONAL ACADEMY OF AGING, Bucharest, Romania

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 consult their. Complete diagnostic workshops are too often performed in later stages of AD and usually lead to an implicit diagnostic, forcing both caregivers (family) and patient 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 (database) OR commune* NOT communicate AND Alzheimer (searching papers focused on doctor/patient and doctor/carer communication issues). Initial search retrieved 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 to three relevant studies worldwide. We then summarized the recommendations and good practices identified by study authors, contrasting 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 caregiver/family and (3) caregiver/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).

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 end at patient limitations and disabilities. Better understanding communication disorders and caregivers’ self-training in acquiring certain interpersonal skills may significantly improve communication, thus overcoming at least in part communication barriers.

Disclosure of Interest: None Declared

P036

EFFECT OF MULTISENSORY STIMULATION ON HEART RATE IN A GROUP OF PATIENTS WITH ALZHEIMER DISEASE AND BEHAVIORAL DISTURBANCES
C. A. Grandi1*, L. Bergamini2, M. Monzani1, M. Turti3, G. Ferrari1, A. Guerzoni1, F. Orsi1, E. Orbo1, A. Fabbi1
1ASP, Mirandola, Consolazioni Psicogeriatrici, MIRANDOLA, Italy

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, perfumes, etc. Usually, agitation, like behavioral disorder, is associated with an abnormal activation of the psyco-physiological state in the person: increases of the heart rate (HR) is typically present in that state. Temporary improvement of the behavioral symptoms in patients with severe dementia, above all agitation, after the treatment by Snoezelen Room. The reduction of the agitation is documented by heart rate decrease.

Methods: 8 patients living in a Special Care Unit and affected by severe Alzheimer disease (CIBR score 3.88 ±0.35) and BPSD (UNCLA-NPI score 53.63 ±27.48) were treated with the multi-sensory stimuli in the Snoezelen Room. Patients had an average age of 85 (71-77) and 8 years (±2.0) of education. The effect of the multi-sensory 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 pacemaker.

Results: In 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 = 11.25; p<0.05).

Conclusion: multi-sensory 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 AND COGNITIVE FUNCTION IN LONG-TERM CARE RESIDENTS WITH DEMENTIA: A PILOT STUDY
J. Harris1,2,*, J. Johnson3, and Centre for Exercise and Nutrition in Falls and Aging Research
1Gerontology, 2Saskatchwan Population Health & Evaluation Research Unit, 3Kinesiology & Health Studies, UNIVERSITY OF SASKATCHEWAN, Regina, Canada

Objectives: Physiological 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 an 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 suggesting that regular physical activity may be effective at maintaining/improving physical and cognitive function in this population (Heay 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, six-minute walk. Cognitive function will also be assessed 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.

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.


Disclosure of Interest: None Declared
HOW TO FAVORISE THE REMINISCENCE PROCESSES? A PSYCHOSOCIAL AND QUALITATIVE APPROACH

E. Provost, C. Brasau, M. C. Melinval

Objectives: The aim of the 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 edifying educational experience through narration and sharing of autobiographical memories. We postulate that it is important to recognize the interaction meaning, in so, 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 recommendations would help the group mediator practices.

Methods: We will have a group of Alzheimer’s patients in a French nursing home. Five women, between 78 and 96 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 the 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 analysis 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.

Conclusions: Reminiscence processes would be promoted by having a more humanistic consideration of seniors. Therapists have to watch for each individual implication in social work i.e. both humans and artefacts. Indeed, artefacts are not only plus-sensational assistants, but also essential historical and cultural witnesses. Furthermore, our work enables to propose new research directions to future confirmatory studies.


Disclosure of Interest: None Declared

EXAMINING THE NEUROCOGNITIVE VALIDITY OF COMMERICALLY AVAILABLE, MOBILE PHONE-BASED PUZZLE GAMES

O. Thompson1, S. L. Barteck2, A. M. Bowes3, D. R. Gustafson4, J. A. Kay5, B. Knapp6, D. O’Brian7, P. Passmore8, C. Patterson9, D. Craig10

1Centre for Public Health, Queen’s University Belfast, Belfast, 2Department of Applied Social Science, University of Stirling, Stirling, United Kingdom, 3Institute for Neuroscience and Physiology, University of Gothenburg, Gothenburg, Sweden, 4Department of Neuroradiology, SUNY Upstate Medical Center, New York, 5Department of Neurology, 6Department of Biomedical Engineering, Oregon Center for Aging & Technology (ORCATECH), Oregon Health & Science University, Portland, Oregon, United States, 7Tonic Arts Research Centre, Queen’s University Belfast, Belfast, United Kingdom

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 50-85 years, completed a comprehensive neuropsychological test battery and played three mobile phone-based games in triads. 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 numerical and problem solving skills.

Results: As predicted, a priori, significant correlations were observed between matching pairs game (Matches Plus) and a test of visual memory (r=0.40; p<0.001) word puzzle (Jumbline) scores and performance on tests of reading ability/based IQ (r=0.53; p=0.003) and verbal learning (r=0.39; p=0.009) and number-placement puzzle (Sudoku) scores and a test of memory and reasoning 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=0.40; p<0.001) between performance on a number-placement puzzle (Sudoku) and a measure of nonverbal working memory.

Conclusions: 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

ART THERAPY AND COGNITIVE EXERCISES FOR ALZHEIMER’S PATIENTS AND CAREGivers GROUPS

J. A. Vargha

ARTE TERAPIA, FEDERACION DE ALZHEIMER DE PUERTORICO, San Juan, Puerto Rico


Methods: We defined this study as a specialized discipline in facilitate and enable a significant change in the patient and the caregiver through art and cognitive exercises. During the creative process images that create and the questions and answers they raised, though 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 demonstrated a decrease in total points in the Goldberg depression questionnaire.

Conclusion: The study served as an educational tool for the preparation of alternative 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 it was 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 with people with dementia and their caregivers.


Disclosure of Interest: None Declared

EVALUATION AND COMPARISON OF THE EFFECTIVENESS OF TWO DIFFERENT CST APPROACHES AND THEIR IMPLEMENTATION IN PRACTICE

A. Strasser

MENTAL HEALTH SCIENCES, UNIVERSITY COLLEGE LONDON, London, United Kingdom

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 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 randomisation be randomized to the TAU or intervention groups.

The monitoring phase will consist of clinical 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 success rates of these, and if groups have not been run the reasons for this.

Disclosure of Interest: None Declared

HOW TO FAVOURISE THE REMINISCENCE PROCESSES? A PSYCHOSOCIAL AND QUALITATIVE APPROACH

E. Provost, C. Brasau, M. C. Melinval

Psychology, Université Nancy 2, Nancy, France

Objectives: The aim of the 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 edifying educational experience through narration and sharing of autobiographical memories. We postulate that it is important to recognize the interaction meaning, in so, 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 recommendations would help the group mediator practices.

Methods: We will have a group of Alzheimer’s patients in a French nursing home. Five women, between 78 and 96 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 the 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 analysis 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.

Conclusions: Reminiscence processes would be promoted by having a more humanistic consideration of seniors. Therapists have to watch for each individual implication in social work i.e. both humans and artefacts. Indeed, artefacts are not only plus-sensational assistants, but also essential historical and cultural witnesses. Furthermore, our work enables to propose new research directions to future confirmatory studies.


Disclosure of Interest: None Declared
Poster Presentation Abstracts

P042
WHY HAVE WE FAILED TO CURE AD?
A. Kaczer
Neurology, TEL AVIV UNIVERSITY, Tel Aviv, Israel

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 a downstream phenomenon, like apoptosis or brain-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 epidemic disease must be made by aggressive action against its risk factors.

Disclosure of Interest: None Declared

P043
IN VITRO CHARACTERIZATION OF AMYLOID AGGREGATION BY OXIDATION OF ELECTROACTIVE INTERCALATIVE DYES
A. Veloso1,2, K. Kermani1, V. W. Sh. Hang1, T. Chan1
Physical and Environmental Sciences, UNIVERSITY OF TORONTO AT SCARBOROUGH, Toronto, Canada

Objectives: We demonstrate that the oxidative peak current of electroactive beta-sheet intercalating dyes, Congo red and Thioflavin T, increased in the presence of amyloid beta peptides (1-40, 1-42) corresponds to the state of peptide aggregation in vitro. Intercalating 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 mins 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 (TTH) was then added. Aggregation was stimulated by incubating Aβ at 37 ± 1°C 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 of Aβ, confirmed by UV-Vis analysis (ε = 414 nm). Conversely, the oxidative peak current of TTH increased over 24 h. However, complete aggregation was again marked by an unchanging oxidation signal at 5 h, confirmed by fluorescence analysis (ε = 495 nm).

Conclusion: We report for the first time, the use of the electroactive properties of beta-intercalating dyes CR and TTH 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 aromatic rings of CR allow for incorporation into the highly hydrophobic proteid peptide units formed from associating Aβ intermolecular. This result 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 hydrophobic dye from the increasingly hydrophobic core of the forming protfibrils.

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
S. Aavaluoma1, T. Tammelin1
HELSINKI ALZHEIMER ASSOCIATION, Helsinki, Finland

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 whole family (by combining the views of therapists and a patient Family oriented approach 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 therapies focused on the understanding the different aspects of good care and talk together about how to arrange things in future to come

Methods: Groups for the patients, couples and healthy spouses

Groups: care providers; couples and family therapy

Individually – couple and family therapy

Results: During 2007-2010, 250 sessions with 40 families of 1-6 members. Every one psychosomatic session can be meaningful: The essential challenge is to cope with the feelings and continual change.

Conclusion: Prospective memory impairment 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 rethink the newly. Every member of the family should be allowed to feel being supported even they are family caregivers.

Disclosure of Interest: None Declared

P045
FACTORS RELATED TO HEALTH SEEKING INTENTION IN ELDERLY DEMENTIA CAREGIVERS
M.-D. Lee1,2, H.-C. Lin3
1Graduate Institute of Long-Term Care, National Taipei University of Nursing and Health Sciences, 2Neurology, Tri-Service General Hospital, Taipei, Chinese Taipei

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 relative’s 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 intention in seeking health care for their dementia 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, MWMSE 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 subjective norms can mediate the effects of the frequency of problem behaviors and the attitude 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 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 caregivers’ health seeking process.


Disclosure of Interest: None Declared

P046
IN VITRO CHARACTERIZATION OF AMYLOID AGGREGATION BY OXIDATION OF ELECTROACTIVE INTERCALATIVE DYES
A. Veloso1,2, K. Kermani1, V. W. Sh. Hang1, T. Chan1
Physical and Environmental Sciences, UNIVERSITY OF TORONTO AT SCARBOROUGH, Toronto, Canada

Objectives: We demonstrate that the oxidative peak current of electroactive beta-sheet intercalating dyes, Congo red and Thioflavin T, increased in the presence of amyloid beta peptides (1-40, 1-42) corresponds to the state of peptide aggregation in vitro. Intercalating 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 mins 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 (TTH) was then added. Aggregation was stimulated by incubating Aβ at 37 ± 1°C 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 of Aβ, confirmed by UV-Vis analysis (ε = 414 nm). Conversely, the oxidative peak current of TTH increased over 24 h. However, complete aggregation was again marked by an unchanging oxidation signal at 5 h, confirmed by fluorescence analysis (ε = 495 nm).

Conclusion: We report for the first time, the use of the electroactive properties of beta-intercalating dyes CR and TTH 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 aromatic rings of CR allow for incorporation into the highly hydrophobic proteid peptide units formed from associating Aβ intermolecular. This result 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 hydrophobic dye from the increasingly hydrophobic core of the forming protfibrils.

Disclosure of Interest: None Declared
A SURVEY ON PRACTICAL NURSING CARE FOR DEMENTIA PATIENTS ADMITTED TO GENERAL HOSPITALS

E. Mino1*, S. K. Je1, R. Su1, K. H. H. On2, H. Yoshida1, A. Yotsukura1
1Faculty of Medicine, School of Nursing, 2Faculty of Medicine, General Medicine, OITA UNIVERSITY, Yubari city, Oita prefecture, Japan

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.

Conclusion: 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.

Disclosure of Interest: None Declared

P048

IN-HOME STIMULATION/RESPITE FOR FAMILIES TOUCHED BY DEMENTIA: A PERSON-CENTERED APPROACH

M. Williams1*, M. White1
1Support Services, ALZHEIMER GROUPE INC, Montreal, Canada

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 Group (A.G.) 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.1 in-home stimulation/respite program serviced 8 families 4 hours once a week for 6 months. A unique stimulation kit was designed and used to engage the clients in therapeutic recreational activities for take-home interactions. This kit is modeled after the ADI day program. Each kit is tailored to the individual - based on higher interests and abilities. Hired healthcare professionals received specialized training for dementia care to enhance their existing skills. The finest input for the respite/stimulation was based on the needs of the families. The same professional visits the family on a weekly basis, ensuring 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 included the Zarit 4-item Caregiver Burden Scale and pre/post caregiver questionnaires.

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
PO62

FADEING MEMORIES: CONCERN FOR CARING FOR DEMENTIA PATIENT

S. Chawla 1, 2

1, 2NRC, HOPE EK ASHA, New Delhi, India

Objectives: Fading memories are a challenge faced by an old person in his 60s 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 to 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

PO63

A RESEARCH OF SUCCESSFUL AGING FOR DEMENTIA PATIENTS TO EMPOWER THEIR LIVES IN NURSING HOMES: A CASE STUDY OF THE YMCA CENTER IN TAIWAN, TAIWAN 2010

P. T. Chiu 1, 2, Y. Y. You 3, Y. H. Lin 1, 4, G. Yau 1

1Institute of Gerontology, National Cheng Kung University, 2Dept. of Senior Citizen Center for Nursing Home and Day Care and Home Care Service, The Tyrann YMCA, 3Department of Architecture, National Cheng Kung University, 4Tainan City, Tainan, Taiwan

Objectives: As many patients with dementia enter old age, 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 obtain adjustment of life and strengthen their ability to age in place.

Methods: Through 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 prepared a project of “The Promotion of Successful Aging under the Unit Care.” The center arranged 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 themes 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 routines, (2) encourage active participation in various sports, (3) improve cognitive activity groups to learn together, (4) get together to find the connection between dementia 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 strengthening 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

PO64

DEVELOPING AN E-LEARNING WEB SITE FOR CARING ELDERS WITH DEMENTIA: METHODOLOGICAL TRIANGULATION FOR LEARNING CONTENT MAP

Y. Y. Cheng 1

1School of Nursing, National Cheng Kung University, Tainan, Chinese Taipei

Objectives: Dementia affects elders and related family and professional caregivers psychophysically, and threatens the socioeconomic 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 caregivers focus group interviews, which were analyzed 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 was established.

Results: Qualitative interview-transcribed 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,” “Helpdesk Experience,” “e-Learning/Willingness” “Information Utilization,” and “Service Quality,” were valued (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 caregiving 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

PO65

MANAGING BEHAVIORAL CHANGES: A CLINICAL PRACTICE REPORT

M. Danielek 1, 2, 3

1Nur, AAAAA Private Home Care, Inc., Marblehead, MA, United States

Objectives: To 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 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 bowel movements and reduced UTI’s. At 2 months, one patient gained weight and had increased hemoglobin and red blood cells. We added 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; minimized frustration and less 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. Our clinical expertise 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.

References: Integrative Medicine, Vol 2, No. 1, pp 3-10, 1999. Immune Function in Elderly, Smokers and Nonsmokers Improves During Supplementation with Fruit and Vegetable Extracts

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

N. Fukuyama 1, Y. Ikeno 1, T. Fujii 1, K. Hanayama 1, K. Kinuma 1, T. Takasato 1, N. Yoshimatsu 1, T. Takagi 2, S. Sasa 2, K. Takana 1, K. Yanagauchi 1, D. Kanon 1, M. Morii 1

1Physiology, Cardiology, and Rehabilitation, Tokai University School of Medicine, Isehara; 2Bioscience Clinic, Group Home Kosan, Yonekura; 3Group Home Ayunoatsasogiri, Sagamihara, Japan

Objectives: The study was conducted over 1 year. The purpose of the study was to observe the effectiveness of the creative care approach, as a group care model for elderly in a group home in Japan. The design of the study was a randomized controlled comparison of the group homes with and without the creative care approach. People with dementia (MMSE score) were recruited for the study. In the group home that received the creative care approach, the scores of the MMSE for the group home showed significant improvement. It has been demonstrated that the creative care approach is an effective way to help elderly individuals to live independently.

