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Making dementia a European priority
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Abstract Book

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Index

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Keynote lecture

K1. Will we be able to prevent Alzheimer's disease?

MOLINUEVO José Luis
Barcelona Beta Brain Research Center, Spain

In the last decades, progress in neuroimaging techniques and cerebrospinal fluid (CSF) assays has enabled the characterization of several Alzheimer's disease (AD) biomarkers. This knowledge has shifted the conceptualization of AD from a clinical-pathological construct, where its diagnosis required the presence of dementia with distinct pathologic features, toward a biological one that recognizes AD as a pathological continuum with a clinical picture that ranges from normal cognition to a dementia stage.

The possibility of assessing AD pathophysiology in vivo before the onset of clinical symptoms in the preclinical stage provides the unprecedented opportunity to study and intervene at earlier stages of the continuum. Currently, large cohort studies of cognitively healthy participants are disentangling the natural history of AD to identify individuals with an increased risk of developing AD in the near future in order to be recruited in secondary prevention clinical trials. The objective of this talk is presenting the scientific knowledge behind the rationale of the new Alzheimer prevention initiatives, current observational and interventional studies aiming to prevent AD and discussing the challenges and viability of AD prevention strategies.

Plenary presentations

PL1. Dementia as a policy priority

PL1.1. Policy and research priorities of the WYLD (World Young Leaders in Dementia) network

LEIST Anja
Université de Luxembourg, Luxembourg, Luxembourg

The World Young Leaders in Dementia (WYLD) is a growing network of young professionals in the field of dementia across the world. Its founding members were selected in 2014 by the UK Science and Innovation Network in Canada, the United States, Japan, and together with JPND Europe, across the EU countries, in order to support the ongoing Global Action Against Dementia following the G8 Dementia Summit in 2013. Since then, the worldwide network has formed, and its membership now represents 29 countries across all six continents.

WYLD is Associate Member of the World Dementia Council since 2016, and contributes to its ongoing work by participating in the Council's Global Teams and international efforts. Our core activities are to facilitate professional careers in dementia by promoting training, mentorship, and career opportunities. We contribute to international scientific and policy efforts by consulting on draft dementia strategies and publications, support national and global dementia projects, and raise awareness of dementia in young people. WYLD's mission is to build capacity and capability in the global research and care workforce, and make dementia a public health priority. We aim at giving emerging leaders in dementia a voice in the global policy space to bring fresh, creative thinking and facilitate innovative dementia solutions for care and cure. We believe in the value of diversity in tackling the challenges of dementia.

Although our members are involved in a broad set of activities in dementia, some priorities have emerged. On the local level across many countries, we plan and realize Dementia Inclusive (Dementia Friendly) initiatives, raise awareness of social inequalities in dementia, and educate on dementia. One international outcome of this priority is the comparative evaluation of dementia-friendly symbols. Further WYLD priorities are open and collaborative research, new technologies, and improving the quality of care across countries.

PL1.3. The European Joint Action on Dementia: Identifying and sharing good practices across Europe

HUGGINS Geoff
Scottish Government, Edinburgh,United Kingdom

Act on Dementia is an EU Joint Action which began in March 2016. Its aim is to promote collaborative actions among Member States to improve the lives of people living with dementia and their carers. Evidence reviews and reports on diagnosis and post diagnostic support, crisis and care coordination, quality of residential care and dementia friendly communities have been completed and can be found at www.actondementia.eu. Work packages are now testing best practices in pilot sites across Europe, looking at de-stigmatising dementia in primary care, trialling telemedicine systems; enhancing the ways in which we identify and deal with the signs of stress and distress in patients with dementia and support people before, during and after a diagnosis of dementia; how to personalise care in residential settings and improve care in the last days of life. We are also testing evidence around dementia friendly communities in a variety of settings.Next autumn we will hold our final conference to bring together and share the lessons learned.

PL1.4. Prioritising dementia internationally - The WHO Global Action Plan on Dementia and the Global Dementia Observatory

CHISHOLM Dan
WHO Europe, Copenhagen, Denmark

In May 2017, the "Global action plan on the public response to dementia 2017-2025" was adopted at the World Health Organization's (WHO) Seventieth World Health Assembly (WHA) in Geneva, Switzerland, representing an international commitment to improving the lives of people with dementia, their carers and families. The Action Plan comprises 7 action areas, each with identified targets and activities for Member States, Partners and the Secretariat: dementia as a public health priority; dementia awareness and friendliness; dementia risk reduction; dementia diagnosis, treatment and care; support for dementia carers and families; information systems for dementia; dementia research and innovation. A series of accompanying tools, initiatives and guidance materials have been developed in order to support the realization of these objectives in and across Member States, including a policy guidance manual, a dementia-friendly toolkit, iSupport (an e-health solution for caregivers of people with dementia), and the Global Dementia Observatory. This presentation will provide an overview of the primary functions of these tools, elucidate how they mutually contribute towards the goals of the dementia global action plan, and describe how they are being used in and across countries of the WHO European Region.

PL1.5. Real world data supporting regulatropy and health technology assessments: The findings of the ROADMAP projects

GALLACHER John[1], BOUVY Jacoline[2], DE REYDET DE VULPILLIERES Frédéric[3], DÍAZ Carlos[4], LEVITCHI Mihaela[5], REED Catherine[6], VAN DER LEI Johan[7]

[1]University of Oxford, Oxford, United Kingdom, [2]NICE, London, [3]Novartis, Switzerland, [4]SYNAPSE, Spain, [5]Biogen, United States, [6]Lilly, United Kingdom, [7]Erasmus University, Netherlands

ROADMAP is a public-private partnership to evaluate the usability of multiple data sources, including real-world evidence (RWE), in the decision-making process for new treatments in Alzheimer's disease (AD), and to advance concepts in disease and pharmacoeconomic modeling. ROADMAP will identify key disease and patient outcomes for stakeholders to make informed funding and treatment decisions, deliver data integration methods and standards, and develop conceptual cost-effectiveness and disease models designed in part to assess whether early treatment provides long-term benefit. ROADMAP provides a stakeholder consensus approach to optimizing patient and societal benefit from new AD treatments. Initial findings from ROADMAP on the accessibility of real world data, its utility for disease modeling and policy formation will be discussed.

PL2. Dementia as a human rights priority

PL2.1. Involving research participants in research: The example of the EPAD (European Prevention of Alzheimer's dementia) project

SANDERS Stina

University of Edinburgh, Edinburgh, United Kingdom

Introduction: EPAD is a major Cross-European project creating a cohort of people who are at a high risk of developing dementia. Being a participant in the EPAD study involves a long-term commitment. In order to learn from the experience of research participants, and provide participants an on-going active voice in the project, the EPAD study has set up a Participant's Panel.

Method: The aim is to have a local EPAD participant panel at every EPAD Trial Delivery Centre across Europe. There are currently 13 Trial Delivery Centres with more centres opening soon. Each Centre nominates a panel representative to feed into the European Participant Panel. There is a representative present from each Centre at the annual EPAD General Assembly.

Results: Currently, there are three panels running across Europe with others being in the set up phase. Each with 6-8 members in the panel. The panels meet twice a year to provide feedback on good and bad elements of the study experience and make recommendations for improvements; ensure that participants are represented in decision making which may affect them and review documents related to the study aimed at participants.

The meetings so far have covered arrangements for the panel work, update on the study progress and obtaining feedback from the participants regarding specific study procedures (e.g. undergoing a Lumbar Puncture and an MRI scan)

Conclusions: The EPAD study has established terms of reference for the Participant Panel to ensure consistency across each centre, with a central panel drawing together members from each centre. The voice of the panel is proving to be a valuable source of information in addressing crucial aspects of the success of a longitudinal cohort study such as participant experience, retention of research participants and offering participants a chance for meaningful engagement with the direction of the study.

PL2.2. Promoting a human rights based approach to dementia through the active involvement of people with dementia

ROCHFORD-BRENNAN Helen

European Working Group of People with Dementia, Ireland

Background: Many people living with dementia are denied their human rights from the time of diagnosis. As they live with the disease they navigate systems and structures which are not person centered and rights based. As a result, either deliberately or by omission their human rights are denied. To counteract this, people living with dementia must be actively involved in all aspects of the disease. From research to healthcare, legislation to awareness, the lived experience must be valued and have the power to influence.

Content: As former Chair of the IDWG and current Chair of the EWGPWD Helen Rochford Brennan has been a pioneer in campaigning for the human rights of persons living with dementia. Helen has highlighted the incomplete implementation of the UN Convention on Human Rights of

Persons with Disabilities. In this presentation Helen will point out human rights violations such as the lack of statutory rights to homecare the inappropriate prescribing of Psychotropic medicines and the inability of persons living with dementia to be active participants in their community.

She will speak about what is good practice for involving people with dementia – appropriate supports, a non tokenistic approach and a value placed on experts by experience. Helen and her colleagues on the EWGPWD are strong advocates of PPI, they believe co-creation and robust collaboration is the only way to ensure that the human rights of persons living with dementia are a research priority. Human rights can be a theoretical, abstract concept that for some people living with dementia seems far removed from their daily reality. Helen will speak about how quality engagement with just such people will lead to the human rights of many more people living with dementia being met.

PL2.3. Human rights in Spanish health and social legislation

VICENTE Fernando

Ministro de Sanidad, Servicios Sociales e Igualdad, Madrid, Spain

In the discussion about ageing, there has been a heated debate at national and international level about whether the existence of specific legal

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instruments on the rights of older persons and their protection is necessary. Reasons for not having such instruments include the fact that people have rights because they are human beings regardless of age, gender, language, sexual orientation, capacity, abilities, etc., and instruments and specific norms for the protection of the older people already exist (e.g. International Human Rights Conventions of the UN, Charter of Fundamental Rights of the EU of 2010, Constitution of 1978, Civil Code, Penal Code). Nevertheless, the existence of sectoral legal norms at international, national and regional level (in the case of Spain) aimed at the protection of groups which are particularly vulnerable, is a reality of the political action that is appropriate to the challenges of the ageing of the population and those which our society is facing. This constitutes a great challenge of Governance in our country, given the diversity of exclusive competences of the State and of the Autonomous Communities ("Comunidades Autonomas"), which hinders the adoption of horizontal measures that deploy their effects and validity throughout the national territory.

PL2.4. Recognising dementia as a disability: Ethical considerations and practical recommendations

GOVE Dianne

Alzheimer Europe, Luxembourg, Luxembourg

Alzheimer Europe has long recognised that dementia can lead to disability. Recognising dementia as a disability should enable people with dementia, if and when needed, to benefit from the same kind of protection and rights afforded to other people with disabilities. In 2017, Alzheimer Europe set up a working group of experts in the fields of dementia, disability, ethics, mental health legislation, anthropology, policy making and psychology, and worked closely with the European Working Group of People with Dementia and their supporters, to explore the issue of dementia and disability. This work led to the publication of a discussion paper and recommendations.

The working group called for a progressive and positive change in society's response to dementia, based on recognition of potential disability, accompanied by a change in attitudes and the provision of coordinated, appropriately funded and properly monitored polices, services and support, thus leading to a positive change in the lived experience of dementia.

In discussions about dementia as a disability, there is often an emphasis on empowerment and society's responsibility to make 'reasonable adjustments or amendments'. However, not everyone with dementia wants to identify with disability. Doing so can have an emotional and psychological impact. The working group suggests that, overall, the ethical, practice and policy benefits of viewing dementia as a disability, such as the opportunity to campaign for rights, advocate for change and be covered by legislation promoting human rights (e.g. based on the CRPD), outweigh the disadvantages but that It is important to recognise and respect difference and individual choice.

In this presentation, I will provide a balanced overview of some of the main ethical considerations and practical recommendations related to viewing dementia as a disability covered in Alzheimer Europe's discussion paper.

PL2.5. Dementia and intellectual disability - Valuing the perspectives of people with intellectual disability

WATCHMAN Karen

University of Stirling, Scotland, United Kingdom

The link between intellectual disability, particularly Down syndrome, and the early-onset of dementia has been known for many years. Approximately 1 in 3 people with Down syndrome receive a diagnosis, or suspected diagnosis, of dementia in their fifties. Less is known of the perception of individuals who have an intellectual disability and dementia. We value the contribution of self-advocates with dementia, both individually and collectively. Yet, such advocacy is not yet prevalent among people with intellectual disability and dementia, or among their families. Such omission limits our understanding of the experience of dementia, whether the diagnosis is their own or in their peers. This leads to an over reliance on proxy reporting; something considered to be a backwards step in person-centred and rights-based work by an International Summit on Intellectual Disability and Dementia convened in Scotland in 2016. It means, for example, that the voice of people with intellectual disability is not reflected in national dementia plans or strategies. This poses the question of what appropriate and effective post-diagnostic support looks like for people with intellectual disabilities, and how do we know?

Recognising that countries across Europe are at different stages in supporting the inclusion of people with intellectual disabilities who do not have dementia, collaborative projects in Scotland and USA demonstrate ways in which the perspective of people with intellectual disabilities affected by dementia may be sought in practice and in research. Valuing perspectives in this way reinforces the importance of ensuring that recommended best practice for people with dementia also applies to people with an intellectual disability. This includes a timely diagnosis which is shared appropriately, individualised post-diagnostic support and the need to include the perspective of persons with intellectual disability in decisions that affect their future.

PL3. Dementia as a care priority

PL3.1. Assistive technologies in dementia: Findings of the INDUCT (Interdisciplinary Network for Dementia Using Current Technology) consortium

LIBERT Sébastien, HIGGS Paul, CHARLESWORTH Georgina

University College London, United Kingdom

This short presentation will be an opportunity to review some of the current challenges that surround the development of assistive technologies for dementia, and present different researches attached to solving them. These challenges are of different kind, both technical, but also social and cultural. Firstly, I will propose an overview of ongoing researches on assistive technologies for dementia by early-stage researchers within INDUCT, the Interdisciplinary Network for Dementia Using Current Technology. This European project aims to study the potential of technological innovations to support people with dementia today, and in the future. I will then introduce my own PhD project as part of INDUCT, exploring how our cultural understanding of ageing influences technological developments for dementia, including assistive technologies. Specifically, current understandings of the ageing process within Western cultures bring new challenges associated with the widespread anxiety that identifies dementia as an interruption of active ageing. Complex and multifaceted notions such as independence and autonomy are key articulations of these challenges a found in the development of assistive technologies. Overall, by considering these challenges, I wish to propose a reflexion on the relation between anxiety, novel responsibilities associated with 'ageing well' today, current trends toward austerity in social care across Europe, and the position of assistive technologies within these shifting economic, political, and social landscapes.

PL3.2. Redefining and measuring meaningful outcomes for people with dementia

MOUNTAIN Gail

University of Bradford, Bradford, United Kingdom

The presentation will consider whether the outcome measures commonly used in dementia studies are fit for purpose within the context of:

The relatively recently acknowledged value of adopting positive rather than deficit model of dementia. The need for methods of measurement that do not require recall the importance of working with people living with dementia to develop new tools for research and for practice which are relevant to them.

Gail will draw upon the empirical work on outcome measures for dementia research and practice that she has engaged with, and in particular the work conducted with members of the pan European Interdem group of researchers (www.interdem.org). She will also use her experiences of leading large scale psychosocial intervention studies to propose the changes she considers are required to the science and methods of taking outcome measures to be taken and why.

PL3.3. Partner in balance: An example of tailored post-diagnostic support

De VUGT Marjolein

Maastricht University, Maastricht, Netherlands

E-health technology offers opportunities to tailor interventions in an accessible manner. Existing e-health interventions for caregivers of people with dementia are mainly aimed at dealing with dementia-related problems. They may not fit the needs of informal caregivers of persons in an early stage of the disease process. The program Partner in Balance is a blended care intervention that is developed specifically with and for informal caregivers of people with dementia in its early stages. The program offers tailored online support with personal guidance of a professional coach. The aim of the program is to identify areas of change and to work on personal goals in a step-wise approach. The development, usability, effectiveness and implementation of 'Partner in Balance' will be presented. A randomized controlled trial showed positive effects of 'Partner in Balance' on self-efficacy, experienced control and quality of life in comparison to usual care. The program is currently implemented in the Netherlands and the Euroregion Meuse-Rhine.

PL3.4. Reducing the use of antipsychotics in residential and nursing homes

CARRASCO Manuel Martin

Spain

Antipsychotic medications are commonly used to manage the behavioral and neuropsychiatric symptoms of dementia, but several robust studies have demonstrated an association between treatment with antipsychotics and increased morbidity and mortality in this group population. Despite these risks, antipsychotics may be deemed necessary when symptoms are dangerous or severely distressful and other treatments have failed. However, wide variability in antipsychotic use among nursing homes not explainable by resident characteristics, suggests overuse in this population.

Current guidelines and policy regulations emphasize the relevance of reducing inappropriate prescribing of antipsychotics to the elderly with dementia in residential care. To address this issue, several intervention programs with different approaches have been designed, including educational interventions, outreach information, monitoring antipsychotic prescription (i.e. through pharmacy services), tutorial meetings with accompanying decision aids, etc.

Meta-analysis studies to assess the effectiveness of these interventions have been conducted. Overall, interventions are effective on the short-term, but doubts about sustainability remain. For prescribing levels to be reduced in the long term, the culture and nature of care settings and the availability and feasibility of nondrug alternatives need to be addressed.

In this presentation, special attention to the situation in Spain will be paid, including implementation of the recently developed culturally adapted CHROME criteria for reducing chemical restrain in nursing homes and residential care.

PL3.5. Fostering and sustaining relationships with people with dementia

ROES Martina, PURWINS Daniel, SERBSER Jonathan, DREYER Jan, VOELZ Slike

DZENE, Witten, Germany

Relationships are among the key factors, from the point of view of people with dementia, which constitute and influence quality of life. Therefore, relationships constitute a fundamental component in person-centered care. Through person-centered care interaction and communication provide the opportunity to build a relationship with people with dementia and their caregivers. Hence, person-centeredness is required as a base for relationship care (Roes et al., 2018).

To capture the quality of care for people with dementia, our project aimed at completing the literature study, meeting the requirements of the German Network for Quality Development in Nursing (method paper). To define the relevant outcome, the global construct quality of life was used. In 2015 O'Rourke et al. published a meta-synthesis on quality of life from the perspective of people living with dementia. In this synthesis the authors discovered four dimensions, which constitute and influence quality of life: "Agency in Life Today", "Relationship", "Sense of Place" and "Wellness

Perspective"(O'Rourke et al., 2015). The dimension "Relationship" was used to define successful relationships as the overall topic for the expert standard: "Fostering and sustaining relationships with people with dementia".

The expert standard was presented to professionals in the field of nursing at a consensus conference in October 2017 and published in the beginning of 2018. Finally, in July 2018 the pilot implementation was finished.

O'Rourke, H. M., Duggleby, W., Fraser, K. D., & Jerke, L. (2015). Factors that affect quality of life from the perspective of people with dementia: a metasynthesis. Journal of the American Geriatrics Society, 36(1), 24-38.

Roes, M., Bieber, A., Burbaum, J., Dichter, M. N., Fröhlich, B., Gille, G., Haberstroh, J., Halek, M., Hasenbein, B., Jansen, S., Johannes, S., Kessler, M., Kuckert-Wöstheinrich, A., Lotzen, R., Müller-Hergl, C., & Purwins, D. (2018). Der Expertenstandard „Beziehungsgestaltung in der Pflege von Menschen mit Demenz. In D. N. f. Q. i. d. Pflege (Ed.), Expertenstandard Beziehungsgestaltung in der Pflege von Menschen mit Demenz. Sonderdruck (pp. (im Druck)). Osnabrück: Deutsches Netzwerk für Qualitätsentwicklung in der Pflege.

PL4 Dementia as a research priority

PL4.1.The AMYPAD (Amyloid imaging to prevent Alzheimer's disease) project: Improving our understanding, diagnosis and management of Alzheimer's disease through the utilisation of ß-amyloid PET imaging

LOPES ALVES Isadora[1], GISPERT Juan Domingo[2], FRISONI Giovanni[3], RITCHIE Craig[4], FARRAR Gill[5], BARKHOF Frederik[1]

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[3]University of Geneva, Geneva, Switzerland,
[4]Centre for Dementia Prevention, University of Edinburgh, Edinburgh, Uinited Kingdom, [5]GE Healthcare Life Sciences, Amersham, United Kingdom

Experimental evidence supports the relationship between Alzheimer's Disease (AD) progression and temporal changes in biomarkers such as amyloid-β (Aβ). In fact, brain Aβ accumulation appears to be one of the earliest detectable changes in progression towards AD, being therefore considered a relevant early (preclinical) AD biomarker. In this context, the Amyloid Imaging to Prevent Alzheimer's Disease (AMYPAD) Consortium designed two clinical trials to better understand the value of Aβ PET imaging for diagnosis and patient management, as well as for risk profiling in individuals without dementia. The first, called the Diagnostic and Patient Management Study, will determine in a real-life clinical setting for whom diagnostic β–amyloid imaging is appropriate, when this is best performed and how the resulting information is influencing diagnostic certainty, patient management and ultimately decision trees and cost–effectiveness of dementia care. The second, derived from the European Prevention of Alzheimer's Dementia Longitudinal Cohort Study (EPAD LCS), will quantitatively assess Aβ accumulation in a sub-set of EPAD LCS participants in order to 1) complement the ongoing phenotyping and disease modeling efforts of EPAD LCS and 2) support Proof of Concept trials by improving participant selection and treatment effect measurements using Aβ PET. Jointly, these two large European studies will provide crucial information to the clinical practice and researchers, but also to regulators, policy makers, and health care payers.

PL4.2. Importance of social and health care research in the field of Alzheimer's disease and other dementias

GONZÁLEZ INGELMO María Isabel

Centro de Referencia Estatal de atención a personas con enfermedad de Alzheimer y otras demencias Imserso, Salamanca, España

Social and health care research in the field of dementias is essential to have a better knowledge related to the disease process of the people with dementia, but also of their caregivers.

Although this type of research has been delimited for a long time, currently its rigor is being increased, having an exceptional performance and acceptance between health and social science research.

The generation of knowledge from an social and health care approach aims to provide people with Alzheimer's disease a better quality of healthcare, to develop new non-pharmaceutical interventions, to supply new specialised social services and resources so that the disease can be tackled. Information and communication technologies applied to Alzheimer's disease are very important too. Therefore, psychosocial research is a crucial part of elaborating social and health care policy to deal with the necessities and search global solutions for Alzheimer's disease and other dementias.

The results of this type of research have shown that psychosocial interventions can be as effective as medicines, and sometimes even more. The outcomes obtained form these kinds of therapies must consider participation, attitude, decision making, self-awareness and the sense of dignity of the person.All in all, the improvement of the quality of life of the patients, the well-being of their families and the human rights of the people affected must be assessed.

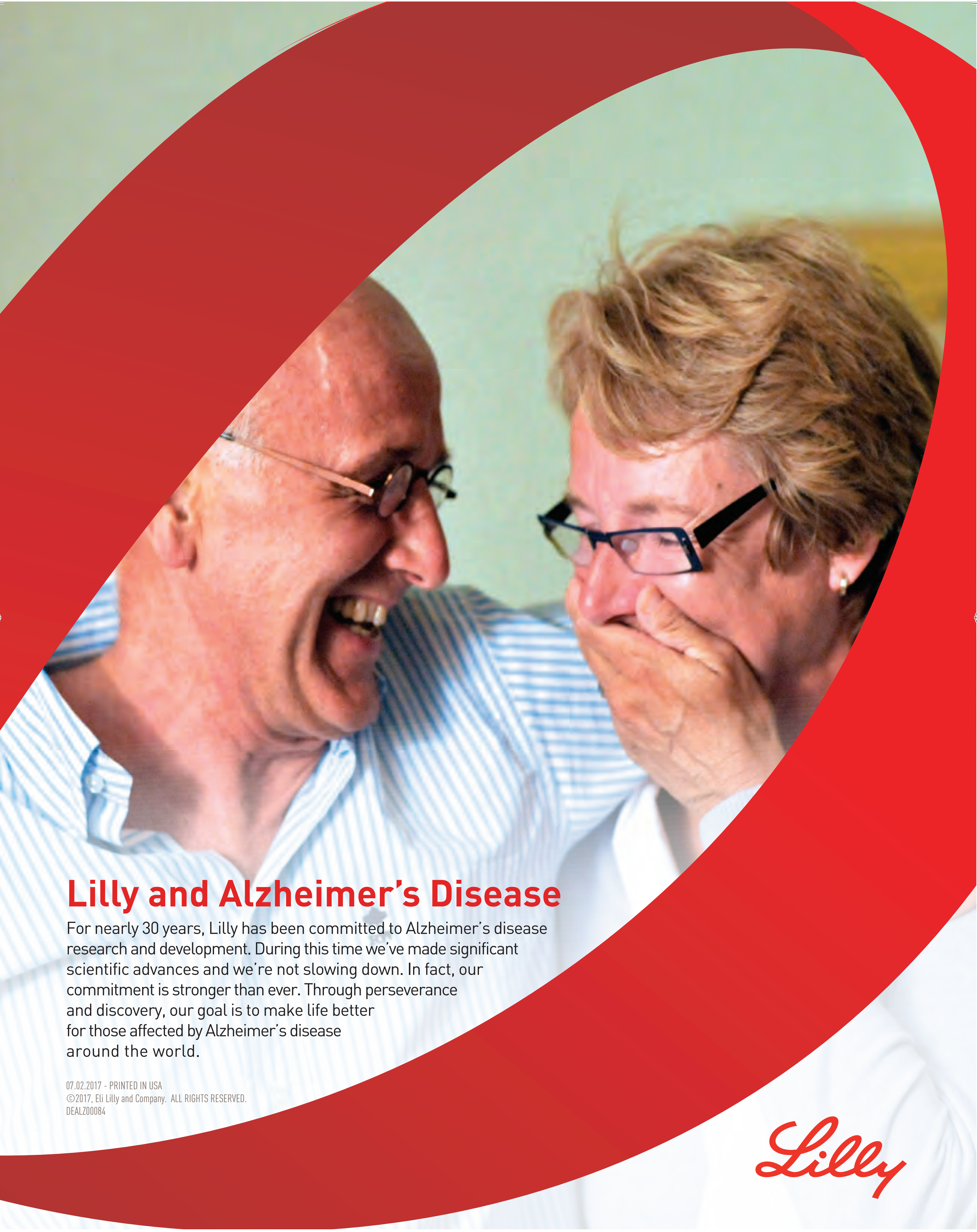
It is necessary that clinical and social and health care research walk in parallel facilitating the confluence between them. This is verified as a reality thanks to the summits "Alzheimer International Madrid 2011" and "Alzheimer's Global Summit Lisbon 2017", supported by the National. Reference Centre for Alzheimer's and Dementia care of the IMSERSO, in which scientific evidence and progress in Alzheimer research were shown.

PL4.3. Improving the diagnosis of Alzheimer's disease through EU research collaborations

BOADA Mercè

Research Center and Memory Clinic. Fundació ACE. Institut Català de Neurociències Aplicades, Barcelona – Universitat Internacional de Catalunya, Barcelona, Spain

There is an increasing evidence that pathological and clinical features of Alzheimer's Disease (AD) begin many years before de phenotype of dementia shows up, giving way to the process we accept as dementia development which is moving from subjective cognitive decline, to mild



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cognitive impairment and then to dementia. The continuum that goes from nothing detectable to the loss of self. To reach the optimal clinical diagnosis we must observe cognition related symptoms and functional decline or a downgrade for the normal performance. To reach the etiological diagnosis biomarkers need to be introduced.

These new scenario presents a comprehensive clinical and ethical debate focused on whether the early dementia diagnosis or predicted diagnosis is beneficial or not and how to manage it. Consequently, it is not only important regarding people's needs, wishes and values, including their closest social and familiar environment but it should also be attentive and responsive to guaranty the chances of participating clinical trials and to ensure the ability to give their consent in advance.

PL4.4. Genetics of Alzheimer's disease, a state-of-play

AMOUYEL Philippe

Lille University, Lille, France

Alzheimer's disease (AD) occurrence, as for many chronic diseases, results from the interaction between environmental factors and an individual susceptibility. This susceptibility is supported by multiple variations of our genome and is usually considered to play a major role in the occurrence of AD. Less than 2% of all AD cases are primarily hereditary with early onset, affecting at least one individual in each generation. The very first genetic determinant of AD was discovered in 1991. This was a rare missense mutation located in the amyloid beta (A4) precursor protein gene (APP) segregating in a familial form of AD. Three other genes were the identified in these familial forms and were at the origin of the amyloid cascade hypothesis. For the other 98% AD sporadic late-onset cases, a family history of dementia without any specific transmission is very often registered. Since the last 10 years, the exponential progresses in the deciphering of the genome have allowed to identify more than 30 regions of the genome associated with an increased or decreased risk of AD in these late-onset forms. The main interest of this genetic information, obtained without predefined hypothesis through an agnostic screening of the whole genome, is to identify new pathophysiological pathways. These genetic researches have several consequences: an improved understanding of the molecular processes involved in AD, the identification of underlying variants that can guide us to new potential molecular targets, and a more accurate classification of patients based on these molecular approaches. Thus genetics plays a major role in our current understanding of AD and is expected to play a pivotal role in the general prevention, the identification of disruptive treatments and in the care of the disease. Indeed, due to its predictive role, genetics have a major influence on prevention, pre-symptomatic and early diagnoses of dementia that deserves a careful discussion at least for ethical considerations.

PL4.5. What pharmacological options for the treatment of behavioural symptoms of dementia?

BALLARD Clive, CREESE Byron

University of Exeter Medical School, Exter, United Kingdom

Behavioral and psychological symptoms of dementia (BPSD) are nearlyuniversal in dementia, a condition occurring in more than 40 million people worldwide. BPSD present a considerable treatment challenge for prescribers and healthcare professionals. Our recent Delphi consensus showed a clear preference for an escalating approach to the management of BPSD in AD commencing with the identification of underlying causes, caregiver training, environmental adaptations, person-centered care, and tailored activities prior to any pharmacologic approaches. If pharmacologic strategies were needed, based on current evidence citalopram and analgesia were prioritized ahead of antipsychotics for the treatment of agitation. In contrast, for psychosis, pharmacologic options, and in particular, risperidone, were prioritized following the assessment of underlying causes. Dextromethorphan/quinidine was views as a promising potential pharmacologic candidate for agitation and pimavanserin was identified as the most promising emerging treatment approach for psychosis. A number of other new potential treatment approaches including muscarinic therapies, cannabadiol noradrenergic, and tau therapies are also beginning to emerge. Recent work is also beginning to highlight polygenic risk and specific gene haplotypes or polymorphisms as potential tools to enable a more precision approach to treatment.

Special Symposia

SS1. MOPEAD: Citizen's engagement in early patient engagement for Alzheimer's disease: Call to action

ABOADA Mercè[1], RODRIGO SALAS Adrián[2], RODRÍGUEZ GÓMEZ Octavio[1], CIUDIN Andreea[3], DUMAS Annette[4]

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MOPEAD, Models of Patient Engagement for Alzheimer's Disease, is an IMI-funded project that is looking at innovative patient engagement strategies to detect early cases of Alzheimer's disease (AD) in the community. This symposium will shed light on these strategies that are already revealing interesting trends. The participants will also discuss what still needs to be done to improve the citizens' engagement, in particular how to improve Primary Care Professionals' engagement.The project partners testing the project four patient engagement strategies will share their experience and participants from the ground in Spain, Slovenia, the Netherlands, Sweden will add their insight.The discussion will be followed by a call to action to the full AD community to stimulate patient engagement for the early diagnosis of AD

SS2. EWGPWD: I have dementia and life goes on

Members of the European Working Group of People with Dementia

In this symposium all members of the European Working Group of People with Dementia will make a brief statement about what is important to them and how they have been living with the condition since diagnosis. Petri Lampinen, a member of the EWGPWD, will give a speech about his experience of receiving a diagnosis of fronto-temporal dementia in Finland, the impact it had on him and his family and his approach to keeping positive and living life to the fullest. Chris Roberts, Vice Chair of the EWGPWD, will support Petri by translating each section of his speech into English. There will be an opportunity for members of the audience to ask questions to the whole group at the end of the session.

European Working Group of People with Dementia
ALZHEIMER EUROPE

SS3. Dementia in ethnic minority groups

GOVE Dianne[1], NIELSEN Thomas Rune[2], PLEJERT Charlotta[3], RAUF Mohammed Akhlak[4], HERZ Michal[5], LAHAV Debi[6]

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The provision of intercultural care and support is of utmost importance in today's society in the light of the ageing population and the number of older people from minority ethnic groups who have or will develop dementia in the coming years. There have, for example, been estimates of a seven-fold increase in dementia prevalence amongst people from minority ethnic groups in the next 40 years compared to a two-fold increase amongst the general population. People from minority ethnic groups have a right to receive good quality, appropriate and timely dementia care and support. This does not always happen. All too often, care and various services are provided within a framework which reflects the cultural traditions, norms and awareness of majority ethnic groups.

In this special symposium, members of Alzheimer Europe's expert group on the development of intercultural care and support for people with dementia from minority ethnic groups will discuss a broad range of issues related to prevalence, diagnosis, assessment, care and support. Speakers will present some of the latest research in these areas and highlight some of the key issues that still need to be addressed within Europe. The presentations will provide a brief overview of ongoing work, carried out in collaboration with other members of Alzheimer Europe's working group and with input from external contributors, which will ultimately result in the publication of a report and recommendations, as well as a database of existing intercultural practices and initiatives, for policy makers and health and social care service providers across Europe. This work has been made possible through funding from the European Commission and the Robert Bosch Stiftung.

Robert Bosch Stiftung

SS4. Biogen: Getting health systems ready for medical innovation: A new era for Alzheimer's

LIU Jodi[1], HLAVKA Jakub[2], MATTKE Soeren[3]

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New innovations are a crucial part of addressing the huge and rising unmet need in managing Alzheimer's disease. This Biogen special symposium will discuss results from a new RAND study on EU health system preparedness (six countries: France, Germany, Italy, Spain, Sweden and the United Kingdom) and feature speakers who will discuss health infrastructure challenges from various perspectives. This panel session moderated by Jodi Liu, Associate Policy Researcher and co-author of the new RAND report Assessing the Preparedness of the Health Care System Infrastructure in Six European Countries for an Alzheimer's Treatment, will ask the question of whether countries are ready for a new innovation in the area of Alzheimer's Disease. The session will hear from Jakub Hlavka, co-author of the new RAND report presenting the results of the study, followed by a panel discussion hearing from a range of patient representatives and a medical expert, as well as giving delegates an opportunity to challenge the expert panel through a question and answer session.

Biogen

SS5. Roche: The carer's voice in national dementia plans

DUSSEY-CAVASSINI Tania[1], LYNCH Chris[2]

[1]Daughter and carer, Lausanne, Switzerland, [2]Alzheimer Disease International, London, United Kingdom

In May 2017, in response to what has become a public health priority around the world, the 194 countries members of the World Health Assembly adopted unanimously the Global Action Plan on Dementia. All 194 countries committed to adopting national dementia plans by 2025. Approximately 30 countries have adopted a dementia plan and about 30 countries have plans currently in development. Are the national plans considering the perspectives and needs of people that care for people with Alzheimer's Disease and dementia? Is the carer voice being heard? Please join Tania Dussey-Cavassini, daughter, carer and Former Vice-Director General of the Swiss Federal Office of Public Health as well as Chris Lynch, Deputy CEO of Alzheimer Disease International to find out more.

Roche

Parallel Presentations

P1. Policies and strategies: Dementia strategies

P1.1. Leadership in strategy implementation: The role of a national dementia office

DE SIÚN Anna, MANNING Mary, BEGLEY Emer [1]

National Dementia Office, Health Service Executive, Tullamore, Ireland

Background: Leadership was identified as a Priority Action Area in the Irish National Dementia Strategy, with a commitment that "clear and effective management structures will be established within the Health Service Executive to provide leadership at a system level for the implementation of the Strategy" (p.35). The National Dementia Office was established in 2015 to fulfill this commitment.

Structure and Function of the National Dementia Office: The National Dementia Office (NDO) is led by a person at Senior Management level, and became fully staffed with two full-time Senior Project Managers and a part-time Clinical Lead in 2017. The NDO oversee and drive the implementation of the National Dementia Strategy (NDS). The dementia specific remit of the NDO allows the office to collect baseline information on dementia service structures across a range of care areas and to generate an evidence base for the development of services and concept feasibility testing.

Strength of the NDO is its remit to work with public, voluntary and private providers. By creating and developing relationships with a broad range of stakeholders, the NDO is uniquely placed to ensure integration of all aspects of the NDS and maximization of best practice initiatives nationally. The NDO also negotiate for the reallocation of existing resources, and bid for funding through existing Department of Health funding processes.

Conclusion: The establishment of a National Dementia Office has been a critical element in the implementation of the Irish National Dementia Strategy. The work of the office has highlighted the necessity of a single entity to bring together the various work streams and stakeholder groups, to generate the information and evidence base necessary to develop services and supports, and to ensure dementia remains a priority focus within a climate of competing funding interests..

P1.2. A strategy for better care for people living with YOD

VAN DE KAMP Judith, VAN KEMPEN Thed

Knowledge Centre YOD, Amersfoort, Netherlands

The needs of people living with Young Onset Dementia (YOD) have proven to differ substantially from those of elderly people living with dementia. However, it has remained quite a challenge for health care institutions in The Netherlands to adapt their services to these specific needs of people living with YOD. In order to improve the care and support for people living with YOD in The Netherlands, as well as for their relatives such as partners and children, a group of Dutch health care professionals from various health care institutions founded the Knowledge Centre for Young Onset Dementia (Knowledge Centre YOD), back in 2003.

Today, the Knowledge Centre YOD (www.KCdementieopjongeleeftijd.nl) has grown into a national organization in which 30 Dutch health care institutions are involved. Additionally, five academic research centres (a.o. Alzheimer Centres) linked to the University Medical Centres are members of the Knowledge Centres YOD, as well as other organizations such as Alzheimer Nederland. All member organizations work towards the improvement of care and support for people living with YOD and their relatives, by actively contributing to one (or several) of our five key elements of work. These five elements are: 1) active enhancement of the quality of care, 2) the development of expertise among health care professionals, 3) lobby and advocacy, 4) promoting and facilitating scientific research, and 5) improving the accessibility of services nationwide. In our presentation at the Alzheimer Europe Conference in 2018, we will elaborate on the mission and strategy of the Knowledge Centres YOD in The Netherlands, as a means to inspire other European organizations to improve the care and support for people living with YOD.

P1.3. Dementia policy - Dementia policies: Lessons from Switzerland

SGIER Lea, LUCAS Barbara, HURST Samia, GURAU Ana

University of Applied Sciences and Arts Western Switzerland, Geneva, Switzerland

Our presentation focuses on first results from an ongoing research project funded by the Swiss National Science Foundation (2017-21) on the diversity of dementia policies in Switzerland. Switzerland's first National Dementia Strategy (2014-19) charges the 26 cantons with the implementation of a dementia strategy structured around four priorities. Four years into the implementation phase, the cantons have opted for very different governance models for their cantonal dementia policy, from proactive policies actively shaped and driven by cantonal authorities, to more passive coordination models and various models of delegation to the associative sector; they have set different foci, for example on early diagnosis or on support for informal carers; they position dementia policy at different points of intersection between the health and the care sector; and they have defined dementia policy in various ways, some more specific (dementia policy proper), some more transversal (as part of old age or health policy more generally).

These differences have concrete implications for people with dementia and their carers, regarding for instance access to diagnosis and medical care, the availability of post-diagnostic support services, the availability of dementia-trained care personnel, or the way ethical dilemmas affecting them (such as the right to know vs the right not to know, or the usefulness vs potential harm of getting diagnosed with an incurable illness) will be handled. As we will show, this cantonal policy diversity is of interest well beyond the Swiss context, in that it makes the connection between policy and people's lives tangible, hences draws attention to the importance of policy (and politics) for people's concrete margins of action.

P1.4. Implementation of the Austrian Dementia Strategy "Living well with dementia"

SCHRANK Sabine

Federal Ministry of Labour, Social Affairs, Health and Consumer Protection, Vienna, Austria

On behalf of the Ministry of Social Affairs and Health the Austrian Dementia Strategy "Living well with Dementia" was developed in 2015. The results underwent a comprehensive online consultation process, where about 600 responses from all relevant stakeholders contributed to the further development of the Strategy. The Austrian Dementia Strategy provides a framework of objectives and recommendations for taking action to improve the lives of people with dementia as well as their families and carers. As the next step the implementation process of the Strategy started in 2016. All stakeholders are invited to work in their area of responsibility to contribute to the success of the Strategy, to develop better understanding of dementia and to defeat the stigma attached to it.

Especially caregiving relatives of people with dementia are considerably exposed to multiple responsibilities – depending on the progress of the disease, which is mentally and physically particularly stressful. To strengthen and support the position of people with dementia as well as their caregiving relatives the Ministry of Social Affairs supports through numerous measures. In order to gain more knowledge about this specific group and for the further development of the Austrian long-term care system a study is currently carried out on the prevalence and situation of caregiving relatives (especially taken into consideration caregiving relatives of people with dementia) on behalf of the Ministry of Social Affairs. The study is based on a representative quantitative survey (n=11.500) as well as over 40 qualitative interviews.

The presentation will highlight current measurements to support and strengthen people with dementia as well as their caregiving relatives (e.g. hardship supplement long-term care allowance, care leave benefits, substitute care and free counselling sessions/home visits) and will furthermore present results of the study on the situation of caregiving relatives in Austria.

P1.5. Adult with intellectual disabilites included in national dementia plans and guidelines

LARSEN Frode Kibsgaard[1], LANGBALLE Ellen Melbye [2]

[1]Vestfold Hospital Trust, Tønsberg, Norway, [2]Oslo University Hospital, Oslo, Norway

The number of elderly with intellectual disabilities (ID) will increase significantly, and more people with ID will experience dementia in the future. People with Down's syndrome has a particulary high risk for early-onset dementia. The World Health Organization (WHO) has requested the member countries to develop and adapt national plans to guide public policy and set goals for services, supports, and research related to dementia. WHO have emphasized that distinct population, as adult with ID, should be included within national plans. An International Summit on Intellectual Disability and Dementia, held in Scotland, reviewed the inclusion of ID in national plans. Reviews of national plans and reports on dementia show minimal consideration of ID. Norway is one of the few countries in the world that have included adult with ID both in a national plan on dementia and in a national guidline on dementia. Our center, Norwegian National Advisory Unit on Ageing and Health, in cooperation with disciplines across service locations, the specialist health care services, municipalities and NGO's, have a central role in the work with the national dementia plan and the guideline on dementia. This presentation will use Norway as a narrative to present this process and how adult with ID is included within the national plan and guideline on dementia.

P1.6. Towards a dementia care registry: Lessons learned from a record linkage project

JOLING Karlijn[1], FRANCKE Anneke[1,2], DÖPP Carola[2], JANSEN Daniëlle[2], VAN HOUT Hein[1], VERHEIJ Robert[2]

[1]VU medical center Amsterdam, Amsterdam, Netherlands, [2]Netherlands institute for health services research (NIVEL) Utrecht, Netherlands

Persons with dementia and their family often move through a long care trajectory, from first symptoms of dementia until death. Identifying patterns in the use of health care resources and services during the care trajectory, and gaining insight into regional differences is important to identify 'best practices'. This could facilitate care providers to learn from each other and thus contribute to the improvement of the quality of dementia care against reasonable costs. To this end, data routinely recorded by health care professionals need to be available, linkable and of sufficient quality.

This project aimed to link routinely recorded data from different sources, and identify the prerequisites to set up a registry that allows the analysis of dementia care trajectories. Data from electronic health records of >400 general practices and registries of 18 regional dementia care networks were used and linked at individual level with population-based sociodemographic and administrative health data in The Netherlands. We present the lessons learned regarding the identification and selection of necessary data sources, the privacy and governance issues involved, and the technical challenges in data extraction and data linkage.

We found that relevant information about care trajectories of people with dementia is available in the routinely recorded data sources and appeared to be linkable at individual level. The weakest link in this chain of data is the quality and comparability of data recorded in the dementia care networks. Their registrations vary substantially and lack structured information about clinical, psychological and functional aspects. Nevertheless, it is still possible to extract relevant longitudinal information related to the quality and costs of dementia care trajectories, without setting up new data collections. These findings will be used for the development of a national dementia registry, which is part of the Dutch national dementia strategy.

P2. Genetics, prevention and treatment: Genetics, modifiable risk factors and prevention

P2.1. ApoE4 bma. A new non-genetic method to evaluate Alzheimer´s disease risk using clinical chemistry platforms

VEIGA Sergio[1], RODRÍGUEZ-MARTÍN Andrés[1], CALERO Olga[2], GARCÍA-ALBERT Luis[2], RODÓN Elisenda[3], PÉREZ Almudena[3], GASSÓ Sergi[3], CALERO Miguel[2]

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To date only the presence of one or two alleles ε4 of the apolipoprotein E gene (APOE) is accepted as a reliable biomarker and risk factor for developing late onset Alzheimer´s Disease (AD). The presence of one allele ε4 of the APOE gene increases the risk of suffering AD by 3-5 fold, while the presence in homozygosis increases the risk by 15-20 fold. Therefore, APOE ε4 carriers constitute a target population where research, clinical trials and prevention strategies should be focused. Despite of its clear clinical utility, APOE genotyping is not requested by neurologists due to economic and logistic inconveniences of genetic analysis.

Biocross in collaboration with CIBERNED and the ISCIII has developed a non-genetic, cost effective and highly reliable patented method to detect the presence of the apoE4 isoform in human plasma. The method was initially developed as an ELISA and adapted to a immunoturbidimetry-based assay to allow its implementation into the clinical analysis routine.

The adaptation to immunoturbidimetry was carried out using a semiautomatic biochemistry analyzer and included lot-to-lot variability, interference, precision, prozone and stability studies, which led to the creation of a design-freeze kit, consisting in two ready-to-use reagents, one point-calibrator and positive and negative controls. The sensitivity and specificity of the test was evaluated in 172 human plasma samples (125 APOE ε4 non-carriers and 47 APOE ε4 carriers), whose results were compared with APOE genotype determined by Real-Time PCR. Sensitivity and specificity was found to be 100% and 98%, respectively. The assay was tested without modifications in two of the most common high throughput biochemistry analyzers used in hospitals, ARCHITECT and ADVIA XPT, with the same excellent performance.

Our results show that ApoE4 blood marker assay is a simple, cost effective and highly reliable method that could be easily implemented in the routine settings of hospitals.

P2.2. MijnBreincoach: A public health awareness campaign to promote a brain-healthy lifestyle

DECKERS Kay, HEGER Irene, VAN BOXTEL Martin, DE VUGT Marjolein, VERHEY Frans, KÖHLER Sebastian

Maastricht University, Maastricht, Netherlands

Background: Preventing or delaying dementia onset is a public health priority, but requires definition of target groups and tailored strategies for prevention. We previously developed the ''LIfestyle for BRAin Health'' (LIBRA) index that captures lifestyle-related dementia risk and identifies individual ''room-for-improvement''. An implementation project that uses this score in a public health campaign to raise awareness for dementia prevention has been launched in March 2018 (until January 2019).

Methods: MijnBreincoach is a public health campaign (''We are the medicine'') targeting people aged 40-75 years in the Province of Limburg (Netherlands). The campaign will be tested on a local level (three living labs with different socio-economic backgrounds) as well as a provincial roll-out. As part of this campaign, an eHealth platform has been developed. It will give people insight into their personal room-for-improvement and individual target behaviours using LIBRA. A baseline assessment of the public knowledge about brain and lifestyle has been carried out in 600 people.

Results: Most people (56%) were unaware of a relation between lifestyle and dementia risk. Among a list of potential risk and protective factors, cognitive (79%) and physically (63%) activity and healthy diet (50%) were identified most frequently, while vascular factors were named less often (±25%). 'Lack of knowledge' (42%) was the largest barrier for engaging in a brain-healthy lifestyle, and most people (82%) stated they would like to use an app to help them change their health behaviour.

Conclusions: There is a public need to raise more awareness for maintaining brain health and prevent or delay dementia onset. MijnBreincoach is a unique project that raises public awareness and gives people insight into their own dementia risk profile and personal lifestyle advice that supports long-term brain health.

P2.3. Multi-domain approach to dementia prevention: The FINGER model

SOLOMON Alina[1], NGANDU Tiia[2], KULMALA Jenni[2], KIVIPELTO Miia[4]

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Background: Dementia and Alzheimer's disease (AD) are complex multifactorial conditions. Many modifiable risk factors have been identified, e.g. lifestyle-related, cardiovascular, or metabolic. Individuals with increased dementia risk based on such factors may benefit most from preventive interventions.

Methods: The Finnish Geriatric Intervention study to prevent cognitive impairment and disability (FINGER) was the first large, longer-term randomised controlled trial to show cognitive benefits in 1260 older at-risk individuals for a 2-year multi-domain lifestyle intervention (nutrition, exercise, cognitive training and social activities, and cardiovascular risk monitoring) versus regular health advice. The intervention additionally had benefits on health-related quality of life, everyday functioning, and multimorbidity in this at-risk general population. Following the success of the FINGER intervention model, several steps are currently being taken towards its implementation.

Results: The MUISTIKKO project in Finland has taken the first steps from a clinical trial context to real-life implementation of a dementia prevention program. Focus has been on the development stage of an operational model for dementia prevention, with emphasis on a high-risk primary care approach (i.e. targeting interventions to primary care patients with increased dementia risk). A similar project is ongoing in Sweden, where two pilot studies are also being planned to adapt and implement the FINGER model in primary care and at community level. The World-Wide FINGERS initiative launched in July 2017 brings together several clinical trials that will adapt and test the FINGER model in different populations and settings, from community level to patients with early stage (prodromal) AD, e.g. MIND-ADmini, UK-FINGER (Europe), US-POINTER (USA), MIND-China, and SINGER (Singapore).

Conclusions: Prevention strategies targeting multiple risk factors and disease mechanisms simultaneously may be most effective. Such strategies are needed for different populations, and geographical, cultural and economic contexts.

P2.4. Spatial patterns of white matter hyperintensities associated to Alzheimer's disease risk factors in a cognitively healthy middle-aged cohort

BRUGULAT Anna[1], SALVADÓ Gemma[1], SUDRE Carole H[2], GRAU-RIVERA Oriol[1], SUÁREZ-CALVET Marc[1], FALCON Carles[1], CARDOSO M. Jorge[2], BARKHOF Frederik[2,3], MOLINUEVO José Luis[1], GISPERT Juan Domingo[1], FAURIA Karine[1]

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Background: White matter hyperintensities (WMH) have been found to be related with an increased risk of developing Alzheimer's Disease (AD). This study aims to describe the WMH topological patterns associated with AD risk actors in middle-aged cognitively-healthy subjects.

Methods: Magnetic resonance imaging (MRI) and AD risk factors were collected in 561 ALFA Study participants [1]. Regional WMH volumes were automatically calculated for each brain lobe and four equidistant layers of distance to the ventricles [2]. Global and regional patterns of WMH load were sought against CAIDE Dementia Risk Score [3], which is a validated tool to predict late-life dementia risk. A secondary analysis was performed to search associations with individual risk factors regressing out two main factors: age and hypertension.

Results: Higher CAIDE scores were significantly associated with increased WMH load globally. Regionally, this association was significant in periventricular areas of temporal and frontal lobes and in frontal deep white matter (DWM). Secondary analysis age and hypertension showed the most significant effect and largest spatial spread, mainly in anterior areas. Modifiable factors such as hypercholesterolemia, education, and physical exercise were associated with a frontal pattern being the latest two protective factors. A juxtacortical pattern was related to sex, anxiety and depression. Maternal family history of AD was found to be related to higher WMH load in DWM in occipital and temporal areas. APOE-ε4 homozygotes, but not heterozygotes, showed and increased WMH burden in parietal DWM.

Conclusions: Significant patterns of WMH load were found in association to AD risk factors in middle-aged cognitively healthy individuals. This suggests that those participants might benefit from the control of modifiable risk factors to prevent or delay the onset of dementia.

P2.5. Self-rated hearing and self-rated memory: A cross-sectional analysis of SHARE data from 18 European nations

CUTLER Stephen[1], ILINCA Corina[2]

[1]University of Vermont, Burlington, United States, [2]University of Bucharest, Bucharest, Romania

Recent work indicates a connection between hearing loss and dementia. Our prior research has shown strong relationships between self-reported hearing ability and self-reports of memory functioning. Although analytically rigorous, this research was based on data from only the United States. Indeed, virtually all research in this area is country-specific. In the present study, we replicate the basic US, cross-sectional research using data on Rs ages 50+ from 18 European nations included in the Survey of Health, Ageing, and Retirement in Europe (SHARE), with country Ns ranging from 6,287 to 1,560. Rs in each of the countries were asked the following questions: Is your hearing (using a hearing aid as usual [if R wears one]) excellent, very good, good, fair, or poor; and [h]ow would you rate your memory at the present time [using the same response categories]? We use correlation analysis to examine bivariate relationships and regression analysis (with controls for age, marital status, education, gender, and health) to examine multivariate relationships. In every European country included in SHARE, the bivariate relationship between self-reported hearing and self-reported memory is positive and significant, averaging .343. Likewise, the multivariate relationships with controls are also positive and significant (the average beta is .228). We conclude by noting (1) that the positive relationship between self-reported hearing and self-reported memory extends well beyond the US, (2) that the role subjective hearing may play in memory assessments and dementia merits much more detailed study, and (3) that practitioners need to pay attention to their patients' hearing for processes requiring remembering (e.g., informed consent) to be effective. Further research might examine the implications of hearing loss for stress and social isolation, as these factors have been tied to dementia. Replication of these relationships in Latin American nations and in other non-Western settings would also be valuable.

P2.6. Management of a potential risk factor of dementia. Anticholinergic cognitive burden in people with intellectual disabilities: Results from the first Italian survey

DE BASTIANI Elisa[1], GOMIERO Tiziano[1], DE VREESE Luc Pieter[1], MANTESSO Ulrico[1], MARANGONI Annachiara[5], WEGER Elisabeth[1]

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Background: people with intellectual disabilities (ID) are an ultra-high risk population for dementia. They frequently receive anticholinergic (AC) drugs in chronic use which is increasingly recognised as a risk factor of dementia at least in the general population. Yet, no studies in Italy to date have investigated cumulative AC exposure and factors associated with AC burden in people with ID.

Aim: to probe the cumulative exposure to ACs and the demographic, social and clinical factors associated with high exposure.

Methods: from 12 to 20 March 2018, we conducted, in collaboration with ANFFAS Nazionale (one of the largest Italian associations of family members of people with ID), a survey involving 33 centres distributed throughout the country. Data was drawn from the clinical records of a randomly selected 10% of clients attending each centre. The Anticholinergic Cognitive Burden (ACB) score was computed on the chronic drug consumption of each attendee.

Results: the sample comprised 434 individuals (46.5% females) with a median age of 48 years. Only 94 individuals (22.4%) did not take any AC drug. Median total ACB score was 1 (range: 0-4). 28.3% of the total sample obtained an ACB score 2+. Males, advanced adults (41-59 years of age), people living in nursing homes and with a mental health condition were all more likely to be exposed to higher AC load (ACB2+). Of those who presented a recent delirium 93.8% (60/64) were exposed to a least one AC drug.

Conclusions: the use of medications with AC activity is commonplace among people with ID. Male gender, advanced adulthood, living in nursing homes and mental health conditions increase the likelihood of higher AC exposure. Delirium, a notable risk factor for dementia, was more prevalent in AC users.

P3. INTERDEM Academy: The road to success for high.impact writing in psychosocial research – tips and tricks.

VERHEY Frans[1], de VUGT Marjolein[1], KÖHLER Sebastian[1], van den BLOCK Lieve2[3], DASSEN Fania[1]

[1]Maastricht University, Maastricht, Netherlands, [2]End-of-life Care Research Group Vrije Universiteit Brussel, Brussels, Belgium, [3]Ghent University, Ghent, Belgium

This interactive workshop involves the broad topic academic writing skills, including grant writing and writing for a top journal. Publishing a high-impact paper or being awarded a big research grant are career makers for a scientist. However, writing high-impact science requires polish and politics. The workshop is aimed at early stage dementia care researchers (PhD students and post-docs) who plan to submit grant proposals or hope to publish their research in a high-impact journal.

Prof. Frans Verhey, Prof. Marjolein de Vugt, Prof. Lieve van den Block and Dr. Sebastian Köhler, established senior researchers in the field, will walk you through a step-by-step guide on how to write a specific grant application, tell you more about their experiences and provide you with the most important do's and don'ts. Note that this is an interactive workshop with room for personal input and questions. A substantial amount of time will be allocated to practice.

This seminar is organised for PhD students and post-docs attached to the INTERDEM Academy; interested researchers who are not part of this network are also welcomed.

The INTERDEM Academy has been established in 2014, and it has been committed to stimulating the career development and capacity building of researchers in the area of psychosocial interventions and timely diagnosis in people with dementia, as well as supporting the pathway to senior academic posts in the INTERDEM network. The network has grown to around 200 early stage researchers.

INTERDEM
Early detection and timely INTERvention in DEMentia

P4. ROADMAP: Disease outcomes: What matters to whom as AD progresses? Relevant outcomes in disease progression.

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[1]University of Edinburgh, Edinburgh, United Kingdom, [2]Alzheimer Europe, Luxembourg, Luxembourg, [3]Roche, Basel, Switzerland

Alzheimer's disease and other dementia-related diseases are affecting more and more people, as the population is getting older. Due to the increasing number of people affected by the condition, the need for new treatment alternatives and better care plans is higher than ever before, both for people living with dementia and their families but also for society at large.

In order to be able to better evaluate new emerging interventions, systems that can take into account all available healthcare information - often referred to as real-world data (RWD) - are needed. ROADMAP is a project bringing together 26 partners from across Europe, aiming to investigate how such systems should be set up to meet the needs from different stakeholders, including regulatory bodies and payers. The ROADMAP work stream "Outcome Definition" aimed to identify a priority set of real-world dementia outcomes, focussing on AD, across the disease spectrum, from a diversity of stakeholder perspectives.

To achieve this, a systematic literature review and a survey were conducted. In addition, PPI consultations were carried out including among others the views of people with dementia and their carers.

The aim of this session is to present an overview of the full work process including preparation of PPI consultations, methods used and the results. The outlook focusses on how these results as well as the patients' and caregivers' voices could impact public decision-making.

ROADMAP
Real world Outcomes across the AD spectrum for better care

P5. Care approaches: Art and dementia

P5.1. Implementing a theatre-based communication method for people with dementia living in nursing homes

BOERSMA Petra[1], VAN WEERT Julia[2], VAN MEIJEL Berno[1], DRÖES Rose-Marie[1]

[1] VU University Medical Center, Amsterdam, Netherlands, [2]University of Amsterdam, Amsterdam, Netherlands

People with dementia living in nursing homes benefit from person-centered communication methods. Studies examining the effect of these methods often fail to report about the implementation of these methods. A recently developed person-centered communication method is the Veder Contact Method (VCM). With theatrical, poetic and musical tools, VCM stimulates the communication between caregivers and residents. Our study aimed to describe and test the implementation of VCM in daily nursing home care.

Caregivers (n=136) and residents (n=141) participated in a one-year quasi-experimental study. Foundation Theater Veder implemented VCM on six experimental wards and rated quality level of implementation. Six control wards delivered care-as-usual. Before and after implementation, caregivers' behaviour was assessed during observations using the Veder-observation checklist and the Quality of Caregivers' Behaviour scale. Their attitude towards residents was rated with the Approaches to Dementia Questionnaire. Quality of life, behaviour and mood of the residents were measured with QUALIDEM, INTERACT and FACE. Care Plans were assessed on person-centered background information. Significant improvements in caregivers' communicative behaviour (i.e. ability to apply VCM effectively and establishing positive interactions) were found in favour of the experimental wards with a high implementation score, as compared to the experimental wards with a low implementation score and the control wards. In addition, some changes in the behaviour and quality of life (positive affect, social relations) of the residents were found. No significant differences between the groups were found in caregivers' attitudes towards dementia, the residents' Care Plans and mood.

The positive changes in caregivers' behaviour and wellbeing of the residents in the experimental wards with a high implementation score partly confirm the successfulness of the implementation of VCM. Finally, caregivers reported that application of VCM during their daily caring tasks contributed to facilitation of the care (dealing with difficult behaviour), cheering up residents (when depressed) and teambuilding.

P5.2. cARTrefu: Creating artists in residents. A national art in care homes participatory and mentoring programme

ALGAR-SKAIFE Katherine[1], CAULFIELD Maria[1], WOODS Bob[1], ROBINSON Emma2, NOYES Reg[2]

[1]Bangor University, Bangor, United Kingdom, [2]Age Cymru, Cardiff, United Kingdom

Background: cARTrefu is an exciting Wales-wide project aiming to create and increase opportunities for care home residents and staff to participate in the arts. Thought to be the largest project of its kind in Europe, the project is being delivered by Age Cymru. cARTrefu was originally funded for two years by the Baring Foundation and Arts Council Wales and an independent evaluation was led by the Dementia Services Development Centre Wales, Bangor University.

Objectives: The evaluation explored the impact of the art residencies on care home residents, care home staff, the artist practitioners, and the wider community.

Methods: A variety of quantitative and qualitative tools were used including the Smiley Faces Rating Scale to show whether cARTrefu sessions changed how residents felt, the Approaches to Dementia Questionnaire (ADQ) to explore whether cARTrefu changed how staff viewed care home residents, especially those with dementia, and reflective journals to capture what happened in sessions and the experiences of residents, staff and artist practitioners.

Results: 1952 hours of free arts were delivered in 20% of the care homes in Wales between 2015 and 2017. 793 care home residents and 272 care staff took part in the evaluation. Participating in the cARTrefu programme was found to significantly improve the well-being of care home residents and attitudes of staff towards residents, especially those living with dementia. Staff also gained the confidence to lead creative activities themselves. Following the huge success of cARTrefu, a second phase, cARTrefu II, has been funded until 2019.

Conclusion: cARTrefu has left a huge legacy on care homes residents and staff across Wales and has paved the way for the future with cARTrefu II which aims to push the boundaries of arts in care homes even further.

P5.3. Art makes visible - Experiencing the possibilities of art therapy in dementia care at the Luxembourg Alzheimer's Association

HOFFMANN Kristina

Association Luxembourg Alzheimer, Luxembourg

Living with dementia means coping with situations in which the person is confronted with deficits in her everyday life. A person with dementia has to handle situations in which she "does something wrong" or is losing her abilities. Art therapy gives people with dementia the opportunity to express themselves in a new and powerful way. The artistic expression allows everything! There is no "right" or "wrong". By experiencing "artistic freedom", the person can take pride in herself again. Art therapy focuses on the person and not on the dementia.

The Luxembourg Alzheimer's Association debuted the artistic project "ARTstudio" in 2014. It uses art therapy specifically in the accompaniment of people with dementia. At the "ARTstudio", residents of the association's care home "Beim Goldknapp" and guests of the daycare center "Dominique Marth" are expressing their creativity either individually or in a group under the guidance of an occupational therapist with a training in art therapy.

The "ARTstudio" encourages the person with dementia to discover new ways of expression by being creative. There is no pressure for the artists. It is not important to create a "beautiful" painting. The aim is to enjoy being creative and trying new things without the fear of failure. At the "ARTstudio" everything is possible - there are no limitations! The resulting artworks open up new ways of understanding people with dementia! They provide an insight into their emotional world and form a bridge to their soul. That's why the "ARTstudio" has chosen Paul Klee's quote as its guiding principle: "ART does not reproduce the visible but MAKES VISIBLE".

P5.4. The CHORD manual for singing group facilitators working with people with dementia

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Introduction: Singing groups for people with dementia and their carers facilitated by community-musicians and volunteers are very popular. However, these groups tend to rely on the individual facilitators' musical and interpersonal skills. There was a need to develop guidance on how to optimise the therapeutic aspects of group singing. We conducted the CHORD study to develop a manual for singing group facilitators incorporating music therapeutic skills.

Methods: Stage 1. The development of the CHORD manual followed the four-stage process of the MRC Guidance on Complex Intervention. A draft manual was developed from the literature review and extensive consultations with music therapy clinicians and researchers in the UK, Denmark and Australia. The draft manual was piloted with a singing group of Memory Service users in London. Feedback from the participants and the group facilitator was incorporated into the refinement of the manual. The preliminary study outcome was presented in the Alzheimer Europe conference in 2016. Stage 2. A PhD study incorporating the evaluation of the CHORD manual, conducted a ten-week feasibility study with 16 people with dementia or memory problems and their carers. The researcher evaluated adherence to the manual and interviewed the facilitator and group members. Further expert consultations were conducted to finalise the CHORD manual. Hard copies were produced to make the manual more widely available.

Conclusion: The development and evaluation of the CHORD manual demonstrates it is possible to produce an easy-to-use clinically relevant manual. The use of the manual allows replicability of effective facilitation of singing groups. Music therapy is an intervention to be provided by qualified music therapists. However, the CHORD study suggests that it is possible to skill-share some music therapeutic skills to support non-therapists working with people with dementia.

P5.5. The impact of care staff on outcomes from arts interventions for people with dementia: A dual case study

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Background: Arts interventions are increasingly being implemented in residential care settings to improve the quality of life for residents, including those living with dementia. Creative activity that involves and engages care personnel can lead to improved care strategies and the validation of personhood in persons with dementia. The aim of this study was to explore empirically how care personnel influence arts interventions in two residential care homes in the United Kingdom.

Method: A dual case study was conducted; the arts intervention was observed over 6-weeks using non-participant observation. Follow up interviews were conducted with participants. Monitoring narrative reports and reflective diaries were collected from the programme coordinator. Data were analysed using a qualitative realist approach utilising a context, mechanism, and outcome framework.

Results: Contextual factors influencing staff participation presented in two ways: i) the focus on task based care ii) the perception and reception of creative activities within the setting. Inclusion, fun and celebration were identified as person-centred mechanisms facilitated by staff during the intervention. Outcomes of staff participation included improved resident engagement and staff development.

Conclusion: Findings demonstrate that there are potential benefits when care personnel are involved in arts interventions; particularly with regard to the sustainability of external creative and cultural programmes. However, there are still barriers to integrating arts into care practice; care personnel, including management and budget holders, need an understanding and awareness of the benefits of integrating creative and cultural provision into care settings so that the potential of arts based activities can be fully realised. This research advances knowledge about the impact and implementation of arts interventions in care homes. It has the potential to help shape the development and delivery of creative practice within the social care sector for the benefit of those who live and work within these settings.

P5.6. "pARTEcipo anch'io" (Here we are too)

BARTORELLI Luisa[1], RAGNI Silvia[1], PIGLIAUTILE Martina[2], LONGO Annalisa[2], MECOCCI Patrizia[3]

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Background: pARTEcipo anch'io is a biennal research project funded by Fondazione Sanità e Ricerca in Roma and Perugia. Azheimer Uniti Onlus Association, A.M.A.T.A. Umbria (Associazione Malattia e Telefono Alzheimer Umbria) and Section of Gerontology and Geriatric, Department of Medicine of the University of Perugia were involved. People with dementia were invited to a program of cognitive, motor and social stimulation activities relized by means of museum visitis and artistic workshops.

Aim: to evaluate the effects of a museum stimulation program for people with dementia.

Method: 23 and 28 persons with different levels of dementia (from mild dementia to moderate dementia) were enrolled respectively in the first and in the second year of experimentation. Quantitative and qualitative data were collected. The health state was monitored and the effects of the program was evaluated by: 1) visual-analog scales concerning wellbeing; 2) the Observed Emotion Rating Scale; 3) a quality of life scale; 4) ad hoc interviews to people with dementia and their caregivers.

Results: an increase in self-reported wellbeing during museum visits was found. During the museum visits the participants signs of pleasure and interest was reported both in mild than moderate dementia. From the interviews the importance that the museum visit is carried out by specially trained personnel was emerged. People with moderate dementia required a simpler visual scale.

Conclusions: the museum stimulation program for people with dementia is a low-cost psychosocial intervention useful into stimulate cognitive functions and increase the well-being. Caregivers and experts and moved their attitudes to the care.

P6. Care services: Home care

P6.1. Exploring personhood in formal care provision in Ireland: Perspectives from people with dementia

HENNELLY Niamh

NUI Galway, Galway, Ireland

Background: Personhood in dementia is about treating the person with dementia as a person first and foremost and in a manner that supports their sense of self. It is acknowledged as the corner stone of person-centred care and an important catalyst in an on-going paradigm shift within dementia care. However, there is ambiguity around the concept of personhood and in particular, how it can be actualised in the provision of formal care. This research examines the lived experiences of personhood of people with dementia within the context of formal care in Ireland.

Methods: The research is grounded in a theoretical conceptualisation of personhood as essentially a relational concept. Using a semi-structured approach, people with dementia are asked about their experiences of formal care relationships and services. Interview questions focus on important elements such as flexibility, choice, communication and the nature of formal care relationships. Thematic analysis is used to examine the participant views framed within a phenomenological approach. A total of 15 interviews were conducted with people with dementia residing in their own homes and in long-term care.

Results: Preliminary results indicate that people with dementia are concerned about getting the right amount of support when they needed it most; they are also concerned about striking a balance between empowerment and paternalism and between autonomy and risk. People with dementia are sometimes accepting of services that they do not necessarily want, but which provide their family carers with respite.

Conclusions: This research has implications for the content of individual care provision and the design of the system of dementia care as a whole. The findings are important for policy makers in the practical implementation of current dementia policy and the regulation of future formal care provision to ensure that personhood is being supported through holistic care for people with dementia.

P6.2. International perspectives on suicidal ideation and self-harm in family carers of people with dementia

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A growing body of evidence suggests that people who care for family members with dementia contemplate suicide and self-harm at higher than average rates. The aim of this study was to determine how rates of suicidal ideation and self-harm vary across countries. Data from studies of suicide-related thoughts and behaviours in family carers in the Netherlands, the UK, and Australia were compared. In the Australian study (n=566) 16% of carers had contemplated suicide more than once in the previous year. In the Dutch study (n=192) 12% of carers who screened positive for depression repeatedly felt suicidal, wished they were dead, or considered hurting themselves in the previous two weeks. In the UK study (n=69), in the previous two weeks, 6% of carers felt they would be better off dead, 16% had contemplated self-harm, and 10% had self-harmed. The Dutch and Australian studies identified depression, social support, dysfunctional coping, loneliness, and physical health problems as key risk and protective factors. This is the first international comparison of data on suicide-related thoughts and behaviours in family carers and, despite differences in sample size and measurement tools, the findings suggest that these are indeed global phenomena. Further research is required to understand the social, political, and cultural factors that might contribute to variations across countries, and to develop evidence-based strategies for identifying and supporting at-risk carers.

P6.4. Empowerment interventions for people with dementia: A European survey

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[1]Radboud Alzheimer Centre, Nijmegen, Netherlands, [2]Open University, Heerlen, Netherlands

Background: The concept 'empowerment' is important for people with dementia to remain active and involved in society, with significant others and in the decision making process regarding their care and support. Empowerment may be considered a process that enhances health and quality of life. Unfortunately, at present, effective empowerment interventions for people with dementia at home or in care homes appear to be scarce, both in the Netherlands and internationally.

Methods: We are performing a European digital survey of current empowerment interventions in cooperation with Alzheimer Europe to get an overview of existing empowerment interventions for people with dementia. The survey enables us to identify effective and usable elements, practical experiences, and implementation strategies of empowerment interventions throughout Europe. We aim to use the data for developing an empowerment intervention for people with dementia at home and in care homes. Furthermore, based on the European survey, we determine how an empowerment intervention can be integrated adequately within the range of related interventions in Europe. The 40 Alzheimer Europe member associations (from 35 countries) are approached to fill in the survey. In addition, the survey targets associations of health care providers for people with dementia at home and in care homes and knowledge centers. Furthermore, supplementary documents of the uncovered empowerment interventions will be located in the public domain (by open internet searches and targeting searches on the websites of relevant organizations). From all collected documents, the usable elements, practical experiences, methodology and implementation strategies are evaluated and included in an overview.

Results: Data collection of the European survey is in progress. The overview of empowerment interventions for people with dementia and the key findings of the survey will be presented at the conference.

P6.5. Towards culture sensitive care organisations for migrants with dementia: An exploratory study

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Background: Some migrant groups have a high risk of dementia. Care use of these migrants and their caregivers is mostly limited to general practitioners. Recently, these migrants have increasingly gained access to culture specific home care organisations, whereas traditional care organizations still fail to reach migrants with dementia. This study aims to find out the barriers that professionals in these organisations experience in offering culture sensitive care and how these organisations may learn from each other.

Project design: Qualitative design with (1) semi-structured interviews with 3 caregiving daughters of Turkish migrants with dementia (2) two focus groups sessions with care professionals from culture specific and traditional general care organisations. In the focus groups the professionals discussed facilitators and barriers to offering culture sensitive care and wrote down their claims (facilitators), concerns (barriers) and issues (improvement issues) on sticky memos and discussed them. Transcripts of interviews and focus groups, and memos were analyzed by open coding from an inductive perspective.

Research findings: Preliminary analyses of the individual interviews show that caregivers experience little culture sensitive care from traditional organisations. Professionals from both culture specific and traditional general organisations mention lack of language proficiency as a barrier to culture sensitive care. Both types of organizations aim for a high quality of life and respect for cultural differences, but professionals in the traditional organisations experience a 'distance' in the care relationship, whereas professionals in the culture specific organisations see trust and recognition in their clients. Both groups of professionals find care of migrants difficult: professionals from traditional care organisations because of lack of knowledge and lagging policy. Professionals from culture specific organisations because they have received no formal culture sensitive training. All professionals are eager to learn from each other by exchange of information and staff.

P6.6. Change of utilization of health care services in Dementia Care Networks? – The longitudinal DemNet-D-study

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Objective: to describe changes in utilization of health services by people served by dementia care networks (DCN) in Germany and factors associated with changes over time.

Design: observational study with face-to-face interviews at two time points over a period of one year.

Setting / Participants: Primary data was assessed in n=560 people with dementia and their caregiver supported by DCNs in Germany

Measurements: sociodemography, clinical variables, utilization of services; DCN were characterized according to their governance. Data was assessed via semi-structured interviews at the participants' homes.

Results: Utilization of health services by PwD served in DCN is consistently higher than in the general population and does not significantly change over time. The strongest predictor of utilization of any service after one year was the use of this service at baseline (OR from 3.23 to 44.16). Higher activities of daily functioning increased the chances to utilize specialist physicians (OR=1.32) or occupational therapy (OR=1.24) significantly. Being a female decreased chances to utilize specialist physicians (OR=0.37) and increased the chances to utilize no services (OR=0.57).

Conclusion The findings underline the importance of dementia care networks. When establishing dementia care networks, special effort should be given to include the medical sector as well as emphasis should be on ways to increase participation of females. The results were considered in German legislation (SGB XI), which took effect in January 2017. The §45c section 9 SGB XI 4 regulates that Long-Term Care Insurance participates in the funding of self-organized networks for structured collaboration in long-term care now.

P7. Rights and dementia-friendly society: Involving people with dementia

P7.1. Co-research with people living with dementia: The challenges for participation and collaboration

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A diagnosis of dementia can often shift a person's social status and so diminish opportunities to participate in research processes as an autonomous and agentic person. Access to research is mediated by medical ethics and care relationships, which although intended to 'protect', can exclude. While participatory ways in which people with dementia can actively support studies are increasingly identified, peer research or co-research with people with dementia is under-explored and under-conceptualised. In co-research, people with experience of the

condition work alongside academics in all stages of the research process: co-creating both data and results. In the Promoting Independence in Dementia (PRIDE) research programme, we aimed to work with people with dementia and carers as co-researchers. A preliminary literature review indicated that co-research could benefit both the person with dementia and the research process. Recruiting co-researchers to undertake data collection proved unsuccessful. A later qualitative interview study revealed that professionals and carers had concerns about emotional risk to the person with dementia and about their cognitive ability to undertake data collection. We involved 8 people with dementia as co-researchers in a collective data analysis event, recruiting people through NHS trusts. Here, we consider the effects of decisions about the setting of the event, the roles each would take, how to present data and what knowledge claims could be made. The practical and theoretical challenges faced in this novel co-research activity, included how to select and format qualitative data to be accessible to people with cognitive impairment and no research experience and how to differentiate the activity from data validation. Short and focused coding activities and smaller focused case studies enabled co-researchers to engage with, extend, compare and contrast data. Co-researchers brought some unexpected ways of understanding data and both challenged and confirmed academic interpretations.

P7.2. Involving people living with dementia as co-researchers in core outcome set methodology

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The high variation of outcomes measured across studies evaluating non-pharmacological health and social care community-based interventions for people living with dementia is compounded by the strong indication that chosen outcomes may not reflect what is important to people living with dementia. This obstructs comparisons for effectiveness and makes the interpretation of results difficult. Furthermore, the rigour of trials must be called in to question if outcomes (or outcome constructs) do not reflect what is important to those with lived experiences. One way to address this is to use and report a core outcome set (COS) - a list of core outcomes which should be measured and reported as a minimum across all relevant effectiveness trials. If COS' are to be relevant and responsive, a critical issue for core outcome set designers is how to incorporate the views of those with lived experience. While this vital activity is often not done, done poorly or approached as a single isolated activity, studies have shown people with lived experience often have different perspectives on what outcomes are important when compared with professional groups.

This presentation, part of the Neighbourhoods and Dementia programme (funded by the ESRC/NIHR under key commitment 12 of the first Prime Minister's Challenge on dementia), reports on the development of a core outcome set methodology that has positioned people living with dementia as co-researchers throughout the wider research process. Specifically, we report on how we have facilitated and included the views of people living with dementia at every stage of the research process – from involvement in determining what outcomes are important; consultation on the development of research tools; and participation in an accessible Delphi survey and consensus workshop approach

P7.3. Progressing from 'proving' to 'improving' the involvement of people affected by dementia in research

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Established in 1999, the (UK) Alzheimer's Society Research Network now involves over 260 people with dementia, carers and former carers as partners with dementia researchers across the UK. Alzheimer's Society is proud to be a pioneer and innovator in patient & public involvement. Drawing upon 20 years of experience we will present the findings of three pieces of work related to the impact of involving people affected by dementia in research and inspire colleagues across Europe to improve the ways they support people affected by dementia to influence research. March 2018 saw the publication of Alzheimer's Society's first impact report on patient and public involvement. The evidence in this report indicates five areas of benefit for involvement: on research; on researchers; on people affected by dementia; on Alzheimer's Society; and on wider Society. We will show a video highlighting these themes and present some of the areas of improvement identified in the report, including the involvement of people with a diagnosis of dementia. In November 2018 another landmark publication will launch, which is a special guest edition of the academic journal Dementia. This publication adds a significant contribution to the academic literature on how best to involve people affected by a wide range of dementias across the different types of dementia research. 2017 also saw the publication of the Dementia Statements in the UK (including a specific statement on involvement and participation in research) as well as a UK Dementia research roadmap for prevention, diagnosis, intervention and care by 2025. Our talk will discuss the opportunities and challenges these publications provide to not just 'prove' the value of involvement but to also 'improve' the contribution and impact people affected by dementia can make in the UK and across Europe. Presentation to be co-presented with a member of the research network.

P7.4. Scottish Dementia Working Group (SDWG) work on equality and diversity

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The Scottish Dementia Working Group is a campaigning group made up of people with a diagnosis of dementia. The group is involved in projects throughout Scotland and internationally and the members see themselves as representing people with dementia who live in Scotland.

The group have always discussed the importance of a diverse membership and how the group should be open to anyone who would like to be heard. In 2017 the group undertook a more proactive approach to increasing the diversity of SDWG and started talking about how to remove any barriers there may to people joining/participating. This marked a change in the group's approach and there was a workstream dedicated to equality and diversity. The group have looked at different approaches including an equalities audit, safe space and other commonly used equality policies, inviting speakers on related subjects to meetings, looking at online resources and a training programme delivered in partnership with Alzheimer Scotland. SDWG member on the training programme:

"It's important for the group to know these things because we need to be able to welcome new members who are LGBT and have their own issues because of that. I don't think many of us knew anything about gay rights at all but it was so interesting to find out. People with dementia can still learn. We are still learning and building the group all the time." The group held a networking event and had discussions with organisations working the deaf community, organisations supporting people with learning disabilities and organisations supporting people from BAME communities. Following this, the group began an outreach programme, firstly meeting with an organisation that supports people with learning disabilities to discuss how the group could be a vehicle for their voices to be heard.

P7.5. An instrument for assessing the subjective quality of life of person with a memory disorder (#MemoryMIKE)

MERILÄINEN Maaret, KANGAS Minna

Memory Association of Oulu Region, Oulu, Finland

An instrument for Assessing and Monitoring the Subjective Quality of Life (QoL) and the Psychological and Social ability to function of Person with a Memory Disorder (#MemoryMIKE). It is often thought that people with dementia are not capable of defining their own QoL, so they are not even asked about it. However, choosing not to ask violates their autonomy. That is one of the reasons why we started to develop this instrument. The MemoryMIKE instrument is primarily intented for use in an early or moderate stage of dementia. The instrument is a way to interact with people with dementia as an independent adult and give them the opportunity to talk about serious matters and be more part of their own care and rehabilitation. Resource-based and appreciative interaction can be empowering in itself.

The data-collection methods in MemoryMIKE are interview and observation. An interview can provide valuable, direct information from the point of view of the interviewee, but it is also a good way of establishing a co-operative relationship. A progressing memory disorder impairs not only the ability to communicate verbally but also the capability of self-reflection, so observation of activities was chosen as part of the MemoryMIKE. In addition to health professionals, people with dementia participated in the development of this instrument. The instrument was piloted in many organisations by different professionals e.g. occupational therapists, nurses, physiotherapists etc before releasing it. The MemoryMIKE was a finalist in Finnish Health Awards competition and also a finalist in TERVE-SOS competition by National Institute for Health and Welfare in 2016. It will be prensented in Nordic Congress of Gerontology in Norway in May 2018. The instrument and the associated forms in English and Finnish are available for free at www.muistimike.fi

P7.6. Putting Public and Patient Involvement into practice: Experience of PPI with the European Working Group of People with Dementia (EWGPWD)

GOVE Dianne, DIAZ Ana

Alzheimer Europe, Luxembourg, Luxembourg

Alzheimer Europe is keen to promote the involvement of people with dementia in research, not only as participants but also in the context of patient and public involvement (PPI) by generating ideas for research, advising researchers, being involved in consultations and being directly involved in research activities. PPI is about carrying out research and developing policies with or by members of the public and patients rather than on or for them as mere participants. The growing awareness of the importance of PPI has led to more opportunities for people with dementia to contribute towards society by helping improve the quality, relevance and ethical conduct of dementia research. However, this also involves new challenges (e.g. how to give people with dementia an equal opportunity to be involved, how to reach a diverse group of people, how to provide the necessary support and how to maximise the potential of people with dementia to contribute towards research). In 2017, together with INTERDEM and the EWGPWD, AE developed a position paper with a guiding framework on how to conduct PPI with people with dementia which includes seven different aspects. The presentation will provide some practical examples of how we have implemened some of these aspects whilst working with different European projects on dementia, including different approaches and techniques. The projects cover a wide range of issues such as palliative care, real world data and diagnosis of dementia. The members of the EWGPWD with dementia have been involved in such projects in different ways and for different purposes (e.g. for research, policy making and design).

P8. CEAFA y FAE: La persona cuidadora

P8.1. Consecuencias del Alzheimer en el cuidador familiar

CANTABRANA Cheles

CEAFA, España

La demencia es la principal causa de dependencia entre los mayores en todo el mundo, afectando notablemente no sólo a las personas que lo padecen, sino también a las familias y a sus cuidadores. En el 2015, el impacto mundial de la demencia ascendía a 47 millones de personas, alrededor del 5% de la población mayor de 65 años. El Alzheimer es la causa más común de demencia, siendo responsable del 60-70% de los casos.1 En España, se calcula que el impacto del Alzheimer y otras demencias alcanza al 7% de los mayores de 65 años y hasta el 50% de los mayores de 85 años, lo que nos sitúa en una cifra aproximada de 1,2 millones de personas y un número de personas cuidadoras que llega a triplicar la de pacientes. La tarea de cuidados de una persona con demencia puede afectar a la salud física y mental de la persona cuidadora y los estudios demuestran que también afecta a otras facetas de su vida personal, social, laboral y económica.2,3 En España, el cuidado de la persona con Alzheimer está definido por dos perfiles específicos : uno es el de una mujer en la cincuentena que cuida de su padre ó madre con Alzheimer. En estos casos, la cuidadora desatiende su vida familiar, abandona su vida social y restringe la vida laboral. Esta situación produce consecuencias tanto sobre su bienestar físico, psicológico y social como sobre su estatus laboral y económico, presente y futuro. Se calcula que alrededor del 30% de las personas cuidadoras deben hacer ajustes en sus jornadas laborales y hasta el 12% deben renunciar a su trabajo fuera del hogar.2 El otro perfil cuidador está definido por una persona mayor de 65 años, cónyuge de la persona con Alzheimer y que suele padecer una o más patologías crónicas ella misma. En este caso, los ingresos familiares provienen mayoritariamente de las pensiones de jubilación, cuya cuantía media en España ascendía a 926 euros en el 2017. En el caso de los mayores, la situación de dependencia, la soledad, el desvalimiento o la disminución de la interacción social, debida a la separación del mundo laboral como elemento integrador, pueden establecer el estado de vejez como un ejemplo paradigmático de las situaciones de exclusión, agravado por la labor de cuidados.

La familia y en particular el cuidador familiar de Alzheimer asumen una doble dimensión en el desarrollo de la tarea de cuidados: son agentes clave en el abordaje de la enfermedad y, además, ellos mismos están afectados por las consecuencias de la enfermedad. Conocer la situación personal, social, laboral y económica de las personas cuidadoras permite articular propuestas que prevengan el impacto de la enfermedad de Alzheimer y otras demencias en sus vidas.

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2 CEAFA. Consecuencias de la Enfermedad de Alzheimer y otras demencias en los cuidadores familiares. Pamplona, CEAFA, 2017

3 CEAFA. Conclusiones y propuestas para avanzar en la política de Estado de Alzheimer. Pamplona, CEAFA; 2015

P8.2. Impacto de los trastornos del comportamiento en el cuidador

SELMES Micheline

FAE, España

En la actualidad casi 50 millones de personas están afectadas por algún tipo de demencia, siendo el principal problema en salud pública del siglo XXI. La Enfermedad de Alzheimer (EA) es la más común de las demencias, abarcando en torno al 60% de todos los casos. Según los datos epidemiológicos actuales y la ausencia de un tratamiento efectivo a corto y medio plazo las previsiones para el año 2050 son que el número de afectados llegará a triplicarse.

A medida que evoluciona la enfermedad de Alzheimer, los pacientes son

cada vez menos independientes. Por eso, junto a los enfermos con demencia existe la figura del cuidador, quien en ocasionas ha renunciado a un trabajo remunerado, al tiempo de ocio, a una vida diaria normal, para cuidar a sus ser querido. El impacto en la vida del cuidador es enorme, y casi siempre olvidado por los servicios sociales y políticos.

El informe TRACA es el resultado de una investigación llevada a cabo por la Fundación Alzheimer España, y que tiene por finalidad valorar cuál es la vivencia de los cuidadores de pacientes con Alzheimer, atendiendo a la percepción subjetiva de los trastornos del comportamiento que sufrían sus familiares durante el proceso de cuidados. Es importante resaltar que se trata de cuidadores familiares, es decir, que cuidan al paciente en el seno de la familia, y que por tanto no estamos hablando de pacientes institucionalizados, ingresados en una residencia, sino de pacientes que viven con sus familias en sus domicilios. El principal objetivo es conocer cuál es el impacto que los trastornos del comportamiento y emocionales causan en el cuidador, cuáles son los que más malestar generaban, si los mismos les han llevado a pensar en la institucionalización del paciente, o a necesitar ayuda médica, y si era así, qué tipo de ayuda les han sugerido. Para poder realizar la investigación se ha llevado a cabo una encuesta a cuidadores informales de enfermos de Alzheimer, en la que se recogieron diferentes aspectos que están implicados con los trastornos del comportamiento, tanto los síntomas que los caracterizan, como la influencia que tienen en la vida de los cuidadores. Además, se recogieron aspectos que permitían evaluar el grado de deterioro del paciente, y de esta manera establecer en qué estadios de la enfermedad se dan más este tipo de trastornos y con qué intensidad.

La investigación realizada por la Fundación Alzheimer España sigue el esquema de otra que se llevó a cabo en Francia, dirigida y diseñada por el profesor C. Derouesné, por lo que coinciden los mismos objetivos y metodología, a fin de poder comparar los resultados. La encuesta ha sido completada por 1202 cuidadores familiares de enfermos con demencia, en su mayoría producida por la enfermedad de Alzheimer. Las encuestas contestaban 45 preguntas en las que mostraban su percepción sobre la existencia y la frecuencia con que se presentan diversos síntomas que son manifestaciones de diversos trastornos del comportamiento, así como otras 45 preguntas sobre las capacidades para llevar a cabo las actividades de la vida diaria. Ésta se ha realizado con la participación de varias Asociaciones de personas afectadas por Alzheimer y sus familias repartidas por toda la geografía española.

Este estudio destaca sobre otros realizados por el elevado número de encuestados y por centrarse en la real afectación que causan los trastornos sobre la vida de la familia afectada. Del estudio de los resultados cuyo análisis pormenorizado en múltiples aspectos concretos proporciona resultados muy importantes en varios campos de la práctica médica y la asistencia social

P9. Policies and strategies: Awareness campaigns

P9.1. Implementing the 'Dementia: Understand Together' national public awareness campaign in Ireland

DE SIÚN Anna, GUIRY Róisín, CONWAY Cairín

Health Service Executive, Dublin, Ireland

Background: Better Awareness and Understanding is a Priority Action Area in the Irish National Dementia Strategy (DoH, 2014). €2.7 million was allocated for a national information and support campaign for people with dementia and their carers, led by the HSE in partnership with the Alzheimer Society of Ireland (ASI) and Genio.

Implementation: An extensive research programme was conducted during 2015/2016. Based on the findings a strong, clear identity for the campaign was developed. Dementia: Understand Together was designed to be a unifying symbol across a diverse spectrum of partners, clearly outlining the need for greater compassion and awareness about dementia, and for everyone to play a part in challenging stigma and making our society more dementia inclusive.

A range of assets have been created including; a suite of television and radio ads, a social media campaign and a PR campaign. A 'one-stop-shop' website (www.understandtogether.ie) includes a service finder to allow people find supports and services in their area. A community activation programme is being implemented to support communities to take steps to be more inclusive of people with dementia and their families.

Impact to Date: The average weekly call rate to the ASI helpline increased by 29% compared to the same time period the preceding year. A mid-term survey of a representative sample of 1,003 adults found that 63% could recall at least one TV ad. There was also a significant improvement (from 24% to 33%; P<0.001) in those who claimed to know at least something about dementia and or Alzheimer's, and an increase (40% - 52%) in those now believing that people with dementia can participate in a wide variety of activities and interests.

Conclusion: A needs-informed, targeted, and multi-faceted awareness campaign can influence general population information seeking, self-rated knowledge, and attitudes towards dementia, at least in the short-term.

P9.2. Dementia undetected or undiagnosed in primary care: The CFAS II Dementia Diagnosis Study (CADDY)

DENING Tom[1], ALDUS Clare[2], ARTHUR Antony[2], ROBINSON Louise[3], BRAYNE Carol[4], MATTHEWS Fiona[1], FOX Chris[2], STEPHAN Blossom[3], SAVVA George[2]

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Much effort has gone into increasing dementia awareness and dementia diagnosis rates, but why don't some people have a diagnosis? What are the consequences of not being diagnosed? The CADDY study investigated: (i) levels of undiagnosed dementia; (ii) characteristics and risk factors of undiagnosed dementia and (iii) outcomes of dementia diagnosis.

Methods: We used data from CFAS II, a population-based study of 7500 community-dwelling individuals aged 65+ (http://www.cfas.ac.uk/). Participants were interviewed twice, at baseline and 2 years, regarding cognition, social contacts, health status and a diagnostic assessment of dementia. We examined the primary care medical records of 445 people with, and 153 people without, a CFAS II diagnosis of dementia to see whether they had a record of dementia diagnosis or cognitive impairment.

Findings: 42% of people with a study diagnosis of dementia also had a diagnosis in primary care. Another 21% had a record of cognitive concern or referral to memory services. Around 20% of those with a study diagnosis of dementia died without being diagnosed.

Objectively measured memory impairment and informant reports of memory problems were the strongest predictors of diagnosis. However, neither the severity of non-memory cognitive impairment nor non-cognitive symptoms affected diagnosis rate. Adjusting for dementia severity, being older, male, and cardiovascular comorbidity increased the risk of missed diagnosis. We found no evidence of improved outcomes for people with diagnosed dementia versus those without diagnosis.

Discussion: Dementia is usually publicised as memory impairment. We are better at diagnosing dementia in people with mainly memory impairment and less good where there is significant non-memory impairment. Thus we should emphasise that dementia may also present with non-memory symptoms. Direct evidence for benefits of diagnosis on health outcomes is lacking. Probably, patients and carers need better post-diagnostic support and services to benefit from enhanced diagnosis rates.

P9.3. Salford INSPIRE and the rise of Mr Alzheimer's

WATSON Joy[1], SMITH Emma[1], SWARBRICK Caroline[2], MANN Jean[1], KEADY John[2,3]

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Salford INSPIRE is a joint collaboration between the University of Manchester (UK) and Age UK, Salford. Funded by the Economic and Social Research Council / National Institute for Health Research, Salford INSPIRE employs a person living with dementia (Joy Watson) and supporter (Emma Smith) with the remit of developing and piloting an awareness-raising campaign and also facilitate a suite of creative events aimed at supporting people living with dementia resident in the community. Through a volunteering collaborative of people living with dementia and family members, Salford INSPIRE has driven forward an innovative agenda in awareness-raising, inclusive of the diverse visions and aspirations of those involved. This presentation outlines the Salford INSPIRE model, aimed at empowering people living with dementia to raise awareness of dementia through their own lived experience in a supportive, enabling and creative environment. We will also share our journey setting up an intergenerational campaign called 'Mr Alzheimer's', which is currently being piloted across three local primary schools in Salford. An initiative developed by Joy Watson, 'Mr Alzheimer's' is aimed at creating a safe space for children to talk about memory problems and dementia. Supported by the three school councils (a body comprised of pupils), the children have been involved in developing Mr Alzheimer's backpacks, which include a Mr Alzheimer's teddy (safety certificates obtained), picture book and child-accessible information. We will share some of our approaches to engagement and responses from some of the children. We will conclude with some reflections and share our plans for rolling out the campaign on a wider scale.

P9.4. Enhancing the support of offenders with dementia: Understanding the issues and raising awareness

BROOKE Joanne

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Objectives: The prevalence of dementia in custodial services is increasing however, information is limited. The aim of this study was to: describe the current knowledge and skills of staff and offenders involved in the care and support of offenders with dementia.

Methods: Interviews (n=5) and focus groups (n=10) were conducted within a category C male prison in the South of England, including both staff (healthcare professionals, social workers, probation officers, educationalists, and prison service staff) and prisoners with special roles such as buddies, listeners or those that attended groups developed for older prisoners. Interviews and focus groups were audio recorded, transcribed verbatim, and thematic analysis was completed.

Results: Data were collected in 2017, with a total of 38 participants, including: prison staff (n=11), educational staff (n=3), nurses (n=7), social workers (n=3), and prisoners including: buddies (n=4), listener (n=1), and older prisoners (n=9). Three themes included: Development of health and social care in prison: are we just playing at it? Assessing and understanding behaviours: we are not trained in that type of stuff? Impact of dementia on prisoners and the prison service: all we can do is keep them safe, keep the regime running.

Conclusion: Staff believed the prison setting, with well-established regimes, was a supportive environment for people with dementia as there was less risk for accidental self-harm. Whereas offenders who had had completed a training programme to support fellow offenders with dementia (buddies) had a greater insight into the needs of this population. Buddies discussed a disrupted prison regime, which had a destructive impact on offenders with dementia, and they felt they were left ‘firefighting’. Further education and training is required to develop a united understanding on how to better support prisoners with dementia

P9.5. Receiving a dementia diagnosis: Using personal experiences to raise awareness of needs

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Emotionally it is a hammer blow. It is a serious, it is a depressing thing, it just knocks you sideways. All I was left with was the sickening sense of loss. (Person with dementia speaking of their diagnosis, National Dementia Office post-diagnostic support needs analysis, 2018.) This presentation will discuss an awareness campaign focusing on educating healthcare professionals about the supports people want and need when receiving a dementia diagnosis.

Ireland's National Dementia Strategy (2014) includes in its objectives that there should be "sensitive disclosure of a diagnosis and discussion of dementia, taking an individualised and person-centred approach" and that "following a diagnosis, people with dementia and their carers know where to seek help or support, who to talk to about accessing services or entitlements and where to go for information". The campaign gives voice to the experiences that can inform these objectives and was conceived and produced by two self-advocacy groups, the Dementia Carers Campaign Network and the Irish Dementia Working Group, together with the Alzheimer Society of Ireland (ASI). It was launched in January 2018.

The faciliated discussion that brought the Groups to their decision to focus on diagnosis will be described, followed by an overview of the process of content creation and the production of a video which highlights different experiences people have had of receiving a diagnosis. It lies at the core of the campaign, and all of which was written by and stars members of both Groups. https://youtu.be/STBw-k1Hl28. With the aim of raising awareness among healthcare professionls, the process of collaborating with health educators, professional medical groups and the National Dementia Office in order to disseminate the video will be described, along with the personal experience of one carer of his presentations to healthcare professionals in the promotion of this campaign.

P9.6. "Changing the perception of Alzheimer's disease": A nationwide awareness campaign led by France Alzheimer’s

GILLY Lorène

France Alzheimer et maladies apparentées, Paris, France

Since the dawn of our activity supporting those affected by the disease and their helpers 30 years ago, we have drawn alarming conclusions: stigmatization and discrimination are the two major obstacles which people with dementia and their families face on a daily basis. They are on the first line when it comes to the diagnosis, and yet the last to be consulted when it comes to the care process. This contradiction compels us into collective self-assessment. We all want to be helpful. But even more so when facing a disease which provokes mixed reactions such as fear, trivialization, anxiety and even derision.

It is urgent to dismantle these stigmas which, on top of the grief they inflict, are hindrances to the diagnostic. Because life continues, after this diagnostic. The sick people and their families want to live life with its joys and good moments. Since January 2018, France Alzheimer and related diseases has launched a nationwide awareness campaign to tangibly address their expectations, and for society to adapt to their reality. For the occasion, we have naturally listened to those directly affected by Alzheimer’s. With a chosen and fitted care program, they engage in activities of their liking, develop new ones, and remain in command of their own lives for years ahead.

The promoted messages are inspired by their strength, optimism and their love of life. As citizens, we bear the responsibility of treating and seeing those affected by Alzheimer’s with caring eyes. Together, let us choose to not anticipate their hardship and put their emotional wellbeing at risk; to see their abilities rather than their shortcomings. Let us help them to always enjoy life!

P10. Genetics, prevention and treatment: Managing behavioural and psychological symptoms of dementia

P10.1. TIME - A biopsychosocial approach to neuropsychiatric symptoms in dementia - A randomized controlled trial

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Background: There is conflicting evidence about the effectiveness of nonpharmacological interventions for agitation in dementia. The Targeted Interdisciplinary Model for Evaluation and Treatment of Neuropsychiatric Symptoms (TIME) represents a comprehensive assessment of the patient and one or more case conferences with the goal to create, and put into action, a tailored treatment plan.

Aim: To determine the effectiveness of TIME, for reduction of agitation for persons with dementia in nursing homes.

Methods: In 2016, we conducted a cluster randomised controlled trial in 33 nursing homes in Norway. 229 patients with dementia and a moderate to severe degree of agitation were included. 104 patients in 17 nursing homes and 125 patients in 16 nursing homes were randomised to the intervention and the control group, respectively. The intervention group received TIME, and the control group received a brief education-only intervention.Assessments were performed before randomisation (baseline), eight and 12 weeks later. The primary outcome was the between-group difference in change at the agitation/aggression item of the Neuropsychiatric Inventory, Nursing Home version (NPI-NH), between baseline and eight weeks. Secondary outcomes were the between-group difference in change in the same item between baseline and 12 weeks, and in other neuropsychiatric symptoms, quality of life, and use of psychotropic and analgesic medications between baseline and eight weeks and baseline and 12 weeks.Results: A significant between-group difference in reduction of agitation at eight weeks (1.1; 95% confidence interval, 0.1 to 2.1; P=0.031) and 12 weeks (1.6; 95% confidence interval, 0.6 to 2.7; P=0.002) in favour of the TIME intervention was found. Symptoms of delusions at eight weeks, and depression, disinhibition, and quality of life at 12 weeks, showed significant between-group differences in favour of the TIME intervention.Conclusion: The implementation of TIME resulted in a significant reduction of agitation among nursing homes patients with dementia.

P10.2. Creative Practice - Alzheimer Scotland's therapeutic approaches on film

BEATTIE Jan

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Alzheimer Scotland is recognised for its human rights approach to dementia. This includes how our practitioners engage with and support people living with dementia and their carers. Human intervention is our most powerful way to support people living with dementia and their carers to maintain choice, dignity, control and wellbeing.Alzheimer Scotland practitioners support people living with dementia in a variety of community settings. We wanted to accurately portray how our practitioners support people and evidence the therapeutic value of this support, to share with people who choose our support, families and donors as well as create an educational tool for our workforce.To achieve this, we engaged with people living with dementia and family members to produce a series of films that capture therapeutic approaches delivered by Alzheimer Scotland practitioners. The films that will be shown for this presentation explore how Alzheimer Scotland practitioners deliver therapeutic support: Reminiscing in a forest setting focussing on the therapeutic value of being in the outdoors as well as reminiscence. Yoga, as a method of mind/body stimulation and relaxation. They are part of a wider suite of films that also include: Cognitive Stimulation Therapy, Gardening, Sensory support and Tai Chi

The real power of the films is in hearing the voices of people living with dementia describe the value of interventions and the positive impact on their wellbeing. The workshop will explore the principles and ideas in the films and how workshop participants can interpret them for their own settings.

P10.3. General practitioners' knowledge of and attitude to assessment and management of pain in people with dementia

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Background: Pain in people with dementia is often underdiagnosed, underestimated and undertreated. Pain can be a trigger for behavioural and psychological symptoms of dementia (BPSD). Not correctly identifying pain as a cause of BPSD can lead to the inappropriate prescribing of potentially harmful psychoactive medications. General practitioners (GPs) play a key role in managing pain in people with dementia, however, no research has explored GPs' knowledge of and attitude towards pain in dementia.

Methods: A self-report questionnaire was adapted from an existing validated questionnaire developed for nurses and was piloted with 5 GPs. The postal questionnaire was sent to a random selection of GPs in the southern region of Ireland. SPSS was used for data analysis.

Results: A total of 107 completed questionnaires were received, representing a response rate of 53.5% (107/200). Over two-thirds (74/107) of respondents had a nursing home commitment. These GPs provided cared to a total of 1,596 people in nursing homes, over half of whom (851/1,596) had dementia. Of the respondents with a nursing home commitment only 16% (12/74) were aware of guidelines/policies on pain management in the nursing homes they attended. The majority of the respondents (74/107) felt that pain was under-recognized in people with dementia. Overall, respondents were knowledgeable on many aspects of the assessment and management of pain in people with dementia. There was no correlation found between the years of experience of the GP and their knowledge of and attitudes to pain. Nor was there any association found between the extent of the GPs' experience with dementia and their knowledge of and attitudes to pain management in dementia.

Conclusion: Guidelines on the assessment and management of pain in dementia are not translating into clinical practice. However, the high levels of knowledge of and positive attitude towards pain management in dementia is encouraging.

P10.4. Neuropsychiatric symptoms profile in Mild Cognitive Impairment and conversion to dementia

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Objectives: To identify clusters of patients with Mild Cognitive Impairment (MCI) based on their neuropsychiatric symptoms and to examine the risk of progression to dementia of these clusters.

Design: Cohort study with 1.7 years' median length follow-up (range 0.5-9.4 years) from the setting of Fundació ACE, Institut Català de Neurociències Aplicades.

Participants: Patients with MCI were included in the study. Inclusion criteria was: >45 years, MMSE>23 and a follow-up without conversion >6 months. The final sample was n=2138.