Disclosure of Interest: None Declared

P057

THE EXPERIENCE OF MOVING A FAMILY MEMBER INTO A SECURE UNIT FOR PERSONS WITH DEMENTIA

A. Hayward 1, 2

1MSW Candidate, School of Social Work, McGill University; 2Alzheimer Society of Montreal, Montreal, Canada

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. Through there is a growing body of literature describing how family caregivers 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 lack of a strong evidence of good practice guides 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 processes experienced by family members moving into a secure unit; 2) to develop 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 associated by family members.

Methods: 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 interview was subsequently transcribed, coded and analyzed according to guidelines outlined by a grounded theory approach.

Results: Though analysis is in its beginnings stage, initial findings were 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.


P058

DEVELOP UNDERSTANDING OF THE PRISMA PROJECT DEVELOPED IN THE QUEBEC PROVINCE OF CANADA AND ASSESS ITS EFFICACY FOR DEMENTIA CARE IN SCOTLAND

L. Kimani 1

1Policy Department, ALZHEIMER SCOTLAND, Edinburgh, United Kingdom

Objectives: This study will be carried out over the next 1 year. The purpose of the study is to develop an understanding of the PRISMA integrated delivery model; identifying the lessons it offers for service development, to develop an understanding of the PRISMA integrated delivery model; identifying the lessons it offers for service development, to support the development of new integrated delivery models for care of elderly people with dementia in Scotland. The study will use a mixed methods approach to assess the model’s impact and provide evaluative feedback to the service providers.

Methods: Secondary desk based research; analysis of the existing evidence base on PRISMA and consideration of its efficacy for dementia care in Scotland; face to face semi-structured interviews with practitioners involved in the PRISMA model in Quebec, Canada; and an in-depth, semi-structured interview with the principle investigator.

Results: The project has been evaluated in Quebec and positive feedback has been received from practitioners involved in the model. The project has increased awareness of the importance of integrated delivery models for care of elderly people with dementia in Scotland.

Conclusion: Further research is needed to assess the efficacy of the PRISMA integrated delivery model in Scotland.

Disclosure of Interest: None Declared

P059

PUTTING THE ACTIVE INTO ACTIVITIES

D. Troxel 1, K. Rogers 1, 2,*, C. Lilly 3

1Best Friends, Sacramento; 2Active Aging, 3Life Guidance, Atria Senior Living, Louisville, United States

Objectives: Participants will be able to name 6 components of active aging as they relate to dementia engagement/activities.

Methods: Lectures, group exercise, discussion

Results: A. Senior Living has divided its activity program 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 redline 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 shows that many activities for healthy seniors can easily be modified to support persons with dementia through their journey.


Disclosure of Interest: None Declared
COMMUNICATION STRATEGIES EMPLOYED BY FORMAL CAREGIVERS ASSISTING INDIVIDUALS WITH MODERATE-SEVERE ALZHEIMER’S DISEASE DURING ACTIVITIES OF DAILY LIVING (ADLS): A MIXED METHODS APPROACH

R. Wilson 1, 2,*, E. Rushon 1, J. A. Mihalides 1, C. Leonger 1
1Speech-Language Pathology, University of Toronto, 2Research, Toronto Rehabilitation Institute; 3Occupational Science and Occupational Therapy, University of Toronto, Toronto, 4Psychology and Speech-Language Pathology, University of Ottawa, Ottawa, Canada

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 of caregivers’ 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 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 examine 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. Seventeen residents with moderate-severe AD and their caregivers (n = 17) completed a total of 18 toothbrushing trials. The MMSE score of AD participants ranged from 5 – 20 (M = 13.1, SD = 4.6). 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

Poster Presentation Abstracts

NURSING PRACTICES IN END-OF-LIFE CARE AND PROBLEMS IN NURSING COOPERATION AT GROUP HOMES FOR DEMENTIA IN JAPAN

N. Hirama 1, 2,*, Y. Momose 1
1School of Nursing, Hyogo University of Health Sciences, Kobe, 2School of Nursing & Health, Aichi Prefectural University, Nagaoka, Japan

Objectives: In 2009, HIRAMA & MOMOSE clarified the realities and issues of nursing cooperation in west Japan through interviews with semi-structured questionnaires. 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 600 GH administrators, nurses and visiting nurses (20,000 each) selected with random sampling through W iNEM, 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: 919 subjects (281 administrators, 113 nurses and 194 visiting nurses) responded. Nursing practices in end-of-life care at GH. The largest number of the respondents (46%) chose “Information care providers about patient’s physical changes and what they should pay attention to” as a major nursing practice. Other major practices were “More vivid signs (44%)”, “Taking care of people (40%)”, “Intermittent nursing care (40%)” and “Family presence at death (36%)”. Only 36% of respondents chose “Record electrical data (26%)”. There were significant differences between these three groups on all questions except for “Record data with electrical data” (P<0.01). Major Problems in nursing cooperation in end-care at GH consists of seven factors: (1) Providing care with fear and anxiety, (2) Inadequate care availability due to contracts, (3) Insufficient care record and legislation, (4) Different inferences and differences on the patient’s condition (46%), (5) Different inferences and differences in patients’ condition (40%), (6) Differences in philosophy on life and death between the groups and (7) Differences in the caring outline contacts (42%). 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 towards death, 2) Inefficient medical services due to legal limitations, 3) Lack of understanding of end-of-life care and 4) Philosophical differences on life and death. Suggestions were: 1) Opportunities for joint study sessions and conferences and 2) Chiding up roles of professionals in written form.

Disclosure of Interest: None Declared

PROBLEMS AND PRIORITIES OF END-OF-LIFE CARE IN A JAPANESE GROUP HOME FOR PEOPLE WITH DEMENTIA

H. Tanaka 1
1Department of Nursing, CHUBU UNIVERSITY, Kasugai, Japan

Objectives: Small-scale nursing homes for people with dementia are called ‘group home (GH)’ 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 this 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 caregivers 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 caregivers indicated it is difficult to provide end-of-life care in a Japanese GHs because there are no nursing staff. In addition, caregivers have limited knowledge about end-of-life care therefore they feel uneasy to provide end-of-life care at GH. GHs mentioned the priorities of providing end-of-life care at the GH, which were classified into six categories as “cooperation among healthcare professionals, caring of the GH and family of residents”, “increased number of staff at the GH”, “cooperation and consent of the family of residents”, “promotion of staff knowledge about end-of-life care”, “purchase of care equipment and medical equipment”, and “provision of a room for end-of-life care”. The visitng nurses mentioned that a large number of providers have limited knowledge about the reward for medical cooperation and the reward for end-of-life care in GHs. Thus, many providers do not contract staff from a home-visits nursing station and this is causes difficulties to provide end-of-life care in GH. The visiting nurses mentioned the priorities of providing end-of-life care, which were classified into four categories as “cooperation among healthcare professionals, caring of the GH and family of residents”, “promotion of staff and providers’ 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 providers’ knowledge about end-of-life care and medical cooperation are important factors in order to increase end-of-life care in Japanese GHs. This study was subsidised by the Grant-in-Aid for Young Scientists (Start-up).

Disclosure of Interest: None Declared

CARE AT HOME FOR PEOPLE SUFFERING FROM DEMENTIA

A. Ponzio 1, M. D. Eftthimiou 1, E. Giavounlou 1, M. Taski 1
1Team of care at home, GREEK ASSOCIATION OF ALZHEIMER DISEASE AND RELATED DISORDERS, Thessaloniki, Greece

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 suffering 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 provides visits in houses of patients with dementia of final stage and 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, npd, fssd, zarit, bdi, sirs) 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 promotion in case of illness.


Disclosure of Interest: None Declared
P085

STRATEGIES TO IMPROVE THE QUALITY OF END-OF-LIFE CARE FOR ELDERLY RESIDENTS WITH DEMENTIA IN JAPANESE NURSING HOMES

M. Watanabe 1, M. Chiba 1, E. Hashida 1, C. Sole 1, Y. Matsuzawa 1, Y. Momose 2
1Nursing, Nagoro College of Nursing, Komagome, Nursing, Aichi Prefectural University, Nagoya, Japan

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 nurses administrators had 23.6±4.4 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 use 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

P086

DECISION MAKING OF INSTITUTION PLACEMENT AMONG FAMILIES WITH DEMENTIA ELDERLY PERSON

H.-L. Huang 1,*, M. Y. Lee 2, Y.-Y. Shyu 1, L.-C. Wang 1
1School of nursing, CHANG GUNG UNIVERSITY, 2Yo-Yuan, School of nursing, School of Nursing, National Taiwan University, Chinese Taipei

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 i t software and a comparative strategy were employed to analyze the data. The participants included 18 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 individuals, the 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, “family negotiation”, and “developing strategies to consolidate an agreement”. If a family completed these four components then they 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 is useful to community health nurses and care managers, and promote the quality of family caregiving.

Disclosure of Interest: None Declared

P087

PREVALENCE OF COGNITIVE IMPAIRMENT AND DEPRESSION AMONG KOREAN IMMIGRANT ELDERS: PRELIMINARY FINDINGS FROM THE MEMORY AND AGING STUDY AMONG KOREANS IN MARYLAND (MASK-MD)

H. Lee 1,*, H. Han 1, H. J. Song 2, K. B. Kim 3, M. Kim 2
1JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE, 2JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING, Baltimore, 3Korean Resource Center, Ellicott City, United States

Objectives: Estimated nearly two million in U.S., Korean-Americans comprise the fourth largest Asian-American subgroup, and the vast majority (up to 80%) of Korean elders attend ethnic churches. 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 reconciled 740 Korean American elders (mean age: 74.03 ± 6.31 years; female: 89.95%), 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) and administered face-to-face by trained community health workers.

Results: 10.2% scored less than 24 on MMSE-KC, and 17.0% 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 screen for “above (very depressed)” and 17.0% above (clinical depression), respectively. Only 8% of the participants screened positive for depressive (PHQ-9>10), only 3.2% (18.6% all females) reported receiving treatment from a health care provider within six months of antidepressant.

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.


Disclosure of Interest: None Declared
LONG TERM CARE FOR ABORIGINAL SENIORS IN RURAL AND REMOTE COMMUNITIES OF SASKATCHEWAN

C. Cyu1, N. Stewart, D. Morgan, C. Bourassa, A. Cammer

1 University of Saskatchewan, Saskatoon, Sask., 2 FIRST NATIONS UNIVERSITY OF CANADA, Regina, Canada

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: Data for these communities were obtained from Statistics Canada and the First Nations and Mêliss 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 database 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 quality 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 AD/Re increases.

Disclosure: Interest: None Declared
PRESENTATION ABSTRACTS

P072

POLEY’S PRACTICE DIALOGUE SUMMIT: RURAL HOME CARE’S USE OF EVIDENCE TO INFORM DEMENTIA CARE

D. Forbes1,2, C. Blake1, M. Cire1, K. Blais1, W. Hamilton1, M. Mandelstam1
1Faculty of Nursing, University of Alberta, Edmonton, 2School of Nursing, University of Western Ontario, London, 3Specialized Geriatric Services, Alberta Health, Calgary, 4Seniors Health, Alberta Health Services, Edmonton, Canada

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 “Poiley 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 Midfeller Health Forum Policy Dialogue principles and features guided the summit and “To Research Working for You?” (CMHRP, 2008) 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

Y.-C. Chu1, Y. Lee2
1Graduate Institute of Nursing, Chung Gung University, Taoyuan, 2Intensive Care Unit of Neurological Surgery, Tri-Service General Hospital, Taipei, Taiwan.

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 100 pairs of dementia patients and their FCGs was recruited from northern Taiwan. Dementia patients’ neuropsychiatric symptoms were assessed using the Chinese Neuropsychiatric Inventory (CNI). FCG’s distress was measured by CNI Caregiver Distress Scale (CNI-CDS), physical fatigue by Lee’s Fatigue Scale (LFS), and mental fatigue b by Abdominal Function Index (AFI), depressive symptoms by Center for Epidemiological Studies Depression Scale-Short Form (CES-D), and sleep disturbance by General Sleep Disturbance Scale (GSDS). FCGs sleep disturbance was reported by 15.2% 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 (level 1 model). Patients’ psychiatric symptoms predicted FCGs sleep disturbance in level 6 model. FCG’s mental and physical fatigue predicted their’ sleep disturbance in level 5. Finally, FCG’s mental and physical fatigue as well as their depressive symptoms predicted their sleep disturbance in the final hierarchical regression model, explaining 56.8% 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, FCG’s mental and physical fatigue, and FCG’s depressive symptoms when helping to care for FCGs sleep disturbance (255 words)


Disclosure of Interest: None Declared

P074

AN EXPERIENTIAL LEARNING MODEL, APPLIED TO NURSES WORKING WITH PATIENTS WITH CREUTZFELDT-JAKOB DISEASE

R. D’Amour1, P. Guimond2
1CJD Surveillance System, Public health agency Canada, 2School of nursing, University of Ottawa, Ottawa, Canada

Objectives: Creutzfeldt-Jakob disease (CJD) is a rare prion disease that is fatal. Prion disease affects 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.

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 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

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 client cannot be overlooked.


Disclosure of Interest: None Declared

P075

IMPACT OF SUPPORT SERVICES ON PERCEIVED CAREGIVING STRESS AND PERCEIVED HEALTH STATUS AMONG DEMENTIA CAREGIVERS

E. S. Dawood1
1College of nursing, KING SAUD BIN ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES, Riyadh, Saudi Arabia

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 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 related to the availability and utilization of social, family, and community resources. The purpose of this paper is to describe the approach utilized to develop and evaluate an educational module on CJD for nurses

Results: 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.

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 client cannot be overlooked.


Disclosure of Interest: None Declared

Save the Date!

27th International Conference of Alzheimer's Disease International
7-10 March 2012, ExCel London, United Kingdom

Science Fact Fiction
P075
THE NEW DEMENTIA EDUCATION PROGRAM, CHALLENGES AND REWARDS
L. Gervais-Trottier1,2
EDUCATION, ALZHEIMER SOCIETY OF MONTREAL, Montreal (Quebec), EDUCATION, McGill UNIVERSITY, MONTREAL, Canada

Objectives: The Montreal Alzheimer Society new education program seeks to:
- Inflame 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 in a person-centered (Kitwood, 1987) 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 an abridged pamphlet version tailored 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 training and education 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.


Disclosure of Interest: None Declared

P076
LITERTURE REVIEW ON DELIRIUM PREVENTION STRATEGIES IN OLDER INDIVIDUALS WITH DEMENTIA
Y. Matsuzawa 1,*, M. Watanabe 1
Nursing, Nagano College of Nursing, Komagane, Japan

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 2012 using the following databases: MEDLINE, CINAHL, PsycINFO, and Jshuki Vital. Thirty-two articles about delirium care for older individuals with dementia were considered. We focus on the impact of delirium care, 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: routine frequently”, “environmental improvement such as cleaning up her bedside”, “administration of sedative,” “nursing” and “ready orientation such as representing time and place”. Others noted “hydration management”, “pain management”, “educating patient about need for therapies 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 care in preventing 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

P077
FACORS AFFECTING THE QUALITY OF DEMENTIA CARE PROVIDED BY PROFESSIONAL CAREGIVERS IN UNIT-TYPE HEALTHCARE FACILITIES FOR THE ELDERLY
S. Har1, T. Miyake1, Y. Futabay1
Faculty of Medicine, SHINANON UNIVERSITY, Isumi; Faculty of Health and Welfare Science, Okayama Prefectural University, Soka, Japan

Objectives: The objectives 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 25 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, indicating an independent variable 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.