Analytical approach: The Neuropsychiatric Symptoms Questionnaire (NPI-Q) asses the presence of twelve neuropsychiatric behavioral domains: delusions, hallucinations, agitation/aggression, depression/dysphoria, anxiety, elation/euphoria, apathy/indifference, disinhibition, irritability/lability, aberrant motor behavior, sleep and nighttime behaviors, and appetite and eating disorders. Latent Class Analysis was used to identify clusters of patients based on their NPI-Q, and Cox proportional hazards models were used to examine risk of progression to dementia based on clusters.

Results. Four clusters were identified: an irritable cluster (6.3%), and apathic cluster (12.7%), and depressive-anxious cluster (49.4%) and an asymptomatic cluster (31.6%). Compared to the asymptomatic class, irritable and apathic clusters appeared as risky clusters for conversion (Hazard Ratio=1.7), even at 4 years of follow-up and adjusting for relevant demographic and clinical variables. Depressive-anxious cluster has a comparable conversion profile than asymptomatic class.

Conclusions: Empirical grouping of MCI patients according their neuropsychiatric symptoms has a predictive conversion value. Non-cognitive symptoms could be considered not only relevant factors in the characterization of patients in risk for dementia but as specific risk factor for this conversion.

P10.5. More self-reliance and autonomy for nursing home residents with dementia: A nurse-led intervention (SOCAV project)

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Background: The SOCAV project was one of the projects in the program "Dignity and pride" of the Ministry of Health in the Netherlands. There is a need for more respect, dignity, self-reliance and autonomy for people with dementia (PWD) in nursing homes since care is mostly focused on taking over personal care, decisions and responsibilities of residents in nursing homes.

Methods: a longitudinal study with repeated measurement design with measurements at baseline, 3, 6, 9 months' follow-up to evaluate the effects and process of the SOCAV intervention (n=57 PWD, n=37 caregivers, n=92 nurse-assistants, n= 8 peer-coaches). Intervention: a nurse-led intervention which is supervised by peer-coaches to empower the self-reliance and autonomy of PWD living in a nursing home. Effect outcomes: 1) self-perceived performance and satisfaction of meaningful activities assessed by the Canadian Occupational Performance Measure (COPM) of PWD, from the perspective of a) the PWD, b) their family caregiver, c) the responsible nurse; 2) well-being score of Dementia Care Mapping assessment. Process outcomes: 1) diaries of all nurse-assistants including: a) their reflections on the interaction with the PWD, b) their reflections on their own learning process based on their self-defined learning goals; 2) the diaries of the peer-coaches with their reflections on the learning goals and learning process of the nurse-assistants. Descriptive variables: age, sex, marital status, relation family caregiver to resident with dementia, years of workings experience with dementia; years of admission, cognitive status.

Results: the SOCAV intervention showed significant improvements on the COPM self-perceived performance and satisfaction effect scores from all three perspectives at 6 months. Positive COPM improvements remained at 9 months' follow-up. Process outcomes showed positive changes on self-reliance supporting attitudes and behavior of nurse-assistants and peer-coaches. Implementation of SOCAV was positively evaluated.

Conclusions: this study showed positive improvements after SOCAV intervention. Implementation was successful.

P10.6. EU Joint Action Act on Dementia WP5: Implementation of best practices on preventing and dealing with BPSD

HOOGENDAM Jacqueline

Ministry of Health, Welfare and Sport (VWS), The Hague, Netherlands

WP5 leaders: Nicola Vanacore (ISS, Italy) and Jacqueline Hoogendam (VWS, The Netherlands). Participating countries: France, Bulgaria, Scotland. The EU JA Act on Dementia focuses on developing a consensus on the best evidence of effective action in four key areas (diagnosis and post-diagnostic support, crisis and care co-ordination, quality of care in residential care settings and dementia-friendly communities) and after that on testing the best evidence of effective action in localities to develop a greater understanding of how change can be taken forward in practice.

WP5 has the objective to provide to the EU Member States clear, evidence-based and tested information and recommendations on how to effect change and improvement in care co-ordination and crisis response services for people with dementia, living at home.

To reach this objective, we performed a mapping of relevant research on and practices of dementia care co-ordination in participating countries, including defining dementia crisis and care co-ordination, including an update of ALCOVE Research on BPSD. This resulted in the identification of the key principles / best practices in care co-ordination and crisis response services for people with dementia. Those best practices were analysed on the feasibility of their implementation.

We will present our report on the identified best practices and the feasibility of implementation. And show, up-to-the-minute, the firsts results of the implementation of best practices in the participating countries. Practices to be discussed are:

- Case management for people with dementia
- Multidisciplinary approach in all dimensions of support systems for BPSD
- Mobile teams with specific skills for the caring of BPSD, both in the home and nursing home setting
- A training for case manager's/district nurses on how to deal with BPSD
- Use of nurses-practitioners in a GP's practice to deal with BPSD.

P11. INTERDEM: Interdisciplinary research in dementia: Interaction between biological and psychosocial factors in the onset and the course of dementia

Dementia is a disorder including a preclinical and a post-diagnostic phase. There is growing evidence on the interplay between biological and psychosocial aspects influencing the onset and the progression. Many efforts have been undertaken to reduce the risk of developing dementia and concepts such as brain reserve, cognitive reserve, brain plasticity as well as physical activity, cognitive and social engagement are seen as interactive and reciprocal influencing factors. There is growing evidence of the effectiveness of psychosocial interventions on quality of life and wellbeing of people with dementia and their caregivers. There is also new evidence outlining the role of psychosocial and environmental factors in influencing the onset and progression of dementia by impacting on structural and functional aspects of physical health and brain plasticity as well as on symptoms of people with dementia and their caregivers. Moreover, the health condition, particularly cardiovascular factors, is involved in moderating the course of disease. Joining effort and promoting interdisciplinary research which considers the reciprocal interactions between biological and psychosocial factors can enhance our understanding of the dementia syndrome and open new avenues to combined interventions. The aim of this session is to highlight the interaction between physical health, social health and psychological health in the prevention and in the progression of dementia.

P11.1. Social health: An opportunity to improve our cognitive reserve?

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Within the complex multifactorial etiological framework of dementia, several risk factors have been identified during the past years, ranging from specific genetic variants to lifestyle and vascular risk factors. Social health, conceptualized as the influence of social and environmental resources in finding a balance between capacities and limitations offers a new avenue in dementia research. Increasing evidence is accumulating that environmental factors that indicate poor social health such as lack of social support and loneliness are presumed to increase the risk of dementia, while a combination of physical, mental and social activities seems to contribute to brain reserve. The working mechanisms have also been subject of investigation. It has been found that social networks modify the relation of neuropathology to cognition. In addition, cognitive interventions caused changes in brain activation patterns. Social health aspects may contribute to brain reserve and might also be crucial in optimally using the plasticity of the brain. Early interventions based on these factors (e.g. increased social interaction) might contribute to the delay of the onset of dementia. In the SHIMMY study we aim to identify how social factors contribute to the pathophysiology of cognitive decline and develop an intervention protocol directed at social health improvement in persons at risk for dementia. Social health might be a major resource for a breakthrough in the current paucity in dementia research when integrated in eco-bio-psychosocial models.

P11.2. Social health of people with dementia in the community – Results of the DemNet-D-Study in Germany

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Background: Worldwide great efforts are directed at supporting people with dementia (PwD) and their relatives in their own living arrangements since the number of PwD is growing rapidly. During the last year's local dementia care networks (DCN) evolved in Germany, offering multiprofessional care and support by medical doctors, health care services, therapists, local authorities, volunteers etc. for PwD.

Objectives: The objective is to raise knowledge about health related outcomes of PwD being supported by DCN in Germany and their development over time to prove effectiveness in terms of organizing better support for PwD and their relatives

Methods: In the multi-centred, multi-professional, DemNet-D study (2012-2015) health-related outcomes of PwD supported by 13 DCN all over Germany were evaluated in a one-year follow-up. Data on quality of life (QoL-AD), social inclusion (SACA) and remaining in own apartment. as well as severity of dementia (FAST), challenging behavior (CMAI), functional abilities (IADL), and depression (GDS) were collected in face to face interviews with PwD and/or their informal caregivers.

Results: 13 DCN with altogether 560 PwD and 452 relatives took part in the study, including urban as well as rural areas. PwD mostly have a severe dementia but still report a moderate quality of life and sufficient social participation which remains almost stable over one-year follow-up. Satisfaction with care and support by DCN is reported to be high. Only a small number of PwD being cared for by DCN moved into a nursing home during follow-up.

Conclusion: DCN are a community-based approach to improve care and social health of PwD. Tailoring care to preserve persons 'normal routines and living environments as much and as long as possible as well as partnering with PwD and their families and empowering them may be a promising way to deliver person-centered care in the community.

P11.3. Factors moderating cognitive decline during the course of dementia: A review of literature

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The progression of dementia is variable and between 30% and 58% are considered as slower decliners. Little is known about factors influencing the progression of cognitive and functional decline. Research on psychosocial interventions in dementia support the impact on quality of life and well-being of both people with dementia and their caregivers. The aim of the review is to highlight modifiable factors which can slow the progression of the disease in the post-diagnostic phase. A literature search regarding the last 10 years had been developed focusing on post-diagnostic phase and factors related to the rate of disease progression.

Results: the rate of cognitive decline is influenced by a number of both health related as well as psychosocial factors. Within the most important health related factors cardiovascular disease during the course of dementia and the use of cholinesterase inhibitors are associated with a slower rate of decline; within the psychosocial domain the care environment, the engagement in cognitive stimulating activities combined with social participation, the quality and the closeness of the caregiver care-recipient relationship , the personality of the caregivers and a problem solving oriented coping strategies are also correlated with a slow rate of decline. The mechanism underlying the potential impact of these factors are not clear but some evidences outline the role of brain plasticity and brain compensatory mechanism at least in the early stage of Alzheimer disease sensitive to psychosocial interventions.

Conclusion: Psychosocial interventions combined with medical treatments can modulate the progression of the disease. More research is needed to explain the potential underlying mechanism. The social interaction and dyads relationship play an important role

INTERDEM

Early detection and timely INTERvention in DEMentia

P12. ROADMAP: Ethics challenges for AD research and practice using real-world data.

ANGEHRN Zuzanna[1], DIAZ Ana[2], MCKEOWN Alex[3]

[1]Analytica Laser, a Certara Company, Lörrach, Germany/Basel, Switzerland, [2]Alzheimer Europe, Luxembourg, Luxembourg, [3]University of Oxford, Oxford, United Kingdom

Background: ROADMAP maps the critical ethical, legal and social issues which arise from creating a real-world evidence platform, re-using the existing health data and pooling data from different data sources. It also addresses ethical concerns and topics that arose during the course of the project. Zuzanna Angehrn will report on the results of a systematic literature review looking into the ethical concerns and social implications of using predictive modelling as a part of AD prevention strategies targeting people who do not have symptoms but seem to have an increased risk of developing AD in the future. The public will be asked to provide their perspective on the literature findings.

Ana Diaz will give a presentation about the consultation with the European Working Group of People with Dementia for the ROADMAP project on possible concerns that people with dementia and carers might have regarding the sharing and re-use of health data for AD research. A representative from the EWGPWD will co-present and contribute towards the discussion.

Alex McKeown will present on a recent paper that he and other members of the ROADMAP team have collaborated on in mapping the landscape of ethical issues in the prioritisation of health and treatment outcomes in AD. The paper ranges over issues for a wide range of stakeholders including people with dementia and their carers, clinicians, health economists, payers and others.

ROADMAP
Real world Outcomes across
the AD spectrum for better care

P13. Care approaches: Dementia-friendly initiatives

P13.1. Dementia-friendly communities - What's the point?

WARD Richard

University of Stirling, Stirling, United Kingdom

The notion of a 'dementia-friendly' or dementia-enabling community is an innovation intended to create more liveable public and community settings, inclusive of people living with dementia. In the UK, the idea was introduced through national policy in 2012 as part of a wider push to raise awareness of dementia and with the hope of enabling people with dementia to remain living at home and continuing to actively participate in their local communities for as long as possible. While some commentators have questioned the very notion of 'dementia-friendliness' and others have challenged the necessity for a separate dementia movement in the wake of the existing age-friendly cities agenda, there has been a proliferation of community-based initiatives across the UK.

In this paper, we report on a 5-year international project jointly funded by the Economic and Social Research Council and the National Institute for Health Research (UK). The 'Neighbourhoods: our people, our places' project is part of a wider programme on neighbourhoods and dementia, which set out to work closely with people with dementia and carers to better understand the experience of the local areas where they live. The project has involved participatory research leading to community development, and we are currently piloting innovations to the support and services offered to people with dementia at a local level. Here, we share some of the key findings and messages from the study in a context of exploring what a dementia enabling community means to people with dementia and those who care for and support them. Our argument is that the experiences of people with dementia may provide a foundation on which to create more inclusive communities, but are also a basis on which to question the norms and assumptions embedded within our built and social environment.

P13.2. Rising to the Challenge: How can we make air travel more accessible for people with dementia across Europe?

TURNER Katherine, WARREN Alison, BANNIGAN Katrina, SHERRIFF Ian

University of Plymouth, Plymouth, United Kingdom

Society is gradually recognising and responding to the fact that people living with dementia wish to remain actively involved in meaningful activities post diagnosis. However, despite advocacy from a range of organisations, including the Prime Minister's Dementia Challenge within the United Kingdom, there are still improvements required in a range of settings to enable accessibility for those living with dementia. One such area that has received attention for not meeting the needs of people living with dementia is air travel. Whilst European legislation covering inclusivity in flying for those with disabilities already exists, it appears that such legislation is potentially interpreted in favour of those with physical, rather than 'hidden', disabilities; a term used to encompass not just dementia but also autism, learning disabilities and others, reducing access for these groups (Page, Innes and Cutler, 2015).

This presentation will provide an overview of an ongoing PhD study that aims to capture the air travel experiences of people with dementia and their travel companions. Ultimately this research seeks to increase participation in air travel for this consumer group and to address the potential injustice of non-participation due to factors outside an individual's control. Preliminary findings from face to face interviews with participants will be shared to illustrate how a diagnosis of dementia may affect a person's meaningful engagement with the occupation of air travel and thus impact on their quality of life. In the longer term the results of this study will inform guidelines for the aviation industry on how they can support people living with dementia in the future.

Page, S.J., Innes, A. and Cutler, C. (2015) 'Developing dementia-friendly tourism destinations: An exploratory analysis', Journal of Travel Research, 54(4), pp. 467-481. The support of The University of Plymouth, School of Health Professions in funding this research is gratefully acknowledged.

P13.3. Creating dementia-friendly communities in prisons in the East of England – An evaluation

VAN BORTEL Tine, TREACY Sam, WICKRAMASINGHE Nuwan, HAGGITH Anna

University of Cambridge, Cambridge, United Kingdom

Background: Prisoners aged 50 and over are the fastest growing group across prisons in England and Wales, with an estimated dementia prevalence of 1-5%. Whilst the creation of dementia-friendly communities (DFCs) is a cornerstone of UK Government dementia strategy, their establishment in a prison context appears to be limited, and no published evaluations have been found. In partnership with the Alzheimer's Society, this project evaluated the process of developing DFCs in two English prisons.

Methods: This mixed-method, 6-and-12-month follow-up study included 68 people (50 prisoners and 18 prison staff). At each prison, an initial dementia awareness session was conducted, environmental audits, and meetings between prison staff and Alzheimer's Society representatives. A study-specific questionnaire, interviews and focus groups were used to explore progress towards creating a DFC in prison, and barriers and facilitators to this.

Results: Awareness session attendees reported significantly increased knowledge of dementia and confidence in talking to prisoners living with dementia (PLWD). Progress towards creating DFCs included:

- Joining local Dementia Action Alliance
- Developing prison-wide Dementia Action Plan
- Training prison officers as Dementia Champions
- Small environmental and regime changes
- Prisoners producing dementia-dedicated prison magazine

The prison with the larger proportion of older prisoners engaged more fully, whilst the other prison reportedly could not justify committing additional resources in the current austerity-driven climate. Other barriers and facilitators included employing prisoners as supporters of PLWD, placements of prisoners on older prisoner wings, and communications within prisons.

Conclusion: Despite growing concerns about the plight of PLWDs as particularly vulnerable in institutions designed for younger people, with violence and self-harm at record highs, the Government has not produced any strategy or policy in support. This project demonstrated that DFC principles are acceptable and relevant to prisons, but may only be engaged with selectively unless the needs of PLWDs are championed beyond prison gates.

P13.4. Making companies dementia friendly

REINSTRA Roderik

Alzheimer Netherlands, Amersfoort, Netherlands

Introduction: There are approximately 270.000 people with dementia in the Netherlands. They all have their own daily problems. To improve their quality of life, we need to make different industries Dementia Friendly. Therefore, a national 5-year dementia friendly program was launched in May 2016. This program aims to increase the awareness, understanding and knowledge about how to act upon dementia. Not only for the normal civilian, but also for companies of different branches.

Aim: Make as many companies (and their employees) Dementia Friendly as possible.

Methods: To do so, we designed special on- and offline trainings for all different branches. For example, we recently launched e-learning for the hospitality industry. The situations of this training are gained via experiences in the work field. The problems they come across together with experience from our support group (people who have experiences with dementia) gives us all situations that can happen in daily life when a customer/client has dementia. To reach as many different companies from the same branch, we reach out to trade unions and corporates. All companies that are connected with these are easily informed about the training and they can join on- and offline trainings.

Results: At the time, we launched 9 different online trainings for different branches. The program is not finished yet, and we are still working really hard to make the assortment of branch trainings as wide as possible. Some big companies that already take part in the Dementia Friendly program are for example Albert Heijn (supermarket), KPN (telephone) and Rabobank (banking).

Conclusion: We are on the right track in making as many Dutch companies Dementia Friendly and are still working on involving even more different branches. An oral presentation will give others useful tips about involving corporates, trade unions and companies in becoming Dementia Friendly.

P13.5. "Social inclusion for people living with dementia through participation in local voluntary activities" a qualitative study of the user's perspective

PETERSEN SCHULTZ Kirsten, BERTELSEN Tilde Marie

Aalborg University, Aalborg, Denmark

People living with dementia and their spouses often experience challenges in participating in social activities, and are at risk of social isolation. 'Dementia-friendly communities' is a term and policy initiative that have been championed by governments and user organizations around the world, aiming to enable people living with dementia to feel supported and included within their local community by providing support and social networks. Developing dementia-friendly societies rely on stakeholder involvement and often involve voluntary work provided by user organizations. From the perspective of the people with dementia and their spouses, this study explores the value of participating in social activities provided by local voluntary workers targeting people living with dementia, focusing particularity on the value of the social interaction and how activities might help support people with dementia and their spouses.

The study is designed as an ethnographic field study exploring the interaction between voluntary workers and the people engaged in a variety of activities provided by volunteers from The Danish DaneAge Association. Participatory observation including informal conversations at nursing homes, local dementia cafes, support groups and home visits, and individual interviews with people living with dementia and their spouses were used during data collection. Field notes and transcribed interviews were coded and themes of importance identified.

Findings show that the interaction between volunteers and people with dementia is characterized by a close relationship, participation in social activities targeted people living with dementia facilitate social participation, support identity, prevent social isolation and provide spouses a moment of free time. Thus, participating in activities in the local community promotes inclusion and encourages participation in meaningful social activities with others. Compared to former studies, this study provides insight into the meaning of the interaction with voluntary workers and how this facilitates social participation and community involvement for people living with dementia.

P13.6. Dementia friendly public space and public transport – Findings from a qualitative research project in Austria

REITINGER Elisabeth[1], PICHLER Barbara[1], KNOLL Bente[2], EGGER Barbara[1], HOFLEITNER Birgit[2], HEIMERL Katharina[1]

[1]Alpen-Adria University of Klagenfurt, Vienna, Austria, [2]Office for Sustainable Competence, Vienna, Austria

Background: Mobility and moving around in public space and public transport are core factors influencing social participation of people with dementia. Due to a process of progression of withdrawing from various social activities mobility of people with dementia in public space and public transport reduces. Little is known about how people with dementia experience accessibility in public space and public transport in the metropolitan area in Austria.

Aims: So the aims of the study are to (1) contribute to the knowledge base about motives and behavior of people with dementia in Austria as well as (2) formulate recommendations based on these insights.

Methods: Narrative interviews (n=24) and accompanied walks (n=15) have been conducted with people with beginning dementia to find out more about motives and daily routines concerning their mobility in public space and public transport. Usability studies (15) with already existing technical support systems have been carried out. Data analysis used documentary methods and content analysis and illustrations by maps of the routes of the persons with dementia.

Findings: Based on the narrative interviews a typology has been elaborated that shows different ways of "being in the world" of the participants concerning mobility. One characterization can be called "social orientation", the other "individual orientation" and different coping strategies of finding the way in complex situations can be observed. The accompanied walks show different routes concerning everyday mobility in public space and public transport.

Discussion: Based on these findings it is important to acknowledge the diversity of persons living with dementia concerning mobiliy patterns. As many people with dementia live in old age also reduction of the activities of daily living has to be taken into account. Recommendations for a dementia friendly public space and public transport therefore need to consider age specific as well dementia specific requirements.

P14. Care services: Acute and hospital care

P14.1. The needs of patients with dementia in acute hospital wards: Patients' perspectives and observed practices

SCERRI Anthony[1], INNES Anthea[2], SCERRI Charles[1]

[1]University of Malta, Msida, Malta, [2]University of Salford, Salford, United Kingdom

Background: There is an acknowledgement that the needs of persons with dementia admitted in acute hospitals are not always met. Previous studies have focused on the perceived needs of professional caregivers or family members whilst the voices of patients with dementia in acute hospitals have not been extensively reported. This may have contributed to the under-recognition of the needs of persons with dementia.

Objectives: The aim of this study was to understand the needs of persons with dementia in acute hospitals and whether they are being or have been met, as perceived by the patients themselves and their family caregivers and by what has been observed in practice.

Method: Thirteen patients with dementia in three acute wards who could verbally communicate with the researcher, were purposively selected. Semi-structured interviews were conducted to elicit the patient's experiences of their hospital stay and whether their needs are being/have been met. Moreover, routine care with the same patients was observed using Dementia Care Mapping the Hierarchy Model of Needs in Dementia (Schölzel-Dorenbos, Meeuwsen & Rikkert, 2010), was used as a framework to categorise these needs.

Findings: Patient report and observational data demonstrated that basic needs such as toileting, feeding, drinking, managing pain and comfort were not always met. Moreover, the largest gap between met and unmet needs was related to 'being' needs especially being free to take decisions. Too much emphasis was perceived and observed to be given by staff on safety needs at the expense of other needs. The patients' need for social contact and self-esteem needs were often ignored and led them to feel devalued.

Conclusion: Staff need to be more aware of the holistic needs of patients with dementia in acute settings and the way how to deliver care to balance these needs to ensure that they provide person-centred care.

P14.2. The care of people living with dementia in acute hospital wards: Results from an ethnographic study

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There is increasing recognition that action is required now to improve the experience and outcomes of people living with dementia on admission to acute hospitals for an unrelated condition. In the UK, concerns persist about poor treatment, neglect, abuse, and discrimination of older people in acute hospital, with widespread poor care identified. People living with dementia are one of the largest populations cared for within the acute hospital setting but also one of the most vulnerable.

In response, this paper draws on the findings of 155 days of observational fieldworkin 10 wards within 5 hospitals across England and Wales (NIHR HS&DR researcher led funding), purposefully selected to represent a range of demographics, but allknown to admit large numbers of people living with dementia. These observations were accompanied by 436 ethnographic interviews and 10 detailed case studies conducted people living with dementia, observing their care at the bedside and speaking to the person and their family and carers throughout their admission.

We identified extremely high levels of resistance to care amongst people living with dementia within acute hospital wards. It was a common feature of ward life; every person living with dementia we observed admitted within the acute hospital ward resisted care during our period of observation. Importantly, resistance, in whatever form it manifested, was always interpreted by staff as a feature of the person's dementia diagnosis that signified a lack of capacity, and as such a behaviour to be overcome or managed, rather than as a response to the care and setting itself. We show the emotional and somatic impacts of these approaches for people living with dementia and the ways in which a diagnosis of dementia becomes framed as risk within the ward that must be controlled and contained at the bedside.

P14.3. Acute care for patients with cognitive impairment: A qualitative study

FOX Chris, CROSS Jane, HAMMOND Simon, POLAND Fiona, BACKHOUSE Tamara, PENHALE Bridget

UEA, Norwich, United Kingdom

Aging populations in developed countries worldwide place huge pressures on health services. Older age is a significant risk factor for falls, with hip-fracture being a serious consequence. The US and Northern Europe have particularly high rates of hip fractures, additionally multiple developing countries are likely to see increases over the coming decades as their populations age. Many older hip fracture patients also have some cognitive impairment. Such patients tend to have poorer outcomes compared to those cognitively able. As part of a large programme of study (PERFECTED) aiming to improve outcomes for older hip fracture patients with cognitive impairments, we used a qualitative approach to explore ideas for improving the care of these patients with hospital ward staff. A combination of focus groups and interviews were conducted with Trauma Ward Staff of differing seniority across three hospitals in England. An inductive approach was taken for data analysis.

Three overarching themes emerged from the data, these were: 1) the current context; 2) resource mismatch; 3) staff prioritising basic tasks. The findings showed instances of sub-optimal patient care and a lowering of staff morale and wellbeing where the stresses and strains of working on a trauma ward were reported.

Our findings show that some English trauma wards are struggling to cope with the increased proportion of patients with cognitive impairment. Through attending this session, participants will learn about the context of care in three acute trauma wards in England and how staff are working to optimise the care they deliver.

P14.4. What do physiotherapists need to know about dementia care? A focus group study

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[1]University College Cork, Cork, Ireland, [2]Health Service Executive (HSE), Cork South Lee, Cork, Ireland

Background: In addition to cognitive decline, gait disturbance and impaired balance lead to a greater risk of falls and fractures for people with dementia. It is estimated that up to 40% of people who fracture their hip have dementia. Furthermore, for people with dementia the recovery following hip fracture is complicated by the negative synergy of physical, psychological and social factors. Physiotherapists play a central role in dementia care. However, there is a paucity of research from the perspective of physiotherapists that explores their role in dementia care or that identifies their dementia-specific educational needs.

Methods: A qualitative study was undertaken involving semi-structured focus group interviews with physiotherapists in order to gain a deeper understanding of their clinical experiences and educational needs around dementia care. Six focus groups were undertaken with thirty-six physiotherapists. Physiotherapists were recruited in County Cork, purposively sampled from both hospital and primary care settings.

Results: Physiotherapist participants described a large dementia-related workload. The majority had not received any undergraduate or postgraduate dementia education and described working without appropriate clinical guidelines. Participants found dementia care to be particularly complex because of limited time, perceived lack of knowledge, scarcity of resources and unclear care pathways. Many expressed a wish to receive further dementia training and clear evidence-based guidelines. They identified areas of educational needs including falls prevention, fracture rehabilitation, cognitive screening tools, communication techniques and the roles of other allied healthcare professionals.

Discussion: Our findings indicate that physiotherapists remain challenged by aspects of dementia care. As dementia prevalence rises in line with ageing populations, the role of physiotherapists will become increasingly central in collaborative, multidisciplinary dementia care. In order to meet the unique educational needs of physiotherapists, tailored dementia education should be developed and implemented, augmented by interprofessional education with other relevant healthcare professionals.

P14.5. Cognitive impairment / dementia in secure forensic psychiatric settings: A story untold

DI LORITO Claudio, DENING Tom, VÖLLM Birgit

University of Nottigham, Nottingham, United Kingdom

Introduction: Forensic psychiatric settings offer treatment to mentally-ill offenders who present an immediate risk of security to themselves and others. Older patients now represent 20% of residents in forensic psychiatric settings in several European countries, a proportion of whom may develop dementia. However, discourse around dementia in secure settings has been under addressed, potentially neglecting the needs of patients with the condition. We aimed to build evidence in this area, by undertaking research in three UK secure forensic psychiatric units.

Methods: The project comprised two studies: Study 1 investigated the prevalence of cognitive impairment / dementia through administration of a cognitive assessment and access to patients' clinical notes; study 2 gathered patients' and professionals' views around how secure services meet the needs of individuals with cognitive impairment / dementia, through administration of qualitative interviews.

Results: Forty-one patients were recruited for study 1, 27% scoring below the threshold for cognitive impairment. Formal diagnoses of dementia were virtually inexistent. Fifteen patients and 13 members of the staff were involved in study 2. The participants consistently reported lack of training / dementia awareness, a limited programme of age-friendly therapeutic / recreational activities, and a high risk of social isolation for the older patients.

Conclusion: Secure forensic psychiatric settings are still far from becoming dementia-friendly. In ensuring equal access to care and recovery opportunities to all patients and in preventing units from becoming dumping grounds for the most vulnerable ones, there is a need for service improvement. Given the limited resources of secure services, the expertise and support of local and national volunteer and third sector organisations can play a pivotal role in ensuring adequate provision. Good practice could be further promoted through the development of dedicated units for patients with intensive care needs and dedicated national policy for older offenders.

P14.6. What works in providing dementia education and training to health and social care staff? Results from a UK study

SURR Claire[1], OYEBODE Jan[2], SMITH Sarah[1], PARVEEN Sahdia[2], CARA Sass[1], DRURY Michelle[2], BURNLEY Natasha[1], CAPSTICK Andrea[2], DENNISON Alison[2], MEADS David[1]

[1]Leeds Beckett University, Leeds, United Kingdom, [2]University of Bradford, Bradford, United Kingdom

Background: There is international recognition of the importance of an effective and knowledgeable dementia workforce. However, while in many nations the availability and uptake of dementia education and training has increased, the quality and impact of this is variable and poorly understood.

Aims: The aim of the UK-based What Works? study, commissioned by the National Institute for Health Research Policy Research Programme, was to identify what constitutes effective dementia education and training for the health and social care workforce and the organisational conditions most likely to lead to positive impacts.

Methods: Methods used were: a systematic review of the dementia education and training literature; a national audit of current UK dementia education and training; a staff knowledge, attitudes and self-confidence survey; and ten in-depth case studies conducted in mental health services, acute care, general practice services and care homes. The case studies collected a wide range of qualitative, observational and quantitative data. An advisory group comprised of people with dementia and carers supported study design, methods, data interpretation and dissemination.

Results: Training that led to positive outcomes was delivered face-to-face, was interactive, tailored to the service setting and role of learners and delivered by an experienced training facilitator with clinical dementia experience. Barriers to training implementation including a lack of time and resources, poor staff attitudes towards training and poor planning in terms of release of staff to attend training. Facilitators included a supportive organisational culture and management, robust leadership for training and a whole systems approach connecting managers, trainers and learners.

Implications for policy/practice: Dementia training will form a component of any care quality improvement strategy. Care provider organisations, training providers, commissioners and policy makers should consider the training features and setting conditions that are more likely to lead to positive outcomes in training policy, design and implementation.

P15. Rights and dementia-friendly society: Involving people with dementia II

P15.1. Involving people with dementia: The Salford Dementia Associate Panel

INNES Anthea, POYNER Christopher, BUSHELL Sophie

University of Salford, Salford, United Kingdom

The Salford Institute for Dementia convenes a panel comprised of people living with dementia and current and former care supporters of people living with dementia. This panel is part of the governance structure of the Salford Institute for Dementia. Individuals who sit on the panel are consulted and advised on all aspects of research, education and knowledge exchange/awareness raising activities undertaken by staff at the University. The work of the panel evolved over a two-year period until the group were in a position to agree terms of reference in February 2018 following a consultation process between October 2017 and January 2018. The work of the panel is being evaluated against the terms of reference for the group to ascertain its effectiveness from the perspective of panel members. The process of setting up the terms of reference for the group will be discussed with lessons learnt that are useful for others interested in ensuring that their organisations work is driven by the needs and concerns of those living with dementia by facilitating an involvement process to facilitate involving people with dementia in meaningful and enjoyable ways while addressing the business of the organisation. We will also share initial findings from the first 6 months of evaluating the work of the Dementia Associate Panel.

P15.2. Involving people with dementia in trial based psychosocial research

MOUNTAIN Gail

University of Bradford, Bradford, United Kingdom

This presentation will describe the involvement of people with a diagnosis of dementia in a UK based randomised controlled trial of a post diagnostic psychosocial intervention called Journeying through Dementia. The intervention being tested comprises of 12 weeks' attendance at a facilitated group with other participants and four 1:1 session over the 12 weeks with one of the facilitators. The overall goal of the intervention is the maintenance of wellbeing, independence and engagement in life. The study requires the participation of 486 people with early stage dementia and is on course to achieve this with 403 people and 272 participating supporters consented to take part as of April 2018. Intervention delivery is taking place across 12 sites in England.

How people with dementia were involved in the design of the intervention will be firstly described including details of intervention content and how it is delivered. The presentation will then illustrate how people with dementia are being involved as research advisors to this large UK study. We have a group of Experts by Experience who give their time to give advice on the content of materials for the research participants. The aspects that the researchers have requested feedback on and how this was achieved will be fully described. The presentation will then move on to our intentions to involve people with dementia as co-researchers, involving them in the analysis of qualitative interviews conducted with research participants. Our intentions are to ask co-researchers to validate researcher interpretation of this data. We will have achieved this activity by October 2018 and the consequent experiences and outcomes will be presented. We will aim to present videos of our experts by experience speaking about their involvement.

P15.3. A translational case study of empowerment into practice: A realist evaluation of a member-led dementia empowerment service

MCCONNELL Tracey[1], BEST Paul[1], STURM Tristan[1], STEVENSON Mabel[2], DONNELLY Michael[1], TAYLOR Brian[3], MCCORRY Noleen[1]

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Background: Involving people with dementia (PWD) in decision-making is broadly recognised as a way to empower them to lead more independent lives and have a more meaningful role in determining their care. However, there are a lack of rigorous evaluations of empowerment-driven services and policies, which are needed to develop a deeper understanding about how to optimise successful implementation. This paper presents findings from an evaluation of Dementia NI, an organisation founded and led by people with dementia.

Method: We used a realist evaluation approach that involved interviews with 15 PWD, three staff and two board members, ethnographic observations, along with documentary analysis to identify 'what works, for whom, under what circumstances'. Analysis followed realist logic to develop context-mechanism-outcome configurations (CMOcs).

Results: The Dementia NI service model of empowerment involved the formation and maintenance of social groups of PWD. Facilitators, selected and recruited by PWD, supported six groups, comprising one to four members with mild to moderate cognitive impairment. Facilitators helped expand empowerment groups, facilitated decision-making, awareness raising and consultation opportunities alongside group members. Interview and observational data suggested that 'Empowerment Groups' helped members develop a shared social identity and a sense of collective strength, demonstrated by a strong activist mentality among group members to challenge the stigma surrounding dementia. Group members also reported improved quality of life. Observational data also suggested that widespread implementation of this empowerment model has the potential to reduce stigma, increase social inclusion and involvement of PWD as active co-producers of policy and service development, better services and support.

Conclusion: This case study of Dementia NI highlights potential boundaries and challenges to empowerment, in terms of requiring additional support from staff without dementia. However, despite these challenges, empowerment-driven organisations can and should be committed to involving members in lead roles and key decision-making.

P15.4. PANEL principles in practice: Persons living with dementia creating recruitment processes

WHELAN Clodagh[1], RYAN Kathy[2]

[1]Alzheimer Society of Ireland, Dublin, Ireland, [2]ASI, Cashel, Ireland

The Alzheimer Society of Ireland employs 800 people. They are engaged in direct service provision in Day Centres, Respite Care and Home Care. They provide information through the Help Line and Dementia Advisors. And there are also over 40 people in Head Office in Advocacy, HR, Finance and Fundraising.

In October 2017 the ASI invited the ViceChair of the Irish Dementia Working Group to interview candidates for the position of Advocacy, Engagment and Participation Officer.

Building on this success the HR team worked with the Advocacy team and invitieda person living with dementia to create questions and interview a Day Centre Manager in January 2018. This gave insight into the communication style of the candidate and their approach to care and empowerment.

These pilots have evolved into a joint project between the IDWG and the ASI HR Team. They are working together to ensure the voice of the person living with dementia is present throughout the recruitment process within the organisation. This involves:

1. a joint meeting of the HR team and the IDWG.

2. a discussion around values and skills a person working for the ASI should have

3. developing agreed competencies against which all candidates will be evaluated

4. set of questions to reflect those competencies to be used at every interview

5. an induction video to ensure the voice of the person with dementia is heard by all successful candidates

A human rights based approach is integral to this project. Using PANEL principles, the HR team will ensure persons living with dementia are empowered to participate in the recruitment process and that the team are accountable to the IDWG. This takes the theory of the Irish Charter of Rights for Persons with Dementia and puts it into practice.

P15.5. Evaluating dementia training in acute hospitals: Including people living with dementia in case study research

MORBEY Hazel[1], AHMED Faraz[1], HARDING Andrew[1], SWARBRICK Caroline[2], ELVISH Ruth[2], KEADY John[2], REILLY Siobhan[1]

[1]Lancaster University, Lancaster, United Kingdom, [2]University of Manchester, Manchester, United Kingdom

With as many as one in four acute hospital beds in the UK occupied by a person living with dementia, dementia training for staff in this care setting is a key focus of national and European dementia policies and strategies. However, there is limited evaluation of the impact of dementia training on quality of care in hospitals and outcomes for dementia patients. Furthermore, and of concern to inclusivity of health research in this area, is the paucity of reported approaches to research that include the perspectives of people living with dementia. DEMTRAIN, our mixed method study within the Neighbourhoods and Dementia Programme (ESRC/NIHR UK funded), is developing the evidence base for evaluating dementia training in NHS hospitals. In three study phases we have collected organisational (hospital), staff and case study data through quantitative (surveys) and qualitative methods (focus groups, walking and one-to-one interviews). Our systematic review of literature has identified contextual factors, mechanisms, interaction, facilitators and barriers to dementia training in the hospital setting.

Building on work in previous study phases in which people living with dementia were consulted on study design and survey (hospital and staff) development, this presentation focuses on the inclusion and participation of people living with dementia in case studies undertaken in six hospitals in England, in three different ways:

- Consultation and feedback to develop study interview tools (for staff and people living with dementia)
- Utilisation of hospital patient experience data
- Data collection through walking interviews in the hospital environment

These data and areas of influence on study design facilitate the representation of people living with dementia in case study research, and enabled a fuller, richer and insightful picture of hospital context that informed our evaluation of dementia training in acute hospitals.

P15.6. Go Upstream - Working with people with dementia to improve travel experiences

HYDE Andy

Go Upstream, Edinburgh, United Kingdom

Getting out and about, keeping connected and remaining independent is important for our wellbeing. Transport services play a key role in this but the sensory and cognitive challenges faced by people living with dementia can make travel experiences increasingly difficult. Poorly designed services, challenging environments and a lack of staff understanding of dementia can all be barriers to travel.

Go Upstream (www.upstream.scot) is a new enterprise that provides an experience-based training and design programme for transport service providers, informed by and including the insights and expertise of people living with dementia. Go Upstream brings people living with dementia together with service providers to develop a shared understanding of the challenges faced by those using a service and those providing it. We take journeys or use a service together with staff and then work collaboratively to develop ideas for service improvement, based on a shared experience. We are currently working with people with dementia on various projects including: the provision and design of appropriate toilets on a journey; the use of technology to improve assistance services on rail journeys; and a service to support people who have to stop driving as a result of a diagnosis of dementia.

Our aim is to put the voice of people living with dementia at the heart of travel and transport service design. By raising the issues that people living with dementia face and exploring potential solutions, we provide a process through which service providers can develop better awareness and ideas for new and improved products and services, in partnership with people living with dementia. If we are to enable people living with dementia to maintain independence and social connection, we must prioritise and develop appropriate travel and transport products and services. Go Upstream is supported by the Life Changes Trust.

P16. CEAFA/FAE: Empoderando a las personas con Alzheimer

P16.1. Abuso o trato inadecuado en el marco de la estrategia de igualdad

CASADO Ribera José Manuel

FAE, España

Los malos tratos y los abusos al anciano, en cualquiera de sus formas son un fenómeno tan frecuente como poco difundido y una forma de discriminación por edad apenas denunciada. Se focalizan en un segmento de la población especialmente indefenso. En ese contexto el anciano con demencia resulta especialmente vulnerable. Ofrecen pocas posibilidades de defensa por parte de la víctima.

Como primer punto en la presentación se definen y concretan las definiciones de abuso, maltrato y negligencia. Se recuerda que estas actitudes pueden tener lugar en el marco doméstico (cuidadores familiares o contratados), en el institucional (residencias, hospitales, profesionales, etc) y también por parte de las administraciones (maltrato social).

Existen diferentes formas de abuso y maltrato: ECONÓMICO o MATERIAL: Robo, uso no apropiado o fraudelento de dinero o bienes, etc. PSICOLOGICO: Se manifiesta a través de insultos, rechazo activo, aislamiento, ..., FISICO: Cualquier acción, no accidental, que provoque o pueda provocar daño físico o enfermedad en el anciano. SEXUAL: Acoso que implica tocamiento, agresión verbal, violación, etc. La demencia es un buen ejemplo de maltrato sanitario institucional

Se exponen algunos indicadores de las diferentes formas de maltrato (físico, psicológico o económico). También los perfiles más habituales de los responsables del mismo. Igualmente, los perfiles más característicos de las víctimas, entre los que destacan ser mayor de 75 años, tener deterioro funcional y psíquico (demencia) y ser dependiente de su cuidador.

Respecto al cómo actuar en los casos de maltrato al enfermo de ALZHEIMER, los principales mensajes desde la geriatría serían los siguientes: identificar los casos, llevar a cabo una valoración completa, aplicar los protocolos de prevención y tratamiento, abordar la situación de forma multidisciplinar y denunciar el problema a la autoridad judicial.

Finalmente se recomiendan algunas medidas específicas de cara al reconocimiento (protocolos), a la prevención y, a modo de ejemplo, se explicitan algunos protocolos de actuación como los existentes en mi propia institución (Hospital Clínico San Carlos de Madrid)

P16.2. Panel de Expertos de Personas con Alzheimer

CANTABRANA Cheles

CEAFA, España

El Panel de Expertos de Personas con Alzheimer (PEPA) es un grupo de trabajo de personas con Alzheimer constituido como grupo asesor de CEAFA en abril del 2017, en cumplimiento de la propuesta al respecto del Modelo CEAFA 2020. Su creación fue aprobada de forma unánime por la Asamblea de la Confederación Española de Alzheimer (CEAFA) en el año 2015. Las funciones de este grupo siguen la estela del Dementia working group of Alzheimer Europa, y otras experiencias internacionales.

¿Por qué la necesidad de un grupo de expertos con Alzheimer? A consecuencia de las acciones de sensibilización sobre el Alzheimer y otras demencias emprendidas por el movimiento asociativo, la detección de la enfermedad de Alzheimer y otras demencias se realiza de forma más temprana y con un menor deterioro de las personas diagnosticadas. Esta circunstancia permite conocer el impacto de la enfermedad sobre la persona a partir de su propia experiencia y proporciona información significativa acerca del abordaje integrado del apoyo y atención de los pacientes y familiares por los sistemas de atención sociosanitaria; de la adecuada prevención, certeza diagnóstica y tratamiento; y, cómo no, de la representación y defensa de sus intereses y derechos, que realizamos desde las entidades que constituimos CEAFA.

La constitución del PEPA permite poner a la persona con Alzheimer y otras demencias en el foco de las políticas sociosanitarias y asegurar la participación activa y significativa de las personas que sufren Alzheimer y otras demencias en el diseño las políticas trazadas para el abordaje de la enfermedad que les afecta. Por ello, el objetivo es integrar el grupo de trabajo en el Grupo Estatal de Demencias (GED) y en el Grupo Europeo de Trabajo de Personas con Alzhéimer, a fin de darles voz y favorecer sus aportaciones. La integración del grupo facultará la innovación en las soluciones, ideas y proyectos concebidos para afrontar la enfermedad y sus consecuencias a través de sus propuestas; y, servirá de contrapunto y verificación de cualquiera de los planteamientos que la Confederación proponga en la defensa y representación de sus derechos.

El PEPA constituye una iniciativa innovadora que marca un punto de inflexión en la participación de los ciudadanos en la elaboración de los planes y políticas que les afectan. En este sentido, el PEPA ha participado en la supervisión y propuesta de acciones en el que esperamos sea el próximo Plan Nacional de Alzheimer (PNA), con el apoyo del Instituto de Mayores (IMSERSO) y de su área de Formación Especializada. Construir un modelo de prevención y atención integrada y centrada en las personas requiere trabajar y definir el modelo contando con las personas con Alzheimer y se debe acometer desde la perspectiva de la innovación y de la participación en el diseño y gestión del bienestar propio. Este hecho nos obliga a reflexionar desde un marco unitario y a poner a la persona en el centro de la toma de decisiones que le afectan. La labor del PEPA contribuirá a que CEAFA sea un agente efectivo de cambio, materializándose la transición desde la acción dirigida a hacer propuestas de valor, a una situación en la que CEAFA se constituye en agente real de transformación social.

P17. Policies and strategies: Cost/funding of dementia research and care

P17.1. Mind the Gap: Gender & unpaid dementia care in Europe

LITTLE Amy, CORFIELD Sherena

Global Alzheimer's & Dementia Action Alliance, London, United Kingdom

Across the EU, 80% of care is provided by informal carers. The majority are women, typically wives, middle-aged daughters or daughters-in-law, aged 45 to 75 - often part of the so-called ‘sandwich generation’. At least two thirds of informal dementia carers are women. This presentation will explore why unpaid dementia care so often falls to women and discuss the wider implications for Europe. We will showcase GADAA’s 4-minute short film ‘And Then I Looked Up Dementia - Women Speak Out’ (https://bit.ly/2fdeJ8F) featuring Oscar-nominated actor Carey Mulligan and sector experts.

Nowadays, unpaid care work is still primarily seen as a women’s responsibility and is unequally distributed between genders. European tax benefit systems and a lack of investment in quality long-term care services can disproportionally affect women. European time-use surveys reveal persistent and growing inequalities between women’s and men’s activities. In 2015 the situation had become more unequal than ten years before. On average, working women in Europe spend 26 hours a week on unpaid caregiving, compared with just nine hours for the average working man.

Those who support people living with dementia often have to reduce paid work, and women are more likely than men to go part-time, or stop work completely. More women than men also provide more demanding and intensive forms of daily caring, such as bathing and dressing, care with incontinence and walking. Dementia care is vital social infrastructure that must be recognised throughout policymaking to achieve sustainable economic growth and equitable societies across Europe, especially as populations age. Yet few national European dementia policies recognise this fact. In this session we will share global perspectives on how European dementia organisations can harness current debates over gender, care and pay gaps to demand fair and dignified care systems for everyone affected by dementia.

P17.2. A model to simulate the cost and outcome consequences of improvements in the dementia care pathway

COMAS-HERRERA Adelina, REHILL Amritpal, LORENZ Klara, KING Derek, SHI Cheng, KNAPP Martin

London School of Economics and Political Science, London, United Kingdom

Following increased investment in research on what works in the care, treatment and support of people with dementia and their carers, it is important to consider how interventions for which there is strong evidence can be made more widely available.

Methods: As part of the MODEM (a comprehensive approach to modelling outcome and cost impacts of interventions for dementia) project, we have developed a “dementia care pathways model” that aims to simulate, in a series of linked decision tree models, the pathway that people with dementia in England follow.

The model is structured in five parts: pre-diagnostic and referral to diagnostic services, diagnostic, post-diagnostic support, ongoing care and end of life care. We have developed a version of the pathway for carers. We have used official data, analysis of primary level data and consultations with academics, clinicians, charities, people with dementia and family carers.

The model estimates how many people are currently accessing key dementia services and interventions and can be used to identify the necessary actions or services that need to occur before someone can access a service or treatment, so that modelling the cost of scaling up an intervention can consider the cost of reaching the point of access (for example diagnostic), as well as the cost of the intervention itself.

Results: We will present some examples of using the model to simulate increased access to a number of cost-effective dementia interventions. Also, we will reflect on the relationship between the lack of availability of national data about what happens to people with dementia in England beyond the point of diagnostic, and the fragmented nature of the health and social care system in England.

P17.3. Research investment and a UK Reseach roadmap to deliver change for people affected by dementia by 2025

PICKETT James, on behalf of the Alzheimer's Society Research Taskforce

Alzheimer's Society, London, United Kingdom

The ambition to find a cure or disease-modifying treatment for dementia by 2025 has been a powerful catalyst for the construction of national and international research strategies and increases in research funds. By contrast, research in to other areas has languished behind. For example, a global database of dementia research projects (International Alzheimer's Disease Research Portfolio) finds only 3.4% of the 5,837 research projects added over the last three years' address care, support and health economics of dementia. During 2017 Alzheimer's Society, UK convened an expert taskforce of 16 leading UK researchers, public and patient involvement and other stakeholders to develop additional goals for dementia research to sit alongside the existing ambition to find a disease-modifying treatment by 2025. The 5 goals are supported by 30 detailed recommendations for their delivery, and are in line with the World Health Organisation recommendation for nations to implement national research agendas on prevention, diagnosis, treatment and care of people with dementia (Pickett et al, 2018). We have now developed a comprehensive implementation plan which involves addressing barriers and infrastructural needs for the delivery of person-focused research. This abstract will present research funding investment, drawn from UK, European and global data, against different research aims and areas identified in the Research Roadmap. It will provide advances in progress of the Research Roadmap in building an holistic research agenda. The challenges of funding, research methods, stakeholder involvement and access to resources and data for non-biomedical research are of high importance, as recognized by initiatives such as JPND and the World Dementia Council, and will be best solved by global collaboration.

P17.4. A toolkit to support and inspire researchers and people with dementia/ carers to collaborate more

BRULS Erlen

Alzheimer Nederland, Utrecht, Netherlands

Introduction: To ensure the relevance of the results of scientific research for people with dementia and carers, Alzheimer Nederland wants them to participate in dementia research in the Netherlands. This is why we want to stimulate researchers and people with dementia/carers to work towards a partnership. In the past several years we have noticed both are motivated to work together but they are struggling to do so. Therefore, we aimed to develop a toolkit for both parties to support and inspire them.

Method The Toolkit was developed using years of experience with patient participation within the national research program Memorabel in which Alzheimer Nederland is responsible for the involvement of people with dementia and carers. Amongst others, information was gathered via the progress reports of dozens of research projects and by interviews with lay-experts and researchers. The Toolkit was developed in close collaboration with a science-journalist.

Results: For both researchers and people with dementia and carers four information articles (the what-why-when and how) and four interview stories were written. The articles give an insight on which parts of the project people with dementia and carers can be involved, why it's important to involve them, when in the research cycle it's best to involve them and how they can be involved. The inspiring interviews give an insight in the more personal experience of both parties.

Discussion/Evaluation: The Toolkit was launched at the start of 2018 and the first researchers have used the toolkit in the application phase of the 7th grant cycle of Memorabel. This year we will evaluate and further develop the toolkit.

Toolkit: https://www.alzheimer-nederland.nl/toolkit-participatie

Memorabel: https://www.zonmw.nl/en/research-and-results/the-elderly/programmas/programme-detail/memorabel/

P17.5. Projections of long-term care expenditure for older people living with dementia in England, 2015 to 2040

HU Bo[1], WITTENBERG Raphael[1], KING Derek1, REHILL Amritpal[1], COMAS-HERRERA Adelina1, JAGGER Carol[2], KNAPP Martin[1]

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Objectives: Like other European countries, the UK has a rapidly ageing population and is faced with increasing demand for dementia care. This study projects the receipt of and the expenditure on long-term care services for older people living with dementia in England between 2015 and 2040.

Methods: We built a projection model using a macrosimulation approach. Our analyses drew on three sources of data: (1) numbers of older people with dementia projected by the Population Ageing and Care Simulation (PACSim) model; (2) the Cognitive Function & Ageing Study II (CFAS II) which collected information on cognitive function and receipt of long-term care services for older people; (3) the Modelling Outcome and Costs Impacts of Interventions of Dementia (MODEM) project cohort which includes 300 people with a clinical diagnosis of dementia and their main carers in Sussex England.

Results: The total number of older people who live with dementia and need long-term care is projected to more than double by 2040. Long-term care expenditure will increase almost threefold by 2040 due to both demographic pressure from population ageing and the expected real rises in wages in the social care sector.

Conclusion: Both the demand for and the expenditure on long-term care services are expected to increase substantially over the coming decades in England. Better health and social care integration, effective prevention programmes, and a productive workforce of carers will be essential to promote healthy ageing, improve the quality of life of people with dementia, and address the economic challenges associated with dementia care.

P17.6. Dementia diagnostic services; Findings from a 2017 review of Irish memory clinics

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In 2017 the Dementia Services Information and Development Centre (DSIDC) and the National Dementia Office (NDO) published the 4th Edition of a Guide to Memory Clinics in Ireland. The guide includes information from a review of existing memory clinics operating across the country.

Memory clinics were identified and asked to complete an on-line questionnaire. A total of 25 clinics were invited to participate and all responded. The review examined the location and composition of the memory clinic teams and the extent and type of service provided.

Findings show that the vast majority of clinics were hospital based, with one third located in the Dublin area. 50% of counties did not have a memory clinic. 24 of the 25 memory clinics offered assessment and diagnostic services for dementia.

The majority did see people aged under 65 years (N=21), however there was a small number with a restricted service to those aged 65 years and over. While the majority operated with a Multi-Disciplinary Team, the type and extent of health and social care input was not standardised across the sample. Clinics also varied considerably in the frequency of their service, in one case operating five days a week. The majority ran once a week. Findings also show considerable differences in the type of post-diagnostic support offered to those who received a diagnosis of dementia.

Results show the evident inequality in access to memory clinics across the country. The review builds on findings from previous DSIDC memory clinic research and provides valuable data to support improved planning and delivery of dementia diagnostic services. It also offers important insights into the extent and type of dementia post-diagnostic support currently offered through memory clinics in Ireland.

P18. Genetics, prevention and treatment: Nutrition

P18.1. The role of food and mealtimes in the recognition of people living with dementia on acute hospital wards

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Within the hospital ward many of the everyday items that define an individual and their personhood are stripped away. Clothing is replaced with gowns and pyjamas, names are replaced with bed numbers, people and personalities are overshadowed by conditions and diagnosis. Mealtimes, however, have the potential to offer respite from this anonymity. Patient choice and preference is re-prioritised three times a day. In hospitals in England and Wales staff offer food from lengthy lists of meal options, serving choices and alternative menus. For people living with dementia, however, mealtimes, their presentation, and their delivery, can be a time of anxiety and conflict as they struggle to meet the institutional expectations of choice and consumption. This paper draws on an ongoing program of ethnographic study (NIHR HS&DR researcher led funding) of care for people living with dementia in hospitals across England and Wales. The research aims to explore and highlight the everyday care of people living with Alzheimer's and/or other forms of dementia during an acute hospital admission. In this paper we highlight the pivotal role the everyday routines of mealtimes play in the in the ways in which people living with dementia are seen. Looking beyond the standard anecdotal derision of hospital food as unpleasant and unappetising, we will demonstrate the inadvertent role that the routines and rituals of that the provision of hospital food plays in the classification of acute patients living with dementia. It will explore how the expectations placed on those categorised as needing help, or 'feeding' at mealtimes, differ from those perceived as being able to eat independently. We explore how this impacts not only what people are served and how they are served it, but also its impact on people living with dementia and their place within the social organisation of the hospital ward.


C3
C1
B2
B5

P18.2. “Nutritional status of the elderly after discharge from the acute geriatric unit” a pilot study

BLONDAL Berglind

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Nutritional status of hospitalized old adults is often inadequate after discharge. The aim of the study was to assess dietary intake, food security and nutritional status of old adults after discharge. In this pilot study community-dwelling old adults (N=13; 87.7±5.6yrs; MMSE≥20; no catabolic diseases) discharged from the Acute Geriatric Unit of the National University Hospital of Iceland were included. Anthropometrics, dietary intake, food security and quality of life (QoL) were assessed at discharge, one week (home) and two weeks later (home).

Baseline BMI was 24.7±5.1 kg/m2 and there was significant weight loss during the 2 weeks' period in participants (-2.6 kg, P=0.0001) resulting in an endpoint BMI of 23.8 ±4.7 kg/m2. Actual daily energy-(759.0±183.4 kcal) and protein intake (35.1±7.5 g) were significantly lower (both P<0.001) than the corresponding estimated requirements (2061.6kcal; 82.4g). Kitchen assessment revealed that 33% of all foods were expired and 24% of all foods had visible mold. Of the participants, 75% experienced loneliness and QoL (31.5±8.6) was significantly lower than the age and gender dependent reference values of 50. According to the mini-mental-state-examination (MMSE) 6 of the 13 participants had a decline in mental health. Loneliness, malnutrition, inadequate dietary intake and food insecurity are serious problems in discharged old adults in Iceland. Individuals with signs of dementia and Alzheimer have an even greater risk of being malnourished and therefore even more important to find ways to secure sufficient dietary intake. There is a great need for individualized nutritional therapy, during and after hospital stays to ensure proper dietary intake with the aim to reduce malnutrition and re-admissions as well as to increase the quality of life of old adults.

P18.3. Impact of innovative training to improve nutrition and hydration in people living with dementia

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Nutrition-related interventions for people living with dementia can interrupt the risk of weight loss, undernutrition and dehydration, consequent decline in cognitive function as well as alleviating the associated care burden. Therefore, it is important that care staff receive evidence-based training to ensure they have the knowledge, skills and tools to ensure those living with dementia receive appropriate food and drink to meet their nutrition and hydration needs. We have developed research informed training tools (workbook and film) on nutrition and hydration for staff caring for people living with dementia in care homes. (http://www.bournemouth.ac.uk/nutrition-dementia). We aimed to understand how this training could be applied across a range of care settings (elderly residential, domiciliary care, NHS hospitals) and to identify changes in practice. An online questionnaire was sent after about 6-8 weeks following engagement with the materials. Of the 84 respondents, most (57.9%) were care home staff, 29.8 % were from NHS hospital settings and 15.8% from domiciliary care. Some participants worked across more than one setting. The workbook was well understood by over 95% of respondents and signposting to resources, tasks, reflection upon practice and case studies were reported as useful/very useful. The majority (94%) would recommend the training tools to colleagues. Different approaches to practice included encouraging residents to eat together, introduction of fluid charts and coloured crockery, develop educational toolboxes for staff, introducing finger food/fortifying food, involving families at mealtimes. These findings show how this training can make positive changes and quality improvements in nutritional care for people living with dementia. Other benefits include the flexibly of the workbook that could be self-completed and/or shared by staff with their colleagues to reflect on practice. Further research is needed to understand the wider application of the training tools including the nutritional care of people with dementia living at home.

P18.4. “It's not just what's on the plate”: The role of allied health professionals in the management of mealtime and swallowing difficulties in dementia

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People with dementia may present with mealtime and swallowing difficulties at different points in the disease and these changes are often complex and multifactorial. Their difficulties may relate to changes to cognitive processes impacting on mealtimes such as increased confusion, behaviour changes and recognition difficulties. Swallowing difficulties, known as dysphagia, may also be related to neuromuscular changes due to the disease process. Dysphagia may lead to weight loss, malnutrition, dehydration and loss of vitality. Food and mealtimes are often associated with quality of life; the sharing of meals is a valued part of many cultures. Mealtime difficulties can lead to isolation, decline in health-related quality of life and caregiver stress. The effective management of dysphagia and mealtime difficulties is a priority issue for caregivers and allied health professionals, though role and scope may not be clearly defined. Using semi-structured interviews, twenty dementia-specialist allied health professionals (Speech and Language Therapists, Occupational Therapists, Dietitians and Physiotherapists) were interviewed about their experiences and practices managing dysphagia and mealtime difficulties. Interviews were transcribed and analysed thematically.

Preliminary findings indicated that services offered to people with dementia were dependent on the area they lived and the type of service accessed. Findings also indicated that the scope and role of allied health professionals supporting mealtime and swallowing difficulties was variable. Participants reported that overlap between professional roles was common, however, they indicated that increased opportunities for collaborative working would be preferred. Lack of resource - including time and access to allied health colleagues - and high support staff turnover were identified as barriers to facilitating quality mealtime support. Findings from this study are noteworthy as they demonstrate that improved inter-disciplinary working is needed to optimally support people with dementia with dysphagia and mealtime difficulties. They also demonstrate that clearer guidance around role and scope is needed.

P18.5. Development of a multidisciplinary intervention to prevent and treat undernutrition in community-dwelling persons with dementia

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Difficulties in eating and drinking and related tasks such as doing groceries and preparing a meal (nutrition related difficulties; NRD) are common in community-dwelling persons with dementia (CD-PwD) and can lead to insufficient food intake and undernutrition. The causes are multifactorial and relate to practical (e.g. inability to cook), nutritional (e.g. appetite loss) and psychosocial aspects (e.g. eating alone or together). Recent systematic reviews show that there is a lack of studies investigating interventions aimed at NRD in CD-PwD or studies describing a multidisciplinary approach although combining dietary treatment with occupational therapy to treat both nutritional and practical NRD is recommended by Alzheimer's Disease International. An evidence-based occupational therapy intervention that supports CD-PwD in the self-management of practical difficulties in everyday life (COTiD) is already available.

The aim of this project is to develop an intervention that combines the best evidence and practice from dietetics with the COTiD intervention, and incorporates the 6 aspects of positive health (physical functioning, giving meaning, quality of life, social and societal participation, daily functioning, mental functions and perception). The medical research council framework for developing complex interventions is used as method of development. The project's duration is 48 months (2018-2022), within this time frame we go through the developmental and feasibility/piloting stages of the framework. The project team includes dietitians, occupational therapists, care professionals, CD-PwD and informal carers.

The objectives are: 1. To develop a theoretical framework including best evidence and key elements from occupational therapy, dietetics and the concept of positive health; 2. To develop a draft protocol that offers a diagnostic tool, guidance and directions about tailoring support and interventions and monitoring outcomes for NRD; 3. To identify the characteristics of CD-PwD that influence successful application of intervention elements; 4. To identify barriers and facilitators for implementation into dementia care practice.

P18.6. "Some days are better than others": The experiences of people living with dementia and dysphagia in care homes

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Background: Food and drink are essential for human life, allow for social interaction through sharing mealtimes, and play an important role in cultural and societal rituals, ceremonies and celebrations. In care homes, mealtimes provide significant daily structure; have the potential to provide opportunities to build caring relationships; and generate a significant amount of social interaction compared to other times of the day. However, for people living in care homes, eating and drinking may become increasingly task focused, fail to include the values and preferences of individuals, and have the potential to negatively impact well-being. An estimated 50% of people with dementia will develop difficulties with eating, drinking and swallowing, known as dysphagia, with this number increasing to up to 93% of people living with dementia in care homes. Dysphagia has the potential to impact physical, psychological and social needs. Methods: The initial consultation phase involved interviewing care home residents. The primary study involves structured observations and interviews with people living with dementia and dysphagia; interviews with family and paid carers; and focus groups with speech and language therapists (SLTs), the core profession who support people with dysphagia.

What this paper reports on: In this session I will present the findings from my consultation phase, sharing what is important to care home residents about eating and drinking from their perspective. I will also present the preliminary findings from my primary study, which seeks to explore and understand the experiences of living with dysphagia from the multiple perspectives of people living with dementia and dysphagia, their family members, care staff and SLTs and identify the factors that help to make these experiences more meaningful. The findings of this study will inform care practices nationally and internationally to support the physical and psychosocial needs of individuals living with dementia and dysphagia.

P19. INTERDEM: Implementations of technologies to support people living with dementia and carers

Although research into technology based interventions in dementia care is increasing and results are promising, the use in daily dementia care is lagging behind. In this symposium we will focus on key issues that may promote implementation of assistive technologies.

P19.1. The importance of organizational and contextual determinants in the implementation of eHealth interventions for caregivers of people with dementia

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Objectives: Despite a wealth of efficacy research proving eHealth interventions for caregivers of people with dementia to be effective in improving a range of psychological outcomes in caregivers (such as the reduction of caregiver depression, anxiety, stress and burden, and increasing positive aspects of caregiving, caregiver self-efficacy, and confidence), little is known about how to ensure that these interventions are successfully implemented (i.e. put into practice). The objectives of this systematic review were to (1) identify the literature on the implementation of eHealth interventions for informal caregivers of people with dementia, and (2) map the determinants of the successful implementation of these interventions.

Methods: Online databases were searched for articles about eHealth interventions for informal caregivers of people with dementia, providing information on their implementation. Articles were independently screened and inductively analyzed using qualitative analysis. The analysis was mapped onto the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009).

Findings: 46 articles containing 204 statements on implementation were included. The statements on implementation were grouped into four categories: Determinants associated with the eHealth application, informal caregiver, implementing organization, or wider context. Mapping of the determinants on the CFIR revealed that studies have focused mostly on characteristics of the intervention and informal caregiver. Limited attention has been paid to organizational determinants and the wider context.

Conclusions: Despite prolific effectiveness and efficacy research on eHealth interventions for caregivers of people with dementia, there is a critical dearth of implementation research. Furthermore, there is a mismatch between eHealth intervention research and implementation frameworks, especially concerning organizational factors and wider context. Without this knowledge, these interventions will be hard-pressed to convince stakeholders and decision makers of their practical use, and thus allow these innovative and exciting interventions to make a difference in the lives of the caregivers who should benefit from them.

P19.2. Implementation Issues: How can people use technology in daily practice

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Background: Increasingly everyday information communication technologies (EICTs) are suggested as suitable devices to mediate a range of services and health interventions including for people with dementia. However, there is little foundational knowledge about how older adults living with and without dementia perceive both the relevance of EICT devices and their functions, and their abilities to use them.

Aim: To map the perceived relevance and use of EICT devices (i.e. smartphone) and functions (i.e. internet searching) between a group of older adults living with dementia and a control group with no known cognitive impairment (controls).

Method: One-to-one, in-home interviews were carried out using the standardised Everyday Technology Use Questionnaire. Two groups of people from Sweden took part; 35 people with dementia and 34 controls. Variables were compared using descriptive statistics and t-testing with the significance set to $p<0.05$.

Results: Of a maximum 31 EICT device functions, the group of people with dementia reported that significantly fewer were relevant to them (median 7) than the control group (median 11) (Mann-Whitney U Test, $p<0.05$). Furthermore, the group of people with dementia used less EICT device functions (median 5, controls median 10.5; $p<0.001$).

Conclusion: Services and interventions could build upon the implications of this study to account for the relevance and use of EICT devices and functions as perceived by older adults including those living with dementia. This may better contribute towards a more inclusive society where older people are supported in daily life by the most enabling aspects of our technological landscape.

P19.3. From research to clinical practice in technologies for people with dementia

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Background: Many projects, papers and research have been dedicated on technologies developed for people with dementia with the aim to allay the symptomatology and improve the functioning of people with dementia and their carers. However, not all evaluated technology reaches people with dementia, mainly because many technologies are abandoned due to lack of evidence of efficacy, or were not marketed after having been developed due to a lack of a business plan. Up to now, there is no systematic review of studies that focuses on the use of technologies in clinical settings that provide insight into the transference of new developed technology from research to clinical settings and community care.

Objectives: The primary objective of this study is to inventory which technological applications for psychosocial approaches in dementia that have been scientifically evaluated, are currently being used in clinical practice and community care. The research question is: Are the technologies developed for psychosocial approaches in dementia used in clinical or community settings?

Method: First, a systematic search of relevant databases (PubMED, PsycINFO, Cochrane), including grey literature and database projects of the European Commission was conducted, adapting the search strategy according to the database. Two authors independently screened all titles and abstracts of studies for meeting the inclusion criteria. Eligibility criteria are:

1. Studies using new technological solutions for people with dementia used for psychosocial approaches after 2010.
2. Studies done in clinical or community settings.

After identifying new technological developments for people of dementia, we have searched them on the internet using Google in order to identify their marketing and accessibility for being obtained. The results were screened by two independent researchers for feasibility. Evidence based technological applications used in practice were categorised according to their aim, availability (country, language), type of use (clinical use or daily practice), price, and evidence.

Results: This review gives an overview of technological applications that have been developed in the last 8 years and have scientific evidence that are in use in daily practice. Most of them (over 50%) are not accessible to people with dementia. There are three main reasons of them: lack of business plan for marketing; difficulties for updating the new technologies; and abandon of the research. There are many parallel researches but difficulties for maintaining the research lines and going on with the new developments after 5 years.

Conclusions: There are many technological developments well-proved in research. However, few of them reach to people with dementia. It´s necessary to develop new strategies for making sustainable and promote new advances of them.

P19.4. INTERDEM Taskforce Assistive Technology: Follow-up on the position paper on assistive technologies

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Background: In 2017, a position paper was published by the INTERDEM Taskforce on Assistive Technology, discussing issues regarding development, usability, (cost-) effectiveness, deployment and ethics (Meiland et al., 2017). Based on literature reviews and expert knowledge it was concluded that in all areas there were promising developments, but that challenges remained. One of these challenges was to improve large-scale deployment of technologies in dementia care and it was advised to have better knowledge about existing technologies and its usage, and to collaborate in preparing strategies for the implementation of assistive technologies in different care settings.

Method: Based on the results of the position paper, a next paper will be drafted on existing assistive technologies for people with dementia. This will be defined as ‘any item, piece of equipment, product or system driven by electronics, whether acquired commercially, off-the-shelf, modified or customized, that is used to help persons with dementia in dealing with the consequences of dementia’ (based on Marshall, 1997). A survey will be developed that will be distributed among INTERDEM members, who can forward this to relevant stakeholders in their country. At this presentation, the survey will be presented and discussed.

Results: The survey will include topics on various categories of technologies, various settings (a.o. at home, outside the home, at day care centres), known effects (studies), costs and implementation strategies.

Conclusion: Providing an overview of successful assistive technologies for community dwelling people with dementia and carers, and in the strategies that were used in implementing them in various European countries may inspire stakeholders to speed up implementation. This may help next generations of people with dementia to more easily use appropriate technologies and to benefit from them.

P20. ROADMAP: Regulatory and HTA perspectives on real-world data in AD: Future of prospective collection and further research

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Regulatory and health technology assessment (HTA) engagement has been a key component in ROADMAP – an Innovative Medicines Initiative project in Alzheimer’s disease (AD). To facilitate this an expert advisory group (EXAG), consisting of regulatory and HTA experts was established to provide guidance on the use of real-world evidence in AD from a regulatory and HTA perspective.

During the course of the ROADMAP project, EXAG discussions have explored the challenges associated with preparing Europe’s healthcare systems for a disease-modifying drug for AD. Because disease-modifying drugs will likely target earlier disease stages of the disease than currently licensed treatments, it is not clear what type of evidence base might be required for these products to go through regulatory and HTA procedures.

Many of the challenges that the EXAG identified could be solved by generating better real-world data in AD. Recommendations from the EXAG included the need for the use of real-world evidence to support disease progression modelling assumptions, the need for consensus on relevant outcomes in early AD, and to provide the required information to accommodate for differences between national and regional settings as part of a pharmacoeconomic model.

This presentation and discussion will provide an overview of the lessons learned from ROADMAP Work Package 6 (regulatory and HTA engagement) and the ROADMAP EXAG, as well as reflecting on the practical implications and challenges of using real world data in HTA and regulatory decision making.

P21. Care approaches: Palliative care

P21.1. Large differences found in the organisation of palliative care in European nursing homes: EU PACE

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Aims: In a previous EU-study IMPACT, a core set of structural quality indicators to assess the organisation of palliative care was developed and validated. As part of the current EU-funded project PACE, we aimed to evaluate and compare the organisation of palliative care in nursing homes in Belgium, England, the Netherlands, Poland, Finland and Italy, using these structural quality indicators.

Methods: In representative samples of nursing homes in Belgium, England, the Netherlands, Poland, Finland and Italy, in 2015, a structured questionnaire evaluating the IMPACT structural quality indicators set, was filled in by nursing home administrators, covering important domains of the organization of good clinical palliative care practice: (1) access to palliative care, (2) infrastructure, and (3) quality processes.

Results: We obtained nursing home administrators' questionnaires in 305 of 322 participating nursing homes across six countries (95% response rate).

Regarding domain 1 (access): specialist palliative care teams were accessible in the facilities, ranging from 6% in Poland to 49% in Belgium. Opioids were not available at all in the facility in 27% in Poland and between 2% and 9% in the other countries.

Regarding domain 2 (infrastructure): specialized equipment such as syringe drivers were available in 36% in Italy up to 84% in England. Single bedrooms were available for dying residents in 27% in Poland up to 94% in England.

Regarding domain 3 (quality processes): regular multidisciplinary meetings were held in 51% of facilities in Finland up to 98% in the Netherlands. The presence of guidelines for managing the last three days of life ranged between 10% of facilities in Italy and 51% in England.

Conclusion: We found large heterogeneity in the organization of palliative care across these EU countries using the structural quality indicators set. Countries can use these indicators to identify areas for improvement in quality palliative care

P21.2. Admiral Nursing: A case management approach to palliative care

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People with dementia do not live in isolation and any intervention is required to support their family carers also and to do so from diagnosis right through to the death of the person with dementia and in supporting family carers to pick up their lives again. Admiral Nursing (AN) provides case management, supporting the whole family affected by dementia throughout its trajectory and adopting a palliative approach to address the changing needs and adjusting goals of care accordingly. Case management has a successful history in supporting people with long term conditions and people with a diagnosis of severe mental illness (Challis et al. 2010). Case management is a relatively new concept in dementia with early UK research being inconclusive (Iliffe et al. 2014), however, it is proving to be a successful model in Holland (MacNeil Vroomen et al. 2016).

This presentation will have three strands a) the AN case management model in the context of b) results from UK wide service evaluation and 3) benchmarking against the EAPC White Paper defining optimal palliative care in older people with dementia. The service evaluation; Getting Evidence into AN Services (GEANS), a mixed methods approach demonstrating the evidence for case management. GEANS was a co-produced evaluation framework and defines outcomes for AN with families and in supporting best practice in others.

Challis et al. (2010) Self-care and Case Management in Long Term Conditions: The effective management of critical interfaces. NIHR SDO programme website. MacNeil Vroomen et al. (2016) The Cost-Effectiveness of Two Forms of Case Management Compared to a Control Group for Persons with Dementia and Their Informal Caregivers from a Societal Perspective. PLoS ONE 11(9): e0160908. Van Der Steen, J.T., et al. (2013) White paper defining optimal palliative care in older people with dementia. Palliative Medicine, 28 (3):197-209.

P21.3. Development of an e-learning program in dementia palliative care for health personnel working in Norwegian municipalities

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Background: Palliative care to people with dementia cannot rely solely on general principles of palliative care, but need to consider challenges specific for dementia. Research on this topic is sparse. In 2014, the European Association for Palliative Care (EAPC) published recommendations for optimal palliative care in older people with dementia based on available evidence and expert consensus. A Norwegian report documented insufficient palliative care offered to persons with dementia, and recommended to improve the competency among health personnel working in the field. In 2017, the Norwegian Directorate of Health emphasized the need for education and training material on palliative care in dementia and Norwegian National Advisory Unit on Ageing and Health was given the mission to develop an e-learning program for nurses and auxiliary nurses working in the municipalities. This presentation reports from this assignment.

Method: An editorial committee consisting of six regular nurses with different competence developed the content of the program. An editorial team transferred text and pedagogical ideas to e-learning. A reference group with broad clinical expertise provided feedback from the first ideas to the completed program. There is consensus on all content. The technical solutions are developed by a Norwegian health tech company, Zeppelin.

Results: The program builds on the EAPC-recommendations and comprises three different modules with 23 lessons consisting of text, films, quiz, assignments for reflection and references. The duration of each lesson is 10–20 minutes. Module A introduces the basic concepts. Module B concerns how to plan and facilitate palliative care. Module C is specifically devoted to end-of-life care. The program has been tested with positive results and is available at https://www.aldringoghelse.no/e-læring/palliasjon-og-demens

Conclusion: An e-learning program in palliative dementia care, incorporating the EACP-recommendations, specifically targeted for groups of health personnel could be a convenient, flexible and cost-effective approach for clinical competence development.

P21.4. Supporting professionals to deliver excellent end of life care in dementia: The SEED programme

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Background: Dementia is the commonest cause of death in older women in the UK, with 1/3 people with dementia dying in hospital. Despite the recent publication of updated national dementia guidance, there is still little high quality research to inform evidence-based end of life care (EoLC).

Aim: To better understand the factors that facilitate good EoLC in dementia from key stakeholder perspectives and use this data to develop a complex, evidence-based intervention for implementation and evaluation in primary care.

Methods: Participant views and experiences were explored using a range of qualitative methods (interviews, focus groups and case study ethnographic observations). Integrative analysis led to development intervention and implementation; the presentaiton will include details of this work and the intervention pilot trial data analysis and 1 year follow up.

Results: A total of 144 participants were recruited: 30 national experts; 33 service managers; 53 front line staff, 11 people with dementia and 17 family carers. Integrative analysis of our large dataset (119 interviews, 12 focus groups and 256 hours of ethnographic observation in care homes), led to an intervention focused on 7 key themes for good qulity EOLC in dementia, delivered by a specialist nurse in primary care teams. Sixty-two people with dementia and 42 family carers were recruited to the pilot trial from 4 general practices.

Conclusion: Seven key areas are important for the delivery of good quality EOLC in dementia; timely planning; recognising EOL; co-ordinating care; working effectively with primary care; managing hospitalisaiton; continuing care after death and supporting professional carers. Ongoing analysis from the pilot trial will be presented.

P21.5. Older people's experiences of dying in nursing and care homes: A systematic review of qualitative studies

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Objectives: To identify and synthesise qualitative research investigating older people's (65+ years) experiences of dying in nursing and care homes.

Methods and outcomes: The review followed the Centre for Reviews and Dissemination (CRD) guidelines. Eight electronic databases (AMED, ASSIA, CINAHL Plus, Embase, HMIC, Medline, PsychINFO and Scopus) from 2001 to July 2017 were searched. Studies were included if they were qualitative, primary research and described the experiences of dying in care homes from the perspectives of the older people themselves, their families or care staff.

Results: 1305 articles were identified. Nine met the inclusion criteria. The earliest study was published in 2001 and the most recent in 2011. North American studies dominated and most studies used a mixture of observations and interviews but few studies involved interviews with older people themselves. All the included studies highlighted the physical discomfort of dying such as pain, pressure sores and thirst. Negative psychosocial experiences such as loneliness and depression were also often described as was limited support with spiritual needs.

Conclusions: The qualitative focus of this review broadens our understanding of older people's experiences and highlights important psychosocial aspects of the experience frequently omitted in quantitative studies. The scarcity of relevant studies was perhaps surprising and more qualitative research giving a holistic understanding of older people's experiences of dying in residential care homes is needed. Undertaking research on this topic is challenging in part because of the diversity in authors' definitions of dying. Such research also requires great sensitivity but the dearth of qualitative research from the perspectives of those most closely involved in older people's deaths, hampers service improvement.

P21.6. Determining necessary components, processes and contextual factors of successful advance care planning in nursing homes: A theory of change

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Background Advance care planning (ACP) is a complex health intervention consisting of multiple interacting components. Guidelines for developing complex interventions recommend that researchers make transparent the choices behind intervention components, and how they potentially lead to desired outcomes (e.g. how ACP aligns desired and actual care). However, this has not been specified for a large number of complex interventions in nursing homes which makes it difficult to understand why these interventions were (not) effective and under which circumstances they can best be implemented and replicated. We used Theory of Change to create a causal pathway of ACP in nursing homes, i.e. what changes are expected, by means of which components and processes, and under which circumstances.

Methods Theory of Change is a participatory method of program design to improve understanding of how and why an intervention works. Resulting theories are presented as visual maps. We integrated results of two stakeholder workshops including managers, policy-makers, nursing staff, general practitioners (GPs) and representatives of older people, with a structured contextual analysis of Flemish nursing home facilities and a systematic review of preconditions for successful ACP. Results ACP aims to improve correspondence between residents' wishes and care and to ensure residents and family feel involved in planning future care. To achieve this, ten intervention components, each with a specific rationale for inclusion, were identified at three levels (resident/family, staff, facility): appointment of ACP trainer; management engagement; training ACP reference persons; in-service education for staff; information for GPs, residents and family; ACP conversations and documentation; regular reflection; multidisciplinary meetings; audit and tailoring.

Conclusion This Theory of Change map illustrates how ACP is expected to be effective in nursing homes. It reveals crucial intervention components including their rationale and highlights organizational factors that facilitate implementation. The intervention is currently being evaluated in a cluster RCT.

P22. Care services: Day care and respite care

P22.1. Green care farms for people with dementia: First results of a new care approach in German

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Background: According to demographic developments in most European countries the number of people with dementia (PwD) is rising. Besides other small-scale care facilities green care farms developed in several European countries featuring different stages of development. While in the Netherlands already green care farms exist that provide not only day care but also 24-hour nursing home care for PwD the concept of green care farms in Germany has just started. This study was conducted to – for the first time – characterize barriers and motivating factors for green care farms in northern Germany.

Methods: In an explorative mixed-methods study we conducted in depth interviews with green care farmers (n=4) and political and administrative responsibles (n=6) are as well as a standardized survey of home care services (n=16), nursing homes (n=26) and potential users (n=7). Qualitative data were analysed using content analysis methods according to Mayring, quantitative data using descriptive and inferential statistics.

Results: The findings show first of all, that there currently is a massive lack of individual, person tailored services for care and support of PwD in rural areas besides classical residential care or home care services. Second, there is a great interest of potential users in this special form of care services but third, also many structural barriers like financing these services or even such basic things like organising transportation to green care farms in regions with poor public transportation.

Discussion: The findings point out opportunities and difficulties in implementing Green Care Farms into daily practice in Germany. The results will be useful for rural communities, healthcare and service providers, and academics researching the condition to broaden the range of person-centred care for PwD in Germany.

P22.2. The Alzheimer Café: A dyadic psychosocial support model

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Introduction: Research has demonstrated benefits of Alzheimer Cafés from a dyadic perspective; indicating increased quality of life, enhanced social connections and personal identity for people with dementia (PWD) (Phinney et al., 2016), as well as providing long-term support in service-planning to carers and PWD (Kelly & Innes, 2016).

Aim: To examine the effectiveness of the Alzheimer Café model in addressing the psychosocial needs of PWD and carers in Ireland.

Methods: This research adopted a responsive methodological approach to capture the dyadic experience of this innovative care service model. Utilising four interrelated research phases, the methods comprised: focus groups with PWD and family carers currently attending Alzheimer Cafés; experiential interviews with PWD; semi-structured interviews with family carers; and semi-structured interviews with key stakeholders and staff.

Preliminary results: From the dyadic perspective, carers found the Café to be a useful avenue for signposting information on available services and creating supportive interactive networks with other families. PWD also valued the Café's information role in relation to supports and services, both formally and from a peer-support perspective. PWD also enjoyed the social activities aspect of the service and highlighted the importance of having an informal, safe space where they could socialize with their families and other attendees. Governance and organizational factors had an influence on the effectiveness of the Café service provided to PWD and carers.

Conclusion: The Alzheimer Café presents as a multi-functional dyadic psychosocial service, recognising and addressing the needs of both PWD and family carers while facilitating relationship building in a relaxed and safe environment. This research will inform the development of transferable frameworks to other psychosocial supports, benefiting PWD, carers and staff, by ensuring that supports are selected, developed and individualised to the needs of all stakeholders.

P22.3. "Farm-based day care for people with dementia in Norway" a description of the farm context and the service

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Background: A variation in types of day care services for people with dementia to better facilitate for individual needs is required. Farm-based day care services use farm resources like the agricultural landscape and farming activities to promote health. There is limited knowledge on the service offered. In the present study, we describe farm-based day care for people with dementia in Norway and the participants' care environment.

Method: We mapped the existing farms offering day care in Norway by the spring 2017 (N= 33) and collected information from service providers at the farms through two cross sectional surveys (N=32). We further compared our findings with data on Norwegian regular day care services.

Results: The services covered day care for 227 people with dementia, and had group sizes from one to ten participants. Young people with dementia (≤ 65) and those in an early stage were primary target group in more than half of the services. About eighty percent of the farms had health care personnel available and most farms had staff with agricultural competence.

The participants spent time outdoor every day at the yard or in a garden, and they used the farm buildings and adjacent outdoor areas. Almost all services had animals. Time of the year influenced on the activities selected. The providers highlighted the opportunity to choose activities individually tailored to each participant, as the diversity of resources on the farm made it possible to adapt activities.

Conclusion: Farm-based day care represents a complementary service to regular day care. It has similarities in organization, daily structure and comparative number of health educated personnel. However, it differs in type of care environment, and the farm offered a wide range of activities with the farm buildings, gardens, animals, and outdoor areas as a part of the context.

P22.4. Impact of dance on balance, gait and confidence of people with dementia

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Introduction: Dance interventions are often implemented in dementia care for their pleasantness and their social characteristics. Dance is a multimodal activity with empirical benefits on balance, gait, risk of fall, physical activities, cognition, quality of life, social interactions and behavioral and psychological symptoms. The aims of this study were to test the feasibility of a dance intervention in a day care center and to evaluate its impact on balance, confidence, quality of life and well-being of people with dementia.

Methods: A 12 weeks dance intervention was proposed for 23 people with dementia. Interventions were led by a skilled dance teacher with a nursing background and with the help of two care staff. The study used a crossover experimental design with two groups that followed the sessions for a period of 12 weeks consecutively. Thus, each group was an intervention group and a control group.

Three assessments were undertaken: before the intervention, after the first session and after the second session. Assessments were "Get up and Go test", "Stop walking when talking test" "Unipodal station test", "Activities-specific Balance Confidence Scale" (ABC-S) and "Quality of Life in Alzheimer's Disease" (Qol-AD). Well-being was measured before and after each 45 minutes' dance session with a verbal analogue scale. Results: Sample characteristics and comparisons between the sessions were analyzed using an ANOVA. Results concern balance, balance confidence, quality of life and well-being. We also observed a maintenance of results over time. Information about attendance and participants' feedback will be presented.

Discussion: Dance interventions will be discussed in terms of benefits, implementation procedures and treatment indications according to the results of our study and scientific literature on this topic.

P22.5. The impact of attending a day care centre designed for people with dementia on nursing home admission

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Background: Day care services offer meaningful activities and is a safe environment for the attendees, and a respite for family caregivers.

Aim: The objective of the study was to explore if a day centre program designed for people with dementia could delay nursing home admission (NHA).

Method: A quasi-experimental trial explored the proportion of patients permanently admitted to nursing homes after 24 months as the main outcome by comparing a group of day care attendees (DG) and a comparison group of participants without day care (CG). In all, 257 participants were included (181 in DG and 76 in CG). A logistic regression model was built with NHA as outcome. Group belonging (DG or CG) was the main predictor, baseline patient and family caregiver characteristics and interactions were used as covariates in a model.

Results: Mean age was 81.5 (SD 6.4), 65% were women and 53% lived alone. Mean MMSE score was 20.4 (SD 3.5). In all, 63 participants (25%) completed the follow-up assessment at 24 months, 128 (50%) of the participants were admitted to nursing home and drop-out was due to death (8%) and other reasons (18%). In the logistic unadjusted regression model for NHA after 24 months, group-belonging (DG or CG) was not found to be a significant predictor for NHA. In the adjusted AIC-reduced model, being in the DG gave significantly higher chance for NHA at follow-up as compared to no day care. Group belonging was found to be significantly associated with NHA in interaction with age, living alone, affective symptoms, sleep disturbance and lower function in activities of daily living.

Conclusion: There is a complex interplay between use of day care and patient characteristics in the prediction of NHA.

P22.6. An individual dementia-specific counseling program as part of a dementia-specific respite care concept

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Objectives: Dementia-specific home care arrangements are complex and multi-layered. Individually tailored special dementia-specific counseling services for family caregivers can support them in reflecting and organizing the caring situation and are contributing to the care planning process. A respite care stay of the PwD opens up the possibility for counseling the family caregivers regarding their care situation. Today there is no tailored dementia–specific counseling program within the respite care setting.

Methods: To address this, a counseling program was developed and modified on the basis of a comprehensive literature research, 6 expert interviews with experienced consultants, 3 visits to existing counseling services and 3 expert workshops with scientists and practitioners. The interviews were analyzed inspired by the qualitative content analysis. This approach was necessary to obtain a comprehensive overview.

Results: Based on the results of analysis it became clear, that the counseling program has to be tailored and the counseling themes should be focused on the individual situation of the PwD and their relatives. Therefore, we designed a program which is based on different assessments and instruments which offer the consultants a more comprehensive picture about the whole care arrangement. Beside others, one of these assessments is focusing on the knowledge which family caregivers have regarding dementia and the burden of the family caregivers. The results of these assessments form the basis for an individual tailored counseling process.

Conclusion: Nowadays the counseling program is being tested in a dementia-specific respite care facility. First results show that family caregivers perceive the counseling program. It has likewise become clear that consultants need to be well trained in using the developed assessments and the implementation of the counseling program in order to integrate the whole program in their caring routine.

P23. Rights and dementia-friendly society: Disability and human rights approaches

P23.1. “I don’t want to be special” - Learning from the disability movement on integrating people with dementia

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A human rights approach creates laws and structures to enforce the upholding of rights (for example non-discrimination), but more is needed to ensure the ‘good things in life’ are available to everyone, including people with dementia. These good things include home and family; being accorded dignity, respect, acceptance; a sense of belonging; the exercise of one's capacities; a voice in the affairs of one's society; and opportunities to participate. However, a diagnosis of dementia can lead to stigmatisation and segregation and the loss of these ‘good things in life’.

This comparative paper locates dementia within a rights-based framework influenced by the disability and mental health sectors. It draws on many decades of thinking, research, practice and learning from these sectors, highlighting positive and relevant elements for people with dementia, such as an emphasis on maintaining ability and valued roles. It also identifies the well-intentioned but isolating and stigmatising practices of the past that should be avoided, such as special badges or segregated services. Significant progress has been made in addressing some of the more pervasive forms of discrimination in disability. For example, normalisation theory is based on the concept of community integration, including the ‘dignity of risk’ rather than an over-emphasis on protection. It gives us language and tools which can be adapted for dementia practice so we can build on four decades of disability experience to make a difference to the lives of people with dementia. Developing liberating practices and personhood-inspired policy for people with dementia will not be easy. But there are important lessons to be learned from the disability movement that can accelerate new thinking about autonomy, participation and integration for people with dementia. This new thinking can build on personhood ideals; supporting the human rights of the person with dementia, as well as their basic humanity.

P23.2. Introducing Material Citizenship: Rights based practices for people with a dementia living in care homes

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Questions such as what does citizenship look like in care homes and how is it practiced have not been fully addressed. In addition, whilst there is growing literature on the subject of citizenship regarding people living with a dementia, it remains under-theorised and lacks a material lens. In this study, I draw upon my doctoral work in care homes to argue that of locating citizenship is the introduction of ‘material citizenship’. I define material citizenship as ‘the right to be included in decision making relating to belongings and opportunities to use ‘functional objects’. The concept combines psychological and sociological concepts of everyday routines and rituals, and maintains and reconstructs a person’s identities through the subjective and material worlds in which we live and perform through the use of ‘functional objects’. Material citizenship is highly relevant to people living with a dementia in care homes, where institutional policies and procedures are designed to meet care needs rather than promote rights and citizenship. This ethnographic study took place in a care home in the United Kingdom. The study consisted of 144 hours of participant-observations, 22 interviews and documentary research including people with a dementia, family members and care home staff. Field notes and transcripts were coded. Emerging themes were analysed taking a critical realism approach using abduction and retroduction analysis.

This study provides an in-depth insight into how decisions are made relating to the belongings people with a dementia are ‘allowed’ to take into care homes and the objects they are ‘allowed’ to use. It argues that people with a dementia are often excluded from decision making and that citizenship rights are denied. It also introduces material citizenship as a concept which in practice can identify the absence of citizenship and in doing so can argue for its reinstatement, advancing dementia care.

P23.3. Promoting brain health in intellectually disabled persons, memory workshop - Operating model

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Information about memory disorders among intellectually disabled is hard to find and the subject is still underdiagnosed and not studied enough. Dementia among intellectually disabled is still underdiagnosed and not studied enough and information about it is very hard to find. Intellectually disabled have a right to know about memory disorders and how they can themselves improve their brain health. We can't just sit and wait for intellectually disabled to come to us for information. We have to make the first move and bring memory knowledge to them. The TOM-project (information to relatives and intellectually disabled people about memory illnesses) has created a memory workshop-operating model and organizes Memory workshops in activity centers for intellectually disabled around South Ostrobothnia, Finland. How memory functions, what is the meaning of brain health and healthy life style, how to recognize symptoms of dementia, information about nutrition, exercise and sleep are addressed topics in workshops.

The TOM-project's monthly 1,5 hour workshops are organized in activity centers for intellectually disabled. Groups vary from 9 to 20 people and activity centers workers act as co-instructors. So far we have reached hundreds of intellectually disabled in 27 different activity centers. Pragmatic tools used in memory workshops include pictures, colors, sounds and music, handcrafts and low-key exercise. Reading and writing can cause difficulties. Getting to know each individual group and to try-and-test are the best ways to find out what works with each of the groups. TOM model has started to spread out into several regions of Finland. Together with small steps and deeds we build memory friendly and equal Finland also for intellectually disabled and their next of kin.

P23.4. People with dementia have rights too - Adopting a rights based approach

FRANCIS Vivienne, SMITH Kathryn, TERRY Gavin, HUTCHINGS Rachel, COX Sam

Alzheimer's Society, London, United Kingdom

Alzheimer's Society is currently developing a rights-based approach to dementia, to provide a framework to highlight the inequality faced by people affected by dementia, and fight for a society where they are supported, accepted and able to live without fear or prejudice. The current political environment - including the UK leaving the EU - is a significant opportunity for highlighting the necessity of guaranteeing the rights of people affected by dementia going forward.

The new 'Dementia Statements', developed in consultation with people affected by dementia are at the heart of this work, and provide a rallying call for us to lead a dementia movement. Like the international disability rights movement, which has been instrumental in securing change for people with disabilities, we must demand change and stand up for the rights of people affected by dementia. In 2010, the organisations that formed the Dementia Action Alliance asked people affected by dementia what type of care and support they would hope to receive in the future. They created the National Dementia Declaration, a set of seven expectations or Statements of what life should be like for people with dementia. These 'I' Statements were used to inform the Prime Minister's Challenge on Dementia (Department of Health, 2012).Between 2016 and 2017, Alzheimer's Society led a review of the Statements on behalf of the DAA alongside people living with dementia, including carers to ensure they reflected what people want today.

The person with dementia is at the centre of these refreshed Statements. They represent everyone living with any type of dementia regardless of age, stage or severity, using 'we' rather than 'I' to encompass people with dementia, their carers, families, and anyone affected. These rights are enshrined in the Equality Act, Mental Capacity legislation, Health and care legislation and International Human Rights Law.

P23.5. Framing dementia as a disability and a human rights issue: What are the advantages?

CAHILL Suzanne

Trinity College, Dublin, Ireland

Traditionally dementia has been understood as a syndrome caused by diseases, characterized by plaques and tangles, suffering, passivity, drugs, restraints and at the extreme locked doors and clinical technical care and there is a gap in our understanding of dementia from a social justice and human rights based perspective. This paper takes a rights-based approach and using important concepts enshrined in the UN Convention on Persons with Disabilities (CRPD, 2006) such as participation, autonomy, equality and solidarity, it interrogates dementia policy and practice. It is argued that although dementia may strip people of their memory and cognitive functioning, it does not take away their dignity and personhood. It is society and those of us deemed healthy and cognitively in tact that can do this by erecting disabling barriers that make life all the more difficult for the individual and for their family members. Through nihilistic attitudes, poorly designed environments and deficit-based policies, often resulting in task-centered and oppressive care, we can unintentionally contribute to a cognitively impaired person's 'excess disability'. However, by eliminating some of these unnecessary barriers, we can support the individual living with dementia to function better for longer. It is argued that a rights-based approach means empowering the individual to self-advocate and pose pertinent questions about fundamental freedoms. Dementia is a significant and growing disability and human problem that needs to be understood as a problem of humanity and one that requires a positive collective and equality-based societal response.

P23.6. Dementia-friendly polling stations

MEERVELD Julie

Alzheimer Nederland, Amersfoort, Netherlands

People with dementia want to participate in public life, without restrictions. Some of them also still want to vote at national and local elections. They only need a little bit more time and help. In 2018 Alzheimer Nederland started a campaign at the local elections. We have three aims:

Awareness: Raise awareness of the fact that people with dementia are allowed and can be capable of voting, but need some extra time and help. So voting for people with dementia will be easier and lower the threshold to vote. Henk with Alzheimer introduced Voting in ten steps, a simple tool for people with dementia. We also introduced a video on youtube about voting when you have dementia.

Dementia-friendly polling stations: Getting the polling station dementia-friendly! This has been achieved to inform all the employees of the polling stations about the online training they can join for free. This training focuses on recognizing someone with dementia and the approach to them. The goal was to make the voting experience of people with dementia more pleasant.

No restrictions in law: According to the Convention on the Rights of persons with disabilities (UN 2006) persons with disabilities must be guaranteed to participate in political and public life, so people with dementia must also have the right and ability to vote at elections. Dutch law says that people with a physical disability can receive help in the polling booth. However, people with dementia are not allowed to receive this help in the booth. Alzheimer Nederland is aiming to legalize help for people with dementia in the polling booth. After this campaign, the minister of Internal Affairs of the Netherlands (Mrs Ollongren) is aware of this problem for people with mental disabilities and is willing to look for a solution.

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P24. CEAFA/FAE: Entorno

P24.1. Arquitectura e innovación para la persona con demencia

RAMOS GUZMAN Paloma

España

Al paciente le resulta mucho más fácil desenvolverse en su propio entorno.

En su casa se encuentra seguro y con una mayor autonomía, por lo que ésta se convierte, en un lugar en el que poder estimular o mantener más fácilmente, con las adaptaciones necesarias, las capacidades del paciente en cada fase de la enfermedad. La cuestión está en indagar sobre la forma y características de los espacios domésticos habitados por estos pacientes, para que se configuren como estimuladores emocionales, sensoriales y cognitivos, con el objetivo de encontrar soluciones prácticas que mejoren su calidad de vida y por supuesto con la integración de las nuevas tecnologías

Uno de los grandes problemas con el que nos vamos a encontrar a la hora del diseño de la vivienda, es el cambio que la enfermedad produce a lo largo del tiempo en el paciente, lo cual hace que los requerimientos realizados al entorno doméstico sean diferentes en cada una de las fases, y por tanto este entorno tiene que ser adaptable a los cambios que va sufrir el paciente a lo largo de toda la enfermedad y por supuesto el problema de los cuidadores principales, que viven con el paciente en el domicilio, a los que es necesario ayudar a paliar los posibles efectos negativos que el desgaste físico y emocional les puede producir.La vivienda también tiene que cuidar del cuidador. En la vivienda actualmente, la accesibilidad desarrollada no es adaptativa, los espacios son pequeños, existe una compartimentación excesiva y rígida, existe una dificultad en la adaptación de los espacios y por tanto de la progresividad espacial. Tampoco existe una progresividad técnica que haga posible la incorporación de nuevas tecnologías. Que quiero decir con esto, que a medida que la enfermedad vaya avanzando, la vivienda se vaya adaptando a las nuevas necesidades. La Arquitectura puede y debe ayudar a lograr un equilibrio entre lo tecnológico y lo físico.

P24.2. Nuevas tecnologías de ayuda

SALICHS Miguel Ángel

Universitad Carlos III de Madrid, Madrid, España

Las bajas tasas de natalidad y el aumento de la esperanza de vida con lleva asociado un envejecimiento de la población, algo que está ocurriendo actualmente en muchos países desarrollados. En estos países, dar una atención adecuada a un porcentaje creciente de personas mayores es un gran problema. La tecnología en general y la robótica en particular pueden aportar algunas soluciones para paliar este problema. En un futuro cercano, los robots podrán ser de ayuda para mejorar la calidad de vida de los mayores. Las funciones que podrán realizar son múltiples. Cabe destacar entre otras la compañía, el entretenimiento, la asistencia, la comunicación, la supervisión o la estimulación. Los robots podrán emplearse tanto en los centros de asistencia, como en los domicilios particulares. En este último caso podrán facilitar que las personas mayores vivan durante mas tiempo en sus propios domicilios, y puedan valerse por si mismos. Los robots no deben verse como un sustituto a los cuidadores tradicionales, sino como un complemento y una herramienta que ayude a los cuidadores y al personal sanitario en general a hacer mas eficiente su trabajo. La sustitución en el mundo asistencial de los humanos por robots no es ni deseable ni técnicamente posible, dadas las grandes limitaciones de los robots actuales. El Laboratorio de Robótica de la Universidad Carlos III de Madrid (UC3M) lleva muchos años trabajando en el desarrollo de ayudas robóticas para personas mayores, en colaboración con la Fundación Alzheimer España. En esta charla se muestra el estado del arte en este campo y también algunos de los trabajos que se han llevado a cabo en la UC3M. En particular, se presenta el robot Mini y algunas de sus capacidades orientadas al entretenimiento y a la estimulación cognitiva. La estimulación cognitiva es una terapia no-farmacológica ampliamente utilizada en pacientes con deterioro cognitivo leve o demencia moderada. El uso de robots en este tipo de terapias es algo muy novedoso y puede aportar elementos positivos, que también son analizados en la charla.

P25. Policies and strategies: Global and European collaborations on dementia

P25.1. Act on dementia - An EU joint action to improve the lives of people living with dementia and their carers

BARCLAY Gillian[1], MILLER Michelle[2], TATLER Rona[1]

[1]Scottish Government, Edinburgh, United Kingdom, [2]NHS Healthcare Improvement Scotland, Glasgow, United Kingdom

In March 2016 the EU Joint Action – Act on Dementia, part-funded by the EU, and coordinated by the Scottish Government, commenced work to 'promote coordinated actions in Member States to improve the lives of people living with dementia and their carers.'

Work package 4 has focused on bringing about improvements in dementia diagnosis rates and post diagnostic supports which can enhance quality of life and reduce preventable hospital and residential care admissions.

Work package 5 – Crisis and Care Coordination – has considered the adoption of a case-management model of care to reduce unnecessary hospital or residential care home admissions, and improve effective use of medications, wellbeing of carers and integration of services.

At the last stages of dementia, many people will need 24-hour care and many may have to move to a nursing home or into residential care. Work package 6 has focused on person-centred care, proper use of antipsychotics in treatment and best practice in end of life care for people with dementia.

Work package 7 has examined Dementia Friendly Communities (DFCs). The core of this work is structured around a model which identifies four different aspects of DFCs: 'People', 'Place', 'Networks' and 'Resources', with the voices and experiences of people living with dementia at the centre of each.

Evidence reviews, and surveys have been undertaken, and work is now under way to test these models in pilot sites across Europe to provide cost-effective and practical examples of the core components of good dementia diagnosis, care and support to Governments, healthcare professionals and providers, third sector organisations, Patient/Family/Carers' Associations etc. The presentation will provide an overview of the developments of the EU Joint Action, learning to date, and next steps to inform practice, followed by an opportunity for questions.

P25.2. Dementia doesn't stop: Protecting people with dementia in humanitarian emergencies

LITTLE Amy

Global Alzheimer's & Dementia Action Alliance, London, United Kingdom

Each year, an estimated 26 million older people are affected by natural disasters alone. During humanitarian emergencies (including natural disasters, conflicts and large-scale accidents) the international response all too frequently ignores those most vulnerable in our communities – people living with dementia.

During a humanitarian emergency, those with dementia can be hit hardest of all as the societal networks around them are suddenly cut loose. People living with dementia, an often 'hidden' vulnerability, can be overlooked in the desperation and speed of a humanitarian emergency response. Action is needed to ensure emergency response systems are designed to understand and protect people living with dementia. Humanitarian workers need to be aware of the symptoms of dementia and available screening and diagnostic tools, such as WHO's mhGAP. Family separation; disruption of social networks; destruction of community structures, resources and trust are all by-products of typical emergencies. Psychological burdens and distress caused by emergencies are often increased for persons with dementia and their care supporters.

Humanitarian actors must take into account people living with dementia at every stage of the process, from disaster preparedness (including dementia awareness) to community rebuild and all interventions in-between. This session will present efforts to bring about awareness and change in humanitarian emergency response to protect and support people living with dementia. We will focus on the key issues that those affected by dementia face before, during and after humanitarian emergencies, and highlight the steps that international humanitarian actors can take to protect the rights and ensure access to healthcare for all those they serve.