Results: A total of 564 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 their number of years of caregiving experience in healthcare facilities than by their number of years of experience working as a caregiver.

Disclosure of Interest: None Declared

P078
MENTA-SPECIFIC TRAINING FOR PERSONAL SUPPORT WORKERS – LESSONS LEARNED
S. Hym1
Family and Community Medicine, WOMEN’S COLLEGE HOSPITAL, Toronto, Canada

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 (PSW), many of whom are bilingue, ESOL, and with 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 dementia care. 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 knowledgeable about dementia, gained insight and empathy towards PWD, learned effective communication skills.

Results: 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,” “nursing” and “ready orientation such as representing time and place”. Others noted “hydration management”, “pain management”, “educating patient about need for therapies 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 care in preventing 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

P079
THE CHANGING FACE OF DEMENTIA

26th International Conference of Alzheimer’s Disease International
25-29 March 2011, Sheraton Centre, Toronto, Canada

The Changing Face of Dementia
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 are 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

Y. Momose 1,*, H. Matsuoka 1, A. Fujino 1, N. Amaki 1, D. Akatsuka 1, M. Watanabe 2, S. Okuno3

School of Nursing & Health, AICHI PREFECTURAL UNIVERSITY, Nagoya, School of Nursing, NAGANO COLLEGE OF NURSING, KOMAGANE, School of Nursing, KYOTO TACHIBANA UNIVERSITY, KYOTO, Japan

Objectives: Nurses working in intermediate nursing homes 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 analyses.

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 females (96.5%) who had worked for an average of 6.1 years. The mean age of respondents was 45.5 years (range 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., residents’ memory and behavior problems, building of human relationships, discount 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 work 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 1- RELATIONSHIP BETWEEN QUALITY OF LIFE AND CARE BURDEN

T. Nakamoto 1,*, S. Okuno 1,*, M. Onozuka 1, R. Nagamori 1, N. Totsuka 1

NURSING DEPARTMENT, KYOTO TACHIBANA UNIVERSITY, Kyoto, Japan

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 Caregiver’s Assessment of Need Index (CAMI, 18 items). 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 March, 2010. The response rates were 41.7% (n=105) in Japan and 55.2% (n=138) in China. The mean score of the ZBI was higher in Japan than in China (p<.001). In 30 items of the CAMI, there’re significant differences between Japan and China was affected by the advanced in age of the family and the elderly, the relationship between the two countries, and personal strain in the family. In Japan, the subscales of the CAMI that have significant differences between Japan and China was 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. Significant relationships were shown between some of the subscales of the CAMI and the ZBI scores for the family answering usefulness of the CAMI  was significantly lower than the ones in China. In the former study of S. Okuno, et al, the QOL of the nurses working in intermediate nursing homes in Japan was lower than in China. It seems to make the use of stress coping have influenced on the QOL. Nurses 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 2- RELATIONSHIP BETWEEN QUALITY OF LIFE AND CARE BURDEN

S. Okuno1,*, M. Onozuka1, R. Nagamori1, T. Nakamoto1, N. Totsuka1

NURSING DEPARTMENT, KYOTO TACHIBANA UNIVERSITY, KYOTO, Japan

Objectives: Objectives were to clarify the characteristics of family caregivers for elderly persons with dementia at home in Japan and China, and to examine the relationship between quality of life (QOL) and Care Burden. Methods: Two surveys comprising questions addressing prescribing practices were developed and distributed electronically to GP offices 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 (40.6%) providing care for 741 people with dementia (89% on antipsychotics) have completed the surveys. Most GPs (75%) reported only occasional discontinuation of antipsychotics due to concerns at reducing drugs on their own, expectations of regulation from the local Primary Care Trusts, or reluctance among GPs. Positive results after withdrawal among GPs and Care Homes reducing prescriptions were however noted and no initiatives were avoided. History of cardiovascular risk factors did not appear to influence withdrawal. Variants in antipsychotic use, with only 40% of GPs practicing at maintaining sole use of risperidone, was after analgesia/laxatives were made. Initial review after initiation was considered the responsibility of primary healthcare staff are raised. Interdisciplinary communication, structured support and guidance, and reallocation of resources are necessary.

Disclosure of Interest: None Declared

Disclosure of Interest: None Declared

Disclosure of Interest: None Declared

Disclosure of Interest: None Declared

Disclosure of Interest: None Declared
P04A

COMPARING FAMILY FUNCTIONS WHOSE ELDERLY FAMILY MEMBERS HAD DEMENTIA

Y. Otsawa
Faculty of nursing, SATTA Prefectural University, koshiga, Japan

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 118 caregivers who take care of aged family members with dementia at home in urban areas. The average age was 65.1 (SD = 12.3) for caregivers and 86.2 (SD = 9.7) for 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 Equigarian Sex Role Attitude's Short Form. These 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 belong to.

Results: Family functions were categorized into extreme, moderate and balanced. 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.


Disclosure of Interest: None Declared

P04B

ALZHEIMER CAREGIVER QUALITY OF LIFE: AN EXPLORATORY STUDY OF ASSOCIATIONS BETWEEN NEUROPSYCHIATRIC SYMPTOMS AND CAREGIVER COPING STRATEGIES

J. Stelmokas1,*, B. Scott1, L. Hunt2
1Professional Psychology, 2Occupational Therapy, PACIFIC UNIVERSITY, Hillsboro, United States

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. 25 caregivers completed the Neuropsychiatric Inventory (NPI-Q), the Caregiver Quality of Life questionnaire (COGQL), and the Ways of Coping- Revised questionnaire (WAC-R).

Results: Pearson product moment correlations indicated a significant negative correlation between PF coping strategies and Assistance with Instrumental Activities of Daily Living (ADLs) (rNPS = -.52) and a significant trend between NPS and IADL’s (rNPS = .46). A significant negative relationship was found between EF coping strategies and Risk Limitations Due to caregiving, rEF = -.50. A significant negative relationship was found between EF coping strategies and caregiver Personal Time, rEF = -.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 coping strategies mediate the relationship between NPS in people with AD and caregiver quality of life.

Disclosure of Interest: None Declared

P04C

GENDER DIFFERENCES IN CAREGIVER DISTRESS OVER TIME

N. Stewart1 and Debra Morgan, Canadian Centre for Health and Safety in Agriculture (CCSHA), University of Saskatchewan (UofS); Allison Cammer, CCHSA, UofS, Chandina Karunaratne, CCHSA, UofS.

College of Nursing, UNIVERSITY OF SASKATCHEWAN, Saskatoon, SK+, Canada

Objectives: The aim of this retrospective study was to examine differences in reported 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 themselves 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 data for analysis. Statistical analysis was conducted using the Generalized Estimating Equation (GEE). Change of family functions which were categorized as moderate type had traditional values and family members adapted themselves to challenging circumstances effectively using their family ties.

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

P04D

AN EVALUATION OF A TRAINING WORKSHOP FOR HEALTH AND SOCIAL CARE STAFF IN RURAL SCOTLAND

P. Szymczynska1,*, A. Irrie
1Dementia Services Development Centre, UNIVERSITY OF STRATH, Stirling, United Kingdom

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 anonymous 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 rural and rural 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 fulfillment 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 an 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 the 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 recognize 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 ratings 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 CARES NOEZE: ADOPTED IN THE COMMUNITY WITH EMPOWERED DEMENTIA PATIENTS - A CASE STUDY OF ZEELANDIA DEMENTIA ASSOCIATION IN TAIWAN, TAIWAN**

P. T. Chen 1, H. Chao 1, H. C. Yu 2, W. Y. Cheng 1

Institute of Gerontology, National Cheng Kung University, 1Department of Health Care Administration, Chung Hua University of Medical Administration, 2Zeelandia Dementia Association, 1School of Nursing, National Cheng Kung University, Tainan City, 2Chinese Taipei

**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 Dementias 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 lecture 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.

**Conclusions:** 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 patients’ 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**

S. Henry 1, A. Dor 1

L’IGUE ALZHEIMER ASBL, Ukke, Belgium

**Objectives:** The objectives of the ‘dementia-agent’ network

- 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 organized 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 to the demented people with.

**Methods:** The ‘dementia – agent’

The ‘dementia – agent’ is a professional likely to meet disoriented people or their relatives. He/She must be 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 works as many communities as possible to be covered, so that a professional from a similar background (in terms of hometown) can guide people with dementia and their caregivers, and provide them with adapted information. La Ligue Alzheimer is moreover willing to optimize existing services.

**Conclusions:** 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 Café and the training session for the demented people’s relatives.

**Disclosure of Interest:** None Declared

---

**P092**

**AGE-FRIENDLY AND DEMENTIA - BROADENING THE SCOPE**

W. Hudson 1

Policy and Quality, ALZHEIMER'S AUSTRALIA WA, SUBIACO, Australia

**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 senior people 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 Dementia is the leading single cause of disability in older Australians (aged 65 years or older) and is responsible for

**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 establishment of people living with dementia.

**Conclusions:** In the light of these findings, it is appropriate to reflect upon the community 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**

Y. Koga 1,*, H. Madono 1, T. Hirakawa 1, K. Abe 1, F. Jura 1

Kyushu University of Nursing and Social Welfare, Tamana, Japan

**Objectives:** In the present study, we analyzed the formation process of “House H”, a house in which five elderly individuals with Alzheimer’s disease or other conditions live with a woman in her 20s named “K” in cooperation 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.

**Conclusions:** The director provided support that existed “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 cooperation 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
Disclosure of Results: The literature reveals that partial or incomplete understandings of dementia can be found among different nurses, Medline and PsycINFO. The search was limited to articles or literature in the English language and while 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 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.

Methods: 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, Interna, 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: 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 experiences. Relevant care strategies help caregivers adapt to situations throughout the life course of the disease — providing a comprehensive approach to care that adapts to the changes necessary in their caregiving as the disease progresses.

Conclusions: Due to the overwhelming response of the Dementia Basics© On-line success (accessed by 2,000 people in 2009 from 44 countries) we are responding to this global need of supporting the family network with the addtion of Empowered Care: Learning through Information, sharing and strategies, a 50-minute online version of our family care partner workshop.

References: Debbie Lee, Clinical Specialist, Alberta Health Services Calgary Region 403-943-1650 Debbie.lee@albertahealthservices.ca Lisa Miller, Supportive Living and Adult Day Program Manager, Bethany Care Society 403-932-8427 millerl@bethanycare.com

Disclosure of Interest: None Declared
Poster Presentation Abstracts

P109
DOES MULTILINGUALISM PROTECT AGAINST ALZHEIMER’S DISEASE? FINDINGS FROM THE NUN STUDY

S. L. Tyas, 1, 2, E. Hack, 1 K. P. Reilly, 1, K. SantaCruz 1

1Health Studies and Gerontology, 2Psychology, University of Waterloo, Waterloo, Canada, 3Sanders-Brown Center on Aging, 4Preventive Medicine, University of Kentucky, Lexington, United States

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 protect 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. Neuropsychiatric 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]=1.36; 95% CI=0.57-2.41; n=111) 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.

Conclusions: 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 between multilingualism and AD risk, particularly among low-risk subgroups whose risk is highest.

Disclosure of Interest: None Declared


P100
THE IMPACT OF BRAIN INFARCTS ON DEMENTIA VERSUS BRAZILYOPROTEIN E AND EDUCATIONAL STATUS

S. Tyas 1, 2, C. L. Rapp 1, K. P. Reilly 1, K. SantaCruz 1

1Psychology, University of Waterloo, Waterloo, Canada, 2Sanders-Brown Center on Aging, 4Preventive Medicine, University of Kentucky, Lexington, Laboratory Medicine and Pathology, University of Minnesota, Minneapolis, United States

Objectives: Previous research suggests that clinical expression of Alzheimer’s disease (AD) may be influenced by the presence of brain infarcts, the pathophysiologic evidence of stroke. Not all individuals with brain infarcts, however, experience dementia. The aim of this study was to examine 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, 494 had died and had neuropathologic assessments to AD, including gross neuropathologic examinations for brain infarcts. 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 neuropsychiatric tests in combination with impairment in activities of daily living. Neuropsychiatric 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 allele status.

Results: Brain infarcts were significantly associated with dementia in addition to APOE status and educational level modified this association, with the largest impact of infarcts among those with the APOE e2 allele (odds ratio [OR]=4.03; 95% CI=3.32-4.86) or the highest level of education (Master’s or higher) (OR=2.39; 95% CI=1.22-4.60; n=117). 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.

Conclusions: 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

A. Adams, 1 S. Gilks, 1

1ALZheimer CENTER, Cincinnati, United States

Objectives: Maintaining adequate nutritional intake in individuals with Alzheimer’s disease is challenging for assisted living and long 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 preferences and past eating habits, creative meal opportunities, changes in physical and/or medical status, and other methods to increase motivation 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.

Conclusions: 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

N. Emerson Lombardo 1, 2, 3

1Neurology, 2Boston University School of Medicine, Boston, United States

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 reduce 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-3a, foods with anti-oxidant, anti-inflammatory properties, and alternate 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 (quantity, menus, Bolics, dining presentation, culinary capabilities and preferences); then consultation about changing these practices, in flexible 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 8-42 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 reflect other educational sessions and quality assurance checks are necessary to maintain adherence by staff (and residents). Emphasis on memory/ID 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.

Conclusions: 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 surfeit) interventions for brain health are needed.

References: Disclosure of Interest: N. Emerson Lombardo Conflict with: Owner, Healthcare Insights, LLC

www.ad2011.org 115

MCIAbs Abstracts Pages.indd 115 10/03/2011 14:01
LIVING MY OWN LIFE AS A MEMBER OF SOCIETY EVEN THOUGH I HAVE DEMENTIA

S. Adams1,*, Y. Adachi1, E. Mieno2, H. Kai2

1ALZHEIMER SOCIETY OF LEEDS-GRENVILLE, Brockville, Canada
2Faculty of Medicine, School of Nursing, OITA UNIVERSITY, Yufu city, Oita prefecture, Japan

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, that I was losing everything, and I even wanted to die. The Association around this time I was diagnosed, and the Association drastically changed our view of dementia. I was surprised to find so many people with the same condition 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 be with the dreams that this illness does not lead to despair but hope.

Disclosure of Interest: None Declared

THE EFFECTS AND EXPERIENCE OF SHIATSU: A CROSS-EUROPEAN STUDY

S. Henry1,*, A. Dion1

1LIGUE 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

[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 participant 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 centre) is discussed and ideas, projects and initiatives can be found the participants.

Disclosure of Interest: None Declared
OUTLOOKS ON THE FUTURE: PERSPECTIVES FROM PEOPLE WITH DEMENTIA AND THEIR FORMAL AND INFORMAL CAREGIVERS
I. Hellström 1,*, S. Torres 2
1Department of Social and Welfare Studies, Linköping University, Norrköping, 2Department of Sociology, Uppsala University, Uppsala, Sweden.

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 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 diseases. In spite of that the majority seemed optimistic about their future.


Disclosure of Interest: None Declared

THE SIX FRIENDLY MEN OF HEALTH POLICY
E. Krishnamoorthy 1,*, J. R. Kuriakose 2
1The Institute of Neurological Sciences, VOLUNTARY HEALTH SERVICES, Chennai, 2ARDSI, Kotayam, India

Objectives: To develop a 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 held 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 SWOT 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 caring 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 Delhi, India.

Disclosure of Interest: None Declared
P118

PREMATURE CENTROMERE DIVISION (PCD) OF THE X CHROMOSOME IN ALZHEIMER DISEASE: A NEW BIOMARKER ON THE HORIZON?

Y. Baje1, L. Zielke2, B. Sypniewski-Pajtarek3, B. Plesac-Solarovic2, D. Nekolic2, W.A. Smith3

1Institute of Pharmaceutical Research, GALENIKA PHARM, Belgrade, Serbia, 2Department of Physiology, Faculty of Pharmacy, Belgrade, Serbia, 3Department of Neurology, School of Medicine, Skopje, Macedonia, The Former Yugoslav Republic of

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 populations in sporadic Alzheimer disease patients in relation to their gender and age and compared to age-matched controls.