P25.3. Global dementia action plan; national responses

LYNCH Chris

Alzheimer's Disease International, London, United Kingdom

The adoption of the Global action plan on dementia at the World Health Assembly in May 2017 and the subsequent initiation of the Global Dementia Observatory (GDO) later that year ensured that dementia became an international priority. The Global action plan is ambitious in scale and scope, with 7 key action areas. Data has also started to be uploaded to the GDO through 21 pilot countries. By October 2018, 18 months on, what progress is being made? This presentation will review progress, identifying what is working well and what are the barriers to progress. How are Member States, that have signed up to the plan, progressing; how many countries have developed national plans or are integrating key action plan indicators into dementia strategies, policies or frameworks; how many are in development; and critically, how many are funded? At the time of submission there are 31 countries with identified plans or frameworks, against a target of 146 by 2025. The presentation will review progress in each area of the Global action plan, including dementia awareness and friendliness; risk reduction; diagnosis, treatment & care; support for carers; information systems; and research & innovation. Finally, the presentation will explore the data that is being uploaded to the GDO and consider how this is being monitored; how robust it is; and crucially what role civil society can play in encouraging and supporting data collation and analyzing country data.

P25.4. General practitioners-Nurses cooperation improves early detection of neurocognitive disorders in primary care

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[1]Clinical and Research Memory Centre of Toulouse, Gérontopôle, Toulouse University Hospital, Inserm UMR1027, Toulouse University III Paul Sabatier, Toulouse, France, [2]Clinical and Research Memory Center of Lyon, Lyon Institute for Elderly, Hospices Civils de Lyon, Lyon University Hospital, Inserm UMR1028, CNRS UMR 5292, Lyon University, Lyon, France, [3]National Center for Disease Prevention and Health Promotion, National Institute of Health, Rome, Italy, [4]Clinic of Neurology, UH Alexandrovska, Medical University, Sofia, Bulgaria

Background - Clinicians do not readily diagnose neurocognitive disorders (NCD) during clinic visits suggesting insufficient detection practices. The reason for the inadequacy of detection may be associated with multiple factors such as time constraints during visits, unawareness of current assessment guidelines, insufficient knowledge of available assessment instruments and their administration by providers. At the same time, recent years have revealed an increased interest and use of advanced practice nurses. Models of best practices of supervision and collaboration have been promulgated by many organizations. Thereby, one possible solution to improve the early detection of NCD in clinical practice is to promote de collaboration between general practitioner (GP) and nurse.

Methods - In this context, the "Act on Dementia" European Joint Action worked to support several innovative actions in France (Toulouse and Lyon), Italy (Modena) and Bulgaria (Sofia). GPs were trained and we implemented, into primary care, nurses trained in detection of cognitive impairment.

Results - Almost 500 patients were assessed. Overall, the mean age was 81.3 (±5.92) years. More than half were female (66%), and 32% of participants lived alone. The average Mini-Mental State Examination score was 25.2 (±4.23); 16.7% had major NCD; 12% of minor NCD were identified. Based on this action, we were also able to highlight a number of barriers and facilitators in the implementation of this model into clinical practice.

Conclusion - The need to implement other strategies to detect NCD into everyday clinical practice is required. The involvement of all primary care health professionals is essential to provide early NCD recognition and management. This action showed the feasibility of the GP/nurse cooperation to detect earlier the cognitive impairment. This cooperation is extraordinarily positive and there is a need to develop more wide-ranging research to highlight the added value of these inter professional collaborations in clinical practice.

P25.5. Challenges of including patient-relevant outcomes in funding decisions for Alzheimer's disease drugs, and consequences – A health technology assessment perspective

BAUER Annette, WITTENBERG Raphael

London School of Economics and Political Science, London, United Kingdom

Which outcomes (and outcome measures) to include in health technology assessments (HTA) is a crucial issue especially when those findings are used to determine whether an intervention should be publicly funded. Particular challenges arise for interventions for Alzheimer's disease (AD) due to the nature of the condition, which has long pre-clinical and prodromal stages, affects over time the person's cognition, function and behaviour, and - if at a severe stage – their ability to assess their quality-of-life.

This research was carried as part of the Roadmap project ('Real world Outcomes across the Alzheimer's disease spectrum for better care: Multi-modal data Access Platform'), a large private public partnership in Europe. Our aim was to understand which outcomes (and measures) were likely to be prioritised during technology assessments for AD drugs. We gathered data for three countries (England, Germany and the Netherlands). Our data sources included: peer-reviewed studies; publicly available documents of HTA agencies; and interviews with representatives of HTA or regulatory agencies.

Our findings suggest that outcomes that can be measured with clinical scales (e.g. cognition) predominated reimbursement or price-setting decisions; this was despite their limited ability to capture what stakeholders considered patient-relevant changes in disease progression. This was partly due to process and method requirements of the HTA agencies. Carer-relevant outcomes did not influence decisions. Cost-utility modelling allowed some of the challenges to be addressed but raised other methodological issues. In conclusion, whilst there have not been any recent HTAs of new drugs in the AD field, our findings suggest that without important changes to current HTA processes there could be substantial challenges for governments to decide about the value of innovative, disease-modifying interventions for AD. We will discuss some of the implications of our findings.

P25.6. "Act on Dementia" - A new European educational training on neurocognitive disorders in primary care

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Background: Detection and diagnosis of Neurocognitive Disorders (NCDs) remain a challenge. However, NCDs are often diagnosed late or undiagnosed. Among the most powerful breaks is the lack of knowledge about the benefits of timely diagnosis and post-diagnosis care for concerned people. It is therefore crucial to offer GPs an educational program to empower them to diagnose and act on NCDs.

Methods: In the context of the "Act On Dementia" European Joint Action, four sites (Limoges and Lyon, France; Sofia, Bulgaria; and Lublin, Poland) elaborated an educational program aiming to improve knowledge and skills, and reduce stigma in primary care. This training has detailed several contents (classical vs. "anti-stigma" package) and organizations (plenary sessions vs. workshops), and is currently tested within the different sites.

Results: Five sessions have been already done (i.e., 2 in Limoges, 2 in Sofia, 1 in Lublin). Three additional sessions are scheduled in May, 2018 (i.e., 1 in Lyon, 1 in Limoges, 1 in Lublin). In total, approximately 350 GPs are exposed to this training. The objectives of the pre- and post-questionnaires analyses are twofold: (1) to explore the evolution of stereotypes and stigma (which are expected to decrease) and sense of competence (which is expected to increase) after training; and (2) to identify the most efficient format among all tested in order to develop this program in Europe.

Conclusion: The GPs are in the core of NCDs management process. Through the development and the sustainability of this European educational training, we hope to reinforce the positive attitudes and practices towards NCDs in GPs but also to harmonize them across Europe.

P26. Genetics, prevention and treatment: Pharmacological treatment

P26.1. Reducing use of Risperidone in care home residents with dementia: Delivering person centered care using

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Background: A range of evidence published in recent years has suggested that antipsychotic medication is being inappropriately prescribed to people living with dementia in care homes to manage "challenging behaviour".

Rationale: Many patients with dementia in care homes are treated with Risperidone for BPSD (Behavioural and Psychological Symptoms in Dementia). It was noted that care home staff was asking for an increase in Risperidone prescription without fully exploring the cause of these behaviours.

Aim: To reduce the prescription of Risperidone by 5% in care home residents with dementia under the team between March- October 2017.

Methodology: Behaviour charts were implemented for patients with dementia presenting with BPSD, in order to identify any underlying precipitating and/or relieving factors. This was accompanied by care home staff training to improve their knowledge and skills about dementia care with a focus on using non-pharmacological interventions for behavioural disturbances. Prescriptions for Risperidone were measured before and after the intervention and a reduction by 5% in the prescription of Risperidone were achieved by using non pharmacological methods to control BPSD. QI methodology including process mapping, driver diagrams, multiple point data collection and PDSA cycles were used to achieve the desired result. Feedback from Staff and carers of people with dementia: The behaviour chart is user friendly and care home staff found it easy to use. The families of people with dementia were happy that staff was considering things that could be contributing to why their loved ones were presenting in a disturbed manner rather than relying on medication alone.

P26.2. Anticholinergic medication and benzodiazepine use and long-term cognitive decline and dementia

RICHARDSON Kathryn[1], FOX Chris[1], GROSSI Carlota[1], MAIDMENT Ian[2], LOKE Yoon[1], ARTHUR Antony[1], STEEL Nicholas[1], MYINT Phyo[3], CAMPBELL Noll[4], BRAYNE Carol[5], MATTHEWS Fiona[6], ROBINSON Louise[6], BOUSTANI Malaz[7], SAVVA George[1]

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Background: It is uncertain whether medications with short-term adverse cognitive effects, specifically anticholinergics and benzodiazepines, may be considered modifiable risk factors for long-term cognitive decline. Here we report findings from a 4-year UK Alzheimer Society funded project (AS-PG-2013-017) addressing this topic.

Methods: We performed various observational studies. We examined medication prescribing up to 20 years before dementia diagnosis using UK primary care records from 40,770 dementia cases matched to 283,933 controls. The MRC Cognitive Function and Ageing Study (CFAS) was used to examine medication use from 13,004 participants from England and Wales aged over 65 years and subsequent 10-year cognitive decline and objectively measured incident dementia. We examined medication use from 8,175 participant's aged over 50 years and subsequent 4-year cognitive decline in The Irish Longitudinal Study on Ageing (TILDA). Finally, we conducted two systematic reviews of published literature on anticholinergic and benzodiazepine use and long-term cognitive decline and dementia.

Results: We observed a greater risk of dementia with anticholinergic use using primary care records (odds ratio=1.11, 95% confidence interval 1.08-1.14), and in CFAS (incidence rate ratio=1.28, 95% CI 0.82-2.00). Dementia incidence increased with longer-term anticholinergic use, but this varied by the type of anticholinergic medication. Findings in CFAS and TILDA suggest a short-term effect of these medications on cognition. We detected no association between long-term benzodiazepine use and dementia in the primary care records or CFAS. Both systematic reviews identified high risk of bias and substantial inconsistencies in the overall evidence regarding association between dementia and use of anticholinergics or benzodiazepines.

Conclusions: In the largest studies to date, our analyses suggest that benzodiazepines and anticholinergic medications affect cognition over the short-term. We observed no long-term dementia risk with benzodiazepine use, but small associations between certain anticholinergics (antidepressants, antiparkinsons, and urological drugs) and dementia that warrant further research.

P26.3. Antiepileptic drug use and the risk of stroke among community-dwelling persons with Alzheimer's disease: A matched cohort study

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Background and Purpose: Persons with Alzheimer's disease (AD) are more predisposed to seizures than older people in general, and use of antiepileptic drugs (AEDs) is more frequent. AED use has been linked to higher risk of vascular events in general population; however, it is not evident whether the same association is in persons with AD. The aim of the study was to assess the risk of stroke associated with incident AED use among persons with AD.

Methods: The MEDALZ cohort includes all Finnish persons who received a clinically verified AD diagnosis (N=70718) in 2005â€’2011. Persons with previous strokes were excluded. For each incident AED user (n=5617) one non-user was matched according to sex, age and time since AD diagnosis.

Analyses were conducted with Cox proportional hazards models and inverse probability of treatment weighting (IPTW).

Results: Compared with non-use, AED use was associated with an increased risk of stroke (IPTW hazard ratio (HR): 1.37; 95% CI: 1.07â€’1.74). The risk was strongest during the first 90 days (Adjusted HR: 2.36, 95% CI: 1.25â€’4.47) of AED use. The association was more evident with ischemic strokes (IPTW HR: 1.34, 95% CI: 1.00â€’1.79) than hemorrhagic ones (IPTW HR: 1.44, 95% CI: 0.86â€’2.43). Use of older AED was associated with similar risk of stroke as newer AED use.

Conclusions: AED use was related to an increased risk of stroke, regardless of AED type. AED use for other indications than epilepsy should be limited to those without other pharmacotherapy options.

P26.4. Early and late onset dementia: A retrospective study assessing differences in drug treatment and outcomes

ZAFEIRIDI Paraskevi, MCMICHAEL Alan, MCGUINNESS Bernadette

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Early Onset Dementia (EOD) concerns dementia in people less than 65 years old and accounts for approximately 5% of all dementia cases

(Alzheimer's Society, 2015). There are more than 40000 people with EOD in the United Kingdom, with more than 1000 living in Northern Ireland (Alzheimer's Society & Marie Curie, 2015). Research demonstrates that less than 1% of dementia cases are caused from a genetic factor (Tellechea et al., 2017), while frequent causes include Alzheimer's disease, vascular diseases, Huntington's disease, traumatic brain injury, brain tumour, HIV, diabetes, chronic alcoholism and chronic drug abuse (McMurtray, Clark, Christine, & Mendez, 2006; Werner, Stein-Shvachman, & Korczyn, 2009; Zilkens, Davis, Spilsbury, Semmens, & Bruce, 2013). This study aims to explore differences between EOD and late onset dementia (LOD) in relation to pharmacological treatment, associated comorbidities and hospitalization rates in approximately 13,000 people in Northern Ireland. Retrospective analyses of data from national databases will be performed with variables including medication and dosage, common comorbidities, and the care needs for people with EOD and LOD. These results will be in line with dementia experts supporting the need to adjust healthcare services and practices to meet the needs of people with EOD (Alzheimer's Society & Marie Curie, 2015) since current services focus mainly on LOD.

P26.5. Assessing the rate of anticholinergic drug prescriptions for dementia patients in Northern Ireland

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Research has shown that patients with dementia are more likely to be on numerous medications. Some of these medications have anticholinergic properties. Anticholinergic drugs block the neurotransmitter acetylcholine, which aids muscle activation. Many drugs which are prescribed in routine clinical practice have anticholinergic properties. For instance, first generation antihistamines, antidepressants and antipsychotics are all classified as anticholinergic drugs. Research has consistently shown that individuals who use anticholinergic drugs are significantly more likely to experience acute cognitive decline and dementia. Moreover, anticholinergic drugs have also been shown to work against dementia medications (cholinesterase inhibitors). Researchers and regulatory bodies have now warned against prescribing anticholinergic medications to dementia patients and have urged clinicians to offer alternative treatments when possible. However, little is known about the prescription rate of anticholinergic drugs in Northern Ireland. This is a retrospective analysis using data from national datasets. Data from the Honest Broker Service in Northern Ireland, which has information on approximately 13,000 people with dementia will be analysed to assess the rate of anticholinergic drug prescriptions. By conducting a retrospective analysis on national datasets we aim to identify several demographic characteristics which influence mortality rates in dementia. Understanding anticholinergic drug prescription rates has the potential to help put policies in place for clinicians to reduce the use of these drugs when possible.

P26.6. The Electronic Person Specific Outcome Measures (ePSOM) Project for Prodromal Alzheimer's Dementia

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Introduction: Whilst the importance of using outcome measures that offer clinically meaningful benefits to patients in clinical trials for novel interventions in Alzheimer's disease is widely recognised, there is a dearth of knowledge about the patient reported outcome measures and preferences for treatment outcomes balancing risk and benefit.

Methods and materials: As a first step in a research programme developing an Electronic Person Specific Outcome Measure (ePSOM), we conducted a literature review on patient reported outcome measures and patient preferences in the Alzheimer's disease and MCI population. This informed a qualitative study involving focus groups with people living with memory problems and healthy volunteers, and interviews with health care professionals, on what matters when developing new treatments for Alzheimer's disease.41 individuals took part in a focus group or were interviewed.

Results: An overlapping theme across participants is that the ordinary things that matter to people in everyday life are what matters in developing new treatments, including tolerable risks. A primary concern was the loss of memory for words/names resulting in loss of confidence which cascades into other losses e.g. the ability to stay connected with friends and family and do enjoyable activities such as play golf or participate in a book group. This gradual loss of connections is compounded by the loss of technical abilities e.g. driving, using a computer, managing money, and self-care, ultimately leading to the loss of identity e.g. the role in the family. What mattered in treatment was retention/restoration of these abilities, with nuances depending on age.

Conclusions: The themes identified in focus groups and interviews are being used to develop an accessible survey, suitable for people with dementia, to identify the most important issues for new treatments for Alzheimer's disease to target.

P27. INTERDEM: Promoting social health in dementia

Social health as described by Hubert et al. (2011) involves (1) the capacity to fullfil one's potential and obligations; (2) the ability to manage life with some degree of independence; and (3) participation in social activities. Dröes et al. (2017) operationalised this concept for people with dementia and identified three categories of influencing factors in each domain of Social Health: personal, disease related and environmental factors. This session focusses on how Social Health can be supported and maintained by good dementia care that takes into account, and compensates for, these influencing factors. Several studies into interventions addressing the different aspects of social health will be presented and a member of the European Working Group of People with Dementia (EWGPWD) will reflect on the relevance of this concept from the perspective of people living with dementia.

The first presentation on the Meeting Centres 3.0 project will report on the implementation of three new interventions connected to Meeting Centres that aim to support people with dementia in fulfilling their potential by doing volunteer work (DemenTalent) and offer support to their carers by telephone coaching (Dementelcoach) and online psychoeducation (STAR e-learning). The second presentation will focus on how expression groups for people with dementia helped to investigate their feelings about self-management. An in depth view on how participants of these groups considered aspects of their life being more or less important to "manage" together with their (in)formal caregiver will be provided. The third presentation will give an overview of technology-based interventions supporting the participation of people with dementia in social activities, based on a literature review. The final presentation, by the EWGPWD, will reflect on the relevance of social health for people with dementia and on how interventions addressing this can contribute to a dementia-friendly society supporting the Rights of people with dementia.

P27.1 Developing Meeting Centers into Meeting Centers 3.0

VAN RIJN Annelies, MEILAND Franka, DRÖES Rose-Marie

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Background: Practice learns that only part of the people with dementia and carers utilise group oriented day care facilities or combined support services, such as Meeting Centres. In the Meeting Centers 3.0 project, therefore three outreaching new individualised support interventions for people with dementia (i.e. DemenTalent voluntary work) and carers (i.e. Dementelcoach and STAR education) were linked to the proven successful Meeting Centers Support Programme. The implementation process and the effect of the extended programme were investigated in a three-year study. This lecture will report on the implementation process.

Method: Qualitative interviews were held with 15 stakeholders involved in the implementation, e.g. program coordinators and township officials. The interviews aimed to trace factors that facilitated or impeded the implementation on a micro, meso and macro level and to inventory the solutions found to overcome the experienced barriers. An interview schedule was created, with questions about the successive implementation phases: the preparation, starting and continuation phase (after one year). Taking into account the stakeholder's expertise and role in the implementation, a specific set of questions/themes was selected. Interviews were typed out 'ad verbatim' and analyzed qualitatively by means of thematic analyses with Atlas-ti. Additionally, semistructured questionnaires were taken from participants to evaluate their experience with the new interventions.

Results: Facilitators and barriers in the different implementation phases will be presented. Overall the results show that, although it takes time and effort to implement the new interventions, people with dementia and carers generally experience them as a valuable addition, demonstrated by the following reactions: 'I'm happy and I feel useful again' (DemenTalent volunteer); 'The conversations lifted me up' (carer about Dementelcoach); 'STAR made me feel more confident' (carer about STAR).

P27.2. Self-management: the view of people with dementia

GZIL Fabrice

Fondation Médéric Alzheimer, Paris, France

In 2016 and 2017, Fondation Médéric Alzheimer (Paris) organized a series of expression groups for people with dementia. Participants were asked about how dementia affected their life, their coping strategies, their opinion and wishes about the care they received, and their expectations towards society. This initiative gives an interesting point of view about the ability to manage life with some degree of independence as explained in the second dimension of social health. Although the expression groups were clearly not conceived as an intervention to help people with dementia manage their life, what participants said is thought-provoking for discussing the essence of, and the factors that can influence, the ability to manage life in the context of dementia.

This ability has been defined as the ability to preserve autonomy and to solve problems, as well as to adapt to and cope with the consequences of dementia (Dröes et al., 2017). Therefore, it is often stated that being independent, self-reliant and able to adapt and cope are central aspects of effective management of life in dementia. Participants of the expression groups expressed a slightly different view. They considered important to adapt to, and to cope with changing abilities. They use compensation strategies. They also strongly state that formal and informal care should more clearly strengthen them in their forces and capabilities. Moreover, participants seem to value the fact of managing life with some degree of independence in a very specific sense: participants consider that some aspects of their life are not important to "manage" anymore: they want their voice to be heard; but they do want to 'manage' all the aspects of life they used to. In addition, participants value independence; they want their competencies and skills to be recognized; they sometimes harshly criticize carers when they find them overprotective; but they also strongly value reciprocity in relationships; and they have a deeply relational conception of autonomy and independence, which is very different from self-reliance understood as self-sufficiency.

These observations are important to keep in mind when designing interventions aiming at supporting people with dementia to manage their life.

P27.3. Technology challenges for improving social participation in older adults with dementia

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Objectives: Information and communication technologies (ICT) developers, together with dementia experts have created several technological solutions to improve and facilitate social health and social participation and quality of life of older adults living with dementia. To get insight into the validity and efficacy of these new technologies a systematic literature review was carried out that focused on assessing their utility to promote ‘social health’ and ‘active ageing’ in people with dementia.

Method: Searches in PsycInfo, PubMed, CINAHL and Scielo databases identified 3824 articles of which 6 met the inclusion criteria and were described according to their methodological approach, sample sizes, type of outcomes and results.

Results: The selected papers reported the use of 10 different ICT-based interventions for people with dementia. Qualitative studies showed a benefit of the use of technologies to foster social participation in people with dementia. At the same time, barriers to a widespread use of these technologies in this population were identified. A quantitative study and a mixed-method study with quantitative outcomes showed that ICT-based interventions are more effective in promoting social behaviours than non-technology-based interventions. As outcome measures existing scales, such as the Short Form Health Survey, and the WHO-Quality of Life Scale Brief Version, which include subdomains assessing social health (e.g. Social Role Functioning, Social relationships), were used. In the selected studies also usability aspects and user experiences were discussed.

Conclusions: Though several technological devices for living independently and fostering social participation in people with dementia were developed, until recently very little attention has been paid to these subjects in the literature. One of the primary obstacles is the lack of appropriate outcome measures. Even though the analysed studies provided some evidence-base for the benefit of technology to promote social participation, there is an urge for high quality studies using more specific outcome measures.

P27.4. Social health from the perspective of a person with dementia

ROCHFORD-BRENNAN Helen

EWGPWD Ireland

In this presentation, I will talk about the relevance from the perspective of a person living with dementia of social health and each of its three main domains. I received a diagnosis of Alzheimer’s disease several years ago and this was a very difficult time for me and my family but I have learned that with the right support and by maintaining a positive attitude, you can live well with dementia. I will draw on my experience of how the environment in which a person lives and the people around them can have a major impact on the way a person functions, their ability to make decisions and live independently and how they can continue to contribute towards society as any other citizen. I am a Community and Human Rights Activist and I will bring this dimension into my talk and show how this could relate to social health.

P28. ROADMAP: Real-world data availability across Europe: What data are present, missing and heterogeneity of data collected

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Background: ROADMAP addresses the challenge of how to best inform clinical and health-policy decisions by studying how to build a population-based integrated data environment and enabling its visualization.

Method: ROADMAP has addressed the challenges of defining AD-relevant real-world outcomes based on literature reviews and consultation with experts and stakeholders. It then has surveyed a variety of data sources across Europe to find out the degree to which such real-world outcomes are captured.

Results: A Data Cube has been developed and offers a ‘landscape’ on data availability in Europe. This 3D ‘heat map’ assessment allows the visualization of the different data sources and how they are able to capture the different AD-outcomes, together with their relevance for the different disease stages.

Conclusion: Enabling the visualization of the AD-related data availability in different types of European data sources and the intrinsic gaps has proven to be a powerful tool for the design, planning and validation of the models and strategies used to guide future recommendations to enhance AD research.

P29. Care approaches: Assistive technologies

P29.1. Online for support of family caregivers based on evidence based applications

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In 2016 Alzheimer Nederland launched an online platform (called dementia.nl) to support family caregivers of people with dementia. Caregivers can gather information, ask questions to experts, do online tests, take an online training, share ideas and questions on a forum and organize a support network. Developments on the platform are based on the wishes and needs of family caregivers. With (so far) over 300 pages of information and tips, over 60 stories from caregivers and a growing number of blogs, every caregiver can focus on what is important for them at that particular moment during the disease. Furthermore; there are 12 experts to ask questions (for example a notary, GP, dementia-expert or psychologist), there are tests (memory-test and a caregiver-wellbeing test) and an e-learning to cope with challenging behavior. In 2017, dementie.nl had over 700.000 unique visitors. Also, 89% of visitors rates us 'good' or 'very good' (scale: bad, poor, neutral, good, very good, n=2.300). We collaborate with scientific researchers in developing new support-tools. In this way we can use evidence based applications/technologies on our platform to better support family caregivers. In 2017, we incorporated an e-health intervention on dealing with challenging behavior, in combination with scientific research. In 2018, we incorporated a network support tool (MyInlife), an application developed and researched by Alzheimer Centre Limburg (University Maastricht). With this application caregiver can arrange support from their informal network and ask and plan for support of the person with dementia. We continue to work together with strategic partners in order to scale up the support for caregivers and the development of new applications.

P29.2. "Oh, I'd love one of these {MARIO companion robot} – so if you buy me one I'll give you the money" (Person with dementia). The impact of a companion robot in combating loneliness in people with dementia. The MARIO project

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MARIO is a European Horizon 2020 funded project which aimed to develop a companion robot for people with dementia to enhance social connectedness and reduce loneliness. An iterative process was employed and people with dementia were involved at each phase of development across three pilot sites – hospital (Italy), community (UK) and residential care (Ireland). This paper presents the qualitative finding from these care settings. The development and testing in residential care took place between September 2016 and August 2017 after this a two-month evaluation phase took place where no new functionalities were added. Participants with dementia helped to guide the appearance of MARIO and the creation of a number of different apps including- My Music, My Games, My Memories. Participants with dementia could interact with MARIO to access these apps via touchscreen and or voice commands.

A descriptive qualitative approach based on the work of Thorne et al., (2004) was used to capture the impact of MARIO on loneliness. Semi-structured interviews were used to collect data from relatives (n =28); Formal Carers (n=28) Managers (n=13) and people with dementia (n=10 using interview guides developed from the literature and expertise of the researchers. Directed qualitative content analysis based on the work of Hsieh and Shannon (2005), was used to analyse the data. Ethical approval was obtained from the research ethics committee in each respective pilot site. Five preliminary themes were identified -perceptions/attitudes towards MARIO; challenges when using of social robots; impact of MARIO; utilisation of the MARIO applications; and making MARIO better. The findings provide evidence related to the potential role of companion robots in combatting loneliness in people with dementia.

P29.3. Inlife, an online social support intervention for caregivers of people with dementia: An evaluation in a randomised controlled trial

DE VUGT Marjolein, DAM Alieske, VAN BOXTEL Martin, VERHEY Frans

Maastricht University, Maastricht, Netherlands

Background: Informal caring for persons with dementia (PwD) does affect the well-being of the primary caregiver and changes their roles and social interactions. New online interventions might facilitate social support. Recently, an online social support platform, 'Inlife', was developed in the Netherlands aiming to enhance social support and positive interactions in informal support networks.

Objective: Evaluating the process, characteristics and effectiveness of 'Inlife'. Methods: A randomised controlled trial was performed. 96 participants were randomised into the Inlife intervention or the waiting-list control group. After 16-weeks of Inlife usage, the waiting-list control group could start with Inlife. Effects were evaluated at baseline (T0), at 8-week (T1), 16-week (T2) and 42-week follow up (T3). The primary self-reported outcome measures included feelings of caregiver competence and perceived social support. The secondary outcomes included received support, loneliness, and psychological complaints. Qualitative semi-structured interviews with Inlife users were performed.

Results: No significant improvements were demonstrated for the intervention group on primary and secondary outcomes. This is in contrast with the qualitative findings, showing that Inlife facilitated care coordination, openness, involvement and positive interaction. Adherence was not optimal for all Inlife users. Additional per protocol and sensitivity analysis also did not yield significant effects. Inlife users were more active when they had a larger circle size.

Conclusions: An important lesson learned is that researchers should be modest regarding the effectiveness of online caregiver interventions in terms of quantitative measures of well-being. Nevertheless, online tools have the potential to facilitate the caregiver process. Future studies should develop research methods that can identify benefits for caregivers that are ecological valid in daily life and may apply extensive qualitative process evaluations. To improve optimal Inlife usage, additional offline guidance may be needed to extend access to available social capital, and to overcome the existing threshold to seek support.

P29.4. The future of dementia care: How Alzheimer Scotland is leading on person centred assistive technologies

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This presentation aims to give an overview of Dementia Circle's person centred protocols and methodologies. These have coalesced over the course of the past six years to become a system that we apply to environments and products, and now to assistive technology and digital services. We will demonstrate Dementia Circle's pioneering approach to evidencing the potential of assistive technologies to be a person centred and cost effective solution for people living with dementia (PLWD).

Dementiacircle.org provides an online platform for the exchange of ideas and feedback on products and services tried and tested by PLWD. This forum gives unbiased, peer authored reviews and an insight into what PLWD and their carers are using and finding useful in the real world. Health and Social Care leadership in Scotland and the publication of a new Digital Health and Social Care Strategy 2017-22 point to technology being integrated into all aspects of health and social care, resulting in significant challenges and also opportunities for PLWD. We are seeing a growth in the use of everyday consumer technology e.g. Alexa Voice Assistant and an interest in Virtual Reality experiences.

To support the workforce with this cultural shift we facilitated learning days with over 500 practitioners from health and social care, housing, voluntary sector and partner organizations across Scotland. Our 2017 cohort are now helping families to consider assistive technology as part of their care bundle. Alzheimer Scotland is investing in service users and rethinking what it means to be a smart patient when everyone is a consumer of digital health and care. Through Dementia Circle we are amplifying the voices of those living with dementia to design what the dementia care of today and tomorrow will look like.

P29.5. IN-LIFE: A European digital platform for older adults living with dementia

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We present the European H2020 project IN-LIFE (INdependent LIving support Functions for the Elderly), a collaboration of 20 partners from seven countries to create and evaluate a digital platform for people living with dementia. The main goal was to integrate several existing technologies with a number of new applications to provide a comprehensive set of services. The IN-LIFE services were organised into four areas: Independent Living Support, Travel Support, Socialization and Communication Support and Caregiver Support. These included services to support local transport navigation, deliver web-based physical exercises, facilitate interactions with formal and informal caregivers, and fall detection. The IN-LIFE evaluation took place across six pilot sites (Greece, Netherlands, Slovenia, Span, Sweden, UK) and involved over 1950 people including older adults with cognitive impairment (N=1163), informal caregivers (N=362), healthcare professionals (N=407) and stakeholders (N=26). The evaluation examined the impact of the IN-LIFE platform on cognitive, emotional and physical functioning of the older adults with cognitive impairment, with well-being and quality of life as secondary measures. Additionally, we looked at user acceptance of the platform and individual services and the participant's attitudes towards future provision of and payment for the IN-LIFE platform. The results confirm there is a huge interest and appetite among older adults themselves, informal caregivers, health professionals and stakeholders for technological services to support older adults living with cognitive impairment in the community. There was variability in the amount of usage different services attracted with some proving extremely popular while others were less so. The findings provide a range of valuable insights into the ways in which older adults and their families, health and social care services and other stakeholders wish to access technological services, what sort of services they are seeking, what sort of support they need to access services, and how these services might be funded.

P29.6. Living safer and longer at home: The TIHM story

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This paper will present findings and key lessons learnt from a UK randomised controlled trial that tested clinical (e.g. hospital admissions, quality of life, wellbeing of people with dementia and their carers) and cost effectiveness of a complex combinatorial domiciliary Internet of Things (IoT) intervention developed with, and for, people with mild to moderate dementia. Its goal was to support people remaining at home, out of hospital and residential care. Technology Integrated Health Management (TIHM) for Dementia is one of seven NHS Test Bed innovations developed and funded by NHS England and Innovate UK to evaluate how cutting edge IoT technology can be used to improve the lives of those living with dementia.

People with dementia and their carers were recruited to provide a sample of 204 dyads (intervention: 101 dyads; and control: 103 dyads). Real-time clinical and environmental data were collected over a 6-month period using technology devices and sensors installed in participants' homes. Information was relayed daily to a dashboard-alert system (the 'integrated view'), which was monitored 24 hours a day by the trained TIHM team. Alzheimer's Society Dementia Navigators also provided support at home for non-emergency episodes. Machine-learning algorithms provided actionable information and alerts (e.g. related to wandering, UTIs, hypertensive/hypotensive episodes; dehydration) that were managed in a collaboration between the monitoring team and participant dyad.

The paper will present a synthesis of evaluation findings (including clinical and cost effectiveness, user acceptance, clinical decision making and disease management practices). It will discuss the potential for developing a refined TIHM system supported by assistive technologies and machine-learning algorithms for early detection of personalised symptom change; declining health status; and for the deployment of preventative, rather than responsive, interventions to improve quality of dementia care.

P30. Care services: Nursing home care

P30.1. Evaluation of sociotherapeutic living environments for individuals with dementia living in a nursing home

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Background and objective: In a sociotherapeutic living environment (SLE), the supply of care, therapeutic guidance, daily activities and housing, are methodically coordinated, in order to achieve the best possible quality of life. Within one care-organization different living groups can be organized, based on residents' social, psychological and physical care needs. Over the last decade, several Dutch nursing homes introduced SLE's. The objective of the 'LIVE-study' is the evaluation and scientific underpinning of SLE's for individuals with dementia living in a nursing home.

Methods: A literature study, a process evaluation and a feasibility study were carried out using an action research approach. Residents, relatives and professionals contributed actively to each phase. The literature search focused on scientific papers and practice documents. For the process evaluation of existing SLE's, we conducted observations, in-depth interviews and focus groups. Using qualitative content analysis, SLE components and relevant implementation issues were identified. The feasibility study (not reported here), will further explore relevant process and outcome measures.

Results: Literature study identified different components of SLE's and their interactions: individual care needs define therapeutic goals, which are consequently translated into needs for the physical and social environment and relevant organizational characteristics. In the process evaluation, stakeholders reported several advantages of clustering on care needs, e.g. more continuity in care, less agitation of residents. Further, potential improvements were suggested regarding activity range, family participation, placement issues, communication, expertise.

Conclusion: The study revealed positive aspects and potential improvements in existing SLEs. Moreover, after combining the SLE literature with quality-of-life literature, we concluded that when matching living groups based on care needs of persons with dementia, as is the case in current STLs, the resident's need for individuality and social inclusion might be overlooked. First results of the study suggest a more explicit focus on these needs in studied SLE's.

P30.2. Optimising hearing-related communication for care home residents with dementia (ORCHARD): A realist synthesis

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Background and aims: Hearing impairment and dementia are common in care homes, as the communication needs of residents with dementia and hearing loss are often poorly met. This may result in withdrawal, isolation and depression. Research shows that hearing aids and other assistive hearing technologies can improve communication for residents. However, the care home context can impinge on the effectiveness of hearing devices. Individuals with dementia often don't tolerate them, with resulting damage or loss. In addition, there is little dementia focused communication training provided for care staff, nor hearing aid maintenance training. Moreover, hearing loss is often perceived as the inevitable result of ageing, with low priority towards maintaining individuals' hearing. The aim of the ORCHARD study was to understand the issues that stand in the way of optimising hearing communication and offer solutions by informing care home practice guidelines.

Methods: To address hearing communication, we conducted a realist review of available literature. We also used experts' understanding of this complex health situation and developed a theory of how care homes could manage hearing communication better. We then searched the literature looking for data to help confirm, refute or refine our understanding of how hearing communication could be improved.

Results: Our findings present five areas of care delivery which enhance hearing communication for residents with dementia and hearing loss. They include: leadership towards positive regard for residents; communication training for staff; knowing the person & responsive awareness; monitoring hearing devices and communication; managing noise in the care home environment.

Conclusions: With positive leadership providing appropriate training and resources, care staff can feel confident and able to meet the communication needs of residents with dementia and hearing loss. Our results will be used to inform guidelines in hearing-related communication and identify research priorities with a focus on practical interventions.

P30.3. A model of integrated care for people with dementia: The experience of a temporary special dementia care unit (t-SDCU) in Modena District

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Background: Behavioural and psychological symptoms of dementia (BPSD) are known predictors of institutionalization, lower quality of life, and caregiver distress. Leading to ALCOVE recommendations (2013), a network of services dementia dedicated must be organised to assess and manage BPSD with psycho-social interventions, which were found to be effective in preventing BPSD and delaying institutionalization, as first line strategy.

Objective: our aim is to develop an integrated model of care for a temporary special dementia care unit (t-SDCU) in nursing home settings, strictly connected with Modena psychogeriatric network, to assess the efficacy in terms of BPSD improvement and reduction of institutionalization, antipsychotic drug and restraints.

Methods: we retrospectively collected data from three t-SDCU in Modena district in 2017. Each t-SDCU was provided with a multi professional team with specialized knowledge to deliver a higher quality of dementia care. All patients met the admission criteria of having dementia-related major BPSD (NPI score > 24/144 or at least in one domain a score of 12) and high caregiver burden. Before the admission and at the discharge a multi-professional team, composed by a geriatrician, the local social services and a nurse, must assess the situation to evaluate the most appropriate care plan.

Results: 126 cases were analysed (73:53=F:M), aged 82,8 years old (SD 7,86). Most of them came from home (69%), had moderate-severe cognitive impairment (MMSE 10,1; SD 7,99) with severe BPSD (NPI 43,69; SD 14,24). After a short period of stay in t-SDCU (average length of stay130 days) the 45,2% of them return to home obtaining a significant behavioural improvement in terms of NPI reduction despite a decreased prescription of typical antipsychotic drugs.

Conclusion: A model of care which provides different levels of assistance in specialized settings (t-SDCU) could improve BPSD also through a unified management of network services by a specialized team.

P30.4. The aching backbone of long term residential care: The narrative of the nurses aide

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Background: There continues to be a dearth of research focused on the perceptions of assistant personal, or nurse's aides in long-term residential care (LTRC). Nurses aides provide upwards of 90% of the direct care for residents in LTRC and thus hold great potential in improving residents' quality of life. This doctoral dissertation examines the perceptions held by nurse's aides towards their role as carers to residents in LTRC, especially persons living with dementia, across the contexts of personal, interpersonal, and organizational levels, while considering the broader social-political-economic context of LTRC.

Methods: Data sources for this qualitative, multi-method study include 70 hours of semi-structured interviews with 36 nurse's aides working in one LTRC setting in British Columbia, Canada. Group workshops, participant observations and interviews with the management team were additional sources of data.

Results: The information generated from this study has identified ways in which nurse's aides in LTRC conceptualize their role as dementia carers, the barriers and facilitators they perceive pertaining to their delivery of care and the prevention of abuse within these settings. Nearly all nurse's aides reported having witnessed multiple incidences of abuse as well as deciding against reporting, most for fear of detrimental outcomes to themselves or other members of the healthcare team. Reported staff morale among nurse's aides is low, with feelings of disempowerment and disenfranchisement within their care team and the greater society.

Conclusion: Nurses aides are often overlooked by educational interventions but if empowered, they have the potential to vastly improve the culture of care within LTRC environments. Attempts to empower nurse's aides within LTRC should focus on creating organizational cultures that promote high morale and collaboration of all members of the care staff including nurse's aides themselves.

P30.5. Results of an extended dementia care model of intervention to an entire nursing home

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Introduction: Congruency between social and physical environment is essential to promote well-being and adapted behaviors for People with dementia (PwD) and also their caregivers. Eval'zheimer® is a psychosocial model of intervention intended to fit caring practices and environmental design to institutionalized people with dementia, especially in special care unit. According to previous research on this model of intervention can help reduce behavioral symptoms and improve communication skills, autonomy, social abilities, and quality of life of PwD. In France, as in Europe, retirement homes are experiencing an increase of people with dementia related cognitive impairments that can be representative of 60 to 70% of residents in some facilities. To address this issue the Fondation Médéric Alzheimer has experimented the feasibility of extending the Evalzheimer model of intervention to an entire retirement home.

Methods: This experimental study was carried out using a cluster randomized control trial on 4 retirement homes in Franceduring a year. It aimed at evaluating if an extension of the Eval'zheimer® model of intervention to an entire nursing care home could produce similar results. Outcome measures for residents addressed cognitive, behavioural and quality of life assessments and outcome measures for professional caregivers' address job content and burnout assessments.

Results: Burnout indicators decreased for the caregiver of the experimental group compared to the caregivers of the control group after the intervention. A tendency to maintain resident's cognitive status was also observed in the experimental group in comparison to the control group.

Discussion: General results of this intervention, and perspectives on environmental management of dementia, will be described in terms of specificity of dementia friendly environments, dementia related psychosocial interventions and generalizability potential to other institutionalised elderly people, as well as organisational and professional outcomes.

P30.6. The course of neuropsychiatric symptoms in nursing home residents from admission to 30-month follow-up

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Aim: The aim was to describe the prevalence and persistence of clinically significant neuropsychiatric symptoms (NPS) in nursing home residents with dementia, and to study the association between the severity of dementia and specific neuropsychiatric sub-syndromes over time.

Methods: In total, 583 residents with dementia were included at admission to a nursing home and followed with biannual assessments until death, or to 30 months' follow-up. In total, 221 residents were still in the study at the 30 months' follow-up, 305 had died and 57 residents had left the study for other reasons. Data on demographics, cognition, level of dementia, NPS, personal activities of daily living (P-ADL), physical health, medication and type of nursing home unit were collected. NPS was assessed using the Neuropsychiatric Inventory Nursing Home version (NPI-NH).

Results: The prevalence and persistence at two consecutive time points of clinically significant NPS was high during the study period. The NPI agitation sub-syndrome score increased during the study period, while the affective and psychosis sub-syndrome scores remained unchanged. More severe dementia was associated with higher NPI agitation, psychosis and affective sub-syndrome score. More severe P-ADL, use of antipsychotics and sedatives, lower age and staying in special care unit (SCU) were associated with higher agitation sub-syndrome score. Poor physical health, more severe P-ADL, female gender, and use of antipsychotics, antidepressants and sedatives were associated with higher affective sub-syndrome score. Being married, use of antipsychotics and sedatives, and being a resident in SCU were associated with higher psychosis sub-syndrome score.

Conclusion: NPS are among the most distressing dementia symptoms, both for the patients and the caregivers. Our findings regarding the relationship between the major NPS syndromes and dementia severity, as well as other key patient characteristics, are crucial for approaches aiming at preventing and treating NPS in nursing home patients with dementia.

P31. Rights and dementia-friendly society: Consent and decision-making

P31.1. Supporting legal capacity of people with dementia

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Objectives: The primary aim of the study was to scrutinize the autonomy and legal capacity of people with dementia. The aim was also to assess the utilisation of later life legal planning, and how the legal capacity of people with dementia is supported.

Methods: The primary data consists of individual interviews of 16 people with mild dementia. Every person was interviewed twice, six months apart. The secondary data was gathered in a project of Society for Memory Disorders Expertise in Finland where 98 professionals were interviewed in 25 group interviews. The participants were from different social and health care units, legal aid offices, banks, local register offices and the third sector. The material as whole was analyzed using abductive content analysis.

Results: People with dementia didn't consider later life planning relevant at the moment and different options were unfamiliar. They had rarely made advanced directives, powers of attorney or continuing powers of attorney. They wished to receive basic legal counselling from the familiar social or health care professional close to them and also emphasized the importance of being encouraged to plan for their future – being given information is not sufficient in itself.

However, the professionals felt that it was not their responsibility to give counselling on matters of legal planning, even though Finnish legislation stipulates that social and health care professionals do have the obligation to provide such guidance and advice. They also lack knowledge and felt bringing up the issue of legal planning difficult or uncomfortable.

Conclusion: People with dementia are not well-informed of the available measures supporting their autonomy when they still have enough legal capacity to plan for their future. Legal means are reported complicated and the terminology complex. Social and health care professionals' role in supporting legal planning is crucial: giving basic guidance and encouragement.

P31.2. Early dementia diagnosis and planning later life: Preliminary results of an empirical-ethical study

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Background: Predictive medicine promotes early diagnosis and prediction of dementia. New research for early detection and prediction focuses on the physiological and neurological biomarkers. Though promising, the possibility of predicting the probability of late-onset dementia can be a double-edged sword: Biomarker tests can identify at-risk persons, but there is yet no known cure for dementia. Hence, the desirability and value of such risk information raise concerns.

Objectives: In this presentation, we will examine the perspectives of affected and lay people regarding early and predictive diagnosis of dementia. Our focus will be on their moral and practical assessments of risk information and life planning as well as the effects of such tests on family and other social relationships.

Methods: In 2017, we conducted nine focus groups in Germany with affected persons (especially with caregivers and relatives of the early-diagnosed dementia patients) (N = 27) and laypeople (N = 43). We analyzed the main topics by qualitative content analysis. Then, by comparative analysis, we discussed the similarities and controversies within the groups.

Results: Our analysis showed that there is a need for public awareness regarding dementia. Overall, laypeople considered an early diagnosis of dementia rather as a burden, whereas affected persons described it as a relief counteracting the feeling of insecurity. However, affected persons mentioned also important critical issues for improvement and ethical consideration. This concerns medical communication and psychological counseling, support in care as well as new approaches to avoid conflicts between caregivers and those affected. Planning later life appeared as a critical, but highly valued issue.

Conclusion: The comparison sheds light on differing understandings of dementia and its prediction or early diagnosis. Current clinical and public communication strategies only partly address patients' perspectives and public needs.

P31.3. The "Who to tell, how and when" intervention

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Background: Receiving a diagnosis of dementia is life changing. Between receiving a diagnosis and getting the right support, an important step has been overlooked: diagnostic disclosure by the person with dementia to their social networks. The aim of this presentation is to describe the development, and content, of a manualised decision-making intervention. The 'Who to Tell How and When' intervention seeks to support people living with dementia who are fearful of disclosing their diagnosis to others.

Method: The "Who to Tell, How and When" intervention has been developed through an iterative process involving: the adaptation of an existing mental health disclosure intervention; a systematic review of decision making in dementia; a large-scale public consultation, Patient and Public Involvement (PPI) with people with dementia and a small feasibility study with qualitative evaluation.

Results: The results will describe the outcomes from a multi-faceted approach used to develop the 'Who to Tell, How and When' intervention. The presentation will outline the influence of the literature review and consultation on the revised content of the disclosure decision-making intervention comprising of three sessions (1. Considering the pros and cons of disclosing, 2. Various ways in which to disclose 3. Telling ones story in a personally meaningful way), and participant responses to the intervention

Conclusion: This is the first intervention specific to disclosure decision-making for people living with dementia and their main supporter. Next steps are to explore the feasibility of quantitative evaluation and evaluate the impact of the intervention on disclosure-related distress.

P31.4. Specialist dementia units improvement programme: Guidance on legal and ethical issues for participating teams

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The Focus on Dementia Team is part of the Improvement Hub (iHub) within Healthcare Improvement Scotland (HIS). It carries out pieces of improvement work commissioned by the Scottish Government around the commitments included in the 3rd Scotland National Dementia Strategy. One of such pieces of work is around improvements in specialist dementia units across the country: "Specialist Dementia Units Impriovement Programme". For this, 4 specialist units for people with dementia were selected as pilot sites: 3 wards in National Health Service (NHS) premises and 1 in a specialist care home unit. The improvement methodology chosen for this piece of work is called Experience Based Co-Design (EBCD). EBCD is an approach that enables, staff, people with dementia and their families to co-design services and/or care pathways, together in partnership. EBCD involves gathering experiences and opinions from such stakeholders through in-depth interviewing, observations and group discussions.

The aim of this presentation is to share our experience in putting together guidance on the ethical and legal issues that need to be considered and adhere to when carring out interviews and observations to gather data used for the subsequent improvement work with people that lack capacity to consent to take part in the process. This is the first time that such guidance has been produced in the Quality Improvement (QI) arena in Scotland taking into account not only previous national guidance on such issues and the international Human Rights legislation but also the specific Scottish context (the Scottish incapacty legislation and the Scottish Goverment's health and socail care standards). This guidance was designed for those health and social care professionals in Scotland that engage in QI projects with adults who lack capacity to consent. It offers both principles to apply to and practical advice on requirements during the QI process.

P31.5. Foreign guardianship decisions: Pitfalls of recognition

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Safeguarding the interest of a vulnerable adult requires without a doubt mobility of cross-border guardianship decisions. It is in the interest of adult that his or her representative appointed in one jurisdiction can act on behalf of the adult in another jurisdiction where this need emerges. This is both cost-effective and time-saving compared to the need to re-give the decision in another jurisdiction. Thus, the 2000 Hague Convention on

International Protection of Adults provides, and rightly so, that in principle a decision given in one contracting state is directly applicable in another contracting state. Nevertheless, the direct recognition of foreign guardianship decisions is somewhat problematic due to significant differences in material guardianship laws which can be seen when comparing, for instance, the Finnish and Spanish guardianship norms. They clearly show that at worst the direct recognition might lead to a result in which the adult´s competency is not limited due to his or her need of protection, but because the guardianship decision was made abroad in a state which guardianship system is based on a different starting point. Corresponding problems stemming from the material law dimension emerge especially in relation to representation in personal and health care matters. Therefore, despite the obvious benefits of direct recognition, it can be claimed that some information regarding the starting points of the judicial system in which the original protective measure was given should perhaps be required in the receiving system. In certain circumstances, it should also be possible to adapt the foreign decision in order to fulfil the requirements of necessity and proportionality and to avoid unequal treatment of vulnerable adults.

P31.6. Agency in dementia care: Systematic review and meta-ethnography

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Background: Dementia often limits the agency of the person to such an extent that there is need for external support in making daily life decisions. This support is usually provided by family members who are sometimes legally empowered to engage in decision making on behalf of the person for whom they care. However, such family carers receive little or no information on how to best provide support when there is a lack of capacity. This may have an impact on the agency of the person with dementia.

Objectives: This review explores the experience of agency in people living with dementia.

Methods: A systematic search was conducted on IBSS, MedLine, PsychINFO, EMBASE, and CINAHL. Two independent researchers screened the studies and conducted the quality appraisal. We used meta-ethnography for data analysis. As part of the synthesis, we identified behavioural mechanisms underlying the process of decision making and looked at how the support of carers comes into play in making deliberate choices.

Results: The meta-ethnography involved 20 studies. Three levels of third-order constructs were identified, each describing a decision-making pathway and reflecting the degree of autonomy of the person with dementia: autonomous decision-making, shared decision-making, and pseudo decision-making. Findings highlight those inter-relational processes that promote or negatively impact on the agency of people with dementia.

Discussion: Our review will provide health and social care personnel with an understanding of the role of the carer in the decision-making-process, and therefore which mechanisms need to be promoted or discouraged through training.

P32. Spanish Session (CEAFA/FAE): Plan Nacional de Alzheimer

P32.1. Apoyo integral sociosanitario

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En la reciente revisión de las guías NICE 2018: "Demencia. Evaluación, gestión y apoyo para las personas que viven con demencia y sus cuidadores", tras analizar ensayos controlados aleatorios, estudios cualitativos y revisiones sistemáticas se establece que la atención médica y social deben coordinarse y explorarse los métodos más efectivos de planificación de la atención y que se centren en mejorar los resultados para las personas con demencia y sus cuidadores. Todo ello apoyado con elevados niveles de evidencia. En muchos medios, articular un adecuado apoyo integral que aúne las coberturas de necesidades sociales y sanitarias es complejo dada la separación política y administrativa de servicios que funcionan como auténticos compartimentos estancos y, entre los que la permeabilidad, es baja. El inicio del éxito para conseguir un adecuado apoyo en estas esferas debe partir, desde el principio, de una adecuada planificación que ofrezca oportunidades tempranas y continuas para las personas que viven con demencia y las personas involucradas en su cuidado. En este sentido se analizarán los beneficios de planear con anticipación, disponer de declaración anticipada de deseos, preferencias, creencias y valores con respecto a su cuidado futuro, decisiones anticipadas por el lugar de cuidado y el lugar de la muerte. Se analizarán los diferentes modelos de integración/coordinación de cuidados psicosanitarios para la persona enferma y quien/quienes le cuidan. Dentro de ellos es necesario establecer: una evaluación inicial de las necesidades de la persona (que debe ser cara a cara si es posible), proporcionar información sobre los servicios disponibles y cómo acceder a ellos, involucrar a los miembros de la familia de la persona o cuidadores (según corresponda) en apoyo y toma de decisiones, garantizar que las personas conozcan sus derechos, desarrollar un plan de cuidado y apoyo. En cuanto a los profesionales, debemos maximizar la continuidad y la consistencia de la atención, asegurándonos de que la información relevante se comparta y registre en el plan de atención y apoyo de la persona. Los proveedores de servicios deben diseñar servicios para que sean accesibles para la mayor cantidad de personas que viven con demencia y quienes les cuidan y este es un eje esencial en el apoyo sociosanitario. Se estudia la situación de apoyo y cuidados integrados en nuestro país mediante un análisis descriptivo de situación como la que aporta el proyecto MapEA y los datos y recomendaciones propuestos al necesario Plan Nacional de Alzheimer.

P32.2. El paciente con enfermedad de Alzheimer y su cuidador en el ámbito hospitalario

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La atención médica actual ha cambiado significativamente respecto a la asistencia del siglo XX. El envejecimiento poblacional y el incremento de pacientes con patología crónica ha forzado a cambiar el enfoque asistencial de los sistemas de salud. Y el paradigma de este cambio es el paciente con enfermedad de Alzheimer u otras demencias. En esta línea, el concepto de "Hospital líquido" ha surgido en el ámbito de la atención hospitalaria. Se entiende como hospital líquido a un nuevo concepto de hospital donde la tecnología permite nuevas formas de trabajo en un nuevo modelo colaborativo entre profesionales, pacientes y la sociedad en su conjunto. Una de las claves para entender este modelo es la extensión del cuidado de los pacientes hacia el exterior del hospital, mejorando la coordinación con los equipos de atención primaria, atención socio-sanitaria y cuidados domiciliarios. El pilar fundamental para desarrollar este concepto se basa en el uso de las nuevas tecnologías digitales empleadas de forma colaborativa, abierta y flexible. Presentamos las bases de esta nueva estrategia enfocada en el paciente y su comunidad, subrayando los retos que debemos asumir y el camino para mejorar la atención a los pacientes con demencia.

Oral poster presentations

OP1. Care and treatment

OP1.1. Setting up Kinect bowling groups for people with dementia

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Motion-based technology such as Xbox Kinect, can provide cognitive, physical and social benefits for people with dementia. However, information is needed about the best ways to introduce, teach and support people with dementia to use this type of technology. and for organisaitons to implement it in their care settings. This study set out to examine the implementation of Xbox Kinect bowling as a group activity for people with dementia in day care programs. The study was conducted in three community-based adult day programs for people with dementia and other age-related challenges. Participants with dementia (N = 38; mean age = 75.4 years; mean MoCA =12.43) were invited to play Kinect bowling twice a week (1 hour per session) for 10 weeks (i.e. 20 sessions). Data were collected using two video cameras (front and back views) to capture the frequency and types of assistance provided to participants, the number of bowling turns completed independently, and the duration of participants' bowling turns. Analysis of the video recording using behavioral coding software is looking at number of prompts, independent turns and turn duration, which are compared pre- and post, using paired t-tests. Pre- and post analysis of the first completed group (n=11) revealed a significant decrease in the number of assistive prompts provided per turn (p<.01), a significant increase in the number of independent bowling turns (p<.007) and a significant decrease in turn duration (p<.01), confirming that participants learned to use the Xbox Kinect. Analyses of the second and third sites are currently underway to increase the generalizability of the findings. This study demonstrates that people with dementia can successfully learn to use motion-based technology. The activity proved so popular that all three day programs have implemented Kinect bowling as a twice weekly group activity in their regular schedule.

OP1.2. CIRCA groups: Technology-assisted cognitive stimulation

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CIRCA (Computer Interactive Reminiscence and Conversation Aid) is an interactive, multimedia system to support conversation between people living with dementia and care partners. The potential of CIRCA as an engaging group-based activity in day and residential care that could improve both wellbeing and cognition has not been examined. The present study, undertaken as part of the H2020 IN-LIFE project, examined the impact of participation in a CIRCA group activity on the cognitive function and quality of life of people with dementia. One hundred and sixty-one people with dementia living in the UK, participated in small groups in an 8-session group activity using CIRCA. Cognition, quality of life and general health were assessed pre-, post- and three-months later. There was a significant improvement in cognition (p<.05) and quality of life (p<.05) at the end of the CIRCA group intervention, which was further improved at three-month follow-up - cognition (p<.005) and quality of lfie (p<.005). The improvements in cognition and quality of life correspond with those reported for Cognitive Stimualtion Therapy, the only psychosocial intervention approved by NICE, which match those found in currently available drugs for dementia. These findings confirm the potential of CIRCA as a group based activity that improves cognition and quality of life of people with dementia. In additon, CIRCA has a database that can be populated with different cultural and language contents for different user groups and is currently being used in the Netherlands, Spain and Sweden as well as the UK.

OP1.3. Benefits and harms of Z-drugs for sleep disturbance in people living with dementia

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Background: Approximately 60% of people with dementia (PwD) experience sleep disturbance including insomnia and excessive daytime sleeping. Hypnotic Z-drugs (zolpidem, zopiclone and zaleplon) are common insomnia treatments, but can cause adverse events in the elderly e.g. falls and daytime cognitive impairment which might be particularly harmful for PwD. However, the safety and efficacy of Z-drugs in PwD has not been fully evaluated. Given the importance of providing respite from sleep disturbance for PwD and carers, it is essential we understand the benefits and harms of Z-drugs.

Methods: The Z-drug Evaluation in Dementia study (HTA 14/221/02, reporting June 2018) used existing data to examine the association between Z-drugs and adverse events, cognitive function, functional ability and quality of life in PwD. We utilised (i) the UK Clinical Practice Research Datalink (CPRD; data routinely recorded by GPs), and (ii) data from three clinical studies of PwD.

Results: The CPRD analysis includes 4,603 PwD with sleep disturbance and 2,952 prescribed Z-drugs with 2-year follow-up. New use of Z-drugs was associated with a greater risk of fractures (hazard ratio=1.47, 95% confidence interval 1.10-1.97), with risk increasing with greater doses (p=0.008). Increased risks were also observed for hip fractures and mortality, but not for falls, infections, stroke, or venous thromboembolism. The clinical study analyses include 3,057 PwD with 374 using Z-drugs with up to 11-year follow-up. We will present findings on the effects of Z-drug use on changes in cognition, function, and patient quality of life.

Conclusions: We observed a dose dependent increase in fracture risk with Z-drug use in PwD. In PwD with sleep disturbance, evidence based non-pharmacological alternatives should be considered given the potentially devastating impact of fractures in PwD (e.g. decreased mobility, increased dependency, and worsening dementia). Where Z-drugs are prescribed, patients should be monitored and falls prevention strategies put in place.

OP1.4. Shifting gears versus sudden stops: Consultations about driving for patients with cognitive impairment

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Background: Clinical decisions on a person's fitness to drive (FtD) can have broad implications for individual functioning and well-being, family interaction, health care, transportation, and public safety. General Practitioners (GPs) find consultations on FtD in people with cognitive impairment particularly difficult, not least because of their potential to damage the physician-patient relationship. In this study, we explore experiences from both sides of the FtD consultation in order to understand how the negative impacts associated with these difficult consultations may be lessened.

Methods: Individual qualitative interviews were conducted with GPs, patients and carers. Chart-stimulated recall, an interviewing technique that uses a medical chart to stimulate a physician's recall of a case was used in GP interviews. GPs were sampled by length of time qualified, practice location and practice size. All interviews were audio-recorded and transcribed in full. Interview data were double coded by the research team using a thematic approach.

Results: Twelve GPs, five patients with cognitive impairment and one carer were interviewed. Data showed that FtD arose for discussion in two ways: introduced by GPs in an effort to proactively prepare patients for future driving cessation, or introduced by patients in the acute setting of needing a medical report for an expiring driving license. GPs reported numerous strategies to lessen bad feeling within the consultation. Despite these efforts, patients called for greater clarity of plan and empathy from GPs for the impact posed by these consultations and the threat of driving cessation.

Discussion: GPs used their longitudinal relationship with cognitively impaired patients to reduce the potential for conflict in consultations on FtD. These efforts could be augmented by explicit planning and empathy for those patients who are facing driving cessation as the outcome of these consultations.

OP1.5. Caregivers' burden and use of care services: The Bavarian Dementia Survey (BayDem)

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Background: There are about 1.6 million people with dementia (PwD) living in Germany. Most of them receive care by their relatives, who experience increased burden. Particular needs of this group may be met by the utilization of care services. This analysis investigates the burden of caregivers and the use of services such as „outpatient care", "day care", "household help", "food delivery" and "care assistance".

Methods: BayDem is a multi-centre, longitudinal study at three different sites in Bavaria, Germany. Participants are PwD (according to ICD-10) and their informal caregivers. Data was collected by standardized face-to-face interviews using well-designed instruments (RUD, BSFC-s).

Results: In total, 236 family caregiver of PwD were considered 6 months after the first interview. 32% (n=76) reported no or a low level, 39% a moderate (n=91) and 29% a high (n=69) level of burden of care.

Concerning the utilization of care services, 33% (n=78) make use of "outpatient care". Support in terms of "household help" receive 17% (n=40), "food delivery" is used by 7% (n=16) of the respondents. "Care assistance" for PwD task 10% (n=24), 14% (n=32) of the PwD visit a "day care".

Conclusion: Although family caregivers perceive a great burden of care, the use of supportive care services is low. Besides financial reasons it is possible that certain services are not offered on site or don´t meet the caregivers' needs. Therefore, dementia strategies should focus more on innovative health service delivery models tailored to the individual needs of PwD and their family caregivers.

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OP1.6. Developing a best practice model for services managing crises in people with dementia: The AQUEDUCT study

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Background: In England there are teams that seek to manage mental health crises for people with dementia in their own home, preventing admission to hospital or residential care. A survey and previous research evidence revealed these services to be highly heterogeneous in name, set-up and model. The aim of Acheiving QUality and Effectiveness in

Dementia Using Crisis Teams (AQUEDUCT) work package 1 was to develop a best practice model for teams managing crisis in people with dementia (TMCDs) in England.

Methods: A best practice model was developed by establishing the experience of current practice through interviews with TMCD staff, people with dementia and carers of people with dementia. Views on what is thought to be best practice were also gathered through focus groups with people with dementia, carers of people with dementia, TMCD staff members and staff members from other services regularly interfacing with TMCDs. These groups were co-facilitated by lay carers of people with dementia. A consensus process was used to refine the qualitative work into a best practice model involving stakeholder consultation groups and a consensus conference.

Results: Thematic analysis of qualitative data resulted in 168 best practice statements, the stakeholder consultation group refined the statement list to 90 items and the consensus workshop refined further to 50 best practice statements. These consisted of the following topics: service remit, rapid assessment and intervention, and resources.

Discussion: Despite the heterogeneous nature of TMCDs, it was possible to define best practice in teams that seek to manage mental health crises in the dementia population. Inviting carers of people with dementia to co-facilitate the focus groups lent a richness to the data collected. This model is being used to develop a fidelity measure and resource kit whereby teams can evaluate and improve their service in line with the best practice model.

OP1.7. Positive aspects of relationship changes between a parent with dementia and their caregiving child

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Background: The number of people with dementia is increasing. Most

people with dementia in the Netherlands receive informal care (e.g. from their child). Research indicates that the relationship between a person with dementia and their child changes. A positive parent-child relationship may be a protective factor for well-being for both parent and child. The present study aims to explore the positive aspects of changing relationships between informal caregivers and their parents with dementia, as experienced by the caregivers. Methods: The study has a qualitative design with a descriptive phenomenological approach. Data were gathered through 15 semi-structured interviews with sons and daughters of parents with Alzheimer's disease or vascular dementia. Colaizzi's method was used for analysis. Research results: Two themes with four subthemes were identified: (1) the benefits of seeing positive aspects during a grim process with the subthemes of relationship benefits and personal benefits (2) the wish to sustain positive moments and the actions taken to do so, with the subthemes of seeking contact and taking enjoyment in their parents' pleasure. Conclusions: This study identifies the positive aspects of relationship changes in dementia as relationship and personal benefits, during a grim time. It shows that sustaining positive interaction is meaningful for children caring for their parent. Interventions aiming to support carers may address both the positive relationship aspects and the caregivers burden to improve carers' well-being.

OP1.8. Regional and local dementia care networks in Germany: Community-based support structures for families living with dementia

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Background: Providing timely and appropriate care for people living with dementia has proven difficult worldwide. In Germany, a growing number of community-based support services for people with dementia and their caregivers are organized in dementia care networks. They are models of integrated care that vary widely in size, financing models and cooperation structures. This study was conducted to – for the first time – characterize care arrangements for persons with dementia who are living at home with the support of a dementia care network.

Methods: As part of a larger observational study (DemNet-D), data on the (non-) utilization of formal and informal support were collected in standardized quantitative interviews with persons with dementia and their caregivers who received support from 1 of 13 dementia care networks at baseline and 12-months follow-up. Data on the sample and on group differences were analyzed using descriptive and inferential statistics.

Results: Altogether, 560 persons with dementia and their caregivers were enrolled into the study. At baseline, the average age of caregivers was 63.9 years (SD ± 12.9) with the majority (75.0%) being female. More than one in five (21.4%) persons with dementia were living alone. Men were supported by twice as many informal caregivers as women (2 vs. 1, $p \leq .000$). We found regional differences in the utilization of formal support services. Unsuitability was a common reason for the non-utilization of low-threshold services. Furthermore, we identified a high level of perceived stability of the care situation.

Discussion: The data seem to support the notion that dementia care networks in Germany are successful in contributing towards a stable care situation. The results of the DemNet-D study have impacted on German legislation providing consistent funding sources and thereby improving the likelihood to translate dementia care networks into sustainable support structures.

OP1.9. Improving quality of care in young-onset dementia: The Unicity-project

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Background: In 6-9% of all people with dementia, first symptoms occur before age 65. There is a significant delay in the time to diagnosis in people with young-onset dementia (YOD), postponing the initiation of appropriate care. Dedicated YOD services are scarce, especially services also aimed at family members of people with YOD. Furthermore, healthcare professionals experience difficulties in addressing the care needs of these younger individuals and their families. In the Netherlands a YOD-specific healthcare standard was recently developed, but this standard has only been partly implemented thus far.

Methods: In this study this YOD healthcare standard is implemented in three regions of the Netherlands. Alongside implementation a process evaluation will be performed to facilitate implementation of the standard in other regions. Also, educational programs for healthcare professionals involved in YOD caregiving will be developed and evaluated. One program will target casemanagers and one interprofessional program will target elderly care physicians, psychologists, nurse practitioners and physician assistants. Finally, an eHealth intervention for spouses of people with YOD will be tailored and evaluated for use with children and other family members.

Results: An initial survey among stakeholders shows that early detection, improvement of both the diagnostic trajectory and service delivery need prioritization in all participating regions. This will guide further implementation of the healthcare standard. For the educational programs a survey among 40 professionals working with PwYOD revealed that management of challenging behavior and psychosocial care were highly prioritized as learning objectives. For the development of the eHealth intervention consensus has been reached about the contents of the intervention. These involve more general topics for all family members such as acceptance, regaining balance and improving communication with the person with YOD but also topics for specific family members, such as genetics. Key findings of the project will be presented at the conference.

OP1.10. Association between proxy and self-reported cognitive decline and cognitive performance in memory clinic visitors

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Background: It is uncertain whether self- and proxy-reported cognitive decline in older adults reflect an actual objective cognitive dysfunction in the clinical sense, and if these are predictive for developing dementia. The aim of the present study is to investigate the cross-sectional and longitudinal relation between subjective cognitive decline and objective cognitive performance, and to determine the predictive value for development of dementia.

Methods: We included 405 individuals without dementia from the Maastricht memory clinic participating in a longitudinal cohort study. Both patients and their family members were asked to fill out a questionnaire on their experienced cognitive decline in the past year. All participants underwent a standardized neuropsychological assessment. Follow-up assessments were performed yearly for three years, and once after five years.

Results: Patients with proxy-reported cognitive decline (n = 110; 27%) overall had a significantly lower performance on nearly all neuropsychological tests at baseline compared to patients without proxy-reported decline. In contrast, self-reported cognitive decline (n = 342, 84%) was more associated with higher levels of depressive symptoms. Proxy-reported cognitive decline predicted incident dementia (OR=2.01, 95%CI=1.13–3.59), whilst self-reported decline did not (OR=1.9, 95%CI=0.91- 4.29). Patients with both self- and proxy reported cognitive decline (n = 95, 23.5%) showed an even greater increased risk for developing dementia (OR = 2.70, CI: 1.61 – 4.52, p <.001).

Conclusion: Because proxy-reported cognitive decline reflects cognitive deterioration rather than self-reported decline, which is more related to depressive symptoms, both informant history and depressive symptomatology should be taken into account in a clinical population visiting the memory clinic.

OP1.11. PICC - Appropriately for patients living with dementia

WYLLIE Nicola, SHIELDS Sandra

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Multiple cannula insertions can be painful, distressing and damaging to the veins. When someone with dementia and /or delirium or other cause of cognitive impairment requires cannulation it can increase distress and it is likely to reduce the tolerance to the device and increase the frequency of repeat cannulation. The ageing process can lead to problematic issues with venous access. The RCN Standards for Infusion Guidelines state that any patient receiving greater than 3-5 days of IV therapy should receive an appropriate vascular access device and that device is identified as either a midline catheter or a peripherally inserted central catheter (PICC). Early identification and referral, to the established vascular access service, for the appropriate device for this patient group is traditionally poor. As 25% of patients admitted to hospital are expected to have a cognitive impairment there is an identified opportunity to reduce the distress and the number of repeat cannulations for this group of patients. The aim of this project was to provide a service which allows patient in the acute setting living with a dementia to receive the most appropriate vascular access device for their treatment needs at the bedside reducing the needs for patients to be moved to the radiology department and increase the overall number of patients with cognitive impairment referred for appropriate cannualation. To add reassurance Family, Friend or Carer are welcome to be present.

Identified outcomes:

- Appropriate access to the vascular access device most appropriate to treatment needs.
- Bloods can be taken without additional pain or venous damage.
- IV therapies can be given without interruption
- The device can stay in place for duration of treatment.

- Missed doses of IV drugs, including antibiotics are reduced.
- Improved patient experience, tolerance and overall satisfaction.
- Family, friends or carer are treated as equal partners in care.

OP1.12. Winston's World: Research-based cartoon opens up dementia home care for reflection and learning

SCHNEIDER Justine

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Background and Objectives: Home care (or home health care) enables many people living with dementia to remain in their own homes. Although employment conditions vary, in general the workforce that provides this essential support is mostly women, with few formal qualifications and minimal training and supervision. Two-thirds of their clients are estimated to have dementia, and little is known about how home care is delivered in practice behind closed doors. Our research was commissioned by NIHR School for Social Care Research to address the question 'what is 'good' home care for people with dementia?

Methods: We adopted a perspective of appreciative enquiry. We used interviews with carers, care recipients, relatives and commissioners, documentary analysis and diary-keeping to address the research question. Two post-doctoral researchers worked as home carers for one year, keeping field notes on the 350 episodes of care they delivered. Qualitative data were entered into NViVO, coded and analysed by the research team.

Results: Several scenarios emerged as typical of home care for people with dementia. These were formulated into a narrative using fictional characters. We commissioned a graphic novel in 5 chapters (90pp) by cartoonist Tony Husband based on these episodes. The book, Winston's World, offers a reference point for explaining what home care in dementia can require of the worker. It also opens up a hidden world, and raises awareness of the vulnerability of people living at home with dementia. It enables readers to study and reflect on each drawing in order to explore a situation in depth, drawing on their own insights and experience.

Conclusions/Perspectives: Winston's World is freely available online, to be used as a training resource for home care workers and to raise awareness about the reality of life with dementia for many people.

OP2. Dementia-friendly society and rights

OP2.1. One-year evolution of BPSD in patients hospitalized in cognitive behavioral units: the EVITAL cohort

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Background: To improve the management of Behavioral and Psychological Symptoms of Dementia (BPSD) in France, new specific hospital units called Cognitive and Behavioral Units (CBUs) are intended for patients with dementia and productive BPSD.

Objective: The current study investigated the long-term evolution of BPSD among these patients during the year following their hospitalization in a CBU. We also investigated the factors associated with the long-term evolution of BPSD among these patients.

Methods: The EVITAL study included 221 participants admitted to the CBUs of 3 French hospitals.

The baseline visit at entry included BPSD assessment using the Neuropsychiatric Inventory (NPI) and clinical and environment data. The patients were followed up 3, 6 and 12 months after discharge. The evolution of the global NPI score was assessed using a linear mixed-effect model. A PCA four-factor model including NPI behavioral dyscontrol, psychosis, mood and agitation subscores was also analyzed.

Results: Our analysis focused on 148 patients followed up during 12 months and seen at each visit. The global NPI score was 48.5 (SD 21.7) at baseline, 28.8 (SD 18.7) at 3-month, 23.2 (SD 16.4) at 6-month and 20.9 (15.9) at 12-month follow-up. The score significantly decreased from baseline to follow-up (F=109.3 p<0.0001). Moreover, the decrease was also observed for each NPI subscore.

The Clinical Dementia Rating (CDR) scale score was significantly linked to the baseline NPI score (t= 2.76, p=0.009), but the NPI decline was observed whatever the CDR level. Otherwise, the number of prescribed psychotropic drugs increased from baseline to 12-month follow-up (p<0.0001). Conversely, the drugs anticholinergic and sedative burden did not increase from baseline to 12-month follow-up (p=0.35 and p=0.23).

Conclusion: The present study showed a decrease in the global NPI score and all its subscores during the year following the hospitalization in a CBU, regardless of the initial CDR score.

OP2.2. Evaluating the impact of the virtual reality app 'A Walk through dementia' on students learning and practice

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There are widespread concerns around the quality of care given to people with dementia, this has partly been attributed to a lack of understanding by health and social care staff about dementia. Staff also feel anxious and want to know more about dementia to influence the care they provide. Having staff with the knowledge and skills to deliver good dementia care is a UK Government priority. There is a plethora of training and education available for health and social care staff to increase their understanding of dementia. To ensure a more standardised approach to dementia education a Dementia Core Skills Education and Training framework was developed in 2015. In collaboration with Alzheimer's Research UK we have evaluated the effectiveness of their newly created Virtual Reality app 'A Walk Through Dementia' (AWTD). The app aims to help people think beyond memory loss and gain a fully immersive insight into the varied symptoms people with dementia can experience in everyday life. The app has been delivered as part of a training programme to health care undergraduate students, and residential care home staff, and a training pack developed. The training pack has been mapped against the learning outcomes from the core skills framework. This presentation will present findings from the evaluation of the app and the development of the training pack. It was also outline the next stage of the project when patients will be asked to evaluate the impact of this new learning on the care they have received. We will present how effective this low cost simulated learning app can support health care and social care staff understands the lived experience of dementia and how knowing this has influenced their practice.

OP2.3. An international collaboration to improve dementia research participation and public engagement

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Recruiting participants in research can often be costly and time consuming. Delays in finding the right people for studies can result in funding extensions for study delivery, study samples insufficient for robust analysis and generalisation of findings, ultimately limiting the timeliness and effectiveness of research and evaluation. The problem can be especially challenging in research concerning stigmatised health conditions such as dementia. Limited support is available to facilitate a broader public engagement in dementia research. Currently, there is no systematic way for people with dementia and others to get involved in research in Australia.The UK's public engagement platform, Join Dementia Research (JDR), aims to address such challenges associated with public engagement in dementia research. Since 2015, JDR has attracted over 34,000 volunteers, facilitating 9,377 instances of volunteer study recruitment into 201 studies across more than 100 locations. Leveraging the experience and knowledge of JDR, in partnership with University College London and University of Exeter, we are creating and implementing a new national service to tackle the challenges in Australia. Using seed funding from the Australian Government, we aim to establish a self-sustainable service that will become an important part of Australian dementia research and facilitate broader public engagement in dementia research.

This presentation will report on the most up-to-date progress made through JDR in improving public engagement in dementia research in the UK and the early implementation processes involved in the Australian platform service. Discussion will focus on bringing about sustainable and systemic change, not only to improve research recruitment efficiency but also to improve society's attitude towards dementia and to empower those who are directly and indirectly affected by it. We argue that this innovative service has the potential to inform and guide dementia services and research policy development, and to lead to an inclusive and integrated system.

OP2.4. Global dementia friends network: Uniting against dementia

FERNANDEZ GOMORA Daniela, TREE Philippa

Alzheimer's Society, London, United Kingdom

In 2005, Japan's government launched the nationwide campaign Ninchisho (Dementia) Supporters programme. This was the first campaign worldwide focusing on increasing understanding of dementia and awareness. We were greatly inspired by this programme and in 2012 pulled together a plan on how we could create a national programme through social action, volunteering and mobilisation. In 2013 the Dementia Friends programme was launched.

There are almost 2.5 million Dementia Friends in England and Wales, evaluation of the programme has demonstrated that Dementia Friends feel more confident in their interactions with people living with dementia and empowered to take action in their communities.Not only has Dementia Friends proven a success in England and Wales but the premise of this social action movement has captured the attention and imagination of people globally.During the past two years Alzheimer's Society has committed to, as part of the Prime Ministers Challenge 2020, 'turning Dementia Friends in to a global movement including sharing its learning across the world and learning from others'. We are supporting Alzheimer associations worldwide to develop their Dementia Friends programmes through leading the Global Dementia Friends Network.This abstract will highlight Dementia Friends programmes across Europe, and will discuss how we continue to share learnings and best practice with one another, and how this network of mutual support and growth is helping us to meet Action Area 2 of the WHO Global Dementia Action Plan (50% of countries to have at least one dementia-friendly initiative to foster dementia-inclusive society by 2025).Dementia isn't just a health and economic challenge. People living with dementia and families frequently face discrimination and in parts of the world can even face violence. Dementia Friends is one way in which we can tackle existing stigma and create meaningful change for people living with dementia worldwide.

OP2.5. Social understanding of dementia diagnosis

BUXÓ Susanna[1], TOMÉ Gemma[2], CETÓ Montse[3], MORENO Mariola[4], PRECKLER sílvia[4], MESTRE Emma[5], ROVIRA Myriam[7], PASTOR Pau[2], CAÑABATE Mª Pilar[4]

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This is a multicenter study promoted by the social workers of seven sociosanitary memory clinics in Catalonia. Our research was focused on the understanding of the diagnosis of dementia by the relatives. Our hypothesis was that a greater understanding of the disease would help to better define the needs and its organization.

Objectives: To study the quality of knowledge and understanding of the diagnosis of dementia among the caregivers.

Methodology: The data collection was carried out through a semi-structured interview, designed ad hoc, to 100 caregivers and / or relatives after the comunication of the diagnosis of dementia. The quantitative and qualitative perspectives were combined. The quantitative analysis included: sociodemographic data, health status, understanding of the diagnosis and forecasting it.

Results: 74% of the relatives were women; 55.6% of the total exceeded 65 years; and in 52.1% of the sample, schooling was less than 6 years.71% of the interviewees were main caregivers. 63% of the interviewees did not understand the diagnosis, 66.3% considered that the person with dementia would not get worse over time, 23% considered that the medication prescribed did stop the process and 15.2% expressed that they have no knowledge in which stage of the illness their relative was. The rest of the participants, although they stated that they already knew the disease stage, in 32.9% the stage was not congruent with theone reflected in our medical report (10.5% caregivers were confused in the degree of affectation of their family's illness).

Conclusions: Our study highlights the difficulties of the society in understanding what dementia means. The lack of understanding can directly affect the necessary caring and develop situations of social risk. Therefore, we considered necessary to promote supportive measures aimed to improve the knowledge and understanding of the dementing disease process.

OP2.6. Relational autonomy dignity consent and decision making

CAHILL Suzanne

Trinity College, Dublin, Ireland

Autonomy, defined simply as self-determination and freedom to choose is for all of us a critical component of quality of life. Yet all too often a person diagnosed with dementia may be stripped of all decision-making capacity and as a result will experience a decline in quality of life. This paper explores the relationship between the autonomy rights, dignity needs and the decision-making capacity of a person living with dementia. It argues for a more nuanced relational approach to understanding autonomy whereby irrespective of the severity of cognitive decline, cognizance is given to the individuals' ability to value one thing over another and to their will and preference. The paper calls for the elimination of traditional understandings of autonomy, which disadvantage the individual by placing an unprecedented emphasis on rationality. Some of the difficulties and practical dilemmas confronting practitioners attempting to respect a cognitively impaired person's autonomy rights are explored and recommendations are forwarded for best practice in this complex area.

OP2.7. Cognition, autonomy & vulnerability – Decision making in dementia, the UK approach

MUKHERJEE Sujoy

West London MH NHS Trust, London, United Kingdom

Modern psychiatric practice cuts across many frontiers of knowledge, skills & understanding with challenges as to how to maintain rights. This is particularly pertinent in the field of old age psychiatry where understanding of legal and ethical framework and their complex interaction with our patient's clinical and psychosocial problems determine how well we serve our patients, their carers and the wider society. This is also crucial in our role balancing between the basic rights of liberty and autonomy in our patients while managing risk and discharging our duty of care. In this pressentation I shall examine the complex legal construct of mental capacity and consent, practical challenges of assessing mental capacity in everyday practice and relevant legislative framework in the United Kingdom.

OP2.8. Older people's awareness on and experiences with living with dementia in rural communities in Austria

TATZER Verena, PLUNGER Petra, HEIMERL Katharina, REITINGER Elisabeth

Alpen Adria University, Wien, Austria

Background: The project "AGIL – Staying in life" aims at fostering healthy ageing in five rural communities in Austria using a health promotion approach (https://styriavitalis.at/entwicklung-innovation/agil/). Specific emphasis is placed on living well with dementia in rural communities as a cross-cutting issue via creating visibility, developing activities, and fostering inclusion of people living with dementia. In a first step, older people's experiences and needs related to ageing well and living with dementia in rural communities were assessed.

Methods: Following a project-presentation outlining the aims of AGIL in the respective communities, residents aged 70 years or older were invited by local contact points to participate in a focus groups. A total of 39 people, 24 of them women, participated. The focus groups were carried out by the researchers and lasted for approximately 2 hours. Each focus group was audiotaped and transcribed verbatim. A thematic analysis was carried out. Results: Ageing well was associated with remaining active and being able to lead an independent life. Clubs are an important provider for joint activities and focal points for social contacts in rural communities. Becoming dependent in later life, e.g. not being able to care for oneself, is perceived as very worrisome: Family relations have changed, as has neighbourly help, and new models of care are not yet tangible. Carers' experiences related to living with dementia hint to stigma still associated with dementia, although positive experiences with caring are also mentioned. When talking about dementia, participants without caring responsibilities mostly referred to later stages of dementia, talking about the threat of cognitive impairments, becoming dependent on others, and the burdens of caring. Based on these results, it will be argued that initiatives depicting a more nuanced understanding of dementia, as well as involving people living with dementia, are necessary to foster inclusive (rural) communities.

OP2.9. Brain health Champions promoting the prevention of memory-related disease

POHJANVUORI Anita

The Alzheimer Society of Finland, Helsinki, Finland

Background and need: The pillars of the National Memory Programme of Finland (2015–2020) and the related implementation plan include actions aimed at the promotion of brain health. The goal is to have brain health taken into consideration in all sectors of the society and to increase people's awareness of brain health. The promotion of brain health is based on the prevention of memory-related disease. According to the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (Finger), brain-friendly choices can postpone memory-related diseases, but people need information and guidance to support the making of such choices. The Alzheimer Society of Finland promotes brain health on the basis of up-to-date information. The Alzheimer Society of Finland's task is also to support the brain health and the prevention of memory-related disease of people already suffering from such disease, as well as their relatives. With the growing need for information, a lot of actors are needed. Organisations hold events and arrange group activities, in which volunteers can help. With appropriate training, instructions and tools, volunteers can provide information and tips related to brain health. Such operations are considered a new form of volunteer activities for the promotion of brain health.

Method of operation: A brain health Champion is a volunteer interested in the promotion of brain health. During a one-day training, an expert explains factors contributing to brain health and affecting the risk of memory-related disease during a model lecture. A brain health Champion works through a local memory association.

Extent of operations: The Alzheimer Society of Finland has been offering training for brain health Champions as part of the National Memory Programme since 2015. In 2018, we have trained our memory coach specialists to continue the training of volunteers in compliance with the Alzheimer Society of Finland's model.

OP2.10 Dementia friendly spots – Community support network for persons with dementia and their care partners

VIRANT Alenka, JURJEVČIČ Maja, BASTARDA Maša, KRIVEC David, L. ZLOBEC Stefanija

Spominčica - Alzheimer Slovenia, Ljubljana, Slovenia

In Slovenia number of people affected by dementia is increasing constantly. Awareness of dementia is rising, but support services are still not widely accessible. Answering the increasing need for non-formal types of support, in 2017 Spominčica – Alzheimer Slovenia came to an idea of Dementia Friendly Spots (DFS). The first DFS was opened in July with support of the Human Rights Ombudsman in the Ombudsman office. Since, there has been a growing interest in DFS around Slovenia. Spominčica already opened more than 30 DFS in nursing homes, health centres, centres of social work, Red Cross, respite centres, police, firestations, hospitals, pharmacies, banks, etc.

DFS are an innovative way of implementing a National Dementia Strategy, by following directions and iniciatives on building dementia friendly cities and society. With DFS Spominčica is building dementia friendly communities and spreading support networks to the less developed regions. DFS main goal is to raise public awareness of dementia and train the public workers in recognizing signs of dementia, offer information, support and direction to persons with dementia, their care partners and other members of the community. The aim is to develop a network of DFS. This way employees in every office, store, library, museum etc. in the community would be appropriately trained in offering help and support to persons with dementia and their families. This will empower them, increase their quality of life and enhance social inclusion, so they can remain active members of the local communities.

Spominčica provides 1-day trainings to all employees before opening DFS in an organization. Then, an official opening is organized, where all of the local media are present. An organization is presented with a DFS sticker and a certificate. Activities of DFS are monitored and evaluated, and staff trainings are periodically renewed.

OP2.11. Co-researching with people living with dementia: A co-operative inquiry

DAVIS Katie[1], KEADY John[2], SWARBRICK Caroline[2], BEE Penny[2], OPEN DOORS Stigma Research Group[3]

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It is estimated that worldwide, there is a new diagnosis of dementia every four seconds (World Health Organisation, 2016). Within the literature, it is noted that although participatory approaches to research are being adopted to study the experiences of people with dementia, the voice of people with dementia is often lost. Therefore, it is important to utilise methodologies that enhance the inclusion of people living with dementia in research, not simply as participants in the research, but as co-researchers. Co-researchers describe experts by their own lived experience, actively working in partnership with 'academic researchers' in all - or parts - of the research process. Co-operative inquiry is an emerging approach within dementia research that involves cycles of action and reflection and aims to address the concerns of the population being researched 'with' them, as opposed to 'on' them. Heron and Reason (2006) highlight that traditional research includes exclusive roles for researcher and participant, yet within co-operative inquiry, those traditional roles are replaced by a partnership that fosters a creative and practical collaboration. The idea of using a co-operative inquiry, is informed by the proposition of a model of social citizenship for people living with dementia. Social citizenship challenges the traditional definition of citizenship and allows for the consideration of citizen-driven campaigns and social movements (Bartlett & O'Connor, 2010). This presentation will draw on the formation of a co-operative inquiry with people living with dementia in the North West of England. The co-operative inquiry co-researched stigma and dementia, and co-produced an animation based on their own experiences of living with dementia. We will explore how such a group is facilitated and the contributions it can make to the dementia research field, highlighting the creative methods that were employed as part of the research process.

OP2.12. Involving couples living with dementia in the development of a strengths based approach to service delivery

MCDONNELL Rebecca

AFADAX, Malaga, Spain

Couplehood acknowledges that the impact of living with dementia is not unilateral. It explores the point of view of two people wishing to continue their lives together as opposed to planning from individual perspectives. Initially, views about sustaining relationships following a diagnosis of dementia were obtained through engagement with the undiagnosed spouse. This approach focused on what the relationship might lose or the level of burden the spouse might encounter. This deficit model compounded negative perceptions and denied the person with the dementia the opportunity to participate in a debate that directly affected their lives.

Strengths based approaches look at gaining an understanding of the lived experience from couple's joint perspective and strengths. Parallel to this development in thinking was a growing emphasis on the active participation, (AP) of people living with dementia in research, policy development and service delivery. Using AP to develop strength based couplehood is an example of how the voice and influence of the person with dementia can be promoted. From the author's experience of working in Spain, a deficit approach seems prevalent and involving people with dementia in decisions that affect their lives requires further attention. Often people with dementia are spoken for; this can be by their partner, who may have their own support needs.

This presentation describes the AP of couples attending a day service in Spain exploring a strength based approach to couplehood. Questionnaires and semi structured interviews identified the foundation of their relationships, how a diagnosis of dementia impacted on this and what support they wanted to help maintain their sense of togetherness. The presentation details service delivery proposals that respond to this input. The presentation examines the benefits of the AP of couples in service design, including what this involvement meant to them.

Poster presentations

PO1. Policies and strategies

PO1.1. Risk perception and LTC insurance demand: Enough informed for this stuff?

ZERRAR Nina

Fondation Médéric Alzheimer, Paris, France

As a solution to the Ageing financing challenge facing most developed countries nowadays, relying on private funding - through the long-term care (LTC) insurance market for example - has become the preferred option in the absence of any public reliable alternative. The LTCI market's capacity to insure LTC expenditures is thus examined, given its low coverage rates. LTC risk misperception is often argued as an explanation for low coverage. Misperceiving either the risk, or the cost this represents, makes LTCI coverage relatively less attractive and may drive individuals to avoid LTC insurance. Analysing a randomised experiment, this paper aims to shed light on the role of information in raising awareness on LTC risk to stimulate insurance uptake. The experiment makes use of two versions of a survey questionnaire - one with information on LCT costs and prevalence, another without - randomly sent to Elders wave 2's respondents. Our results suggest that information does have an impact on LTC risk perceptions (risk, expenditures) but not on the willingness to take up LTCI for individuals who are not covered yet. More precisely, results show that individuals overestimate both LTC costs and prevalence since the non informed group declares they more likely to need care at age 80 and less capable to finance their LTC expenditures. The information campaign simulated in this experiment was also able to reduce uncertainty which can leads to myopia or denial. In fact, proportion of individuals not able to answer our questions of interest strongly decrease with the information delivered. This simulated information campaign is then confronted to "natural" sources of information: having a relative needing or being a caregiver. Providing information has a stronger impact on individuals already aware through their experience. These findings are robust to controlling for individuals' health indicators.

PO1.3. Informal caregivers' perspectives of services for community-dwelling individuals with dementia

SCERRI Charles, SPITERI Charmaine

University of Malta, Msida, Malta

Following the recent launch of the national strategy for dementia in the Maltese Islands, a number of services were added to already pre-existent ones aimed at increasing the support to informal caregivers of individuals with dementia living in the community. Although some of these services have proved to be popular, research on their utilisation and level of satisfaction is lacking. In order to determine the level of service use, data of 38 informal caregivers of community-dwelling individuals with dementia was collected using a specifically designed research instrument. Six caregivers also agreed to participate to a face-to-face interview and share their experiences on dementia service provision. Caregivers had a mean age of 60.3±11.5 years, in the majority were daughters to the individual with dementia and had been in their caregiving role for more than five years. Results showed that among the dementia-specific services available to individuals with dementia, caregivers were mostly knowledgeable about the Dementia Day Care centres and the Dementia Helpline. Although the Memory Clinics have been in use for more a decade, almost half of the participating caregivers had no knowledge of such service. Moreover, caregivers' knowledge on recently-launched services, including the Dementia Intervention Team, was also found to be lacking. In general, caregivers indicated a high degree of satisfaction with most of the services they utilise but unmet needs still exist. The findings demonstrate that although a number of services aimed at individuals with dementia and their caregivers are available, there is still lack of awareness of their existence. It is therefore essential for policy makers and other stakeholders working in the field to be aware of the lack of knowledge that is currently present on a number of dementia services in order to address this shortcoming.

PO1.4. How many people with dementia with migration background are there in Germany?

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German Center for Neurodegenerative Diseases (DZNE), Greifswald, Germany

Background in Germany, the number of people with migration background was 16,5 million people in 2013. In this population utilization of health services is low, especially in the elderly. Little is known about the number of people with dementia and migration background in Germany and their distribution on the state level.

Method We estimated the number of people with a migration background and dementia living in Germany and its federal states by calculating country specific prevalence for different ethnical groups using country- and state-specific data on population, dementia frequency and age-specific prevalence.

Results 1,86 million people with a migration background are 65 years or older with approximately 96.500 persons (5,2%) having dementia. The majority is of European (84.490), more specifically Polish (13.960), Italian (8.920) or Turkish (8.840) heritage. North Rhine-Westphalia (26.000), Baden-Wuerttemberg (18.080) and Bavaria (16.710) presumably show the highest rates of people affected.

Conclusion In Germany, people with migration background and dementia represent a large target group for health care. However, the numbers and ethnicities affected differ considerably between states. Our analyses can be used for state-specific health care planning of culture-specific and culture sensitive services and care. Thus, specific health care improvements can be achieved. The presentation will sketch major lines of health care improvemnt for people with migration background in Germany

PO1.5. Proyecto de sensibilización: "plantando semillas”

SÁNCHEZ ALGAR Patricia, BESORA CABRÉ Teresa

Asociación de Alzheimer de Reus y Baix Camp, Reus, Spain

La Asociación de Alzheimer de Reus i Baix Camp ha ampliado su tarea de sensibilización social al colectivo de la infancia y la adolescencia. Este es un paso mas hacia la normalización y el conocimiento de esta enfermedad que afecta a multitud de familias.

Participamos activamente en el proyecto educativo de la ciudad de Reus, teniendo muy buena acogida en la comunidad educativa a traves de la oferta ARE 2016 - 2017 i 2017 – 2018: la recopilación de actividades y recursos promovidos por las áreas y servicios municipales dirigidos a los colegios e institutos. Las charlas son dinámicas y participativas, adaptadas a la edad del grupo clase. Queremos plantar semillas de empatia, amor y generosidad respecto a esta realidad a futuros miembros activos de la sociedad, en la que todos con nuestras acciones podemos hacerla más solidaria, promoviendo la buena calidad de vida de las personas. Nuestros objetivos son:

- Dar a conocer aspectos principales de la enfermedad.
- Empatizar con las dificultades de una persona con Alzheimer y su cuidador principal.
- Resolver dudas, miedos y prejuicios.
- Fomentar las relaciones de ayuda y las relaciones intergeneracionales.
- Dar valor a los abuelos/as, como miembros activos del ámbito familiar y social.
- Dar a conocer tratamientos específicos que proporcionan calidad de vida a las personas con Alzheimer y a sus familiares.

Hemos atendido a 545 alumnos/as. Constatando que a menudo se comete el error sobreprotegerlos para evitar que padezcan. Pero ocultando u omitiendo una realidad se està promoviendo el miedo, las dudas y los prejuicios de los mas pequeños. Por ello consideramos tan importante explicar esta enfermedad de manera que la puedan entender. Solo así podremos transmitir y consolidar los valores del amor, la amabilidad y la generosidad hacia los que más lo necesitan.

PO1.6. Information for families affected by dementia and multi-morbidities

HARRISON-DENING Karen, O'DOUGLAS Ceiri

Dementia UK, London, United Kingdom

As life expectancy increases so people often develop a range of conditions and disabilities in the years before death. Dementia is largely a disease of old age so many will also have other multi-morbidity; such as, other long term conditions, illnesses or disabilities. Multi-morbidity is where two or more medical conditions or disease processes that are additional to an initial diagnosis co-exist and where one is not necessarily more central than the others (Boyd & Fortin, 2010). Multi-morbidity represents the most common ‘disease pattern' found among the elderly and is characterised by complex interactions of co-existing diseases where a medical approach focused on a single disease does not suffice. People with dementia show high levels of multi-morbidity experiencing common conditions such as, cancer, cardiovascular disease, diabetes, and musculoskeletal disorders such as fractures (Sampson and Harrison Dening 2013). Not surprisingly, people with long term conditions and frail older people (including those with dementia) are the greatest users of health and social care. The NHS in the UK (NHS, 2014) highlighted that long term conditions take 70% of the healthcare budget and chronic care models have moved to focusing on more proactive, integrated services supporting better informed and empowered patients. However, information that encompasses such long term and life threatening co-morbid conditions in the context of also having a diagnosis of dementia has been limited in its availability. This poster/paper will present the work of Dementia UK and the information needs as those with highest requested themes through topics and issues raised by callers of the Admiral Nurse Dementia Helpline. This programme of work also involves information developed with several key partners of other disease/illness based charities and groups that support people diagnosed with other conditions, such as cancer and heart disease, and makes the information bespoke to those with multiple morbidities.

PO1.7. Psychoeducational seminars on dementia, by the Karelleion Integrated Alzheimer and related disorders Unit

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“Apostoli” charitable organization, Holy Archdiocese of Athens, Athens, Greece

Among the educational activities, organized by the Karelleion Integrated Alzheimer and related disorders Unit, of the “Apostoli” charitable organization, of the Holy Archdiocese of Athens, a psychoeducational program of seminars on dementia and Alzheimer's disorder takes place, within the context of the community, three times per year.

The above mentioned activity is carried out by members of our Unit's scientific team, who investigate and present to relatives, carers of patients, students and other healthcare professionals, theoretical issues about dementia as well as practical advice on what to do and how to take care of a person with dementia. Each psychoeducational seminar is comprised of scientific presentations but on layman's terms as well, on a weekly basis, by our psychiatrist, psychologist, occupational therapist, physiotherapist, nurse and social worker. In more detail the presentations are on "The nature of dementia and what we can do about it", "The function of memory and dementia: prevention, non pharmaceutical approaches, management of emotions", "Mobility impairment and dementia: a physiotherapeutical approach", "Everyday activities of people with dementia", "Providing nursing care for people with dementia" and "Problems of the third age, care and social security programs"

The main purposes of these psychoeducational seminaries are to thoroughly educate on dementia, anyone who is interested, and at the same time to give them the possibility of free expression of their feelings or inner thoughts. Also, to diminish the stigmatization associated with Alzheimer's disorder and dementia in general. The warm welcome to our initiative and the positive feedback we are receiving by people, show us that the community has already embraced it. Our local parish has and continues to help us very much, by informing and activating its members as well as providing an auditorium, personnel and technical equipment, in order to enable us to carry out the aforementioned activity

PO1.11. Exploring dementia care pathways in prisons in the east of England

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University of Cambridge, Cambridge, United Kingdom

Background: Prisoners over the age of 50 are the fastest growing age group in prisons in England and Wales, with numbers having tripled over the last 15 years. The health and social care needs of this group are particularly high – including the prevalence of dementia – and have given rise to spiralling costs and human rights concerns. However, as Government policies of austerity cut into budgets, the need for cost-effective policy and practice has intensified. Care pathways have been used in healthcare services to assist in this endeavour, but no prison dementia care pathways have been found. This study aims to identify current and ideal dementia care pathways in two prisons in the East of England, and explore solutions for the gaps in-between.

Methods: This exploratory qualitative study will establish a joint working group with prisoner peer supporters to modify the research protocol, together with interviews and focus groups with prisoners living with dementia and their supporters, and staff groups across the prisons and NHS Foundation Trusts. Mapping techniques and thematic analyses will then be conducted to present and explore the care pathways.

Results: The findings presented will include a mapping out of current and ideal dementia care pathways for the participating prisons. This will be accompanied by a discussion of facilitators and barriers to delivering ideal dementia care pathways and recommendations for the care and support of prisoners living with dementia that could be applied nationally and on a Europe-wide level.

Conclusions: There are large numbers of older prisoners held in a range of prison systems across Europe. Coupled with international principles requiring equivalent care for prisoners to that offered in the community, the development of dementia care pathways will hopefully make an important contribution to improving the experiences of people living with dementia across our prison systems.

PO1.12. Federal initiative dementia service: A network approach to develop and implement dementia strategies

HEERDT Christian

Informations- und Koordinierungsstelle der Landesinitiative Demenz-Service Nordrhein-Westfalen im Kuratorium Deutsche Altershilfe, Cologne, German

There is no dementia strategy in Germany. Therefore, improving the life of people with dementia and their relatives as well as general information for the public is mostly depending on social insurance and local actors. Approaches that coordinate and facilitate local action on a broader scale and implement a dementia strategy are rare.

Thirteen dementia service centers, together with an information and coordination office and a university based dementia transfer center, form the federal initiative Dementia Service North Rhine-Westphalia. This initiative is a regional development network with the aim of improving the situation of people with dementia and their relatives by Information and qualification offers and offers for small-scale structural development and networking of local actors.

The aim is to provide people with dementia with the support, guidance and support they need to remain in their familiar environment and domesticity and to participate in social life - self-reliant, resource- and participation-oriented. Of thirteen dementia service centers, twelve have a regional assignment. Nationwide, they implement the objectives of the state initiative in the cities and municipalities in NRW. Nationwide, one dementia service center works for people with immigration history. They are supported by the Information and Coordination Office of the State Initiative in the Kuratorium Deutsche Altershilfe and the Dementia Transfer Center at the University of Witten / Herdecke. The lecture will give an overview on how the initiative works and how the federal dementia strategy was developed for 2030 accompanied by a publicity campaign.

PO1.13. The new Alzheimer village of the Fondazione Roma; A positive approach for people with dementia

BARTORELLI Luisa, LEVI Stephanie

Alzheimer Uniti Italy, Rome, Italy

Introduction: An Alzheimer Village, Villaggio Emanuele (named after its founder), is being built in Rome integrating health and social resources. This new complex will offer a normal life for people with dementia while ensuring protection and vigilance, going well beyond the old concept of the nursing home. The Village, with its streets and piazzas, is an innovative structure where residents can wander around by themselves in "spazi di liberta'" and is open to the outside world. This interaction with their neighbors helps contribute to the concept of a dementia friendly community.

Method: The Village is a group of houses, with 14 independent units for people with dementia. Each unit houses six residents who actively participate in the management of their own households (washing, cooking, cleaning) supported by a dedicated team of staff members. Training is given to this team using a new positive approach towards dementia care. Activities are offered based on individual skills, encouraging maximum autonomy and contact with the outside world. In fact, there are clubs within the Village, each with different activities (arts and crafts, readings, music and other group activities) and the residents can make their own choices depending on their culture and preferences. There will also be a cafe, a mini-market, a restaurant and a space for events which will be open to the neighborhood. Three kinds of life-styles are considered for each resident: cosmopolitan, traditional and urban. Each life-style will have a different setting with specific furniture and objects of daily life that are in keeping with their personal stories.

Conclusion: We will present the data and the results from the first months of activity on the quality of life and well-being of the residents in this new environment, as compared to the classic nursing home.

PO1.14. Supporting the implementation of the Irish National Dementia Strategy: Mapping dementia-specific community based services

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In September 2016, the National Dementia Office (NDO), Health Service Executive (HSE) and the Alzheimer Society of Ireland (ASI) partnered on a project to map dementia-specific community-based services nationally. The project supports the implementation of the Irish National Dementia Strategy (NDS) under a commitment to critically review health and social services for people with dementia to identify gaps in existing provision and prioritise areas for action in accordance with resource availability.

The aims of the project were to identify: (i) who is providing dementia-specific services in each Community Health Organisation (CHO) area? (ii) What is the nature of the dementia-specific service being provided? (iii) Where are dementia-specific services being provided? And (iv) when are these dementia-specific services available? A desk-based review informed the development of an on-line survey which was administered to identified key stakeholders across the HSE and the ASI (N=46). With an 80% response rate data collection related to the time period between December 2016 and March 2017. A national advisory group supported the development and roll-out of the project.

A total of 314 dementia-specific community-based services were reported. The majority of these were dementia day care centres (N=64). Followed by services/supports targeted at family carers e.g. carer support groups and carer education programmes (N=81). There were far fewer services targeting people in the early stages of dementia such as peer support groups (N=2) and cognitive therapy programmes (N=7). Findings also show that there were significant gaps in service provision and inconsistency of availability of services across the country. Findings offer the NDO, the ASI and other providers a greater opportunity for the systematic development of new services in-line with identified local need.