Methods: Using Fluorescent in situ Hybridization (FISH) with the chromosomes aberration 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) were found in peripheral blood lymphocytes and neuronal nuclei of the frontal cerebral cortex compared to age-matched controls.

Conclusion: This cytogenetic analysis, thus suggests that PCD of the X chromosome is clearly representative of AD, rather than an 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.

M. Bauer1,*, J. Rayner1, S. Koch3

1La Trobe University, 2Helen Macpherson Smith Institute of Community Health, Royal District Nursing Service, Melbourne, Australia

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 efficacy is being determined.

Methods: All 84 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 analyze 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 96% of facilities used one or more different multi-sensory interventions for residents with dementia. Only 30% 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
Poster Presentation Abstracts

P120

AMYLOID B42-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

1 Institute for Biologics Sciences, National Research Council, Ottawa, Canada, 2 Department of Biomedical and Surgical Sciences, University of Verona Medical School, Verona, Italy

Objectives: We have shown that amyloid β peptides (Aβ42, Aβ40) increases human p75NTR neurotrophin receptor (p75NTR) expression in human SH-SY5Y neuroblastoma cell membranes (J Alzheimers Dis. 21, 915, 2010). Moreover the Aβ40 accumulation in the hippocampus of TgAPP233x mice was accompanied by a doubling of the membrane p75NTR level. Consequently we sought to find out if p75NTR accumulation is also accompanied by increased p75NTR expression in the hippocampus 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, APPSwe 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 immunoblotting analysis using p75NTR, TrkA, TrkB, and p75NTR-selective antibodies. In some cases, tissue hippocampal sections were co-stained with p75NTR and somatostatin receptor antibodies to evaluate the neural localization of p75NTR in human AD brains.

Results: We have now shown that all peptides actually stimulate p75NTR synthesis in both human neuroblastoma cell lines as indicated by the increase in the expression of the receptor by Western blotting. Human AD brains also showed an increase in the p75NTR level in the hippocampal region. These findings raised the possibility that p75NTR upregulation would also accompany Aβ40 accumulation in the hippocampus of human AD brains. Indeed, there was a 2.3-fold increase in membrane-associated p75NTR levels in the hippocampus of brains from AD patients compared to non-AD human brains.

Conclusion: The physiological impact of an increased p75NTR level is not clear. However, p75NTR signaling does appear to be required for memory functions in a normal brain. But the receptor may become dangerous in AD brains because accumulating Aβ40 and p75NTR expression leads to the aggregation of Aβ and p75NTR and activates the anti-apoptotic Trk receptors. These findings increase the evidence for p75NTR being an important player in AD.


P121

A STUDY OF ATTITUDES TOWARDS ALZHEIMER’S DISEASE AND OTHER DEMENTIAS IN TRINIDAD AND TOBAGO

J. De Fou Batts 1, J. M. Rawlins 2

1 University of Trinidad and Tobago, Valsayn, 2 University of the West Indies, St. Augustine, Trinidad and Tobago

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 determine the knowledge that a group of beginning and more experienced educators had of Alzheimer’s disease and other dementias; (b) determine the respondents’ attitudes towards persons with AD and other dementias and the type of care 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 (60% females), ranging in 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’ and ‘dementia’, and were aware of the symptoms and causes. In terms of more expansive definitions and descriptions, more of the respondents (69%) reported that AD ‘affects memory’. 79% stated that it was ‘a brain condition’ while 8% thought it was a ‘psychiatric condition’. 28% reported that they knew 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% stated 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, 36% wanted to see this happen if their family member had AD and 52% 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 later 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

SRNA AGAINST PRESENILIN 1 (PS1) DOWN REGULATES AMYLOID B42 PRODUCTION IN ALZHEIMER’S DISEASE FEATURED IMR-32 CELLS

R. Kandimalla 1, P. S 2, K. 2

1 Biochemistry, Neurology, Biochemistry, PGIMER, Chandigarh, India

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 malodorous, proteinaceous material with a β-pleated-sheet conformation and deposited extracellularly in the form of 5-10 nm wide straight fibrils. As a consequence of cleavage that releases the Aβ40 or 42 from amyloid β precursor (APP), therefore, it is a potential therapeutic target for the treatment of AD. Aβ deposition is performed by a high-molecular weight protein complex containing presenilins (PS1, PS2), insulin, Aβ-1 and Psen-2. Previous studies have demonstrated that the presenilins (PS1 and PS2) are critical components of a large enzyme complex that performs the Aβ-processing.

Methods: In this study we used RNA interference (RNAi) technology to examine the effects of small interfering RNA (siRNA) against PS1 on expression of Aβ42 and furthermore understand APP processing regulated by PS1 and its influence on 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 immunoblotting and immunofluorescence. These results suggest a potential role for PS1 in the main catalytic subunits of vacuolase which is responsible for the production of Aβ42 in AD.

Conclusion: Silencing of PS1 gene, component of a vacuolase in AD featured IMR-32 cells led to decreased Aβ42 production. This study shows the possibility of targeting vacuolase, especially PS1 subunit for decreasing Aβ42 production which can be used as a therapeutic regime for AD. More detailed studies are needed to exploit the potential of siRNA in this field.

Disclosure of Interest: None Declared

Save the Date!

27th International Conference of Alzheimer's Disease International
7-10 March 2012, ExCeL London, United Kingdom
Science Fact Fiction
292 patients were enrolled, aged between 72 and 82 years; 72.6% were women. 17.5% were diagnosed with MCI, and the 82.5% onset and diagnostic level of cognitive impairment, comorbidities and pharmacological treatment. The registry also included data concerning to age, sex, education level, living and labor status, times since symptoms onset.


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

THE PREVALENCE OF DEMENTIA IN CENTRAL SOUTH AFRICA: RESULTS FROM A 10/66 DEMENTIA RESEARCH GROUP PILOT STUDY

R. Van Der Poel 1,2, M. Heyns 1 and 10/66 Dementia Research Group

UNIBS, UNIVERSITY OF THE FREE STATE, 1Alzheimer's SA, 2Alzheimer's SA, Bloemfontein, South Africa

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=335).

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.


Disclosure of Interest: None Declared

Centralized Cognitive Impairment Registry in Argentina (Redecar), Pilot Study

C. A. Marangoni 1,*, on behalf of Redecar; M. Katz 1, L. Bertolino 1,*, on behalf of Redecar; C. M. Meiron 1, on behalf of Redecar; R. Del Marcano 1 and Redecar;

Neurology, SANTOJANNI HOSPITAL, C.A.B.A, Argentina

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 this 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, comorbidities 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% onset and diagnostic level of cognitive impairment, co-morbidities and pharmacological treatment.

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.

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

THE PREVALENCE OF DEMENTIA IN CENTRAL SOUTH AFRICA: RESULTS FROM A 10/66 DEMENTIA RESEARCH GROUP PILOT STUDY

R. Van Der Poel 1,2, M. Heyns 1 and 10/66 Dementia Research Group

UNIBS, UNIVERSITY OF THE FREE STATE, 1Alzheimer's SA, 2Alzheimer's SA, Bloemfontein, South Africa

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=335).

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 reveal a higher than expected prevalence of DSM-IV dementia. Compared to the Malaysian results, these results warrant further investigation in the form of an expanded study that would include at least 2000 eligible households.


Disclosure of Interest: None Declared

Centralized Cognitive Impairment Registry in Argentina (Redecar), Pilot Study

C. A. Marangoni 1,*, on behalf of Redecar; M. Katz 1, L. Bertolino 1,*, on behalf of Redecar; C. M. Meiron 1, on behalf of Redecar; R. Del Marcano 1 and Redecar;

Neurology, SANTOJANNI HOSPITAL, C.A.B.A, Argentina

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 this 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% onset and diagnostic level of cognitive impairment, co-morbidities and pharmacological treatment. The registry also included data concerning to age, sex, education level, living and labor status, times since symptoms onset. The registry also included data concerning to age, sex, education level, living and labor status, times since symptoms onset.

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
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 Al 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.
# Abstract Authors’ Index