PO1.15. Person-centered approach and the development of the inclusion community: The In.Te.SE project

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Background: In Italy, most of the people with dementia continue living at home during the disease development. The In.Te.S.E. Project supports the person-centred approach to dementia care, to consolidate the integration of social and health services throughout ULSS3 Serenissima's territory (Veneto Region).

Methods: In the reference territory, 4 centers dedicated to people in early and middle stage of dementia have been opened. The centers offer stimulation programs associated with a support psychotherapy's cycle for patients and caregivers. The governance's approach is transversal and collaborative, complementary to the classic social and health policies. The primary governance strategy is the "Consultation Table", defined the reference values and the building of mutual trust, helping to strengthen the community's resilience and empowerment. At the "Consultation Table", the Healthcare Company interfaces with the policy maker (third/voluntary sector, public administration, local associations).

The main project goal of 2018 is to set up a series of actions to shape a Social Dementia Network, in line with the pattern of "Dementia Friendly Communities" enhancement that has already developed in other European countries. Through focus groups made up of social and health workers, there's the willing to share awareness about the illness related socio-medical problems and to stimulate synergy and collaboration with the local health authorities, the local authorities, the social enterprises and the citizens, to actually set up a context of valorisation and shared participation with different skills, identified as "entry level" for Dementia's Friendly Community creation.

Results: Scientific evidence has shown that a multidisciplinary approach is a determinant of well-being for the people with dementia. The In.Te.S.E. Project has proved to be an experience wherein public, private and third sector can positively collaborate with one another in order to increase the performance of social policy measures for the benefit of the whole community.

PO1.17. Professional manuals specialized in Alzheimer's and other neurodegenerative dementias

HERMIDA Javier, RUANOVA Lucía, RODRÍGUEZ Juan Carlos, RÍOS Noelia, FERRAL Romina, LÓPEZ Vanesa

Federación Alzhéimer Galicia, Santiago de Compostela, Spain

Goals: 1. Preparation of a collection of manuals that inform and guide both carers and professionals involved in care and intervention with people with dementia. 2. To value the experience of professionals who work with people with dementia. 3. To improve the quality of life of people with dementia and that of their caregivers through the acquisition of nformation about programs and services. 4. To approach the concept of dementia, its symptoms and consequences both in the person and in his/her closest nucleus. 5. Eliminate stigmas and eliminate obstacles in the fight against dementias.

Methodology: The preparation of the manuals began in 2015, carried out by specialized professionals in occupational therapy, social work and physiotherapy, after the demand presented bynon-professional family caregivers in the absence and / or updating of information about the disease and the documentary vacuum detected in the care methodology.The coordinators of the three working groups were in charge of the organization for its preparation (setting meeting times, distribution of documentation, selection of information ...) The documents were developed both in face-to-face meetings and in online meetings. For the elaboration of the same a platform was used in which each author published a section of the selected chapter, then proceed to unify the set.

Results: The meetings of the professionals achieved as a result:1. Manual of occupational therapy in Alzheimer's and other dementias 2. Manual of social work in Alzheimer's and other neurodegenerative dementias 3. Manual of physiotherapy in Alzheimer's and other neurodegenerative dementias

Conclusions: These documents represent a pioneering collection of approaches to Alzheimer's from different professional perspectives and expand the collection of specialized publications for this entity in the field of dementias.

PO1.18. Milestones Program - How to involve pharmacists into the INDA activities?

EGERVARI Agnes

Social Cluster Association, Budapest, Hungary

The INDA© is a complex, interprofessional approach based program for the care of people living with dementia, and for those who are in touch with such people: professional or informal caregivers, friends and relatives. Its key words are: relationships and communication. One of our latest activities aims to involve pharmacists into the interprofessional teamwork.

Background: Every second citizen in Hungary has insufficient health literacy. Those people do not know when, where to turn to if having any health problem. This is especially true in case of dementia, as the taboo and the stigma here makes the situation even more challenging. Pharmaceutical Care is a patient-centered pharmacy practice that requires the pharmacist to work in concert with the patient and the care providers to promote health, to prevent disease and to assess, monitor, initiate and modify medication use. This well-known concept's goal is to optimize the patient's quality of life. We keep in mind the maintains the best Q of L - not only for people with dementia, but also for caring families. As a well-qualified professional, after proper information and training, a pharmacist can recognize the early signs and indicate to the person concerned or to his or her relatives. There is an opportunity for early intervention.

Method: According to researches, pharmacists meet twice as often with patients as doctors - and this relationship is very confidental.

The booklet 'Handholder's' was the source of how we should communicate. We organized a countrywide roadshow. Pharmacist who were interested arrived from 78 different pharmacies, altogether about 300 people received interactive information about the dementia phenomenon, about the booklet. During the program the booklet was spread through pharmacies in 20 000 copies. We do believe,

PO1.19. Pilot clinical quality registry for dementia in Australia: Development of key measures of quality of diagnosis and care

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Currently over 425,000 Australians live with dementia, and 250 people develop dementia each day. Dementia is the second leading cause of death in Australia. There are many areas for improvement in the quality of dementia diagnosis and care, and a clinical quality registry (CQR) can help to systematically monitor care provided and identify variation in clinical outcomes. The Australian Commission on Safety and Quality in Health Care identified dementia as a priority area for development of a registry in 2016. In 2017 Monash University received funding from the Government's Boosting Dementia Research Initiative to develop and test methodology for a dementia CQR. The feasibility of a dementia registry will be assessed using data from a large Australian study, ASPirin in Reducing Events in the Elderly (ASPREE) Study and a community sample. Phase 1 of the project involves development of Clinical Quality Indicators (CQIs) and a Minimum Dataset via a modified Delphi process. Phase 2 and Phase 3 will comprise recruitment of patients with a clinical diagnosis of dementia or mild cognitive impairment (MCI) into the registry from the ASPREE cohort and from a convenience community sample.

This presentation reports data from Phase 1 regarding a modified Delphi process to develop CQIs based on a review of Australian and international clinical dementia care guidelines, peer reviewed literature, and advice from an Expert Panel. We will also report on the feasibility of data collection of the CQIs based on the existing ASPREE data and on ASPREE participants with a community diagnosis of dementia or MCI who will be recruited into the CQR study cohort. We expect that outcomes from this pilot registry will inform and assist in the development of an Australian National Dementia Registry.

PO1.20. The Irish National Dementia Strategy: Report of a national educational programme for healthcare professionals

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Background: Published in 2014, the Irish National Dementia Strategy (INDS) advocates integrated, multidisciplinary dementia-care in the community and emphasises the need to support General Practitioners (GPs) and allied healthcare professionals in their delivery of dementia care. Arising from the INDS, the PREPARED project (Primary Care Education, Pathways and Research of Dementia) was launched. The aim of this 3-year, national initiative is to develop, deliver and evaluate dementia educational interventions for GPs and primary care based healthcare professionals.

Methods: The dementia-specific educational needs of healthcare professionals were identified through face-to face interviews with people with dementia (n=5), family carers (n=12), GPs (n=14) and focus groups with primary care based healthcare professionals. Informed by the educational needs analysis a range of dementia educational interventions were developed, piloted and implemented. Interventions included small-group practice-based, peer-facilitated workshops for GPs, interprofessional workshops for primary care teams, a university-accredited blended-learning course, e-learning modules and a primary care website www.dementiapathways.ie. The interventions are being evaluated using surveys, interviews and focus groups

Results: The triangulated educational needs analysis highlighted areas of learning including; how to make and disclose the diagnosis of dementia, counseling strategies, signposting to local dementia services and the management of behavioural and psychological symptoms of dementia. Informed by the needs analysis, to date, over 600 GPs and 300 allied healthcare professionals have attended dementia workshops and 44 GPs have undertaken a 12-week blended learning course. Evaluation is ongoing.

Discussion: The PREPARED project has developed and rolled-out tailored, interprofessional dementia educational interventions for GPs and allied healthcare professionals in order to facilitate collaborative practice and integrated care in the community.

PO1.21. Zagreb dementia clinical and care network

KUŠAN JUKIĆ Marija[1], MIMICA Ninoslav[2]

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According the data from 2011 the capital of Croatia – Zagreb is a city with 790,017 inhabitants and 17.7% persons were older than 65 years. The estimated number of the people with Alzheimer's disease (AD) and other dementia is about 17,000 and still is growing in Zagreb. In the XX century, the clinical care for people with AD was provided at two psychiatric wards (University Psychiatric Hospital Vrapče and Psychiatric Hospital "Sveti Ivan") mainly for people with dementia (PWD) with severe psychiatric and behaviour symptoms in advanced stages of dementia. The early diagnostics of AD and other dementia was not available.

The persistent work of Alzheimer Croatia since 1999, with the interest of enthusiasts on the field of cognitive neurology and old age psychiatry, joined together with the more and more support from the authorities of city in rising awareness about that devastating disease in public, had moved us forward in establishing separately services of the Zagreb Dementia Clinical and Care Network.

The Network spreads from the early diagnosing (GP educational programs; Referral Center for Cognitive Neurology and Neurophysiology – Clinical Hospital Center Zagreb) to advisory centres (Advisory Center for member of family – non-formal caregivers by Alzheimer Croatia, Advisory Center for Psychogeriatrics by Teaching Institute for Public Health); psychogeriatric wards (with Referral Center for Alzheimer's Disease and Old age Psychiatry - University Psychiatric Hospital Vrapče), to Day and 24-hours stationary care (Day Centres, residency homes with specialized units for PWD) to palliative care (palliative beds for people with dementia, mobile teams).

The aim of Zagreb Dementia Clinical and Care Network is to be recognised in public in providing leadership and advice to shape Zagreb's dementia services (but also our national services) so that PWD may receive an effective diagnosis, treatment and care.

PO1.22. Dementia diagnosis rates in Wales – Room for improvement?

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Improving diagnosis rates is a key target of the Welsh Government's Dementia Action Plan for Wales (2018), with a target of 3% improvement per annum from the current level of 53%, which is lower than other UK countries (e.g. England 68%). The diagnosis rate is the ratio of the number of people with dementia recorded on primary care dementia registers to the expected numbers in the area estimated from epidemiological prevalence studies.

CFAS Wales is a cohort study which recruited 3,594 people aged 65 and over drawn randomly from primary care lists in two areas of Wales, over-sampling those aged 75+ (46% response rate). Participants undertook a variety of assessments, including a diagnostic interview, GMS-AGECAT, and 2,236 were available and agreed to a follow-up assessment two years later. Dementia diagnoses from the CFAS Wales interviews were cross-checked with primary care dementia registers and primary care records. Records of 2,771 participants were checked, of whom 104 had received a CFAS dementia diagnosis at wave 1. Only 15 of these were included on the dementia register. However, for 8 further participants, dementia was mentioned in the practice records, with 'memory problems' noted for a further 20. A similar pattern emerged for incident cases i.e. those receiving a CFAS dementia diagnosis at wave 2, but not at wave 1. However, there were also 25 participants not meeting the CFAS diagnostic criteria at their most recent CFAS assessment who were included on the dementia register, with memory problems noted for many more. We conclude that primary care registers underestimate the number of people where dementia has been identified, and rates could be improved by attending to this, but our results also highlight the need to understand the gulf between diagnoses made from assessment of a defined population, and those made via a clinical pathway.

PO1.23. Promoting informed and shared decisions about eHealth solutions for older adults and their informal caregivers

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The number of older adults suffering from cognitive problems, seen on a continuum from mild cognitive impairment to severe dementia, is expected to grow from 36 million in 2010 to 115 million in 2050 worldwide. The rapid development of information and communication technologies dedicated to health and wellbeing (eHealth) offers an unprecedented potential to assist elderly people with cognitive problems, including dementia, and their informal caregivers. However, the development of such technologies is not always informed by, and adapted to, their needs and preferences. This international collaborative project between Quebec and Flanders aims to support elderly people and their informal caregivers making choices about technologies to improve their health and wellbeing.

Involving older people and their informal caregivers at the different phases of the research, this project will provide reliable, adapted and relevant information about the risks and benefits of eHealth technologies. A first step of the project is an environmental scan of eHealth solutions targeting older adults with cognitive problems and their informal caregivers that have been successfully implemented in Europe and Canada over the last five years. We will summarise evidence about the benefits and risks associated with these technologies, as well as acceptability and implementation issues. Then, we will develop a novel electronic decision support tool that considers the perspectives of older adults at risk for or living with cognitive problems, informal caregivers and health and social care providers in decision making about the use of eHealth technologies.

This project was launched in March 2018 and a first meeting was held between team members who combine various expertise from the academic and community sectors. The review of available eHealth solutions for older adults with cognitive problems and their informal caregivers is ongoing and preliminary findings will be presented.

PO1.24. Could Telemedicine in nursing homes improve neurocognitive disorders detection and diagnosis?

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Background: All over Europe there is a lack of neurocognitive disorders (NCD) detection in primary care, including in the nursing home setting (NH). Possible explanation factors in NH include general practitioner's (GP) limited time during visits, unawareness of diagnosis guidelines and tools as well as difficulties to refer to NCD specialists or for complex and/or frail patients. Thereby, telemedicine could be a way to improve access to specialist and NCD diagnosis.

Methods: Three countries (Bulgaria, France, Greece) participating in the "Act on Dementia" European Joint Action propose to test telemedicine for NCD detection/diagnosis in some NH, with or without dedicated units for NCD patients. Face to face workshops and conference calls enable to share similar NCD detection and data collection tools. NH teams (nurses and sometimes GPs) were trained and the experiments implemented from April to June 2018.

Results: Within 500 people from 7 NH participating to the experiments (1 in Bulgaria [Bankia]; 4 in Greece [Larissa, Alexandroupolis, Vari, Athens]; 2 in France [Villenave d'Ornon, Pessac]), patient's characteristics, cognitive and behavioral scales, diagnosis and post diagnosis supports are collected for the telemedicine consultations eligible patients. Qualitative interviews including barriers and facilitators for NCD telemedicine experiment are performed with NH teams and patients.

Conclusion: These experiments describe the feasibility of telemedicine for NCD detection/diagnosis in NH from 3 European countries with very different economical resources (from 1 to 5 per capita gross domestic product), based on a shared detection/diagnosis approach. Telemedicine for NCD could be all the more useful for countries with few resources and specialists and whose populations are not any less exposed to NCD.

PO1.25. Enhancing ethical awareness and communication skills: The first Germany-wide stakeholder conference on dementia prediction

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Objectives: Current dementia research is exploring different biomarkers for dementia prediction and early detection. The aim is to develop new treatment approaches, intervening in molecular mechanisms of the disease at an earlier stage. However, it remains unclear whether one or multiple markers actually will offer a reliable indicator for the onset or progression of dementia. Current developments in dementia prediction –

not yet applied in clinical practice – allow a timely reflection the political frameworks and societal strategies needed to improve public and clinical communication about early dementia. For this purpose, we want to bring together different stakeholder perspectives. Including experts from neuroscience, social sciences and medical care, while also engaging people affected by dementia and the wider population.

Methods: In June 2018, we will conduct the first Germany-wide stakeholder conference based on structured and moderated discourse principles. The discourse is informed by statements submitted by 25 leading professionals and organizations who positioned themselves towards dementia prediction including German Alzheimer Society, German Medical Association, German Center for Neurodegenerative Diseases and German Academy for Ethics in Medicine.

Results: This discourse aims at the development of communication guidelines for dementia prediction procedures. These guidelines will then be tested and deliberated with healthcare students and trainees in case-based discussions. We will present the results of the conference and a preliminary evaluation of the process. We will also discuss implications for the German and the European debate on dementia prediction.

Conclusions: Dementia prediction produces probabilities of developing a form of dementia in the future. While increased certainty regarding life planning and improved conditions for research can be beneficial, psychological burden, stigmatization and discrimination can be highly unfavorable. Moreover, probabilities of test results not only pose challenges to recipients but also to counselors. Developing guidelines and building frameworks for dementia prediction thus becomes essential.

PO1.26. Senior Friendly Communities in the Euregion Meuse-Rhine: Cross-border collaboration on dementia and depression

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Background: Due to the ageing of the population, the number of older people with dementia and other mental health problems will increase. However, little is known about local community policies on public health with respect to dementia and the prevention of depression for both older people and their informal caregivers. Cross-border collaboration could benefit the communities due to their similar demographic profiles and existing activities in the region. The aim of the present study is to examine these local policies from a cross-border perspective in the Euregion Meuse-Rhine (EMR).

Methods: In the study we interviewed 33 Belgian, 52 Dutch and 27 German representatives of in total 32 participating communities in the EMR. Interviewees were policymakers and representatives of senior groups, care homes or dementia organisations, depending on who the municipalities invited to take part in the semi-structured group interviews. The interviews focused on the existing policies and activities with respect to dementia and prevention of depression and the needs of older people and informal caregivers in the community.

Results: At the time of the assessment, 53% (n=17) of the communities was already working on policy or activities related to dementia, versus 6% (n=2) related to the prevention of old age depression. The participants reported difficulties with respect to reaching the group of informal caregivers. Despite an existing interest in cross-border and national collaboration between communities, almost all communities reported obstacles to such collaboration. The limited amount of existing collaborations existed within regions rather than across country borders.

Conclusions: In the EMR, the separate regions face a similarly ageing society. To cater for the specific needs of older people with mental health problems, prevention and awareness needs to be increased in the EMR. Cross-border collaboration can be a means to increase knowledge and to exchange best-practices.

PO1.27. STRiDE: Strategies to strengthen responses to dementia in developing countries

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Dementia is not only a first-world condition. There are already more people with dementia in low- and middle-income countries (LMICs) than in high-income countries, and that is set to increase. By 2050, about 90 million of the 131 million people who are expected to have dementia globally will be living in LMICs. Everywhere, dementia is a major cause of disability among older people and can have a huge impact on their quality of life. This is more so where well-developed health and care systems do not exist. Provision of care and support for people living with dementia, particularly at later stages of the condition, can be socially and economically very costly. These costs are mostly borne by family members, particularly women and girls, putting their potential for education and/or earnings at risk. However, in the face of demographic, societal and economic changes, there are indications that nations can no longer rely only on this informal family care for people with dementia. LMICs in particular need to develop evidence-based responses to dementia prevention and care.

The STRiDE project, funded by Research Councils UK's Global Challenges Research Fund, will build capacity to support the development, implementation and evaluation of national strategies to deliver appropriate, equitable, effective and affordable dementia care. We will do this by:

- working with researchers, Alzheimer's associations and policy makers in Brazil, India, Indonesia, Jamaica, Kenya, Mexico and South Africa to co-develop a range of research and training activities to develop their skills in interpreting, using and communicating dementia research evidence; and
- developing practical reesearch tools, data and capabilities to support the generation or improvement of policies to improve care for people with dementia and support family carers.
- building partnerships with other initiatives to build capacity in dementia care research globally

PO1.28. Twinning programme Netherlands-Indonesia

FONK-UTOMO Amalia

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Alzheimer Indonesia and Alzheimer Netherlands have a collaboration under the Twinning Programme of Alzheimer's Disease International. This is a three-year collaboration for 2017-2019 and actually an renewal of a previous Twinning programme. The objective is to exchange information and learn from each other and for Alzheimer Indonesia to benefit from the organizational experience from Alzheimer Netherlands. In 2017 a foundation (Stichting Alzheimer Indonesia Nederland) was created in the Netherlands to support the work in Indonesia and raise awareness within the Indonesian community living in the Netherlands. This foundation has organised a number of events during 2017 and 2018. Alzheimer Netherlands received a three-year grant from the Ministry of Health to support the programme financially. A key activity was to support the ADI Asia Pacific conference in Jakarta, Indonesia in November 2017 with both a financial contribution and a number of sponsored academic speakers. 2018 will focus on building capacity within Alzheimer Indonesia and its local chapters and in 2019 we hope to report the oputcomes of the programme at the 29th Alzheimer Europe conference in The Hague. We want to give an overview of activities in both countries and highlight the benefits for each organisation.

PO1.30. Community Areas of Sustainable Care and Dementia Excellence in Europe: An innovative approach for future dementia care (CASCADE)

DE WACHTER Leentje

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In 2015, dementia affected some 10.5 million citizens between 30 and 95+ years of age in Europe. This number is estimated to increase to 13.42 million people by 2030. This creates a strongly increasing demand for dementia care services, currently unmet appropriately. Patients are often 'parked' in expensive hospital beds as there is no suitable local service provision. To avoid overwhelming health systems, new approaches are needed for dementia care with wide applicability across different cultural/ social settings which crucially must be financially sustainable. To date new developments have focused on removing people living with dementia to a safe place rather than providing a continuum of care that enables them to stay in their own home as long as possible. The challenge is to provide sustainable person-centred programmes of care support in local communities.

The overall objective of the CASCADE-project is to develop a financially sustainable approach to dementia care that can be replicated across the 2Seas area and potentially further across Europe. The facilities created will provide short term respite and longer term care and will fully engage with the local community. This will be the basis for a cascade of shared learning and cross border excellence in dementia care for the future.

CASCADE recognises that dementia is long term and that a person's needs on day one of diagnosis will be very different to their needs 20 years later. A model will be created that provides appropriate care at every point on the continuum. Next to the creation of a cross border centre of dementia care excellence, there will be attention for new offers e.g. tourism and care. In our poster/talk we will give an overview of the actions to take.

PO1.31. "Music Mirrors" an intervention study to investigate the effectiveness and use of an everyday digital resource for supporting people living with dementia

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Background: Music Mirrors is a simple way of preserving key biographical links with sounds and music that are significant to a person living with dementia. When used sensitively within an ongoing personal relationship (with a carer, family member) a Music Mirror may help to finding and sustaining bridges of communication and understanding otherwise threatened by cognitive decline.

Objectives: The first scientific study about Music Mirrors will investigate the efficacy of Music Mirrors in three different dementia care settings (ambulant, hospital, long-term care). Main hypotheses are: (a) the targeted use of Music Mirrors can be used to strengthen individually significant resources thereby improving well-being and stabilising quality of life and (b) the regular use of Music Mirrors can support more successful compliance in treatment and care and (c) the regular use of Music Mirrors reduces subjective stress and stress levels of carers and caregivers.

Intervention: Individual Music Mirrors are being made by volunteers together with study participants and their relatives (identification of relevant, acoustic information associated with individual biographical information). During the 6-week intervention phase (spring 2018), Music Mirrors are applied on demand (e.g. during crises or agitation), or at least twice a week. Caregivers and nurses are provided with iPads with audio files that are linked to biographical information used as material for engagement with people living with dementia.

Design: Longitudinal RCT study with a within- and between-subject design over a period of four years (four six-week-intervention phases with N=195).

Intervention outcome measures: Pre-, mid and post intervention measurment, have been made using various quantitative (i.a. OERS, GACI, NPI, CDS, GOLD-MSI, SPANE, LeBe) as well as qualitative instruments (e.g. intervention diary). Subject of measurment were people living with dementia, their respective caregivers and volunteers.

Reference: https://www.musicmirrors.co.uk/

PO2. Care approaches

PO2.2. Exploring the role & implementation of meaningful activities supporting patients with dementia in hospital

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Objectives: In acute hospital settings activity coordinators and meaningful activities for patients with dementia are being developed and implemented to support their social relationships, physical activity, and sustain physical and mental health (Jennings 2006). The aim of this study was to explore the impact of activities provided by activity co-ordinators during an acute hospital stay, with the specific objectives of how staff and relatives view the impact on the person with dementia and how the activity co-ordinators develop activities based on individual needs.

Methods: A sequential mixed methods design within an inductive interpretative phenomenological approach was applied. Activity co-ordinators, based on general medicine wards within a acute hospital routinely completed a standardised audit following each interaction with a patient with dementia, providing information on: number of interactions, activities completed and an observed impact on the patient.

Results: During data collection the activity co-ordinator provided activities for 189 patients, 80 had a diagnosis of dementia. A total of 27 questionnaires were completed. Two overarching themes emerged from the analysis: firstly, 'reduction in boredom through stimulation', relatives, visitors and staff agreed the activities engaged patients with dementia reducing their boredom with activities that were fun and provided warmth and enjoyment. Secondly, 'a positive impact on patient's with dementia', staff reported an improvement in patient's sleeping patterns, nutritional intake, and the belief that patients were more engaged with staff and had less falls.

Conclusions: The data emphasized a positive impact of activity co-ordinators within an acute hospital, to provide support for patients with dementia. The activities focused on music and art as subjects for patients to engage with and the activities were person-centred taking into consideration the needs and the abilities of the patient. Both staff and relatives/visitors agreed the new focus on increasing stimulation and reducing boredom was beneficial for the patient.

PO2.3. Group singing for people with dementia: Do standardised outcome measures reflect participants' experiences?

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Introduction: Arts activities such as singing groups for people with dementia are growing in popularity. In order to develop relevant and effective interventions, it is necessary to describe the benefits these activities might have and the mechanisms through which they occur. This feasibility study sought to explore the experiences of people with dementia and their carers who attended a singing group, and whether these experiences were reflected by standardised and novel measures.

Methods: A convenience sample of people with dementia and memory problems (n=16) and their carers (n=9) was recruited from the community to attend a weekly singing group for ten weeks. At baseline and after 10 weeks, people with dementia were interviewed and completed the Quality of Life in Alzheimer's Disease Scale (QoL-AD) and Geriatric Depression Scale (GDS). After each session participants completed MiDAS-SR, a self-rated measure which asks the respondent to evaluate their musical experience across five domains.

Results: The standardised outcome measures were acceptable to the participants; however there was a fairly high amount of missing data, especially for the QoL-AD. In interviews, participants reported a range of benefits, which were not reflected in the results from the QoL-AD and GDS. Although some participants found the MiDAS-SR challenging to complete, it gave a nuanced picture of musical responses which can be combined with interview data in order to understand how individual participants engaged with the sessions. The social impact of the group was reported to be beneficial by participants, but it is not clear whether and to what extent the specific experience of group singing contributed to this benefit.

Conclusion: Participant response to group singing depends on various factors, including stage of dementia and previous musical experience. Integration of qualitative and quantitative data can offer insight into the underlying mechanisms of this complex intervention.

PO2.5a. How dementia friendly art classes support unidentified carers

ROSS Karina, PASCOE Ann

Dementia Friendly Communities Ltd, Helmsdale, United Kingdom

How existing dementia friendly activities in a rural village in the Scottish Highlands, particularly around a creative genre like art, were opened to more people from the community, particularly targeting carers who more often than not did not even recognise they were carers and therefore had not realised activities like art classes could in fact support them too.

How Art 'n Blether (Scottish jargon for 'chatting') was created by extending two of the most popular activities - art and chatting – to weekly tutored classes together with a Pop-up café to further stimulate social interaction

How a plan of action was developed to facilitate art and social interaction by ensuring all the art programmes were informed by all participants whilst encouraging blether at the pop-up café during/after classes.

How members of the community who had shown an interest in learning/ continuing to paint in various forms i.e. oils, acrylics, water colours, pastels etc were invited to join the classes which provided art equipment and materials i.e. easels, canvasses, variety of paints etc to suit different levels of participants. Moreover, how a local artist became the regular tutor and discovered hidden talents amongst the art group, culminating with an art exhibition by the novice artists giving them an immense feeling of self-esteem and accomplishment.

How newsletters, flyers, posters and social media were used to specifically target unidentified carers and how the weekly classes resulted in the formation of a per group that ultimately supported unidentified carers allowing them to feel more comfortable about speaking out about carer issues.

How a pop-up three-sided tent (giving the appearance of a European side-walk café) with tables/chairs/checked tablecloths for atmosphere and home baking provided by volunteers was used to encourage further blether.

Finally, how the programme was extended to other rural villages whilst ensuring financial self-sustainability.

PO2.5b. How linked interactive screens support rural dementia families

ROSS Karina, PASCOE Ann

Dementia Friendly Communities Ltd, Helmsdale, United Kingdom

To show how a partnership using digital technology not only connects people living with dementia in rural areas of the Scottish Highlands, but also reduces loneliness and isolation while improving their quality of life. How a network of some ten interactive screens linked between rural community hospitals, day centres, care homes and Village Well-being Hubs result not only in accessing appropriate and stimulating material, but also by finding internet footage of local villages and countryside, start up conversations and instinctive reminiscence, often linking old friends and reducing loneliness.

How viewers access the site through a smart screen network with the site hosting a 24-hour rural television website where communities with the interactive screens access and view a variety of innovative programmes specifically created to support dementia families in rural villages e.g.:

Developing art tutorials, dance/music, even choirs allowing people with dementia at different levels to benefit – something not usually possible in rural areas. Cognitive games with dementia hospitals e.g. streaming CST modules to specific groups via linked screens. Allowing Health Professionals and people affected by dementia to interact around exercise, nutrition, diet etc. Giving people with dementia confidence to design and produce programmes themselves

How some of the content is broadcast live as well as archived for future viewing with members recruited within each community to aid linking those communities and encouraging socially inclusive engagement across ages and locations.

How more resources are now better directed to interactive support via digital technology thereby reducing isolation and loneliness, while ensuring travel and face to face contact is an investment that is planned and more fairly shared across rural communities. How co-production of this project has engaged people affected by dementia and their rural communities at every stage of its development and how this served to improve overall social cohesion.

PO2.6. Barriers and facilitators of allocating family therapy to patients with dementia and their families: Health providers' perspectives

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Families play a central role in the lives of ageing individuals and are often involved in the care or support of older adults with dementia. This caregiving can be very challenging, and some caregivers cope better than others. Studies have shown that some of the proximal contextual factors which negatively impact the caregiving or supportive relationship include family functioning factors (Mitrani et al. 2006). Hence family therapy is likely to be beneficial in this context. A review on family involvement in mental health services found that family involvement is still limited (Eassom et al. 2014). Family therapy is useful for the renegotiation of family roles, functions and structures, management of dementia-related losses, and transitions to institutionalized care in the context of dementia (see Benbow 2014). Although family interventions have been repeatedly recommended in several mental healthcare guidelines (e.g., NICE clinical guideline,2009 and 2014) this has not often translated into successful implementation and uptake. Availability of family therapy is an important step towards its successful implementation and utilization. The uptake of this service would be hindered if in the first place the therapy is not made available to patients and their families for several reasons, including clinicians' time constraints, organizational factors, a belief of families being unsupportive or detrimental to the patient's wellbeing, or a perception that families will be overburdened by this service (see Cohen et al., 2009).

Methods, Result and Discussion: We will present findings of our ongoing Q-methodology study which explores healthcare providers' views on the barriers and facilitators to suggesting systemic family therapy to persons with dementia and their families at a psychogeriatric inpatient unit of the Geneva University Hospitals. The results will be discussed using an illustration of a vignette with an indication for family therapy.

PO2.9. SMART4MD Project: Preliminary quality of life results in Catalonia

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Objective: There is increasing scientific evidence that technology has the potential to offer benefits to people living with dementia and their caregivers in specific circumstances and, for example, could help increase their sense of independence and quality of life (QoL). The SMART4MD project aims to develop and test a Health application specifically tailored to people with mild dementia, with the objective of improving the quality of life of people living with dementia.

Participants and Methods: SMART4MD application, evaluated by a randomized, multicenter, controlled clinical trial, already has the clinical data by 143 dyads in Consorci Sanitari de Terrassa (Barcelona, Spain). The main functions of the SMART4MD application are based on reminders, external support to be able to share the state of health with the family and the caregivers. Our target was to evaluate at baseline (before subjects starts using SMART4 MD application) the discrepancy between people with dementia (PWD) at early stage of dementia and caregivers about EuroQol-five dimensions questionnaire (EQ-5D). T Student was used to assess the differences between PWD and caregivers QoL.

Results: A total of 143 PWD and 143 caregivers have been included. PWD: MMSE = mean 23.20 (2.59) and GDS = 4.13 (3.27). 50.3% of caregivers are spouses, 32.2% are children, the remaining 17.5% others. The EQ-5D thermometer for PWD: 63.06 (21.62), while the QoL estimated by the caregivers was 56.76 (18.78), these differences are statistically significant (t = 2,63 sig = 0.009).

Conclusions: There are discrepancies between patients at early stage of dementia and caregivers about perceived quality of life. The caregivers QoL scores are worse than patient's. These findings confirm that assistive technology for dementia people: a) can be tailored including caregivers needs and b) the relevance to monitor also caregivers QoL for predicting and assessing response to new interventions targeting early dementia patients.

PO2.10. How can we promote deployment and adoption of assistive technology for people with dementia? Perspectives from the ReACT study

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Various forms of assistive technology are recognized to have potential to support cognition and self-management of people with dementia, for instance apps delivered on touch-screen devices. Based on this perspective, a growing number of apps are being launched, labelled to support various needs of people living with dementia. However, in dementia research there is increasing awareness of the need to address a range of issues in relation to assistive technology which are currently not adequately explored and documented. One of these issues is the actual adoption and continued use of assistive technology by people with dementia.

The ReACT[1] study aims to investigate how an app can be designed to meet the special and individualized needs of people with dementia, and how this technology can be successfully deployed and adopted into the end-user's everyday life. As part of the study, the ReACT app was designed and tested through an iterative user-involving process. It is a multi-functionality app, combining various features which support memory and structure in daily living, and the app can be adapted to match individual needs. The study also included development and assessment of methods for deployment and implementation of this kind of technology.

Results from studies that included 135 people with dementia will be presented. The studies used two diverse methods of deployment and implementation, and the data gives insight into the applicability of these methods, and into the characteristics and perspectives of people with dementia who adopted the technology, and became long-term user, compared to the groups who did not adopt the technology or abandoned it. The study provides new results and perspectives that are important in the discussion of how assistive technology can be introduced to people with dementia in an individualized and sustainable manner.

[1] ReACT: Rehabilitation in Alzheimer's disease using Cognitive Support Technology: http://www.videnscenterfordemens.dk/react-in-english/

PO2.12. The importance of organizational and contextual determinants in the implementation of eHealth interventions for caregivers of people with dementia

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Objectives: There is a wealth of efficacy research proving eHealth interventions for caregivers of people with dementia to be effective in improving a range of psychological outcomes in caregivers (such as the reduction of caregiver depression, anxiety, stress and burden, and increasing positive aspects of caregiving, caregiver self-efficacy, and confidence). However, little is known about how to ensure that these interventions are successfully implemented (i.e. put into practice). The objectives of this systematic review were to (1) identify the literature on the implementation of eHealth interventions for informal caregivers of people with dementia, and (2) map the determinants of the successful implementation of these interventions.

Methods: Online databases were searched for articles about eHealth interventions for informal caregivers of people with dementia, providing information on their implementation. Articles were independently screened and inductively analyzed using qualitative analysis. The analysis was mapped onto Damschroder et al.,'s Consolidated Framework for Implementation Research.

Findings: 46 articles containing 204 statements on implementation were included. The statements on implementation were grouped into four categories: Determinants associated with the eHealth application, informal caregiver, implementing organization, or wider context. Mapping of the determinants on the CFIR revealed that studies have focused mostly on characteristics of the intervention and informal caregiver. Limited attention has been paid to organizational determinants and the wider context.

Conclusions: Despite prolific effectiveness and efficacy research on eHealth interventions for caregivers of people with dementia, there is a critical dearth of implementation research. Furthermore, there is a mismatch between eHealth intervention research and implementation frameworks, especially concerning organizational factors and wider context. Without this knowledge, these interventions will be hard-pressed to convince stakeholders and decision makers of their practical use, and thus allow these innovative and exciting interventions to make a difference in the lives of the caregivers who should benefit from them

PO2.13. Mapping the implementation trajectories of eHealth interventions for caregivers of people with dementia

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Objectives: Informal caregivers are essential to providing home-based care for people with dementia. However, they often experience significant physical and psychological problems themselves as a result of this caregiving process. Reviews have shown that eHealth interventions for informal caregivers of people with dementia are effective in improving a range of outcomes in caregivers. Unfortunately, research investigating the factors that affect eHealth interventions' implementation is scarce, creating difficulties for health system planners and implementers who aim to translate them into practice. The objectives of this study are to (1) shed light on these environmental factors by describing the typical trajectories of eHealth interventions for caregivers of people with dementia, and (2) map recurring barriers and facilitators of their implementation.

Methods: To follow up on a selection of high-quality eHealth interventions for caregivers of people with dementia, all of the included authors in Boots' 2014 review: 'A systematic review of Internet-based supportive interventions for caregivers of people with dementia' have been contacted to assess what has become of the included interventions. A questionnaire was developed and distributed to the authors, with questions on their implementation trajectories and recommendations for future developers and implementers.

Results: Final responses are expected by June 2018, with final qualitative analyses being expected by July 2018.

Conclusions: This research will provide knowledge on the current state of these previous state-of-the-art interventions, helping avoid recurring pitfalls and highlighting beneficial approaches through recommendations. By doing so, it will shed light on understudied but essential aspects of eHealth interventions: implementation (with a special focus on organizational and contextual factors), and sustainability after the trial phase. As a result, health system planners and implementers will be able to use these findings to make eHealth interventions for caregivers of people with dementia more readily available to those that need them.

PO2.14. PLAYTIME: Motivation, emotion and assessment in serious games for dementia intervention

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The effect of serious games for cognitive stimulation of people with dementia has been thoroughly tackled on several lines of intervention. However, it has been identified that the impact of motivational support and emotion requires more investigation in the context of serious games and dementia. Sensitive understanding and assistance in the psychosocial contexts and persistent behaviour change through the engagement of people might not only play an important role in the adoption and acceptance by the end users, but probably beyond this, enable a substantial increase of activation, awareness, positive stimulation for persons with dementia. Emotion-oriented care approaches are in principle known to offer the opportunity to tailor the care to the individual needs of dementing elderly. Emotion and cognition not only strongly interact in the brain but are often integrated so that they jointly contribute to behaviour. Assessment in this context is highly relevant to make efficient use of the monitoring of consequences in daily life over long periods of time.

We present first results of the European project PLAYTIME and envision future trajectories in the field: (1) Indicators for cognitive assessment were implemented using web camera based eye tracking for eye movement analysis in videogames with the asset of cognitive control tests. (2) Capacity for physical activities and balance were assessed with a wearable sensor based motion test that is automatically evaluated. (3) Psycho-social aspects were analysed from a newly developed serious game component that extracts feature from decision making in role play. Finally, we present results from the first field study about the usability of these innovative components. The key objective of the theratainment intervention is to increase quality of life of dementia patients but also of caregivers and getting capable to stay active at home as long as possible.

PO2.15. Adapting an eHealth support course (Partner in Balance) for relatives of people with young onset dementia

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An increasing body of literature recognizes the unique manifestation, high burden and life phase specific issues that caregivers of people with dementia at young age encounter. To meet the needs of family members of people with young onset dementia (YOD) we currently tailor the 'Partner in Balance' program (www.partnerinbalans.nl) to the needs of partners and other relatives (i.e. children, brothers and sisters and parents) of people with YOD.

Partner in Balans is an eight week blended care (both face-to-face and online) course for early-stage dementia caregivers. Together with health care professionals (i.e. psychologists and social workers) and family members of people with YOD we tailor the content of the course to their needs. We for example added life phase specific topics about employment, worries about heredity and changes that occur within the family. We also work on making new video content to ensure a higher level of recognition among the younger audience. Last month we started a pilot study in which partners of people with YOD follow four of the modules during an eight-week period in time. In July we also hope to start a pilot in which other family members partake the course. During the pilot participants complete a questionnaire before and after the course and post-intervention interviews with both participants and healthcare professionals are conducted. Their input will be used to further tailor 'Partner in Balans' to their needs.

At Alzheimer Europe conference I would like to present some of the adaptions that we (researchers, health professionals and family members) have made to the course to tailor it to the specific needs of the family members of people with YOD.

PO2.16. Software supported musical memory priming and eliciting emotions for people with Alzheimer's disease

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Coding of information is conditioned upon effective processes of perception, integration and interpretation of external stimuli. There are reported connections between mnestic functions and the accompanying emotions, especially in the context of auditory coding and the sense of mental well-being. Music therapy projects based on individualized experiences are becoming increasingly popular worldwide. However, therapists working with people with dementia find this approach difficult to implement, due to the time-consuming task of information gathering and scarcity of available resources. This paper introduces MusicLine project, which is aimed at creating computer software supporting therapies of memory in Alzheimer's, based on the restitution of autobiographical memories and emotional induction with the help of music.In this paper we present a software framework for analysis of data from personal experiences (events, interactions) and building individual profiles encoding emotionally relevant information. Such profiles can then be used for automatic generation of playlists that meet selected therapeutic goals, like activating and supporting linguistic reactions, inducing positive emotions in states of anxiety or supporting the sense of continuity. These playlists can be applied in therapeutic sessions to improve the well-being of people with AD, in different scenarios involving both caregivers and therapists.

The project is under development and we are focused on personally relevant music objects: songs, artists, while developing foundations of the framework (e.g. definitions of metrics), we apply it to experimentally verify our assumptions and design choices. We are working on a series of experiments aimed at helping us in automation of profiles' creation and their usage in generation of playlists meeting predefined therapeutic goals and requirements. The practical goals are related to providing musical support in the process of restoring individual memories and using familiar pieces of music to modulate mood in people with dementia. The paper includes initial results and conclusion from completed experiments.

PO2.17a. Training people with dementia and their caregivers in the use of a web-based support tool: Lessons learned

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The use of web-based technologies can be beneficial for people living with dementia (PLWD) and their caregivers as well as enhancing relationships with health professionals. However, access to the technology alone does not reap these benefits; PLWD and their caregivers require a programme of engagement, training and ongoing support that meets their specific needs in order to realise the benefits of digital technologies.

CAREGIVERSPRO-MMD is a web-based platform designed for PLWD and their caregivers currently being trialled at four pilot sites across Europe. As part of the UK pilot, a package of 1-to-1 support, group training sessions, information sheets and a user-guide has been developed to support successful implementation of the platform. Preliminary user data suggests that participation in the training programme correlates with increased engagement.

The UK team has developed a Best Practice Guide for training people with dementia and their caregivers in the use of web-based technologies, informed by qualitative data from focus groups, interviews, feedback forms, and platform user data. This paper will present our findings in relation to best practice, lessons learned and recommendations as outlined in the Best Practice Guide. The guide has the potential to inform future research and roll-out of a range of digital technologies internationally, thereby increasing the chance of successful implementation and delivering best value for money for healthcare providers as well as increasing positive outcomes for PLWD and their caregivers. This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 690211.

PO2.17b. CAREGIVERSPRO-MMD: An online platform to support people living with dementia and their carers –UK pilot update

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CAREGIVERSPRO-MMD is a social networking and information sharing platform, designed for People with Dementia (PwD)/Mild Cognitive Impairment (MCI) and their carers. It is an online, self-help community, where users can befriend and interact with one another, access information and advice, keep an online journal, set appointment reminders and play cognitive stimulation games. The platform is monitored and updated by researchers; users are supported by individual and group training sessions. Four European pilot sites are participating in the project: UK, France, Italy and Spain. The current paper is a progress report on the UK site's experiences and findings to date. 95 dyads were recruited and randomly allocated to a control (n=46) or intervention (n=49) group from November 2017 to March 2018.

Preliminary findings suggest that participants value meeting others online; however, the concept of 'friending' others online is unfamiliar to some. Participants appear to value receiving information on and discussing a range of issues, including those which are not solely focused on dementia and caring; this includes sharing positive experiences over and beyond problems. Online games are popular and appear to have increased engagement with the platform for some. Users' previous experience with ICT varies across the group, therefore individual and group training has been provided. This has been important in promoting learning and efficacy and appears to have increased engagement and use of the platform.

This finding suggests that any technology intervention offered to PwD and their carers cannot survive as a stand-alone intervention and requires training support from its provider. The delivery of training and support for users is therefore an important consideration in the future deployment of ICT solutions for PwD and their carers. This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 690211.

PO2.18. Key stakeholders perceptions of assistive technology to support people with dementia living at home

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Background: The use of assistive technology (AT) to support people with dementia to live well at home has gained increasing attention. During two pilot projects, AT packages were provided as part of enhanced community supports for people living with dementia. The authors were commissioned to evaluate the pilot projects.

Aim: The aim of this presentation is to discuss the findings in relation to key stakeholders' perceptions of the use of assistive technology for people with dementia living at home.

Methods: The findings are drawn from the qualitative arm of the evaluation. Interviews were conducted with people with dementia and family carers, and individual interviews and focus groups were held with service providers. Seventeen people with dementia and their family carers (n=17), and fifty-eight (n=58) service providers took part across the two project sites.

Findings: The assistive technology included fall detectors, smoke detectors, carbon monoxide detectors, bed occupancy sensors, pillow alerts, personal alarms, and property exit sensors. There was a mixed reaction to the AT. In one project site, uptake was less than anticipated, as it was not perceived as useful given the person with dementia's individual needs at that particular time. There were also reports of confusion as to the role of the AT and a lack of knowledge about how to use it by people with dementia. There were some positive reports with family carers suggesting that the technology provided some peace of mind. Service providers noted that applications for AT involved excessive paperwork and were sometimes unsuccessful.

Conclusion: Under-utilisation of AT may have occurred because the technology provided was inconsistent with the wants, needs or abilities of those it was provided to. The range of AT provided emphasised safety. More appropriate options may have been considered in light of individual needs given their stage in the dementia journey.

PO2.20. Communication between people with memory loss and carers on a closed online social network: A theoretical thematic analysis using Seligman's PERMA model of wellbeing

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Whilst much literature focusses on the difficulties faced by people with memory loss and carer burden, there is also growing emphasis amongst healthcare professionals to ensure people with memory loss and their carers have the opportunity to live well. This has resulted in an increased interest in contributions made by positive psychology to our understanding of the mechanisms that underlie wellbeing. However, memory loss poses a significant research design challenge: how can data be captured from participants whose recollection of subjective life experiences may be fleeting? Interviews or questionnaires are inappropriate for participants who are likely to live from moment to moment. Social media is a medium with the capability to capture feelings and events as they occur. It gives individuals who may struggle with verbal communication the opportunity to record and share their thoughts and observations by using visual images as well as language. Furthermore, it gives carers who may be isolated access to social interaction. For certain populations, social media provides liberation from the space and time-bound constraints of other forms of communication.

Theoretical thematic analysis was used to examine posts made by 49 people with memory loss and 49 carers over a 3-month period on the closed social network platform, CAREGIVERSPRO-MMD. Posts, comments and photographs were coded using Seligman's PERMA model (positive emotion, engagement with activity, relationships, meaning, and accomplishment). Operational definitions for each category of Seligman's model were identified. Data that could not be coded was identified and analysed to determine whether a new category or sub-category was required.

Results indicate participants experienced a range of positive emotions. The social network provided an opportunity to share subjective, positive experiences with others in both language and image form.

PO2.21. Results from the pilot trials of a robot assistant for MCI and early AD patients at home

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Introduction: Robotic Assistant for MCI Patients at home (RAMCIP) is a research project funded by the Horizon2020 Program that has developed a service robot to support MCI and early Alzheimer disease (AD) patients in activities of daily living (ADL). The prototype of the robot has been tested in real home environments in Barcelona. Here, our aim is to present preliminary results of the human-robot interaction.

Materials and methods: During 5 months, 12 participants (5 MCI and 7 early AD patients) tested 15 functionalities of the RAMCIP robot at their homes during 10 days. We assessed usability, acceptability and societal impact, using Attrakdiff, User´s experience questionnaire (UEQ) and a questionnaire design ad-hoc respectively.

Results: Preliminary Attrakdiff results showed sufficient performance: Pragmatic quality (PQ): 0.76, Hedonic quality-identification (HQ-I): 1.19, Hedonic quality-stimulation (HQ-S): 0.90 and Attractiveness (ATT): 1.05. Furthermore, the HQ (1.05) of the robot was greater than the PQ (0.76), and it was perceived as self-oriented.

UEQ results were compared to a benchmark data set and we found the HQ (1.47) was higher than the PQ (0.86) and the ATT (1.08). In the societal impact questionnaire 62.5% of the potential users agreed that if they had a robot it will be easier for them to solve problems connected with ADL; but for the caretakers there was not agreement neither disagreement with the idea of a robot successfully taking over the duties of a man in some activities of caring for the elderly.

Conclusions: RAMCIP robot was perceived as useful and participants were willing to use it. Overall, HQ showed better results, because the robot was perceived as original and stimulating.

PO2.22. Assistive technology to support memory in people with dementia: A systematic review

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Introduction: Many electronic assistive technology (AT) devices have been developed to support people with dementia and their carers to manage their daily activities and to enhance safety. Some devices including electronic pill boxes, picture phones, or mobile tracking devices are already commercially available and provided in practice via health and social care services. However, there was no systematic review of studies focusing on the efficacy of AT to support memory in people with dementia.

Objectives: The primary objective of this Cochrane systematic review was to assess the efficacy of AT for memory support in people with dementia in terms of daily performance of Activities of Daily Living (ADL) and dependency.

Method: A systematic search of relevant databases, including grey literature was conducted, adapting the search strategy as necessary. Two authors screened all titles and Abstracts. Study inclusion criteria required studies to be: a randomised controlled trial (RCT) or cluster RCT, with blinded assessment of outcome, evaluating an electronic AT device provided with the aim of supporting memory function in people diagnosed with dementia.Results: No studies met the inclusion criteria.

Conclusion: This review highlighted the lack of robust evidence to support the use of electronic AT to support memory in people living with dementia, despite its provision being recommended as good practice. The complex methodological challenges involved in evaluating such devices need to be addressed, including: ethical concerns; standardising the terminology used to describe AT; and designing 'needs based' rather than 'intervention based studies so that the AT can be personalised to the individual. It is important to establish an evidence base for a potentially beneficial intervention to support memory problems as this is the unmet need most frequently reported by people with dementia and their carers.

PO2.23. Evaluation of a robotic assistant for MCI and early AD patients at home: RAMCIP pilot trials in Barcelona

ABDELNOUR Carla, HERNANDEZ-FARIGOLA Joan, TANTINYA Natalia, ROBERTO Natalia, KARGAKOS Andreas, PELEKA Georgia, SKARTADOS Evangelos, KOSTAVELIS Ioannis, GIAKOUMIS Dimitris, HERNANDEZ Isabel, LAFUENTE Asuncion, BUENDIA Mar, PANCHO Ana, ROSENDE-ROCA Maitee, MAULEON Ana, VARGAS Liliana, RODRIGUEZ-GOMEZ Octavio, GIL Silvia, SANTOS Miguel, MARQUIE Marta, ALEGRET Montserrat, ESPINOSA Ana, ORTEGA Gemma, SANABRIA Angela, PEREZ-CORDON Alba, CANYABATE Pilar, MORENO Mariola, PRECKLER Silvia, MARTIN Elvira, TARRAGA Lluis, RUIZ Agustin, TZOVARAS Dimitrios, BOADA Merce

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Introduction: The Horizon2020 Program funded the project Robotic Assistant for MCI Patients at home (RAMCIP) that developed a service robot with the collaboration of eight European partners. The aim is to support MCI and early AD patients in activities of daily living (ADLs) and to test RAMCIP robot in a real home environment in Barcelona.

Materials and methods: 8 subjects (4 MCI and 4 early AD patients) participated in pilot trials during 10 days (7 days for Human-Robot Interaction and 3 for set-up and evaluation) from October 2017 to February 2018. We tested 14 functionalities of the robot connected to ADLs and defined for the purpose of this project (List 1): 9 high and 5 medium priority use cases.

Results: Preliminary results show that all use cases have been sufficiently performed in each house with various robot interventions depending on user state and environment constraints. Fall detection was possible to test only in 4 participants (50%) due to age-related motor impairment.

Conclusions: The RAMCIP project vision is of future service robots that can assist patients with MCI and early AD patients, helping them to preserve independent living and quality of life. The use cases evaluated in RAMCIP pilot trials were feasible and safe.

List 1: Use cases evaluated during pilot trials

High Priority: Fall detection. Screening for user´s general condition. Gas/Smoke detection. Assist in turning off electric appliances. Turning on the light. Detection of improperly placed objects. Detection of unknown persons/strangers. Taking medication/food supplements reminders, bringing and monitoring. Assistance upon detection of abnormalities related to electric appliances during cooking.

Medium Priority: Proactive/on demand bringing food ingredientes or a utensil. Assistance (proactive/on demand) for fallen objects. Proactive bringing of a bottle of water. Communication with relatives and friends. Provision of cognitive training programs.