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aavaluoma</td>
<td>Sanna</td>
<td>P044</td>
</tr>
<tr>
<td>Abe</td>
<td>Kyoko</td>
<td>P093</td>
</tr>
<tr>
<td>Acosta</td>
<td>Daisy</td>
<td>W1</td>
</tr>
<tr>
<td>Adachi</td>
<td>Yumiko</td>
<td>P106</td>
</tr>
<tr>
<td>Adams</td>
<td>Amber</td>
<td>P101</td>
</tr>
<tr>
<td>Aguirre</td>
<td>Elsa</td>
<td>OC077, OC081</td>
</tr>
<tr>
<td>Akatsuika</td>
<td>Daiju</td>
<td>P081</td>
</tr>
<tr>
<td>Alegria</td>
<td>Renne</td>
<td>OC034</td>
</tr>
<tr>
<td>Amaki</td>
<td>Nobuko</td>
<td>P070, P081</td>
</tr>
<tr>
<td>Amaya</td>
<td>G</td>
<td>S15</td>
</tr>
<tr>
<td>Aminzadeh</td>
<td>Faranak</td>
<td>OC086, OC111, OC122</td>
</tr>
<tr>
<td>Anderson</td>
<td>Nicole</td>
<td>OC128</td>
</tr>
<tr>
<td>Aquino</td>
<td>Jean-Pierre</td>
<td>OC100A</td>
</tr>
<tr>
<td>Arai</td>
<td>Fujimi</td>
<td>P093</td>
</tr>
<tr>
<td>Arasaratnam</td>
<td>Caroline</td>
<td>OC065</td>
</tr>
<tr>
<td>Arizaga</td>
<td>Raul</td>
<td>P025</td>
</tr>
<tr>
<td>Arnato</td>
<td>Ubaldo</td>
<td>P120</td>
</tr>
<tr>
<td>Arrighi</td>
<td>M H Michael</td>
<td>P024</td>
</tr>
<tr>
<td>Atkinson</td>
<td>Trevor</td>
<td>P120</td>
</tr>
<tr>
<td>Auerbach</td>
<td>Sanford</td>
<td>OC079</td>
</tr>
<tr>
<td>Bajaj</td>
<td>Bhavani</td>
<td>OC032</td>
</tr>
<tr>
<td>Bal</td>
<td>Wojciech</td>
<td>P003</td>
</tr>
<tr>
<td>Balion</td>
<td>Bruce</td>
<td>OC067</td>
</tr>
<tr>
<td>Banetjee</td>
<td>Sube</td>
<td>S5</td>
</tr>
<tr>
<td>Barrett</td>
<td>Suzanne</td>
<td>P040</td>
</tr>
<tr>
<td>Bartlay</td>
<td>Emma</td>
<td>P071</td>
</tr>
<tr>
<td>Bartlay</td>
<td>Wally</td>
<td>P071</td>
</tr>
<tr>
<td>Bartha</td>
<td>Robert</td>
<td>OC002, OC049</td>
</tr>
<tr>
<td>Bartlett</td>
<td>Sara</td>
<td>OC113</td>
</tr>
<tr>
<td>Bartolini</td>
<td>Leonardo</td>
<td>P123</td>
</tr>
<tr>
<td>Bauer</td>
<td>Michael</td>
<td>OC091, P119</td>
</tr>
<tr>
<td>Beattie</td>
<td>B</td>
<td>OC024, OC059</td>
</tr>
<tr>
<td>Bedard</td>
<td>M</td>
<td>S7</td>
</tr>
<tr>
<td>Behrouane</td>
<td>Ines</td>
<td>OC074</td>
</tr>
<tr>
<td>Bell</td>
<td>Virginia</td>
<td>OC089, OC100</td>
</tr>
<tr>
<td>Belmore</td>
<td>Leisa</td>
<td>P104</td>
</tr>
<tr>
<td>Ben Djebara</td>
<td>Mouna</td>
<td>OC074</td>
</tr>
<tr>
<td>Bendo</td>
<td>Gina</td>
<td>OC023</td>
</tr>
<tr>
<td>Bene</td>
<td>Raphael</td>
<td>P023</td>
</tr>
<tr>
<td>Benner, BScN</td>
<td>Jeff</td>
<td>OC094</td>
</tr>
<tr>
<td>Bennett</td>
<td>David</td>
<td>OC006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bérard</td>
<td>Alain</td>
<td>OC100A</td>
</tr>
<tr>
<td>Bergamini</td>
<td>Lucia</td>
<td>P036</td>
</tr>
<tr>
<td>Bernard-Bourezix</td>
<td>Laurence</td>
<td>P116</td>
</tr>
<tr>
<td>Bertrand</td>
<td>Johanne</td>
<td>P001</td>
</tr>
<tr>
<td>Bhattachar</td>
<td>Srinka</td>
<td>OC052</td>
</tr>
<tr>
<td>Birkett</td>
<td>Peter</td>
<td>OC105</td>
</tr>
<tr>
<td>Blaciotti</td>
<td>Mona</td>
<td>OC072</td>
</tr>
<tr>
<td>Blake</td>
<td>Catherine</td>
<td>P072</td>
</tr>
<tr>
<td>Blom</td>
<td>Marco</td>
<td>OC010A, W3</td>
</tr>
<tr>
<td>Bonar</td>
<td>Rita</td>
<td>OC063</td>
</tr>
<tr>
<td>Bond</td>
<td>Malcolm</td>
<td>OC022</td>
</tr>
<tr>
<td>Bonora</td>
<td>Annilisa</td>
<td>P036</td>
</tr>
<tr>
<td>Borrie</td>
<td>Michael</td>
<td>OC002, OC049, P014</td>
</tr>
<tr>
<td>Bottino</td>
<td>Cassio</td>
<td>OC034</td>
</tr>
<tr>
<td>Bourassa</td>
<td>Carrie</td>
<td>P068</td>
</tr>
<tr>
<td>Bowes</td>
<td>Alison</td>
<td>P040</td>
</tr>
<tr>
<td>Boyd</td>
<td>Dylan</td>
<td>P024</td>
</tr>
<tr>
<td>Brack</td>
<td>Hildegard</td>
<td>OC021</td>
</tr>
<tr>
<td>Brassac</td>
<td>Christian</td>
<td>P038</td>
</tr>
<tr>
<td>Brasil</td>
<td>K</td>
<td>S7</td>
</tr>
<tr>
<td>Brettelet</td>
<td>Monique</td>
<td>S9</td>
</tr>
<tr>
<td>Brief</td>
<td>Elena</td>
<td>OC059</td>
</tr>
<tr>
<td>Brodaty</td>
<td>Henry</td>
<td>OC065</td>
</tr>
<tr>
<td>Brown</td>
<td>Leslie</td>
<td>P120</td>
</tr>
<tr>
<td>Browne</td>
<td>Graham</td>
<td>OC041</td>
</tr>
<tr>
<td>Bryden</td>
<td>Christine</td>
<td>S1</td>
</tr>
<tr>
<td>Budisic</td>
<td>Mislav</td>
<td>P023</td>
</tr>
<tr>
<td>Butler</td>
<td>Rachel</td>
<td>OC059</td>
</tr>
<tr>
<td>Byszewski</td>
<td>Anna</td>
<td>OC060</td>
</tr>
<tr>
<td>Cameron</td>
<td>Margaret</td>
<td>OC069</td>
</tr>
<tr>
<td>Cammer</td>
<td>Alison</td>
<td>OC101, P068</td>
</tr>
<tr>
<td>Carson</td>
<td>Jennifer</td>
<td>OC066</td>
</tr>
<tr>
<td>Cartiz-Piver</td>
<td>Leslie</td>
<td>OC042</td>
</tr>
<tr>
<td>Chakravarthy</td>
<td>Balu</td>
<td>P120</td>
</tr>
<tr>
<td>Chan</td>
<td>Cherry</td>
<td>OC126</td>
</tr>
<tr>
<td>Chan</td>
<td>Jeniffer</td>
<td>OC108</td>
</tr>
<tr>
<td>Chan</td>
<td>King</td>
<td>OC051</td>
</tr>
<tr>
<td>Chan</td>
<td>Kwesi Lay</td>
<td>OC010</td>
</tr>
<tr>
<td>Chan</td>
<td>May</td>
<td>OC126</td>
</tr>
<tr>
<td>Chan</td>
<td>Tiffiny</td>
<td>P043</td>
</tr>
<tr>
<td>Chang</td>
<td>Chung-Chou</td>
<td>OC124</td>
</tr>
<tr>
<td>Chang</td>
<td>Hong-Jer</td>
<td>OC098, P049</td>
</tr>
<tr>
<td>Chang</td>
<td>Mei</td>
<td>P049</td>
</tr>
<tr>
<td>Chang</td>
<td>Sheng Mao</td>
<td>P098</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Abstract Number</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Chao</td>
<td>Hailum</td>
<td>P090</td>
</tr>
<tr>
<td>Chappell</td>
<td>N.L.</td>
<td>OC024</td>
</tr>
<tr>
<td>Charles</td>
<td>Jocelyn</td>
<td>OC086</td>
</tr>
<tr>
<td>Chavez</td>
<td>C</td>
<td>S15</td>
</tr>
<tr>
<td>Chawla</td>
<td>Susehma</td>
<td>P052</td>
</tr>
<tr>
<td>Chen</td>
<td>Su-Hwei</td>
<td>P031</td>
</tr>
<tr>
<td>Chen</td>
<td>Chun-Yu</td>
<td>P113</td>
</tr>
<tr>
<td>Chen</td>
<td>Hongtu</td>
<td>OC013</td>
</tr>
<tr>
<td>Chen</td>
<td>Li Hua</td>
<td>OC016, P113</td>
</tr>
<tr>
<td>Chen</td>
<td>Po Tsung</td>
<td>P053, P090</td>
</tr>
<tr>
<td>Chen</td>
<td>Pot Sung</td>
<td>P098</td>
</tr>
<tr>
<td>Chen</td>
<td>Ta-Fu</td>
<td>OC110</td>
</tr>
<tr>
<td>Chenco</td>
<td>Carol</td>
<td>OC091</td>
</tr>
<tr>
<td>Cheng</td>
<td>Wen Yun</td>
<td>P020, P054, P090, P096</td>
</tr>
<tr>
<td>Cheng</td>
<td>Yong</td>
<td>P030</td>
</tr>
<tr>
<td>Chertiakov</td>
<td>Howard</td>
<td>OC125</td>
</tr>
<tr>
<td>Chew</td>
<td>Puay Chen</td>
<td>OC010</td>
</tr>
<tr>
<td>Chiba</td>
<td>Mayumi</td>
<td>P064</td>
</tr>
<tr>
<td>Chio</td>
<td>Qi</td>
<td>OC016</td>
</tr>
<tr>
<td>Chiu</td>
<td>Ka-Chun</td>
<td>OC051</td>
</tr>
<tr>
<td>Chiu</td>
<td>Ming-Jang</td>
<td>OC110</td>
</tr>
<tr>
<td>Chiu</td>
<td>Yi-Chen</td>
<td>P073</td>
</tr>
<tr>
<td>Choi</td>
<td>Yun-Hee</td>
<td>OC049</td>
</tr>
<tr>
<td>Chou</td>
<td>Hsi Chin</td>
<td>OC016</td>
</tr>
<tr>
<td>Chow</td>
<td>P</td>
<td>S7</td>
</tr>
<tr>
<td>Chu</td>
<td>Leung-Wing</td>
<td>OC051, OC126</td>
</tr>
<tr>
<td>Chung</td>
<td>Chun-Pong</td>
<td>OC126</td>
</tr>
<tr>
<td>Clark</td>
<td>Sarah</td>
<td>OC087</td>
</tr>
<tr>
<td>Clarnette</td>
<td>Roger</td>
<td>P027</td>
</tr>
<tr>
<td>Clement</td>
<td>Jean Pierre</td>
<td>OC042, P116</td>
</tr>
<tr>
<td>Coker, BSc,N, MSc</td>
<td>Esther</td>
<td>OC094</td>
</tr>
<tr>
<td>Cole</td>
<td>Mollie</td>
<td>P072</td>
</tr>
<tr>
<td>Collins</td>
<td>Jenna</td>
<td>P024</td>
</tr>
<tr>
<td>Collins</td>
<td>Jonathan</td>
<td>OC108</td>
</tr>
<tr>
<td>Clock</td>
<td>Michael</td>
<td>P024</td>
</tr>
<tr>
<td>Couratier</td>
<td>Philippe</td>
<td>OC042</td>
</tr>
<tr>
<td>Craig</td>
<td>David</td>
<td>P040</td>
</tr>
<tr>
<td>Craig</td>
<td>Fergus</td>
<td>P017</td>
</tr>
<tr>
<td>Crean</td>
<td>Sheila</td>
<td>P024</td>
</tr>
<tr>
<td>Cromie</td>
<td>Charlotte</td>
<td>OC044</td>
</tr>
<tr>
<td>Crossley</td>
<td>Margaret</td>
<td>P065</td>
</tr>
<tr>
<td>Cui</td>
<td>Dan</td>
<td>OC013</td>
</tr>
<tr>
<td>Cui</td>
<td>Jia</td>
<td>P030</td>
</tr>
<tr>
<td>Cui</td>
<td>Lijing</td>
<td>OC003, P021</td>
</tr>
<tr>
<td>Cyr</td>
<td>Carolyn</td>
<td>P068</td>
</tr>
<tr>
<td>Daigreault</td>
<td>Diana</td>
<td>P065</td>
</tr>
<tr>
<td>Dallesandro</td>
<td>Jennifer</td>
<td>OC092</td>
</tr>
<tr>
<td>Dalziel</td>
<td>William</td>
<td>OC090, OC086</td>
</tr>
<tr>
<td>Dalziel</td>
<td>William</td>
<td>OC122</td>
</tr>
<tr>
<td>Dalziel</td>
<td>William</td>
<td>OC111</td>
</tr>
<tr>
<td>D’Amour</td>
<td>Roland</td>
<td>P074</td>
</tr>
<tr>
<td>D’Arcy</td>
<td>Carl</td>
<td>P012</td>
</tr>
<tr>
<td>Dastoor</td>
<td>Dolly</td>
<td>OC021</td>
</tr>
<tr>
<td>Dawood</td>
<td>Eman</td>
<td>P075</td>
</tr>
<tr>
<td>Dawood</td>
<td>Mary</td>
<td>OC114</td>
</tr>
<tr>
<td>De Four-Babb</td>
<td>Joyanne</td>
<td>P121</td>
</tr>
<tr>
<td>De Geest</td>
<td>Gwendolyn</td>
<td>OC099</td>
</tr>
<tr>
<td>de Graaf</td>
<td>Desrethe</td>
<td>OC121</td>
</tr>
<tr>
<td>Del Monaco</td>
<td>R</td>
<td>P123</td>
</tr>
<tr>
<td>Demmack</td>
<td>Mary</td>
<td>P055</td>
</tr>
<tr>
<td>Demarin</td>
<td>Vida</td>
<td>OC127, P223</td>
</tr>
<tr>
<td>Dempsey</td>
<td>Marge</td>
<td>OC011</td>
</tr>
<tr>
<td>Deng</td>
<td>John, Sh-Xong</td>
<td>P113</td>
</tr>
<tr>
<td>Deng</td>
<td>Sh-Xion</td>
<td>P049</td>
</tr>
<tr>
<td>Denton</td>
<td>Alison</td>
<td>OC035</td>
</tr>
<tr>
<td>Dewey</td>
<td>Michael</td>
<td>S6</td>
</tr>
<tr>
<td>Dhume</td>
<td>Rajesh</td>
<td>S6</td>
</tr>
<tr>
<td>Dias</td>
<td>Amit</td>
<td>S6</td>
</tr>
<tr>
<td>Dion</td>
<td>Aude</td>
<td>P091, P107</td>
</tr>
<tr>
<td>Dong</td>
<td>Qiping</td>
<td>P030</td>
</tr>
<tr>
<td>Donkin</td>
<td>James</td>
<td>OC108</td>
</tr>
<tr>
<td>Douglas</td>
<td>Alison</td>
<td>OC061</td>
</tr>
<tr>
<td>Dröes</td>
<td>Rose-Marie</td>
<td>OC015, OC017</td>
</tr>
<tr>
<td>Drummond</td>
<td>Neil</td>
<td>OC086</td>
</tr>
<tr>
<td>D’Souza</td>
<td>Jean</td>
<td>S6</td>
</tr>
<tr>
<td>Dudgeon</td>
<td>S</td>
<td>S2</td>
</tr>
<tr>
<td>Dumouleur</td>
<td>Nathalie</td>
<td>OC042</td>
</tr>
<tr>
<td>Dunlop</td>
<td>Andrea</td>
<td>OC105</td>
</tr>
<tr>
<td>Dupuis</td>
<td>Sherry</td>
<td>OC008, OC009, OC023, OC026, OC066, OC120</td>
</tr>
<tr>
<td>Dykeman</td>
<td>Joanne</td>
<td>P033</td>
</tr>
<tr>
<td>Edvardsson</td>
<td>David</td>
<td>OC103</td>
</tr>
<tr>
<td>Eleftheriou</td>
<td>Marina</td>
<td>P063</td>
</tr>
<tr>
<td>Elaszw</td>
<td>Misha</td>
<td>OC086</td>
</tr>
<tr>
<td>Eliot</td>
<td>Karl</td>
<td>P072</td>
</tr>
<tr>
<td>Emerson</td>
<td>Nancy</td>
<td>OC079, P102</td>
</tr>
<tr>
<td>Epstein</td>
<td>Cynthia</td>
<td>OC068</td>
</tr>
</tbody>
</table>
## Abstract Authors’ Index

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escalante</td>
<td>Natalia</td>
<td>P025</td>
</tr>
<tr>
<td>Eva</td>
<td>Kevin</td>
<td>OC061</td>
</tr>
<tr>
<td>Fabbo</td>
<td>Andrea</td>
<td>P036</td>
</tr>
<tr>
<td>Falque</td>
<td>L</td>
<td>S15</td>
</tr>
<tr>
<td>Fan</td>
<td>Jianja</td>
<td>OC108</td>
</tr>
<tr>
<td>Farlow</td>
<td>Martin</td>
<td>OC006</td>
</tr>
<tr>
<td>Fayeh-McCarthy</td>
<td>E</td>
<td>OC055</td>
</tr>
<tr>
<td>Feng</td>
<td>Giacomo</td>
<td>P036</td>
</tr>
<tr>
<td>Fenzi</td>
<td>Cleusa</td>
<td>OC053</td>
</tr>
<tr>
<td>Fetherstonhaugh</td>
<td>Deirdre</td>
<td>OC091</td>
</tr>
<tr>
<td>Fischer</td>
<td>Colrine</td>
<td>OC070, OC075</td>
</tr>
<tr>
<td>Fitzpatrick</td>
<td>Colleen</td>
<td>OC200</td>
</tr>
<tr>
<td>Forbes</td>
<td>Dorothy</td>
<td>P009, P072</td>
</tr>
<tr>
<td>Formazzari</td>
<td>Luis</td>
<td>OC070</td>
</tr>
<tr>
<td>Forrest</td>
<td>Lauren</td>
<td>OC075</td>
</tr>
<tr>
<td>Forstmeier</td>
<td>Simon</td>
<td>OC048</td>
</tr>
<tr>
<td>Friedland</td>
<td>Robert</td>
<td>OC006</td>
</tr>
<tr>
<td>Fuji</td>
<td>Toshiharu</td>
<td>P056, OC004</td>
</tr>
<tr>
<td>Fujino</td>
<td>Ayumi</td>
<td>P070, P081</td>
</tr>
<tr>
<td>Fukuyama</td>
<td>Naoto</td>
<td>OC004, OC056</td>
</tr>
<tr>
<td>Futoyama</td>
<td>Yoshiko</td>
<td>P077</td>
</tr>
<tr>
<td>Galea</td>
<td>Lisa</td>
<td>OC123</td>
</tr>
<tr>
<td>Ganguli</td>
<td>Mary</td>
<td>OC124</td>
</tr>
<tr>
<td>Gantman</td>
<td>Maria</td>
<td>OC037</td>
</tr>
<tr>
<td>Gao</td>
<td>Fuqiang</td>
<td>P017</td>
</tr>
<tr>
<td>Gao</td>
<td>Jing</td>
<td>OC003, P021</td>
</tr>
<tr>
<td>Garcia</td>
<td>Linda</td>
<td>OC086, OC111, OC122</td>
</tr>
<tr>
<td>Gargouli</td>
<td>Amina</td>
<td>OC074,</td>
</tr>
<tr>
<td>Gatz</td>
<td>Margaret</td>
<td>OC006</td>
</tr>
<tr>
<td>Gaudet</td>
<td>Chantal</td>
<td>P120</td>
</tr>
<tr>
<td>Gauthier</td>
<td>Serge</td>
<td>P008, OC001B</td>
</tr>
<tr>
<td>Gavopoulou</td>
<td>Egeria</td>
<td>P063</td>
</tr>
<tr>
<td>Gavriola</td>
<td>Svetlana</td>
<td>OC037</td>
</tr>
<tr>
<td>Genoe</td>
<td>Rebecca</td>
<td>OC120</td>
</tr>
<tr>
<td>Genosko</td>
<td>Sandy</td>
<td>OC064</td>
</tr>
<tr>
<td>George</td>
<td>Daniel</td>
<td>OC119</td>
</tr>
<tr>
<td>Gibson</td>
<td>Maggie</td>
<td>OC028</td>
</tr>
<tr>
<td>Gill</td>
<td>Kirandip</td>
<td>P122</td>
</tr>
<tr>
<td>Gillies</td>
<td>Jennifer</td>
<td>OC086</td>
</tr>
<tr>
<td>Gillies, BScN, MEd</td>
<td>Leslie</td>
<td>OC094</td>
</tr>
<tr>
<td>Gilster</td>
<td>Susan</td>
<td>OC092, OC118, P101</td>
</tr>
<tr>
<td>Gluck</td>
<td>Mark</td>
<td>OC006</td>
</tr>
<tr>
<td>Go</td>
<td>Amy</td>
<td>OC026</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goins</td>
<td>Turner</td>
<td>P012</td>
</tr>
<tr>
<td>Goldberg</td>
<td>M</td>
<td>OC055</td>
</tr>
<tr>
<td>Gouider</td>
<td>Reith</td>
<td>OC074</td>
</tr>
<tr>
<td>Graham</td>
<td>Nori</td>
<td>S5</td>
</tr>
<tr>
<td>Grandi</td>
<td>Carlo Alberto</td>
<td>P036</td>
</tr>
<tr>
<td>Granà</td>
<td>Sirpa</td>
<td>OC116</td>
</tr>
<tr>
<td>Greenwood</td>
<td>C</td>
<td>S11</td>
</tr>
<tr>
<td>Gribble</td>
<td>David</td>
<td>OC027</td>
</tr>
<tr>
<td>Grillo</td>
<td>Roxana</td>
<td>P025</td>
</tr>
<tr>
<td>Guerchanik</td>
<td>Laura</td>
<td>OC095, P076</td>
</tr>
<tr>
<td>Guerzoni</td>
<td>Annarita</td>
<td>P036</td>
</tr>
<tr>
<td>Guimond</td>
<td>Pierrette</td>
<td>P074</td>
</tr>
<tr>
<td>Guisset Martinez</td>
<td>Marie-Jo</td>
<td>OC104</td>
</tr>
<tr>
<td>Guo</td>
<td>J-P</td>
<td>P018</td>
</tr>
<tr>
<td>Gupta</td>
<td>Yee Bala</td>
<td>P027</td>
</tr>
<tr>
<td>Gurland</td>
<td>Barry</td>
<td>S5</td>
</tr>
<tr>
<td>Gusciorn, BA, MSW</td>
<td>Joanna</td>
<td>OC094</td>
</tr>
<tr>
<td>Gustafson</td>
<td>Deborah</td>
<td>P040</td>
</tr>
<tr>
<td>Gusul</td>
<td>Amy</td>
<td>OC035</td>
</tr>
<tr>
<td>Gyll</td>
<td>Fabrice</td>
<td>OC056</td>
</tr>
<tr>
<td>Hack</td>
<td>Erica</td>
<td>P099</td>
</tr>
<tr>
<td>Hadjistavropoulos</td>
<td>T</td>
<td>OC055</td>
</tr>
<tr>
<td>Hagedorn</td>
<td>Michael</td>
<td>OC045</td>
</tr>
<tr>
<td>Hague</td>
<td>Jo</td>
<td>W2</td>
</tr>
<tr>
<td>Hamaguchi</td>
<td>Kazuyuki</td>
<td>P047</td>
</tr>
<tr>
<td>Han</td>
<td>Haena</td>
<td>P067</td>
</tr>
<tr>
<td>Hanayama</td>
<td>Kozo</td>
<td>P056</td>
</tr>
<tr>
<td>Hancock</td>
<td>Ken</td>
<td>OC023</td>
</tr>
<tr>
<td>Harra</td>
<td>Sachiko</td>
<td>P077</td>
</tr>
<tr>
<td>Hardy</td>
<td>Louise</td>
<td>OC028</td>
</tr>
<tr>
<td>Härnälä</td>
<td>Heidi</td>
<td>OC116</td>
</tr>
<tr>
<td>Harris</td>
<td>Erica</td>
<td>OC079</td>
</tr>
<tr>
<td>Harris</td>
<td>Jonathan</td>
<td>P037</td>
</tr>
<tr>
<td>Harris</td>
<td>Megan</td>
<td>OC025</td>
</tr>
<tr>
<td>Harrison</td>
<td>Wendy</td>
<td>P072</td>
</tr>
<tr>
<td>Harvey</td>
<td>David</td>
<td>OC007</td>
</tr>
<tr>
<td>Hashioka</td>
<td>Sadasuki</td>
<td>P002</td>
</tr>
<tr>
<td>Hayes</td>
<td>Sean</td>
<td>OC006</td>
</tr>
<tr>
<td>Hayward</td>
<td>April</td>
<td>P057</td>
</tr>
<tr>
<td>He</td>
<td>Jue</td>
<td>P006</td>
</tr>
<tr>
<td>Hébert</td>
<td>Michèle</td>
<td>OC086</td>
</tr>
<tr>
<td>Helström</td>
<td>Ingrid</td>
<td>P111</td>
</tr>
<tr>
<td>Henderson</td>
<td>Jack</td>
<td>OC023</td>
</tr>
</tbody>
</table>
# Abstract Authors’ Index

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hendrikken-Eldershaw</td>
<td>Corrine</td>
<td>OC044</td>
</tr>
<tr>
<td>Henry</td>
<td>Sabine</td>
<td>P091, P107</td>
</tr>
<tr>
<td>Heyns</td>
<td>Malan</td>
<td>P124</td>
</tr>
<tr>
<td>Hiller</td>
<td>Loretta</td>
<td>OC007</td>
</tr>
<tr>
<td>Hirakawa</td>
<td>Taishi</td>
<td>P093</td>
</tr>
<tr>
<td>Hiraki</td>
<td>Naomi</td>
<td>P061</td>
</tr>
<tr>
<td>Hirsch-Reinschagen</td>
<td>Veronica</td>
<td>OC108</td>
</tr>
<tr>
<td>Hisemi</td>
<td>Yor</td>
<td>OC074</td>
</tr>
<tr>
<td>Hobson</td>
<td>Sandra</td>
<td>OC117</td>
</tr>
<tr>
<td>Holloway</td>
<td>Kristi</td>
<td>OC027</td>
</tr>
<tr>
<td>Horner</td>
<td>Barbara</td>
<td>OC027</td>
</tr>
<tr>
<td>Hosoda</td>
<td>Emi</td>
<td>P064</td>
</tr>
<tr>
<td>HOURNAM</td>
<td>Brenda</td>
<td>OC023</td>
</tr>
<tr>
<td>Houston</td>
<td>A</td>
<td>OC029</td>
</tr>
<tr>
<td>Hustung</td>
<td>GYR</td>
<td>OC024</td>
</tr>
<tr>
<td>Huang</td>
<td>Hsiu-Li</td>
<td>P049, P066</td>
</tr>
<tr>
<td>Hubbert</td>
<td>Penny</td>
<td>OC064</td>
</tr>
<tr>
<td>Hudson</td>
<td>Wendy</td>
<td>P092, OC027</td>
</tr>
<tr>
<td>Hughes</td>
<td>Tiffany</td>
<td>OC124</td>
</tr>
<tr>
<td>Hulko</td>
<td>Wendy</td>
<td>OC033</td>
</tr>
<tr>
<td>Hurn</td>
<td>Susan</td>
<td>P078</td>
</tr>
<tr>
<td>Hung</td>
<td>Vinci</td>
<td>OC080</td>
</tr>
<tr>
<td>Hung</td>
<td>Vinci</td>
<td>P043</td>
</tr>
<tr>
<td>Hunt</td>
<td>Debra</td>
<td>OC040</td>
</tr>
<tr>
<td>Hunt</td>
<td>Linda</td>
<td>P086</td>
</tr>
<tr>
<td>Huvent</td>
<td>Dominique</td>
<td>P032</td>
</tr>
<tr>
<td>Ikeya</td>
<td>Yoshimori</td>
<td>OC004, P056</td>
</tr>
<tr>
<td>Ilievski</td>
<td>Dragan</td>
<td>P118</td>
</tr>
<tr>
<td>Illies</td>
<td>Judy</td>
<td>OC059</td>
</tr>
<tr>
<td>Innes</td>
<td>Anthea</td>
<td>OC043, OC082, OC106, P007, P012, P068</td>
</tr>
<tr>
<td>Ioancio</td>
<td>Ioana</td>
<td>OC073</td>
</tr>
<tr>
<td>Ismail</td>
<td>Zainoor</td>
<td>OC075</td>
</tr>
<tr>
<td>Ito</td>
<td>Shingo</td>
<td>P120</td>
</tr>
<tr>
<td>Jacklin</td>
<td>Kristen</td>
<td>OC300, S13</td>
</tr>
<tr>
<td>Jackson</td>
<td>Lynn</td>
<td>OC023</td>
</tr>
<tr>
<td>Jacob Roy</td>
<td>K</td>
<td>P114</td>
</tr>
<tr>
<td>Jacova</td>
<td>Claudia</td>
<td>OC024</td>
</tr>
<tr>
<td>Jain</td>
<td>Sanjeet</td>
<td>OC052</td>
</tr>
<tr>
<td>James</td>
<td>Jo</td>
<td>OC114</td>
</tr>
<tr>
<td>Jespersen</td>
<td>Paul</td>
<td>OC088</td>
</tr>
<tr>
<td>Java</td>
<td>Moyez</td>
<td>OC027</td>
</tr>
<tr>
<td>John</td>
<td>John</td>
<td>OC052</td>
</tr>
<tr>
<td>Johnson</td>
<td>Shanthi</td>
<td>P037</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnstone</td>
<td>Megan-Jane</td>
<td>OC057, OC058</td>
</tr>
<tr>
<td>Jonas-Simpson</td>
<td>Christine</td>
<td>OC086</td>
</tr>
<tr>
<td>Joy</td>
<td>Jeremy</td>
<td>OC075</td>
</tr>
<tr>
<td>Kaasalainen</td>
<td>S</td>
<td>S7</td>
</tr>
<tr>
<td>Kai</td>
<td>Hiromi</td>
<td>P047, P106</td>
</tr>
<tr>
<td>Kallander</td>
<td>Kay</td>
<td>OC088</td>
</tr>
<tr>
<td>Kamon</td>
<td>Daisuke</td>
<td>P066</td>
</tr>
<tr>
<td>Kandimalla</td>
<td>Ramesh</td>
<td>P122</td>
</tr>
<tr>
<td>Kanitsaki</td>
<td>Olga</td>
<td>OC058</td>
</tr>
<tr>
<td>Kaoa</td>
<td>Frederick</td>
<td>OC032</td>
</tr>
<tr>
<td>Karrman</td>
<td>E</td>
<td>OC055</td>
</tr>
<tr>
<td>Katz</td>
<td>Marcelo</td>
<td>P123</td>
</tr>
<tr>
<td>Kaur</td>
<td>Karenjit</td>
<td>OC010</td>
</tr>
<tr>
<td>Kaye</td>
<td>Jeffrey</td>
<td>P040</td>
</tr>
<tr>
<td>Keady</td>
<td>John</td>
<td>P012</td>
</tr>
<tr>
<td>Kelley</td>
<td>Mary Lou</td>
<td>OC009, S7</td>
</tr>
<tr>
<td>Kelly</td>
<td>Fiona</td>
<td>OC043, OC082, P007</td>
</tr>
<tr>
<td>Kelner</td>
<td>Nora</td>
<td>OC063</td>
</tr>
<tr>
<td>Kerman</td>
<td>Kagan</td>
<td>OC080, P043</td>
</tr>
<tr>
<td>Ketteningham</td>
<td>Andrew</td>
<td>OC041</td>
</tr>
<tr>
<td>Khan</td>
<td>Amanda</td>
<td>OC002, OC049</td>
</tr>
<tr>
<td>Kim</td>
<td>Kim</td>
<td>P067</td>
</tr>
<tr>
<td>Kim</td>
<td>Myong</td>
<td>P067</td>
</tr>
<tr>
<td>Kimura</td>
<td>Koji</td>
<td>P056</td>
</tr>
<tr>
<td>Kinnard</td>
<td>Lindsay</td>
<td>P058</td>
</tr>
<tr>
<td>Kirk</td>
<td>Andrew</td>
<td>P012</td>
</tr>
<tr>
<td>Kivipelto</td>
<td>M</td>
<td>S8</td>
</tr>
<tr>
<td>Klegeris</td>
<td>Andis</td>
<td>P002</td>
</tr>
<tr>
<td>Knapp</td>
<td>Benjamin</td>
<td>P040</td>
</tr>
<tr>
<td>Knobloch</td>
<td>Marvin</td>
<td>OC118</td>
</tr>
<tr>
<td>Koch</td>
<td>Susan</td>
<td>P119</td>
</tr>
<tr>
<td>Koga</td>
<td>Yuliko</td>
<td>P093</td>
</tr>
<tr>
<td>Kong</td>
<td>Jiming</td>
<td>P006</td>
</tr>
<tr>
<td>Kontos</td>
<td>Pia</td>
<td>OC067</td>
</tr>
<tr>
<td>Korczyn</td>
<td>Amos</td>
<td>P042</td>
</tr>
<tr>
<td>Kosteriuk</td>
<td>Julie</td>
<td>P012</td>
</tr>
<tr>
<td>Kota</td>
<td>Lakshmina-rayanan</td>
<td>OC052</td>
</tr>
<tr>
<td>Kozak</td>
<td>Jean</td>
<td>OC086</td>
</tr>
<tr>
<td>Kunakose</td>
<td>Jacob</td>
<td>P115</td>
</tr>
<tr>
<td>Kwan</td>
<td>Fiona</td>
<td>OC126</td>
</tr>
<tr>
<td>Labun</td>
<td>Nina</td>
<td>P033</td>
</tr>
<tr>
<td>Lanting</td>
<td>Shaleen</td>
<td>P065</td>
</tr>
<tr>
<td>Le Clair</td>
<td>Kenneth</td>
<td>OC009</td>
</tr>
<tr>
<td>LiClair</td>
<td>J. Kenneth</td>
<td>OC025</td>
</tr>
</tbody>
</table>
# Abstract Authors’ Index

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leclerc</td>
<td>Nicole</td>
<td>P001</td>
</tr>
<tr>
<td>Lee</td>
<td>Ching-Wen</td>
<td>OC124</td>
</tr>
<tr>
<td>Lee</td>
<td>Hochang</td>
<td>P067</td>
</tr>
<tr>
<td>Lee</td>
<td>Ming-Der</td>
<td>P046</td>
</tr>
<tr>
<td>Lee</td>
<td>P</td>
<td>OC204</td>
</tr>
<tr>
<td>Lee</td>
<td>Y.N.</td>
<td>P073</td>
</tr>
<tr>
<td>Leitner</td>
<td>Judith</td>
<td>OC207</td>
</tr>
<tr>
<td>Leonard</td>
<td>Carol</td>
<td>P060</td>
</tr>
<tr>
<td>Letts</td>
<td>Lori</td>
<td>OC061</td>
</tr>
<tr>
<td>Leuzuy</td>
<td>Antoine</td>
<td>P008</td>
</tr>
<tr>
<td>Liewkoff</td>
<td>Sue</td>
<td>OC133</td>
</tr>
<tr>
<td>Li</td>
<td>FANG</td>
<td>OC003, P021</td>
</tr>
<tr>
<td>Li</td>
<td>Xin-Min</td>
<td>P006</td>
</tr>
<tr>
<td>Lilly</td>
<td>Cynthia</td>
<td>P059</td>
</tr>
<tr>
<td>Lin</td>
<td>Hui-Chen</td>
<td>P046</td>
</tr>
<tr>
<td>Lin</td>
<td>Li-Chan</td>
<td>P034</td>
</tr>
<tr>
<td>Lin</td>
<td>Yu Hsun</td>
<td>P053</td>
</tr>
<tr>
<td>Lin</td>
<td>Yu Ju</td>
<td>P098</td>
</tr>
<tr>
<td>Lischka</td>
<td>Andrea</td>
<td>P009</td>
</tr>
<tr>
<td>Liu</td>
<td>P</td>
<td>OC055</td>
</tr>
<tr>
<td>Liu</td>
<td>yi-hui</td>
<td>OC098</td>
</tr>
<tr>
<td>Llibre Rodriguez</td>
<td>Juan</td>
<td>OC053</td>
</tr>
<tr>
<td>Lloyd</td>
<td>Brittany</td>
<td>P014</td>
</tr>
<tr>
<td>Loisele</td>
<td>Lisa</td>
<td>OC008, OC023</td>
</tr>
<tr>
<td>Loverync-Huizan</td>
<td>Ariana</td>
<td>OC127, P023</td>
</tr>
<tr>
<td>Lu</td>
<td>xiaojie</td>
<td>P013</td>
</tr>
<tr>
<td>Luzacq</td>
<td>Mary</td>
<td>OC022</td>
</tr>
<tr>
<td>Lutz-Ilony</td>
<td>Oriana</td>
<td>P116</td>
</tr>
<tr>
<td>Ma</td>
<td>Tao</td>
<td>P013</td>
</tr>
<tr>
<td>Maccourt</td>
<td>Penny</td>
<td>OC014</td>
</tr>
<tr>
<td>MacDonald Connolly</td>
<td>Debye</td>
<td>OC044</td>
</tr>
<tr>
<td>Macure</td>
<td>M</td>
<td>OC024</td>
</tr>
<tr>
<td>Madono</td>
<td>Hitomi</td>
<td>P093</td>
</tr>
<tr>
<td>Maencker</td>
<td>Andreas</td>
<td>OC048</td>
</tr>
<tr>
<td>Maestre</td>
<td>G</td>
<td>S15</td>
</tr>
<tr>
<td>Malone</td>
<td>Andrea</td>
<td>P015</td>
</tr>
<tr>
<td>Malik</td>
<td>Fanwa</td>
<td>P022</td>
</tr>
<tr>
<td>Malloy</td>
<td>D</td>
<td>OC055</td>
</tr>
<tr>
<td>Maltas</td>
<td>Danielle</td>
<td>OC028</td>
</tr>
<tr>
<td>Mangialasche</td>
<td>F</td>
<td>S8</td>
</tr>
<tr>
<td>Mangone</td>
<td>Carlos</td>
<td>P025</td>
</tr>
<tr>
<td>Mangone</td>
<td>Carlos</td>
<td>P123</td>
</tr>
<tr>
<td>Mansour</td>
<td>Diane</td>
<td>OC090</td>
</tr>
<tr>
<td>Mao</td>
<td>Hui Fen</td>
<td>OC016</td>
</tr>
<tr>
<td>Mao</td>
<td>Zongju</td>
<td>OC013</td>
</tr>
<tr>
<td>Martinez-Lage</td>
<td>Pablo</td>
<td>P028</td>
</tr>
<tr>
<td>Martinc Popovic</td>
<td>Irena</td>
<td>OC127, P023</td>
</tr>
<tr>
<td>Martins</td>
<td>Ralph</td>
<td>P027</td>
</tr>
<tr>
<td>Materne</td>
<td>Chris</td>
<td>OC022</td>
</tr>
<tr>
<td>Matsuoka</td>
<td>Hiroko</td>
<td>P070, P081</td>
</tr>
<tr>
<td>Matsuzawa</td>
<td>Yuka</td>
<td>P064, P079</td>
</tr>
<tr>
<td>Mavrodatis</td>
<td>Angelique</td>
<td>P080</td>
</tr>
<tr>
<td>May</td>
<td>Sharon</td>
<td>OC108</td>
</tr>
<tr>
<td>Mc Parland</td>
<td>Patricia</td>
<td>P096</td>
</tr>
<tr>
<td>McAlney</td>
<td>Carrie</td>
<td>OC007, OC008, OC026, S7</td>
</tr>
<tr>
<td>McAlulffe</td>
<td>Linda</td>
<td>OC091</td>
</tr>
<tr>
<td>McBain</td>
<td>Lesley</td>
<td>P088</td>
</tr>
<tr>
<td>McFadden</td>
<td>Sean</td>
<td>P103</td>
</tr>
<tr>
<td>McGeer</td>
<td>Patrick</td>
<td>P002, P018</td>
</tr>
<tr>
<td>McLaughlin</td>
<td>Paula</td>
<td>OC128</td>
</tr>
<tr>
<td>McLennan</td>
<td>Marianne</td>
<td>OC014</td>
</tr>
<tr>
<td>McManus</td>
<td>Maria</td>
<td>OC085</td>
</tr>
<tr>
<td>McNamara</td>
<td>Patrick</td>
<td>OC079</td>
</tr>
<tr>
<td>Mecocci</td>
<td>P</td>
<td>S8</td>
</tr>
<tr>
<td>Meerveld</td>
<td>J</td>
<td>OC010A</td>
</tr>
<tr>
<td>Meliaen</td>
<td>Franka</td>
<td>OC015</td>
</tr>
<tr>
<td>Melcorn</td>
<td>Carlos</td>
<td>P123</td>
</tr>
<tr>
<td>Menard</td>
<td>Michel</td>
<td>P120</td>
</tr>
<tr>
<td>Mendelsohn</td>
<td>Mirissa</td>
<td>P009, P072</td>
</tr>
<tr>
<td>Mendoza</td>
<td>Lilia</td>
<td>P051</td>
</tr>
<tr>
<td>Menon</td>
<td>Rajiv</td>
<td>S6</td>
</tr>
<tr>
<td>Mercaldi</td>
<td>Catherine</td>
<td>P024</td>
</tr>
<tr>
<td>Miaone</td>
<td>Andrea</td>
<td>P017</td>
</tr>
<tr>
<td>Michael</td>
<td>Joanne</td>
<td>OC007</td>
</tr>
<tr>
<td>Mieno</td>
<td>Eiko</td>
<td>P047, P106</td>
</tr>
<tr>
<td>Mietkiewicz</td>
<td>Marie-Claude</td>
<td>P038</td>
</tr>
<tr>
<td>Mihalidis</td>
<td>Alex</td>
<td>P060</td>
</tr>
<tr>
<td>Mikane</td>
<td>Siakea</td>
<td>P077</td>
</tr>
<tr>
<td>Miller, BPA, MA</td>
<td>Diane</td>
<td>OC094</td>
</tr>
<tr>
<td>Minnehan Jones</td>
<td>Maureen</td>
<td>P010</td>
</tr>
<tr>
<td>Mistry</td>
<td>Bhavnita</td>
<td>OC067</td>
</tr>
<tr>
<td>Mitchel</td>
<td>Gail</td>
<td>OC066</td>
</tr>
<tr>
<td>Mitchel</td>
<td>Gail</td>
<td>OC067</td>
</tr>
<tr>
<td>Mittl</td>
<td>Esnart</td>
<td>OC032</td>
</tr>
<tr>
<td>Mittelman</td>
<td>Mary</td>
<td>OC068</td>
</tr>
<tr>
<td>Mok</td>
<td>Winnie</td>
<td>OC126</td>
</tr>
<tr>
<td>Molnar</td>
<td>Frank</td>
<td>OC060, OC107, OC109, OC111, OC122</td>
</tr>
</tbody>
</table>
# Abstract Authors’ Index

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Momose</td>
<td>Yumiko</td>
<td>P061, P064, P070, P081</td>
</tr>
<tr>
<td>Montemuro, BScN, MHSc</td>
<td>Maureen</td>
<td>OC094</td>
</tr>
<tr>
<td>Monzani</td>
<td>Martina</td>
<td>P036</td>
</tr>
<tr>
<td>Mora</td>
<td>N</td>
<td>S15</td>
</tr>
<tr>
<td>Moran de Villalobos</td>
<td>Y</td>
<td>S15</td>
</tr>
<tr>
<td>Moraru</td>
<td>Raluca</td>
<td>OC072</td>
</tr>
<tr>
<td>Morgan</td>
<td>Debra</td>
<td>CC101, P012, P065, P088</td>
</tr>
<tr>
<td>Mori</td>
<td>Hidezo</td>
<td>OC004, P059</td>
</tr>
<tr>
<td>Morrow</td>
<td>Dayna</td>
<td>OC095</td>
</tr>
<tr>
<td>Mortby</td>
<td>Moyra</td>
<td>OC048</td>
</tr>
<tr>
<td>Morton, PhD, Student</td>
<td>Frances</td>
<td>OC084</td>
</tr>
<tr>
<td>Morton-Chang</td>
<td>Frances</td>
<td>OC087</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
</tr>
<tr>
<td>Motghare</td>
<td>Dilip</td>
<td>S6</td>
</tr>
<tr>
<td>Mulherjee</td>
<td>Odilay</td>
<td>OC052</td>
</tr>
<tr>
<td>Murphy</td>
<td>Kelly</td>
<td>OC019, OC123, P015, OC127</td>
</tr>
<tr>
<td>Murray</td>
<td>Suzanne</td>
<td>OC006</td>
</tr>
<tr>
<td>Murtha</td>
<td>Susan</td>
<td>OC128</td>
</tr>
<tr>
<td>Nagamori</td>
<td>Rumiko</td>
<td>P082, P083</td>
</tr>
<tr>
<td>Nakamoto</td>
<td>Tsukasa</td>
<td>P082, P083</td>
</tr>
<tr>
<td>Namjoshi</td>
<td>Dhananjay</td>
<td>OC108</td>
</tr>
<tr>
<td>Nasreddine</td>
<td>Ziad</td>
<td>OC125</td>
</tr>
<tr>
<td>Navab</td>
<td>Elham</td>
<td>OC039</td>
</tr>
<tr>
<td>Nay</td>
<td>Rhonda</td>
<td>OC091</td>
</tr>
<tr>
<td>Negarandeh</td>
<td>Reza</td>
<td>OC039</td>
</tr>
<tr>
<td>Ngatcha-Ribert</td>
<td>Laititia</td>
<td>OC100A</td>
</tr>
<tr>
<td>Ngatcha-Ribert</td>
<td>Laititia</td>
<td>OC112</td>
</tr>
<tr>
<td>niu</td>
<td>na</td>
<td>OC003</td>
</tr>
<tr>
<td>Nogueira</td>
<td>Maria</td>
<td>OC034</td>
</tr>
<tr>
<td>Obisesan</td>
<td>Thomas</td>
<td>OC006</td>
</tr>
<tr>
<td>O’Brien</td>
<td>Donal</td>
<td>P040</td>
</tr>
<tr>
<td>O’Connell</td>
<td>Megan</td>
<td>P065</td>
</tr>
<tr>
<td>O’Connor</td>
<td>Deborah</td>
<td>OC096</td>
</tr>
<tr>
<td>Okuno</td>
<td>Shigeo</td>
<td>P081, P082, P083</td>
</tr>
<tr>
<td>Onoizuka</td>
<td>Motoio</td>
<td>P082, P083</td>
</tr>
<tr>
<td>Orofini</td>
<td>Enrico</td>
<td>P036</td>
</tr>
<tr>
<td>Orsi</td>
<td>Flavia</td>
<td>P036</td>
</tr>
<tr>
<td>Overend</td>
<td>Tom</td>
<td>P009</td>
</tr>
<tr>
<td>Ozawa</td>
<td>Yosihiko</td>
<td>P084</td>
</tr>
<tr>
<td>Patel</td>
<td>Vikram</td>
<td>S6</td>
</tr>
<tr>
<td>Paton</td>
<td>Athena</td>
<td>P027</td>
</tr>
<tr>
<td>Patterson</td>
<td>Chris</td>
<td>P040</td>
</tr>
<tr>
<td>Preters</td>
<td>J</td>
<td>OC010A</td>
</tr>
<tr>
<td>Peng</td>
<td>Z</td>
<td>OC056</td>
</tr>
<tr>
<td>Pepp</td>
<td>Mike</td>
<td>P028</td>
</tr>
<tr>
<td>Pepper, BScN</td>
<td>Heather</td>
<td>OC034</td>
</tr>
<tr>
<td>Petersen</td>
<td>R</td>
<td>S10</td>
</tr>
<tr>
<td>Peyroví</td>
<td>Hamid</td>
<td>OC039</td>
</tr>
<tr>
<td>Phillips</td>
<td>Natalie</td>
<td>OC125</td>
</tr>
<tr>
<td>Philp</td>
<td>Ian</td>
<td>P080</td>
</tr>
<tr>
<td>Pizzacolla, BScN, MHSc, NP</td>
<td>Anne</td>
<td>OC094</td>
</tr>
<tr>
<td>Plecas-Solarovic</td>
<td>Bosilika</td>
<td>P118</td>
</tr>
<tr>
<td>Plouffe</td>
<td>Vanessa</td>
<td>P001</td>
</tr>
<tr>
<td>Png</td>
<td>Hong Hock</td>
<td>OC010</td>
</tr>
<tr>
<td>Popham</td>
<td>Carolyn</td>
<td>OC041</td>
</tr>
<tr>
<td>Power</td>
<td>G. Allen</td>
<td>OC018</td>
</tr>
<tr>
<td>Prakash</td>
<td>Om</td>
<td>OC052</td>
</tr>
<tr>
<td>Prevot</td>
<td>Emilien</td>
<td>P038</td>
</tr>
<tr>
<td>Price</td>
<td>Sarah</td>
<td>OC089, P094</td>
</tr>
<tr>
<td>Prince</td>
<td>Martin</td>
<td>OC053, S6, W1</td>
</tr>
<tr>
<td>Puisieux</td>
<td>Francois</td>
<td>P032</td>
</tr>
<tr>
<td>Purushottam</td>
<td>Meera</td>
<td>OC052</td>
</tr>
<tr>
<td>Fuxty</td>
<td>John</td>
<td>OC009</td>
</tr>
<tr>
<td>Quintero</td>
<td>M</td>
<td>S15</td>
</tr>
<tr>
<td>Rabheru</td>
<td>K</td>
<td>OC024</td>
</tr>
<tr>
<td>Rawlins</td>
<td>Joan</td>
<td>P121</td>
</tr>
<tr>
<td>Ray</td>
<td>Karen</td>
<td>OC026</td>
</tr>
<tr>
<td>Rayner</td>
<td>Jo</td>
<td>P119</td>
</tr>
<tr>
<td>Reddy</td>
<td>Nalini</td>
<td>OC052</td>
</tr>
<tr>
<td>Rees</td>
<td>G</td>
<td>S16</td>
</tr>
<tr>
<td>Reisberg</td>
<td>Barry</td>
<td>OC001</td>
</tr>
<tr>
<td>Rich</td>
<td>Jill</td>
<td>OC128</td>
</tr>
<tr>
<td>Richardson</td>
<td>Julie</td>
<td>OC061</td>
</tr>
<tr>
<td>Rigatt</td>
<td>Marianne</td>
<td>OC070</td>
</tr>
<tr>
<td>Riley</td>
<td>Kathryn</td>
<td>P099, P100</td>
</tr>
<tr>
<td>Ringer</td>
<td>Lee</td>
<td>OC070</td>
</tr>
<tr>
<td>Robinson</td>
<td>Andrew</td>
<td>OC027</td>
</tr>
<tr>
<td>Robinson</td>
<td>Janice</td>
<td>OC031, OC090</td>
</tr>
<tr>
<td>Robinson, BScN, MEd</td>
<td>Karen</td>
<td>OC094</td>
</tr>
<tr>
<td>Rochon</td>
<td>Elizabeth</td>
<td>P060</td>
</tr>
<tr>
<td>Rockwood</td>
<td>Kenneth</td>
<td>OC001</td>
</tr>
<tr>
<td>Rogers</td>
<td>Khristine</td>
<td>P059</td>
</tr>
<tr>
<td>Rojas</td>
<td>O</td>
<td>S15</td>
</tr>
</tbody>
</table>

Last Name | First Name | Abstract Number | Last Name | First Name | Abstract Number |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Pizzacolla, BScN, MHSc, NP</td>
<td>Anne</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Plecas-Solarovic</td>
<td>Bosilika</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Plouffe</td>
<td>Vanessa</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Png</td>
<td>Hong Hock</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Popham</td>
<td>Carolyn</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Power</td>
<td>G. Allen</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Prakash</td>
<td>Om</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Prevot</td>
<td>Emilien</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Price</td>
<td>Sarah</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Prince</td>
<td>Martin</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Puisieux</td>
<td>Francois</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Purushottam</td>
<td>Meera</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Fuxty</td>
<td>John</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Quintero</td>
<td>M</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rabheru</td>
<td>K</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rawlins</td>
<td>Joan</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Ray</td>
<td>Karen</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rayner</td>
<td>Jo</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Reddy</td>
<td>Nalini</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rees</td>
<td>G</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Reisberg</td>
<td>Barry</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rich</td>
<td>Jill</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Richardson</td>
<td>Julie</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rigatt</td>
<td>Marianne</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Riley</td>
<td>Kathryn</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Ringer</td>
<td>Lee</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Robinson</td>
<td>Andrew</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Robinson</td>
<td>Janice</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Robinson, BScN, MEd</td>
<td>Karen</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rochon</td>
<td>Elizabeth</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rockwood</td>
<td>Kenneth</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rogers</td>
<td>Khristine</td>
</tr>
<tr>
<td>Moscovitch</td>
<td>Morris</td>
<td>P017</td>
<td></td>
<td>Rojas</td>
<td>O</td>
</tr>
</tbody>
</table>
Abstract Authors’ Index

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ropp</td>
<td>Courtney</td>
<td>P100</td>
</tr>
<tr>
<td>Rowe</td>
<td>Gillian</td>
<td>OC019</td>
</tr>
<tr>
<td>Roy</td>
<td>Jacob</td>
<td>OC046</td>
</tr>
<tr>
<td>Rózga</td>
<td>Malgorzata</td>
<td>P003</td>
</tr>
<tr>
<td>Ruthe</td>
<td>Sonya</td>
<td>OC028</td>
</tr>
<tr>
<td>Prabhakar</td>
<td>S</td>
<td>P122</td>
</tr>
<tr>
<td>Sadananda</td>
<td>Shilpa</td>
<td>OC052</td>
</tr>
<tr>
<td>Sadavoy</td>
<td>Joel</td>
<td>OC001</td>
</tr>
<tr>
<td>Santacruz</td>
<td>Karen</td>
<td>P100</td>
</tr>
<tr>
<td>Sasaki</td>
<td>Satsuki</td>
<td>P056</td>
</tr>
<tr>
<td>Sastre-Hengan</td>
<td>Nathalie</td>
<td>P116</td>
</tr>
<tr>
<td>Saxton</td>
<td>Judith</td>
<td>OC124</td>
</tr>
<tr>
<td>Scarmeas</td>
<td>N</td>
<td>S12</td>
</tr>
<tr>
<td>Schulz</td>
<td>Mary</td>
<td>OC007, OC054, OC083, OC097</td>
</tr>
<tr>
<td>Schweizer</td>
<td>Tom</td>
<td>OC075</td>
</tr>
<tr>
<td>Scott</td>
<td>BJ</td>
<td>P086</td>
</tr>
<tr>
<td>Sega</td>
<td>O</td>
<td>S15</td>
</tr>
<tr>
<td>Sénéchal</td>
<td>Isabelle</td>
<td>OC086</td>
</tr>
<tr>
<td>Sénéchal</td>
<td>Patrick</td>
<td>P001</td>
</tr>
<tr>
<td>Sevean</td>
<td>P</td>
<td>S7</td>
</tr>
<tr>
<td>Sevginy</td>
<td>P</td>
<td>OC055</td>
</tr>
<tr>
<td>Sewell</td>
<td>Martin</td>
<td>OC029</td>
</tr>
<tr>
<td>Shaji</td>
<td>K</td>
<td>S6</td>
</tr>
<tr>
<td>Sharma</td>
<td>Rama</td>
<td>P016</td>
</tr>
<tr>
<td>Sharma</td>
<td>Shweta</td>
<td>P016</td>
</tr>
<tr>
<td>Shawanoo</td>
<td>Robín</td>
<td>S13</td>
</tr>
<tr>
<td>Shyu</td>
<td>Lotus</td>
<td>P066</td>
</tr>
<tr>
<td>Sica</td>
<td>Roberto</td>
<td>P025</td>
</tr>
<tr>
<td>Silverberg</td>
<td>Eleanor</td>
<td>OC038</td>
</tr>
<tr>
<td>Simundic</td>
<td>Ana Maria</td>
<td>OC127</td>
</tr>
<tr>
<td>Sims-Gould</td>
<td>J</td>
<td>S7</td>
</tr>
<tr>
<td>Sivakumar</td>
<td>Palanimuthu</td>
<td>OC052</td>
</tr>
<tr>
<td>Stögren</td>
<td>Kairn</td>
<td>OC103</td>
</tr>
<tr>
<td>Slater</td>
<td>Debbie</td>
<td>OC027</td>
</tr>
<tr>
<td>Slaughter</td>
<td>Susan</td>
<td>OC086</td>
</tr>
<tr>
<td>Sleator</td>
<td>Heather</td>
<td>OC043</td>
</tr>
<tr>
<td>Slutský</td>
<td>Mitchell</td>
<td>OC200</td>
</tr>
<tr>
<td>Smith</td>
<td>Mark</td>
<td>P118</td>
</tr>
<tr>
<td>Smith</td>
<td>Matthew</td>
<td>OC049</td>
</tr>
<tr>
<td>Smitz</td>
<td>Beth</td>
<td>OC124</td>
</tr>
<tr>
<td>Sohrabi</td>
<td>Hamid</td>
<td>P027</td>
</tr>
<tr>
<td>Solomon</td>
<td>A</td>
<td>S8</td>
</tr>
<tr>
<td>Sone</td>
<td>Chikako</td>
<td>P064</td>
</tr>
<tr>
<td>Song</td>
<td>Hee Jung</td>
<td>P067</td>
</tr>
<tr>
<td>Song</td>
<td>You-Qiang</td>
<td>OC126</td>
</tr>
<tr>
<td>Spiru</td>
<td>Luiza</td>
<td>OC005, OC027, OC073, P029, P035</td>
</tr>
<tr>
<td>Spremo-Potparevic</td>
<td>Bjelana</td>
<td>P118</td>
</tr>
<tr>
<td>Stegglees</td>
<td>Elizabeth</td>
<td>OC083</td>
</tr>
<tr>
<td>Stelnokas</td>
<td>Julia</td>
<td>P086</td>
</tr>
<tr>
<td>Stewart</td>
<td>Norma</td>
<td>P012, P068, P067</td>
</tr>
<tr>
<td>Stolée</td>
<td>Paul</td>
<td>OC007</td>
</tr>
<tr>
<td>Stratton</td>
<td>Brigit</td>
<td>OC027</td>
</tr>
<tr>
<td>Streater</td>
<td>Amy</td>
<td>OC077, P039</td>
</tr>
<tr>
<td>Stropinka</td>
<td>Maja</td>
<td>P023</td>
</tr>
<tr>
<td>Stringfellow</td>
<td>Tara</td>
<td>OC121</td>
</tr>
<tr>
<td>Stukas</td>
<td>Sophie</td>
<td>OC108</td>
</tr>
<tr>
<td>Sudbury</td>
<td>Fiona</td>
<td>OC036, OC090</td>
</tr>
<tr>
<td>Sucheiro</td>
<td>Rie</td>
<td>P047</td>
</tr>
<tr>
<td>Szmyczynska</td>
<td>Paulina</td>
<td>OC106, P088</td>
</tr>
<tr>
<td>Ta</td>
<td>Robert</td>
<td>OC002</td>
</tr>
<tr>
<td>Taddi</td>
<td>Kevin</td>
<td>P027</td>
</tr>
<tr>
<td>Takagi</td>
<td>Tomomi</td>
<td>P056</td>
</tr>
<tr>
<td>Takara</td>
<td>Kazumi</td>
<td>P056</td>
</tr>
<tr>
<td>Takizawa</td>
<td>Shurrya</td>
<td>OC004</td>
</tr>
<tr>
<td>Talwar</td>
<td>Arjana</td>
<td>P016</td>
</tr>
<tr>
<td>Tammešin</td>
<td>Tarja</td>
<td>P044</td>
</tr>
<tr>
<td>Tamminen</td>
<td>Anna</td>
<td>OC116</td>
</tr>
<tr>
<td>Tanaka</td>
<td>Haruna</td>
<td>P062</td>
</tr>
<tr>
<td>Tang</td>
<td>Li-Yu</td>
<td>OC110</td>
</tr>
<tr>
<td>Tang</td>
<td>Sai Hung</td>
<td>OC016</td>
</tr>
<tr>
<td>Tang</td>
<td>SH</td>
<td>OC098</td>
</tr>
<tr>
<td>Taylor</td>
<td>Yasmin</td>
<td>OC062</td>
</tr>
<tr>
<td>Terakado</td>
<td>Tomoko</td>
<td>P056</td>
</tr>
<tr>
<td>Teruel</td>
<td>Bearliz</td>
<td>OC053</td>
</tr>
<tr>
<td>Thompson</td>
<td>Oonagh</td>
<td>P040</td>
</tr>
<tr>
<td>Torres</td>
<td>Sandra</td>
<td>P111</td>
</tr>
<tr>
<td>Totsuka</td>
<td>Noriko</td>
<td>P082, P083</td>
</tr>
<tr>
<td>Toye</td>
<td>Chris</td>
<td>OC027</td>
</tr>
<tr>
<td>Trascu</td>
<td>Razvan Ioan</td>
<td>OC005, P035</td>
</tr>
<tr>
<td>Tripathi</td>
<td>Manjari</td>
<td>P016</td>
</tr>
<tr>
<td>Trikanjec</td>
<td>Zlatko</td>
<td>P023</td>
</tr>
<tr>
<td>Troxel</td>
<td>David</td>
<td>OC098, OC100, P059</td>
</tr>
<tr>
<td>Tsoier</td>
<td>Angela</td>
<td>OC019, OC123, P017, P015, OC123</td>
</tr>
<tr>
<td>Tsokanari</td>
<td>Joanna</td>
<td>P063</td>
</tr>
<tr>
<td>Tsotaki</td>
<td>Magdalini</td>
<td>P063</td>
</tr>
<tr>
<td>Tsukamoto</td>
<td>Yuko</td>
<td>OC004</td>
</tr>
</tbody>
</table>
### Abstract Authors’ Index

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turci</td>
<td>Marina</td>
<td>P036, P029</td>
</tr>
<tr>
<td>Turci</td>
<td>Ileana</td>
<td>OC073, OC079</td>
</tr>
<tr>
<td>Tyas</td>
<td>Suzanne</td>
<td>P100</td>
</tr>
<tr>
<td>Tyas</td>
<td>Suzanne</td>
<td>P099</td>
</tr>
<tr>
<td>Ubell</td>
<td>Andrea</td>
<td>OC054</td>
</tr>
<tr>
<td>Umetani</td>
<td>Keiji</td>
<td>OC004</td>
</tr>
<tr>
<td>Valla</td>
<td>Jon</td>
<td>OC079</td>
</tr>
<tr>
<td>Van Der Poel</td>
<td>Rikus</td>
<td>P124</td>
</tr>
<tr>
<td>Van Dijk</td>
<td>A.M.</td>
<td>OC017</td>
</tr>
<tr>
<td>Van Mieto</td>
<td>Lisa</td>
<td>OC015</td>
</tr>
<tr>
<td>Van Weert</td>
<td>J</td>
<td>OC017</td>
</tr>
<tr>
<td>Van Wezel</td>
<td>Nienke</td>
<td>OC031, S14</td>
</tr>
<tr>
<td>Vander Bilt</td>
<td>Joni</td>
<td>OC124</td>
</tr>
<tr>
<td>Vargas</td>
<td>Jose Antonio</td>
<td>P041</td>
</tr>
<tr>
<td>Varghese</td>
<td>Mathew</td>
<td>OC046, OC052</td>
</tr>
<tr>
<td>Veloso</td>
<td>Anthony</td>
<td>P043</td>
</tr>
<tr>
<td>Videaud</td>
<td>Helene</td>
<td>OC042</td>
</tr>
<tr>
<td>Villard</td>
<td>Cecil</td>
<td>OC044</td>
</tr>
<tr>
<td>Villez</td>
<td>Marion</td>
<td>OC112</td>
</tr>
<tr>
<td>Vis</td>
<td>J</td>
<td>S7</td>
</tr>
<tr>
<td>Volleter</td>
<td>Ladislav</td>
<td>OC079</td>
</tr>
<tr>
<td>Vuister</td>
<td>J</td>
<td>OC010A</td>
</tr>
<tr>
<td>Walls-Ingram</td>
<td>Sheena</td>
<td>OC101</td>
</tr>
<tr>
<td>Wang</td>
<td>Bao-Ying</td>
<td>P113</td>
</tr>
<tr>
<td>Wang</td>
<td>Hongzheng</td>
<td>P030</td>
</tr>
<tr>
<td>Wang</td>
<td>Huai</td>
<td>OC013</td>
</tr>
<tr>
<td>Wang</td>
<td>Jing Jy</td>
<td>P098</td>
</tr>
<tr>
<td>Wang</td>
<td>Guan</td>
<td>OC013</td>
</tr>
<tr>
<td>Wang</td>
<td>Yi-wen</td>
<td>P049</td>
</tr>
<tr>
<td>Wang</td>
<td>Yunfeng</td>
<td>P030</td>
</tr>
<tr>
<td>Ward</td>
<td>Alex</td>
<td>P024</td>
</tr>
<tr>
<td>Ward-Griffin</td>
<td>Catherine</td>
<td>OC012</td>
</tr>
<tr>
<td>Warry</td>
<td>Wayne</td>
<td>OC030</td>
</tr>
<tr>
<td>Watanae</td>
<td>Midori</td>
<td>P064, P079, P081</td>
</tr>
<tr>
<td>Wellington</td>
<td>Cheryl</td>
<td>OC108</td>
</tr>
<tr>
<td>Weng</td>
<td>Li-Chueh</td>
<td>P066</td>
</tr>
<tr>
<td>Whitehead</td>
<td>Victor</td>
<td>OC125</td>
</tr>
<tr>
<td>Whitehouse</td>
<td>Peter</td>
<td>OC119</td>
</tr>
<tr>
<td>Whitley</td>
<td>James</td>
<td>P120</td>
</tr>
<tr>
<td>Whyte</td>
<td>Colleen</td>
<td>OC086</td>
</tr>
<tr>
<td>Whyte</td>
<td>Marva</td>
<td>P048</td>
</tr>
<tr>
<td>Wickenhauser</td>
<td>Joseph</td>
<td>OC101</td>
</tr>
<tr>
<td>Wiersma</td>
<td>Elaine</td>
<td>OC009, OC035, S4, S7</td>
</tr>
<tr>
<td>Wilford</td>
<td>Ruth</td>
<td>OC009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilkinson</td>
<td>Anna</td>
<td>OC108</td>
</tr>
<tr>
<td>Williams</td>
<td>Meghan</td>
<td>P048</td>
</tr>
<tr>
<td>Wilson</td>
<td>Rozanne</td>
<td>P060</td>
</tr>
<tr>
<td>Wimo</td>
<td>Anders</td>
<td>S3</td>
</tr>
<tr>
<td>Winblad</td>
<td>B</td>
<td>S8</td>
</tr>
<tr>
<td>Winklott</td>
<td>Margaret</td>
<td>OC091</td>
</tr>
<tr>
<td>Wipprecht</td>
<td>Melanie</td>
<td>OC117</td>
</tr>
<tr>
<td>Wolfson</td>
<td>S</td>
<td>S7</td>
</tr>
<tr>
<td>Wood</td>
<td>Denise</td>
<td>P103</td>
</tr>
<tr>
<td>Woolmore-Goodvin</td>
<td>Sarah</td>
<td>P014</td>
</tr>
<tr>
<td>Wortmann</td>
<td>Marc</td>
<td>S3, W1</td>
</tr>
<tr>
<td>Wu</td>
<td>Bei</td>
<td>OC013</td>
</tr>
<tr>
<td>Xiong</td>
<td>Yuegen</td>
<td>OC013</td>
</tr>
<tr>
<td>Yamaguchi</td>
<td>Kaoru</td>
<td>P066</td>
</tr>
<tr>
<td>Yang</td>
<td>Yuan-Han</td>
<td>P031</td>
</tr>
<tr>
<td>Yao</td>
<td>George</td>
<td>P033</td>
</tr>
<tr>
<td>Yeh</td>
<td>Mei</td>
<td>P066</td>
</tr>
<tr>
<td>Yk</td>
<td>Ping-Yiu</td>
<td>OC126</td>
</tr>
<tr>
<td>Yao</td>
<td>Seung-Mi</td>
<td>P011</td>
</tr>
<tr>
<td>Yoshiwa</td>
<td>Aoi</td>
<td>P047</td>
</tr>
<tr>
<td>Yoshinaka</td>
<td>Nobuyuki</td>
<td>P056</td>
</tr>
<tr>
<td>you</td>
<td>hui</td>
<td>OC003</td>
</tr>
<tr>
<td>You</td>
<td>Ru Yuh</td>
<td>P053</td>
</tr>
<tr>
<td>Yu</td>
<td>Haeuh Chuan</td>
<td>P090</td>
</tr>
<tr>
<td>Yu</td>
<td>Xin</td>
<td>OC013</td>
</tr>
<tr>
<td>Zendler</td>
<td>Adrian</td>
<td>P027</td>
</tr>
<tr>
<td>Zhang</td>
<td>Yan</td>
<td>P030</td>
</tr>
<tr>
<td>Zhang</td>
<td>Yanbo</td>
<td>P006</td>
</tr>
<tr>
<td>Zhu</td>
<td>Shenghua</td>
<td>P006</td>
</tr>
<tr>
<td>zhu</td>
<td>zhaohui</td>
<td>OC003</td>
</tr>
<tr>
<td>Zivkovic</td>
<td>Lida</td>
<td>P118</td>
</tr>
<tr>
<td>Žummo-Soucy</td>
<td>Mathieu</td>
<td>P001</td>
</tr>
</tbody>
</table>
Building the clinical evidence base for Souvenaid®:

- 10 years of research to develop concept
- First clinical trial results published in 2010¹
- 2 phase III trials reporting results in 2011


DON'T FORGET TO VISIT the "Love, Loss and Laughter" photography exhibition at Baycrest Center.

www.souvenaid.com
Notes
Notes