PO2.25. Paving the way to a national online network of peer support groups for people with dementia

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The impact of internalized stigma in Italy is still so harsh and systemic that to this day there are no public advocates that promote the perspectives of Italian with dementia. The phenomenon of peer support groups mushrooming across the world is demonstrating that when people with dementia are given the opportunity to share their own perspectives in safe and socially nurturing environments, they also often feel empowered to voice their views and opinions public arenas. In fact, when the voices of people with dementia are heard inside and outside their own homes, not only their rights and needs become more urgent and tangible, but the perception of dementia also becomes more humane and less stigmatized.

Inspired by the experience of international online grassroots organizations such as Dementia Mentors and Dementia Alliance International, earlier this year Italian not-for-profit association Novilunio launched the first online peer support group for people living with dementia. Accessible to anyone who has an internet connection and a smartphone or a PC, the initiative enables group participants to meet in videoconference on a weekly basis to exchange personal stories, mutual support and insiders' tips to live a good life beyond their diagnosis. The first of its kind in our country and winner the 2017 EFID Award - a joint-programme led by foundations whose mission is to improve the lives of people with dementia across Europe – the project is designed to foster the collaboration among people living with dementia and create the guidelines that will pave the way to a national network of online peer support groups. In addition, their collective expertise is guiding Novilunio in the creation of new services, activities and material that promote a more balanced and sustainable way of living well with a dementia diagnosis.

PO2.27. Combining mathematical model and catecholamine quantifications to screen AD from a simple blood test

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Cerebrospinal fluid (CSF) biomarkers of Alzheimer's disease (AD) and amyloid-PET reliably reflect brain neuropathological AD lesions leading to their inclusion into AD criteria. However, these biomarkers are costly and invasive and new simple biomarkers are needed. Several studies have established a link between morphological and functional changes occurring in the monoaminergic ascending system and the physiopathology of AD. Noradrenaline (NA)-containing neurons in the locus coeruleus (LC) are the main source of noradrenergic inputs to numerous regions throughout the brain. Due to its widespread efferent innervation, the LC projection system plays a pivotal regulatory role in processes such as stress and maintenance of cognitive performance. Gannon et al. have reported that a significant loss and damage of noradrenergic neurons in LC occurs in AD. In this work we present our preliminary results demonstrating that the simultaneous quantitation of 3 catecholamines (CAs) could be a potential new plasma AD biomarker. In this retrospective study, we quantified epinephrine, norepinephrine (NE) and dopamine (DA) levels in plasma from patients investigated for neurocognitive disorders (NC), other neurological diseases without dementia (CON), and healthy controls (HC). CAs quantifications were performed by HPLC coupled with electrochemical detection. A mathematical model was developed to discriminate AD from other neurocognitive diseases. Plasma from 202 participants, including 30 AD, were analyzed. A distinctive CAs signature in AD patients was observed comparatively to NC and CON groups. A positive correlation between MMSE score and noradrenaline concentrations was observed. This method displays a good discrimination power regarding AD patients with 80 % in sensitivity and 97 % in specificity. Mathematical scores based on plasma CAs quantitation allowed us to clearly distinguish AD patients from NC and CON. Large prospective studies are needed to confirm that CAs are blood biomarkers for the screening of AD.

PO2.28. Towards an effective use of virtual reality for nonpharmacological cognitive intervention in AD and related diseases

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Handling the care needs of people with Alzheimer's disease and related dementias (ADRD) represents nowadays a personal, familial and social challenge of enormous proportions, which poses an ever-growing human and economic burden on the world's society in general. Information and Communication Technologies (ICT) have the potential to make a considerable impact to help revert this trend, especially through the use of advanced virtual reality (VR)-based computerized diagnostic and therapeutic cognitive interventions. We consistently noticed that the overall efficacy of existing VR-based interventions is frequently difficult to establish on the basis of results gathered from assessments and clinical trials. It became evident to us after exhaustive examination of numerous individual studies and relevant systematic reviews and meta-analyses that this uncertainty derives mostly from: the lack of consistent methodologies across trials and VR systems, absence of generalizable results, and the existence of many uncoordinated efforts of individual heterogeneous studies. Therefore, we join others in suggesting the development of methodological and technical common procedures for VR cognitive interventions.

Although, it seems as the development of computerised cognitive training tools has fallen into the perpetual common dilemma of scientific and technological research, the motivation should always be providing better interactive and sensory-rich environments that will empower the cognitive intervention experience in order to more effectively express its diagnostic or therapeutic intended potentialities. Novel methodological design frameworks to provide guidance to researchers and developers with the design process of VR-based tools should be followed to increase the effectiveness and efficacy of VR-based cognitive interventions. The reliance on intense multidisciplinary collaboration, as other technologically-based solutions for health care, is a particular feature of developing VR-based cognitive interventions for ADRD, that are expected from other experiences, to increase the probability of far transfer to real daily life situations and to other not-trained activity domains (far transfer capacity).

PO2.29. Automation home platform based on tablet for improving the independence of people with dementia at their residence

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Currently, one of the major problems that arise to non-professional caregivers is how to reconcile their daily life (work and care for their own family) with the care of the affected, which usually demand a lot of time.

The main purpose is to analyze the needs of people with Alzheimer's disease and their caregivers in terms of information and communications technology (ICT) and home automation, and how to foster the use of smart devices in their homes and also, to determine whether the use of ICT can extend people with Alzheimer's disease stay at home in the first stages of the illness, while facilitating their caregivers' tasks. Of course this platform will make sense in the early stages of the disease, when the patient is still able to achieve self-care but need extra help with activities requiring greater cognitive demands. It Is expected to get a prototype system comprising various devices that are easily installable and reduced cost, supported by a control system based on (Android) tablet that allows the patient perform daily tasks receiving help at any time, whether visual or auditory. This project is born as a result of the work done by the "DomAlz Working Group", in which cooperating "CEDINT" (Centre of Integral automation of the Polytechnic University of Madrid), "Carlos III University of Madrid" and the "Spanish Alzheimer's Foundation" (FAE), which has as objective the application of home automation technology in people with dementia daily lives and their caregivers. ICT and home automation advances could be very useful if used conveniently. Caregivers consider that smart homes can help people with Alzheimer's disease in the security, leisure and daily tasks fields, increasing the time they can live alone in their own homes.

PO2.30. Natural language processing for supporting and improving dementia screening tests

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With an increasing aging pyramid, the number of people with cognitive impairment has grown at a high rate. This is a demographic problem with socioeconomic implications since various types of dementia has grown steadily over the years. However, long before the clinical onset symptoms of dementia, patients exhibit deficits in their oral and written communication and visual short-term memory, signs that could be measured and serve as evidence to predict poor cognitive health in late life. Most types of dementia are progressive and likely to begin years before noticeable clinical symptoms. We present an ongoing project which applies and explores automatic linguistic analysis to language samples produced by persons at various stages of cognitive decline in order to identify linguistic markers that can be used as a complementary, early diagnostic, and screening tool. Recent research has suggested that analysis of speech and language may lead to the discovery of sensitive and non-invasive behavioral biomarkers of dementia. Language, or rather linguistic performance, is various forms of spoken or written language production and comprehension, accessible language-based interaction through conversation and measures from an eye tracker device during reading. Specifically, the project conducts interdisciplinary research in the area of Natural Language Processing in collaboration with neuropsychologists from the local memory clinic. Automated techniques can provide objective measures of dementia. The project's results have the potential to prove its practicability in terms of new and improved scanning instruments that in the near future can be used for large scale population screening in order to allow more rational, early (pre-clinical) intervention strategies using (new) pharmaceutical agents as well as methods affecting behavioral patterns. Sensitive screening tools are also of crucial importance in selecting participants for clinical trials since disease-modifying medications are most likely to be successful at the earliest stages of dementia.

PO2.31. Coach Assistant via Projected and Tangible Interface (CAPTAIN) for older adults including those living with CI

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The quality of life of older adults is often impacted by a loss of autonomy and independence that can arise due to cognitive impairment, neurodegenerative disorders, functionality disability, and other frailty indicators. Ambient Assistive Living (AAL) environments that monitor behavioural, cognitive and emotional states can support an individual more effectively than traditional care alone. Yet, their use remains low, perhaps due to the failure to involve end users in their design. The Coach Assistant via Projected Tangible Interface (CAPTAIN) H2020-funded project aims to develop a radically new Human Computer Interface (HCI) that uses micro-projectors and projected augmented reality to provide assistance whenever and where ever it is needed. CAPTAIN technology utilises smart home appliances to turn a room into a tangible, interactive and user-friendly interface capable of capturing relevant physiological, behavioural and user-interactions through unobtrusive means. CAPTAIN also provides cognitive and physical training through serious games to increase engagement levels and a motivational coach that provides personalised guidance designed to enhance an individual's engagement in cognitive activity, social interaction and healthy nutritional and exercise habits. CAPTAIN harnesses the power of Living Labs (LLs), a vibrant stakeholder community and a multi-disciplinary team with clinical, technology, business, economic, policy and people with lived experience to ensure a truly user-centred co-creation approach that will be sustained throughout the development lifecycle. CAPTAIN will be design, developed and tested in five LLs (Thess-AHALL, INTRAS Living Lab, NIVELY, AMEN and AUSILIA), in long-term residential care (AMEN) and in the real homes of older adults including people living with cognitive impairment. Developed from many years of research in the active and healthy ageing domain, CAPTAIN will design the future home where smart assistance enhances the usefulness and effectiveness of personalised supports and enables independence and ageing in place.

PO2.32. Effects on subjective well-being and self-efficacy in Amnestic MCI people to one session exposure to recent autobiographical information

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Objective: Recent findings have suggested that exposure to autobiographical episodes captured by a lifelogging wearable camera generates an improvement in the subjective well-being in people with memory impairment. We aim to investigate whether one session exposure to autobiographical episode can increase subjective well-being and memory self-efficacy in Amnestic-MCI (aMCI) patients.

Participants and Methods: The sample included seventeen subjects diagnosed of aMCI (53% males), mean age of 74.9 years (SD 3.41) and mean MMSE score of 27 (SD 1.62). Participants received individualized training on wearing a small wearable lifelogging camera that takes pictures automatically every 30 seconds and then they were requested to take the camera during one day while they were doing their daily activities. The images captured by the camera were subsequently processed by computer vision algorithms and it was generated a movie that contained the most relevant information of one autobiographical episode. The intervention consisted of an individualized single session of exposure to the autobiographical episode in which the patient visualized the movie emphasizing paying attention to the different details of the episode. During the exposure the patient was encouraged to relive that episode. The procedure was repeated 3 times. Before and after the exposure treatment, patients answered a self-questionnaire about subjective well-being and self-efficacy for memory (score range 0-100).

Results: All patients showed higher scores in the self-questionnaire at the end of the intervention session (mean score of 81.9 –SD 12.3- before the intervention vs 84.4 –SD 11- after the intervention), with a p=0.016 (Wilcoxon signed rank), and an effect size of 0.26 (Cohen's d).

Conclusions: One session exposure to recent autobiographical information generates an increase in subjective well-being and in the perception of self-efficacy in people with aMCI. The new assistive technology devices as lifelogging cameras can become a promising intervention for people with memory impairments.

PO2.33. ICT based instruments for dementia and cognitive impairment screening. Systematic literature review

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Objectives: The aim of this systematic literature review was to examine the availability of literature on monitoring devices, the internet and virtual reality employed as screening instruments for cognitive impairment and dementia. Validity, reliability and usability were of particular interest.

Methods: Electronic searches identified 2127 articles of which 41 met the inclusion criteria and were grouped into test batteries, measures of isolated tasks, behavioural measures and diagnostic tools.

Results: Forty-one articles, depicting 39 instruments met the inclusion criteria. All the selected articles were cross sectional descriptive studies. Twenty were based on monitoring devices, 12 on the internet and 7 on virtual reality. Twenty-seven instruments reported good discriminant validity in the detection of cognitive impairment, and 15 reported good discriminant validity in the detection of dementia, with six providing good specificity and sensitivity values. Eighteen instruments could be used at home, while 6 had the potential to be home delivered. Even though 16 instruments reported information associated to usability, none of them investigated usability or accessibility. Six instruments reported information about user´s experience.

Conclusions: Research suggests that there is a need to further develop screening for dementia through monitoring devices and virtual reality. Internet and virtual reality based instruments should look to monitoring devices to improve their possibility of offering independent home based administration. Providing the amount and diversity of instruments reviewed, it would be advisable to use those which have been validated and standardised for older adults. Usability studies and end users' participation should be included in the design protocols of screening instruments.

PO3. Care services

PO3.1. Disruptions, discontinuities & dispersions: An ethnography of disjunctures in orthopaedic wards

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UEA, Norwich, United Kingdom

Enhanced recovery Pathways (ERPs) as currently seen in the literature are based on the premise of evidence based medicine being brought to bear in a sequence of events to maximise throughput, productivity and quality. It is notable that usual care is full of multiple types of disjunctures (disruptions and discontinuities and dispersions) for both patients and staff and when patients who are living with dementia pose particular disruptions to usual practice. As part of a large Programme of study (PERFECTED), we aimed to establish what actually happens in usual practice on acute orthopaedic hospital wards, and how delirium and/or dementia impact on practice. We used ethnographic observations to inform the development of an ERP from a social science perspective. Observations of routine "public" care places and activities were conducted over 4 weeks in 3 locality sites in acute hospitals where hip-fracture patients experiencing cognitive impairment were admitted. Our data richly identifies multiple types of disruptions and discontinuities for both patients and staff, with patients who are living with dementia posing particular and specific disruptions to usual practice, conditioning and suggesting a variety of staff responses. Such practice dilemmas are known but not well-captured in this setting to detail and assess their specific impact on clinical care. Knowledge gained can make a valuable contribution to ERP development. After attending this session, participants will be aware of the value of ethnographic observations in health science research, how disjunctures arise in acute settings, and how ERPs can be situated in usual care practices.

PO3.2. Implementation of the PERFECT-ER intervention designed to enhance recovery for people with hip fracture and cognitive impairment in acute trauma wards

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Background: Patients who have fractured their hip and have a cognitive impairment have poorer outcomes compared to those with full cognition. We aimed to determine whether a novel multi-component intervention developed to enhance the recovery of hip fracture patients with cognitive impairment could be implemented in acute trauma wards.

Methods: A Plan, Do, Study, Act model for service improvement was used in 4 cycles to change practice in 3 acute orthopaedic trauma wards in England. The PERFECT-ER intervention was used to assess care, inform action planning and as a catalyst for service improvement. A Service Improvement Lead (SIL) facilitated implementation at each site. Intervention scores, implementation process reports and observational fieldwork data were collected. Thematic analysis was conducted by case.

Results: All sites implemented multiple aspects of the PERFECT-ER, with Service Improvement Leads (SIL) using different implementation styles. All SILs tackled easier changes first. More complex and organisational changes occurred when SILs had gained working knowledge and confidence. Results show some implementation reflected changes in documentation or wording to make existing practices visible rather than actual changes in practice although numerous changes in practice were made. The PERFECT-ER intervention was collaboratively refined and an implementation manual created. Barriers and facilitators to implementation were identified.

Conclusions: This study demonstrated the novel multi-component PERFECT-ER intervention can be implemented in acute orthopaedic trauma wards and practice can change to facilitate care of hip fracture patients with cognitive impairment. Further testing is needed to identify if practice changes influence patient outcomes.

PO3.3. "Bribe Them with Cake"; Implementing change in acute hospital settings; An action research study

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Hip-fracture is a common orthopaedic injury amongst older adults worldwide, incidences are expected to surpass 6 million by the year 2050 as aging populations grow in developing countries. People living with cognitive impairment have an increased risk of a hip-fracture compared to cognitively intact cohorts and have poorer outcomes. Adapting acute hospital care to the needs of these patients is vital if we are to improve their prospects. This study was part of a large programme of research (PERFECTED), which aims to improve the care of older hip-fracture patients who are experiencing cognitive impairment. We used an action research design (plan-do-study-act) to implement and refine a newly developed ward-level intervention (PERFECT-ER) to improve care for this cohort of patients. We worked with three hospitals in England to generate knowledge to understand how to best implement the intervention, change practices and optimise care. Our findings showed PERFECT-ER could be implemented in a range of ways, which were influenced by both the management style of the Service Improvement Leads and the existing ward culture. We identified multiple barriers and facilitators to the implementation of a new intervention in acute medical settings. The lessons learnt will be key in the successful testing of the intervention

(PERFECT-ER) during the next stage of the study – a feasibility Trial. This session aims to inform participants how a complex intervention can be embedded into hospital wards through action research cycles and how patient care can be adapted and improved through staff working together to implement changes.

PO3.4. "Are you comfortable now?" Person-centred care practices on acute trauma wards caring for people with cognitive impairments: An ethnographic study

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Background: Older people and their families consistently place high value on hospital care that promotes personalised relationships between staff and patients, often termed Person-Centred Care (PCC). PCC features in care guidelines from across Europe, North America and the Asia-Pacific region, demonstrating the value increasingly placed by policymakers on methods emphasising 'personhood'-in care practices. However, as many secondary care settings such as acute trauma wards become highly rationalised and task driven, PCC orientations can be given less priority.

Methods: This paper reports on an ethnographic study undertaken within an international research programme exploring ways of delivering care to people living with dementia and admitted to secondary care with hip fracture. Observations were undertaken by five academics and three trained 'lay' researchers in Emergency Departments and Trauma wards in three hospitals from across the United Kingdom, generating a data set of 192 hours of observations (48 observations, approximately 4 hours each).

Results: Fieldnotes collected from the differing spaces were thematically analysed and further analysed applying Kitwood's (1997) person centred care framework. Data illuminated staff creativity in identifying and responding to opportunities to maintain patient personhood while performing the routine care tasks prioritised within settings.

Conclusions: Staff in acute care environments can bring an integrated awareness both of policies prioritising PCC opportunities and policies prioritising task performance, to moderate their practice in creative ways. We conclude that skilled practice res

PO3.6. It's good care, but who is it good for, me? A multi-perspective insight into stakeholder constructions of 'good care' for people living with dementia and hip fracture

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Aging populations in developed countries worldwide place hugely increasing pressures on health services. Older age is a significant risk factor for falls, with hip-fracture being one serious potential consequence. The US and Northern Europe have particularly high rates of hip fractures, while many developing countries are also likely to see future increases as their currently younger populations age. Many older patients experiencing hip fracture also have cognitive impairment(s). These patients tend to have poorer outcomes compared to the more cognitively able. As part of the Peri-operative Enhanced Recovery Hip FracturE Care of paTiEnts with Dementia (PERFECTED) programme, a multi-perspective, multimethod qualitative approach was used to explore professionals', patients' and carers' (n=74) constructions of what 'good' care entails for patients with hip fracture in acute trauma wards. The presentation draws on data from 7 focus groups, 35 interviews, 6 of which were carried out in collaboration with trained lay-researchers. This was analysed using discourse analysis. Our analysis mapped competing discursive orientations articulated by stakeholders in relation to claiming expertise to define what 'good' care is and who it is 'good for'. These discussions also highlighted the situated repair work participants needed so as to continue to engage in this discursive context. These findings are related to dominant interpretative repertoires of patient emancipation, carer transformations and care-flow, and examine how these mutually intersect here. Our conclusions highlight the socio-economic and political dynamics in constructing 'good' care in the context of acute trauma settings and also what tropes are recruited by various stakeholders to advance their claims to expertise about what, and for whom, such care is 'good for'. In positioning claims to expertise, we identify psychosocial dilemmas associated with competency that can help re-construct experiences of care to be drawn on by clinicians, patients and carers in more mutual negotiations of care.

PO3.7. Asked for Help, a person centred approach to symbols

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People living with dementia who require to attend an acute hospital may have additional person centred support needs. There are many schemes available that use a pictorial label to identify a person living with dementia. However, can a label that depicts a disease or condition ever be person centred? Recent research by Featherstone, K & Northcott A (2018) identified, that for many staff, a diagnosis of dementia suggests late-stage dementia and assumptions are made that can distress people living with dementia and can compromise their right to make decisions and maintain skills.

NHSGGC have created a project that identifies people who may want additional support in a person centred way. The project "Asked for help" is person centred with the emphasis on improving the patient, families, friends and carers experience, initially, within an outpatient service. The project aims were to ensure what matters to the patient is delivered seamlessly during the outpatient appointment. "Asked for Help" is being used to alert staff that someone has self reported additional needs. The project success has been the openness to include all patients, it puts the onus on to staff to find out what it is the person requires help with and creates a person centred conversation that prevents the use of assumptions or links to any particular disease. The presentation will demonstrate the outcomes from the project evaluationIt will give an overview of audit data and a planned program of further spread within NHS Greater Glasgow and Clyde Acute Hospitals. Identified outcomes. Improved focus in delivering person centred care for everyone. Offer a service that is responsive to what matters to patients, family, friends and carers during the time in the department. Robust communication tools in place to ensure help is given when identified or asked for.

PO3.9. Cognitive impairment in heart failure patients: Preliminary findings from the Deus ex Machina study

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Introduction: Cognitive impairment(CI) is common in Heart Failure(HF), ranging from 25% to 80%, depending on HF severity and cognitive assessment procedures. CI involves different pathophysiological processes and is associated with worse HF prognosis.

Aims: To determine the presence of CI in HF outpatients and analyse associated factors.

Methods: Participants were randomly selected from the patient list of an HF outpatient clinic in a University Hospital. Sociodemographic data, Left Ventricular Ejection Fraction(LVEF) and New York Heart Association(NYHA) class were registered. CI was defined as MoCA score<22. Instrumental Activities of Daily Living(IADL) were assessed with the Lawton Scale. Associations with CI were explored using univariate analysis and a logistic regression model, with CI as the dependent variable, entered as covariates age, education, LVEF, NYHA, and IADL.

Results: We included 81 HF patients: age 57±13, 33% women, 55% with reduced LVEF(rLVEF), 26% intermediate LVEF(iLVEF) and 19% preserved LVEF(pLVEF). Regarding NYHA class, 31%, 52% and 17% were respectively at class I, II and III. MoCA mean score was 22.1±4.8. Patients performed worse in delayed recall(2.3±1.6), abstraction(1.0±0.9) and executive function(3.3±1.4) subtests. Overall 43% of patients showed CI. They were older (U=1.242.5,p<0.001), with lower education(U=285.5,p<0.001) and more dependent in IADL(X2=3.9,p=0.047). No differences were found in NYHA class. CI was present in 47% of rLVEF, 20% of iLVEF and 60% of pLVEF patients(X2=6.3,p=0.043). In the regression model, only age(p=0.024) and education(p=0.001) showed an independent association with CI.

Conclusions: CI was found in 43% of HF patients, being associated with older age and less education. CI in HF may differ according to LVEF. This may be further studied with the sample enlargement, to better understand cognitive prognosis in HF patients.

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PO3.10. Development of memory clinics in the Netherlands: An update from 1998-2016

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Background: To improve early diagnosis and treatment of cognitive disorders, including dementia, specialized Memory Clinics (MCs) have been set up. To gain more insight into the development and efficacy of these clinics in the Netherlands, the first national survey was published in 1998. The aim of the present study is to determine the number, characteristics and working methods of MCs in the Netherlands in 2016, and to compare these findings with earlier results to investigate the development of MCs since 1998.

Methods: A survey was sent in 1998, 2004, 2009 and 2016 to all operational MCs in the Netherlands. The survey concerns question about organisation, collaboration, patient characteristics, referrals, diagnostics and additional assessments.

Results: The number of MCs increased substantially from 12 MCs in 1998 to 91 in 2016. Both capacity and geographical distribution increased in the last twenty years. In 1998, most of the patients received a dementia diagnosis (85%), but nowadays about half of the patients had milder cognitive problems. MCs are often part of regional care chains and better embedded with regional care organisations. Diagnostic tools, such as a blood tests (97%), neuropsychological assessment (95%) and imaging (92%) were used in nearly all MCs. There was an increase in use of neuropsychological assessments, while use of imaging, CSF, and EEG/ECG have decreased. Remarkably, many differences in the diagnostics, and used scales and questionnaires could be identified between MCs.

Conclusion: MCs in the Netherlands developed substantially since 1998 and are nowadays accepted as regular care facilities for people with cognitive problems.

PO3.11. "Music-based interventions in the acute setting for patients with dementia" targeting agitation

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In recent decades, the population ageing and the consequent increase in dementia prevalence became a major health problem worldwide, posing great challenges to society and to health care systems. Particularly problematic are the acute non-programmed admissions to hospital of demented patients. Old patients, and especially those with dementia, are more often hospitalized and for longer periods, than general population. They also have more medical intercurrences and have a greater risk of developing acute confusion and agitation, frequently managed with sedation and even physical restraint. The latter strategies are known to be associated with important secondary complications, not to mention the ethical implications. Non-pharmacological interventions are thus needed, to deal with agitation, in the acute setting. In this context, Music based interventions (MBI) have been used with people with dementia (PwD) with promising results. Evidence for short-term improvement in mood and reduction in behavioural disturbance seems consistent. However, the acute setting is especially challenging, and few interventions have been conducted in this context. To our knowledge, there isn't any RCT or other robust study evaluating the administration of MBI to PwD acutely admitted to hospital. In a scoping review, we only found 6 individual studies reporting MBI, in the acute setting, with PwD, but they were rather small studies, with limited methodological quality. We aim at developing an MBI program, to be used in the acute setting, with PwD and to conduct a feasibility study. Moreover, we envision the possibility to proceed in the future to an RCT to test its efficacy/effectivity to reduce/manage agitation in a more effective and humanizing way, in this setting. The present project and preliminary results (obtained until September 2018) will be presented, along with a theoretical background.

PO3.12. Specialist dementia unit improvement programme

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Descriptor: Commitment 11 of the 2nd Scottish Dementia Strategy 2013-16 recognised the need to improve care provided for people with dementia in settings outside acute hospitals. Specialist Dementia Units (SDU) were identified as a priority area. To support this the Scottish Government commissioned a national improvement programme. This includes 4 SDU demonstrator sites and a national network. The programme aims to work with staff, carers and those with dementia working at the frontline to understand their experiences of the service and how this could be improved.

Methodology: All 4 demonstrator sites have used the Experience Based Co-Design (EBCD) as the basis for their approach. This enables the experiences of those providing and using services to be captured. By following the process, it has generated and prioritised the opportunities for improvement. The framework has enabled a wide range of experiential data to be captured through conversations, observations and workshops. This has then been analysed and themed. Augmenting EBCD is the use of model for improvement to implement agreed change ideas. A steering group involving all stakeholders including staff and carers has been established in each site to oversee this work.

Results/Outcomes: Supported the active participation of staff, carers and people with dementia through 120 hours of clinical observation, 95 interviews and local workshops in each site. Challenged existing assumptions that people with advanced dementia are unable to participate in improvement or share their views. Development of improvement skills including knowledge of legal and ethical issues by staff in the SDU's. Now working on improvement themes including: Activity, Team Development, Stress and Distress, Handover/ Staff Communication, Mealtimes, Environment and Carer Information.

PO3.13. Perioperative care for people with dementia: Is there room for improvement?

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Background: The increasing prevalence of dementia impacts on healthcare services, with higher numbers of people diagnosed with dementia undergoing surgical procedures. Perioperative care for patients with dementia represents a challenge for the person with dementia, their family members and healthcare professionals. Currently a comprehensive understanding of the prevalence of postoperative complications for people with dementia undergoing similar surgical procedures with those without a diagnosis of dementia is lacking.

Aim: To identify major challenges for people with dementia undergoing surgical procedures that affect postoperative outcomes.

Methods: Relevant literature published between 2000 and 2017 was searched on the electronic databases CINAHL, PubMed, BNI and PsychINFO. A systematic approach was used for this critical literature review. A thematic analysis was used to identify the common factors that influence postoperative outcomes for people with dementia.

Results: A total of ten articles were identified, five of which contained quantitative data and five were based on qualitative methodology. Results show that patients with dementia undergoing surgical procedures have higher risk of postoperative complications such as infections or respiratory problems. Healthcare professionals often lack of the necessary skills to identify signs of postoperative complications in patients with dementia. No specific risk points have been identified in this review that influence the postoperative outcomes of people with dementia.

Conclusion: There is a wealth of information on the impact of a hospital stay for people with dementia, but it is commonly related to general or acute settings and not linked directly to the perioperative care trajectory. Studies conclude that there is a need for more guidelines and protocols for healthcare professionals in postoperative care of people with dementia in order to improve care and reduce postoperative complications.

PO3.14. Addressing the emotional needs of individuals with dementia when in hospital

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Individuals with dementia are particularly vulnerable when in hospital, with serious risks to their physical and emotional wellbeing. Hospital staff are expected to understand and respond to the emotions of the person with dementia as an important component of integrated care and hospital care; however, the available guidance does not detail how this can be achieved. A freelisting interview study was conducted in a UK hospital ward providing dementia care. 47 hospital staff members of a range of professions, constituting the whole ward, gave spoken lists of: all the ways they notice emotional distress, the causes for emotional distress, all the ways they respond to the emotional distress of individuals with dementia and the responses that seem to work. The ethnographic method and use of spoken lists described routine practice within the hospital culture. Individual responses were coded and analysed using cultural consensus analysis to establish agreed domains and the most salient domain items for each of the four questions. Coherent domain descriptions offer an operational definition of the skills required for delivering emotion-focused care for individuals with dementia when in hospital. This study provides an illustration of how an entire clinical team views emotional distress among patients with dementia and provides useful insights into possible and effective ways to respond. The findings intend to inform interventions to address a significant, international healthcare challenge, including training for the workforce.

PO3.15. Socialisation of student nurses into dementia care in the acute hospital

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Background: The global prevalence of people living with dementia has been estimated to be around 50 million, with 10 million new cases every year (World Health Organisation, WHO, 2017). As a consequence, the proportion of people with dementia being admitted in acute hospitals continues to increase. Little attention has been paid to the impact of the physical environment, the future nursing workforce and in particular the socialisation of student nurses into dementia care.

Method: A hermeneutic phenomenology design was used explore student nurses' experiences of acute hospitals settings in England and New Zealand. Data was collected through focus groups toobtain a range of experiences, beliefs and perceptions. The framework approach which facilitates constant comparative techniques was used to thematically analyse a range of data.

Results: The 11 focus groups from England and New Zealand included student nurses from diverse cultural backgrounds. Three constant themes were apparent from the data: negative perceptions of dementia, exposure to dementia, and lack of resources. Students described many negative pictures of dementia, the stigma, the "eye roll" when a patient was admitted. Students were exposed to dementia and what staff perceived as the "aggressive" nature of dementia and to "double up" and "watch them". Lack of resources is a constant theme in acute hospitals and impedes dementia care more.

Discussion: Student nurses and their registered nurse mentors are not always equipped with the skills and knowledge to care for patients with dementia. Students commented on a range of experiences from being protected by staff to feeling completely exposed to dementia. Lack of resources including time, staff, skills impact the care of patients; and specialist dementia nurses are few and their remit wide.

Conclusion: The global perspective of dementia and the socialisation of a future nursing workforce in dementia care is of great concern.

PO3.16. Care for people with dementia in hospitals. A protocol for a literature review

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Background: In hospitals, people are expected to express themselves, understand what goes on and move through the system as required. However, for people with dementia, hospital settings can be confusing and overwhelming. Hospitalisation is associated with adverse effects such as delirium, functional decline and the use of more sedative and antipsychotic medication for people with dementia. After discharge from hospital, people with dementia experience greater mortality and increased risk of institutionalisation. Therefore, it is important to find measures to prevent and minimize the adverse effects of hospital stays for people with dementia, and to create a dementia friendly environment.

Aim: The aim of this study is to get an overview of the research concerning measures to improve care for people with dementia in acute somatic hospitals.

- Syntheses will be made in the following areas;
- physical environment
- patient transfer
- staff competence
- imlementation of person-centred care

The research questions for each synthesis are:

- What needs are identified?
- What models/methods exist?
- Which outcomes are used and what are the effects of interventions?

Methods:

- Quantitative and qualitative studies will be included.
- The databases PubMed, Ovid Medline, Cinahl, Embase, Swemed+ og Cochrane will be searched.
- Inclusion Criteria

Qualitative studies

- Descriptions and evaluations of specific models or interventions will be included.

- We will include any recognised method of qualitative data collection, including interviews, focus groups and observational techniques. This may be stand-alone qualitative research, or reported as part of a mixed methods intervention evaluation.

Quantitative studies

- We will include all quantitative study designs reporting comparative data prioritising evidence from more robust study designs in the synthesis where possible.

- Searches will be conducted in PubMed, Ovid Medline, Cinahl, Embase, Swemed+ and Cochrane

PO3.17. Predictors of cognitive performance in participants with MCI who attend non pharmacological interventions over a three years' period

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The aim of the present study is to develop a regression model for progression of mild cognitive impairment (MCI) in elders with MCI who attended non pharmacological programs for more than 3 years. We conducted regression analysis to find which of the following variables (demographics, clinical characteristics of MCI [MCI onset, first symptom, personality changes], and mood disorders [anxiety and depression]) represent predictive factors for cognitive performance after three years. Method: Specifically, two hundred and four (254) participants with MCI attended non-pharmaceutical intervention programs in the Greek Alzheimer Association two-three times per week over a three-year period. The following tools, that is the final outcome variables of the study, were administered to the sample before and after the three years' period: a) MMSE, b) Rivermead test c) RAVLT d) verbal fluency test, and e) ROCFT. Results: In the final model, age (β= -.215, t= -3.993, p< .025), and memory as the first symptom (β= -.347, t= -2.494, p= .017) were significant independent predictors of the MMSE score. Additionally, Beck Depression Inventory score was significant predictor of verbal fluency score (β= -.718, t= -3.095, p= .013). On the other hand, age was a significant predictor of selective attention, as measured by the TEA (β= -.367, t= -2.676, p= .010). Moreover, age (β= -.315, t= -2.391, p= .021) along with personality changes (β= .310, t= 2.351, p= .023), specifically increased irritability, and memory as the first symptom (β= -.278, t= -2.139, p= .038) predicted the redirection of attention. However, no significant predictive relationships were found for Rivermead test, RAVLT and ROCFT. Conclusions: Age, as well as memory deficits as the first symptom of MCI were predictors of MMSE and selective attention. Additionally, BDI significantly predicted verbal fluency. However, no other predictors were observed for episodic memory and visuospatial ability.

PO3.18. Exploring the experiences of living with dementia in Ghana

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Background: With demographic transition occurring worldwide, the sub-Saharan African countries have the youngest population but fastest growing rates of older people in the world (UN World Population Prospects, The 2015 Revision). Dementia and cognitive impairments are therefore set to be one of the biggest public health challenges for the sub-region in the 21st century. There is a paucity of information on dementia in the region and the few studies that have been conducted have mainly focused on prevalence and incidence with no investigation being conducted on the lived experiences of dementia. Individuals and cultures attempt to understand the symptoms of an illness based on their knowledge about it. The unique ways with which illnesses are constructed usually influence people's perception, experience and coping strategies. This hermeneutic phenomenological study will explore the experiences of people living with dementia and the cultural perceptions of dementia in Ghana.

Method: The study used semi-structured interviews with people with dementia and their family carers and focus group discussions with healthcare professionals and prayer camp staff with experience of working with people with dementia.

Preliminary findings: Early analysis of the data suggests that dementia is a taboo subject that attracts widespread stigma in Ghana. The findings also point to a number of misconceptions about the causes of dementia including witchcraft, curses and menopause.

Conclusion: There is a general lack of awareness and knowledge of dementia in Ghana. There is widespread presence and use of prayer camps for the treatment practices of dementia. Most families with people with dementia prefer to send them to a prayer camp as opposed to a more 'conventional psychiatric services for care and treatment. There is a need for work to raise the awareness of dementia to reduce the misconceptions and associated stigma

PO3.20. Experiences of attending day care services designed for people with dementia - A qualitative study with individual interviews

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Objectives: Day care services (day care) play an important role in the care of people with dementia worldwide. Day care is assumed to promote independence in home-dwelling people with dementia and to increase their wellbeing and social stimulation. However, few studies have directly engaged people with dementia to better understand the benefits and impacts of such services. The aim of this study was to explore attendees' experiences with day care designed for people with dementia.

Method: This study had a qualitative descriptive design and included individual interviews with 17 users attending day care designed for people with dementia. The data analysis was undertaken using content analyses.

Results: The participants reported that day care had a positive influence on their physical functioning, cognition, wellbeing and situation at home because they were provided with social stimulation, meals, and activities. The social setting, the meals, and the opportunity to leave the house are highlighted as enjoyable and preferred activities. Day care contributed to the maintenance of a rhythm and structure in everyday life. Furthermore, the staff contributed to making the day care centre a safe place to be and enhanced a sense of belonging.

Conclusion: This study reveals the positive impact of day care on the daily lives of people with dementia because this service contributes to the enhancement of activities and social support, prevents isolation and enhances practical and cognitive functioning as experienced by the users. The staff have a major impact on the experience of the participants in the day care service

PO3.21. Traditional Chinese medicine therapy reduces the nasogastric tube feeding risk in dementia patients

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Background: Dementia is an international health issue in elder people. Nasogastric tube feeding to address eating problems in patients with dementia introduce risks of respiratory tract infection or esophagus trauma. Traditional Chinese medicine (TCM) is widely used to treat swallowing difficulty in Taiwan. We investigated the long-term clinical effects of TCM for reducing the risk of Nasogastric tube feeding in dementia patients.

Methods: We used National Health Insurance Research Database to conduct a retrospective study of dementia patients with difficult voiding symptoms between 1997 and 2009 in Taiwan. We collected medical data from the onset of dementia to Nasogastric tube insertion. Cox regression proportional hazards model and cumulative incidence of the Nasogastric tube curve were used to determine the association between the risk of swallowing difficulty and TCM use.

Results: Data from 11069 patients with dementia was assessed, and 9438 participants who received medication for relief swallowing difficulty were categorized into 2 groups: 4094 (43.4%) were TCM users and 5344(56.6%)were TCM non-users with a mean follow-up period of 5.4 years. Cox regression demonstrated that using TCM may decrease the need for Nasogastric tube in patients with dementia (adjusted hazards ratio (aHR) =0.84, 95% confidence interval (95% CI): 0.76-0.92) compared to TCM non-users. A relationship between longer TCM use and reduced urinary retention with Nasogastric tube use was observed, especially in patients who used both herbal and acupuncture treatment (aHR =0.67, 95% CI: 0.58-0.76). Ban-Xia-Hou-Pu-Tong (aHR =0.76, 95% CI: 0.64-0.88), Li-zhong Tang (aHR =0.57, 95% CI: 0.35-0.74) were the most two beneficial TCM formulae.

Conclusions: The results of this study suggest that TCM is associated with a reduced risk of Nasogastric tube in patients with dementia, with enhanced benefits from longer durations of TCM use.

PO3.22. Functional mobility and risk of falls in patients of Alzheimer's disease attending a day care center

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Background: In our ageing society an increasingly number of patients with Alzheimer's Disease (AD) attend day care centers. However, functional mobility and risk of falls in this group have received little attention in comparison with those living in nursing homes.

Methods: 42 AD patients attending a day care center were evaluated (17 men and 25 women) (mean age: 77.40 ± 7.90). All subjects completed the 35-point Lobo's Mini examen Cognoscitivo (MEC) and Global Deterioration Scale (GDS). Risk of falls, balance and march were evaluated with Tinetti Test (TT) and UP and Go Test (TUG).

Aim: Our aim was to evaluate if scores in TT correlated with a shorter measure of risk of falling (TUG Test) and to determine if age and cognitive status modulate this relationship.

Results: The mean score in MEC was 22.52 (± 6.00) . The mean TUG score was 12.15 ± 2.73 and TT score reached 26.50 ± 2.22. There was a positive correlation between TT and MEC ($r = 0.33$; $p = 0.05$) and a negative one between TT and TUG ($r = -0.65$; $p = 0.001$). A trend towards correlation between GDS and mean TUG score ($r = 0.3$; $p = 0.054$) and a negative relationship between GDS and TT scores ($r = -0.4$; $p = 0.01$) were observed. Neither the correlation between TT and age nor between TUG and age reached statistical significance.

Conclusions: Correlation between TUG and TT scores indicated the suitability of a shorter instrument (TUG) to assess risk of falling in this population. These results could be useful in order to design interventions aimed to improve functional mobility and reducing the risk of falls in AD patients attending day care centers.

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PO3.23a. Cognitive enhancement in Alzheimer's and related disorders

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This poster presentation is intended to show the benefits deriving from cognitive enhancement programs, within the context of non pharmaceutical interventions, carried out by psychologists, to patients with Alzheimer's and related disorders. The combination between, cognitive enhancement programs – non pharmaceutical interventions and administration of appropriate medication, have shown spectacular results. In more detail, significant improvement of the patients' cognitive functions has been noted, as well as of their ability to cope with demands of their everyday lives Within the cognitive enhancement framework, a wide variety of stimuli and appropriate techniques is used, in order to address a specific problem, and thus to obtain the desirable outcome. It is very important to customize each patient's individual program, using diverse activities and as such, time and space re-orientation, conversation on contemporary news, learning or re-training on skills and various exercises aiming to implement again memory, attention, judgment and speech. Art therapy should always be included. As relevant experience suggests and after the meticulous study of the contemporary scientific literature, the conclusions to which, we have reached, are that cognitive enhancement programs indeed constitute a therapeutic approach totally adapted to every patient's needs. They can be administered on an individual or a group basis, and can be also modified according to the patient's emotional or cognitive status. It should be noted that in this context the patient is encouraged to make conscious efforts, in order to help oneself. This means one does not rely only on medication, but takes an active role in the effort of dealing with dementia, retaining control over one's life Finally, it is very important to understand that non pharmaceutical interventions are not meant to replace medication, which has undoubted results but to be considered as complementary, acting in combination, in order to produce optimal results.

PO3.23b. How a relative/carer should manage the emotional load deriving from taking care of a person with dementia

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By working in a unit which is specialized in diagnosing, treating and caring people with dementia, one is in constant contact with these persons' family and other social environment. So, it is only natural that we continuously receive requests for psychological support, so that relatives and carers may continue to be able to cope with the difficulties deriving from caring of a person with dementia. In the meantime, we also experience the difficult emotions they experience. Disappointment, anger and frustration being among them, which manifest during taking care of their relatives with dementia, while they try to stay connected with somebody who turns about to act differently from the individual they used to know.

"Psychologic loss" of the person with dementia, is a status which constitutes a part of the process of preparatory grief in dementia and precedes physical loss. It is an emotional response on an impending end, as well as an effort to preserve memories one has with the person with dementia. During preparatory grief, an unconscious procedure takes place, as a reaction to the damaged stability of the relative's life, which includes stress, solitude, sadness, disappointment, grief, guilt and despair.

The way to deal with all these negative emotions, includes at first the ability to recognize and accept them, while afterwards, to be able to adapt oneself with the new facts of the patient's as well as the caregiver's, lives. The creation of a new reality in the relationship with the person with dementia, based on love, mutual understanding, and acknowledgment, is the target, which will evoke to the caregiver emotions of relief and hope, thus inducing a normal transition towards the eventual physical loss of the person with dementia, viewed as the completion of one's circle of life.

PO3.25. Effect of acupressure (Chinese manipulative therapy) on the quality of sleep in chinese old adults with intellectual disabilities (ID): A pilot study and on-going project

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Background: Past studies reported acupressure could improve sleep disturbances in persons with sleep disorders. Nocturnal sleep problem is common in persons with intellectual disabilities (ID). No studies about the effect of acupressure applied on back and head to improve sleep quality in chinese population with ID has been reported.

Objective: Our study aimed to investigate the effectiveness of acupressure on sleep quality of chinese old adults with ID.

Method: A one group pre-test/post-test design. 20 clients (including 3 with dementia) with sleep disturbance were recruited from 2 hostels of ID, from September 2016 to February 2017. They received two to three sessions of acupressure treatment per week for 20 consecutive weeks. Each session composed of a 10 minute spinal column acupoints (EX-B2) pinching massage (Niē jǐ), and then followed by a 5-minute gentle acupoints massage (Tui na) on each of the head acupoints (DU-20,EX-HN1,ST-8, DU-24). Pittsburgh Sleep Quality Index (CPSQI) scores of clients was measured at baseline and after 20 weeks of intervention.

Findings: The mean age of clients was 58.4 years. The global PSQI scores of clients reduced from 8.5 (pre-test) to 6.2 (post-test) ($p<0.01$) after treatment. PSQI subscores, including sleep latency, sleep disturbances and daytime dysfunction components also significantly improved ($p<0.01$) after intervention.

Conclusion:This is the first study to examine the effect of Acupressure/Chinese manipulative therapy (a combination of both Niē jǐ with Tui na) on the sleep quality of old adults with ID. Acupressure on back and head can improve the sleep quality of clients with ID in supported hostels. This low cost non-pharmacological intervention is believed to have a positive impact towards the quality of life of clients.Further study with larger sample size is so recommended by other ethnic populations with ID.

PO3.26. Informal care for dementia according to type of service

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Background: Dementia is a major challenge for society and its impact will grow in the future. Informal care is an essential part of dementia care. Previous studies considered informal care as a whole and not in its components.

Objectives: We aim to assess the degree of association between specific informal care services and dementia.

Materials and Methods: This analysis is based on data from the seventh wave of the AgeCoDe/AgeQualiDe study. Dementia was diagnosed based on the DSM-IV criteria. Severity of dementia was assessed and categorized by means of the Clinical Dementia Rating. Eight individual informal care services were considered. Logistic regression models were used to assess associations.

Results: 18% of 864 participants had a diagnosis of dementia (very mild: 4%; mild: 6%; moderate: 5%; severe: 3%). All informal care services were significantly associated with dementia, with an emphasis on 'supervision', 'regulation of financial matters' and 'assistance in the intake of medication'. Considering different degrees of dementia severity, similar results arose from the analyses. All three aforementioned services showed a pronounced association with all degrees of dementia severity, except for supervision and very mild dementia.

Conclusions: The delivery of all types of informal care services is associated with dementia. The association is pronounced for services, which can be integrated more easily in the daily routines of the informal caregiver. Policy makers who plan to integrate informal care in the general care arrangements for dementia should consider this.

PO3.28. Shared housing arrangements for people with dementia – A cross-sectional study on quality indicators

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Background: Providing person-centered care for people with dementia (PwD) in small-scale homelike settings is a worldwide trend. During the last two decades we observed a great increase in Germany in the number of shared-housing arrangements (SHA) especially for PwD. Although there are a few outcome-based studies focusing on quality of life and challenging behavior etc., studies developing and evaluating quality indicators (QI) tailored to care in SHA are still widely missing. This study was conducted to develop such QI and to describe quality of care and support for SHA in Germany.

Methods: Based on literature reviews and adopted by expert consensus we developed 29 QI which focus especially on care and support characteristics in SHA for PwD. In a cross-sectional study in 74 SHA in Germany caring for PwD we evaluated structures of care and support as well as these QI. Data were analyzed using descriptive and inferential statistics.

Results: In total 623 persons lived in the participating SHA, on average 9 PwD per SHA (2 male, 7 female) with an average age of 79 years – most of them being highly care dependent, staying until end of life. Nearly all of the participating SHA report a setting-specific quality management concept as well as a setting-tailored concept of care and support. Participation of the residents in organizing daily living like choosing meals and activities is given in nearly all SHA. Staff in SHA is mostly (> 80%) employed continuously, but only 72% of all SHA have a dementia-specific concept of training. On average one full-time equivalent (fte) relates to one resident, but only 0,17 fte fall on skilled nurses.

Discussion: The findings point out that SHA are a specialized living and care environment for the vulnerable group of elderly PwD. Developing and evaluating quality assurance concepts are therefore widely needed.

PO3.29. Prevalence and outcome of Delirium in older people accessing to outpatient memory clinic in Modena (Italy): Retrospective study

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Background: Delirium is a multifactorial geriatric syndrome characterized by a transient, acute and global disorder of cognition and consciousness. It refers to a clinical condition and is associated to adverse outcomes. It's well known in hospital but few studies analyzed prevalence of Delirium in community that has estimated 1-2% (Devis,2013)

Objective: To assess the prevalence, outcomes and features of delirium in a cohort of elderly people accessing to an Outpatient Memory Clinic in 2017.

Methods: Retrospectively we analized olders who had diagnosis of Delirium in 2017 in a Memory Clinic in Modena respect to the 3843 clinical and cognitive examinations executed. Each sample evaluation includes demographics, clinical, cognitive assessment and/or diagnosis of dementia, severity of dementia, functional status. People with Delirium was identified by Confusional Assessment Method. We compared cognitive, functional and behavioral outcomes 6months before and after Delirium event; moreover we evaluated death event, hospitalization, institutionalization after 6 months.

Results: We found 46 cases of Delirium (27:19=F:M) aged 84.3 Years old living at home, Prevalence of 2.1%. Most of them were affected by dementia (76%): moderate stage of dementia with MMSE medium 15.8, moderate level of comorbidities (CIRS 2.17) and disabilities (ADL 2.7/6). 74% revealed Hyperactive form. After 6 months, people that experienced Delirium showed a worsening in cognitive functions (MMSE), behavioral problems (NPI), disability (ADL). Mortality measured 21.7%, institutionalization 41.2% and hospitalization 32.6% in 6 months.

Conclusion: this study represent feasibility in management of Delirium in community but this syndrome increase risk of negative outcomes in particular in people with dementia.

PO3.30. Use of non-pharmacological interventions in dementia: The Bavarian Dementia Survey (BayDem)

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Background: Even though selected non-pharmacological interventions are recommended by international guidelines, there is still a lack of information on their dissemination and utilization rates. Thus, this analysis examines the use of occupational therapy, physiotherapy, physical activities and memory support groups for persons with dementia (PwD). With regard to informal caregivers the uptake of counselling services and support groups was investigated.

Methods: BayDem is a multi-center, longitudinal study at three different sites in Bavaria, Germany. Participants are PwD (according to ICD-10) and their informal caregivers. Data was collected by standardized face-to-face interviews. This analysis includes PwD who showed mild to moderate cognitive impairment at the baseline assessment (t0) (n=147). Data gathered in the period between t0 and the first follow-up assessment after six months (t6) and between t6 and the second follow-up at 12 months (t12) was analyzed.

Results: 12.9% of the participating PwD attended a memory support group in the period between t0 and t6 (between t6 and t12: 13.6%). Mild physical activities such as gardening were performed by 80.7% (between t6 and t12: 79.8%), whereas more intense physical exercise was done by 14.5% of the PwD (between t6 and t12: 11.8%). Further, occupational therapy was used by 6.7% and physiotherapy by 18.5% (between t6 and t12: 6.7% and 16.0%, respectively). With regard to caregivers (n=122) 27.0% visited counselling services and 12.3% caregiver support groups between t0 and t6 (between t6 and t12: 21.3% and 9.6%, respectively).

Conclusion: The results show that merely a small share of the participating PwD uses non-pharmacological interventions. Thus, information provision and access to these interventions should be enhanced.

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PO3.31. Caregiver support with activities at home for people with dementia (the MOMANT study)

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The World Alzheimer Report 2010 emphasized the urgent need to develop accessible and cost-effective care for people with dementia and their caregivers. The intervention of this study reported here combines two approaches to caregiver support that have shown to be effective in empowering caregivers, i.e. a multiple component approach and actively engaging caregivers to involve the person with dementia in activities. The aim of this study is to investigate whether the intervention is effective and cost-effective to improve quality-of-life in the caregiver and in the person with dementia for whom they care. Additional research questions are whether the intervention can have positive effects on caregivers' feelings of competence, mood and their experience of caregiving.

The study design is a pragmatic, cluster randomised controlled trial with cost-effectiveness analysis. The study participants are informal caregivers of home-living people with dementia, and the person with dementia for whom they care, recruited in various regions in the Netherlands. The intervention is presented to caregivers by health or social care professionals at local dementia care centres. The manual-based program contained caregiver education about dementia, coping with caring and engaging the person with dementia in activities and consists of 6 group sessions over 2 months. Outcome measures are compared between two groups: caregiver-person with dementia dyads where the caregivers received the intervention and caregiver-person with dementia dyads who received usual care only. Participants in both conditions are assessed on the outcome measures at three occasions: at baseline and at 3 and 6 months after baseline.

Preliminary results will be presented at the Alzheimer Europe Conference 2018 as well as experiences from caregivers and professionals who have completed or presented the intervention. The intervention potentially adds to the effective support of caregivers of people with dementia without greatly increasing the workload for health or social care professionals.

PO3.32. The Rosemary diary in home care for people with dementia: A pilot study

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Introduction and aims: The Rosemary diary is a useful and simple tool, developed in primary care, for older person with cognitive impairment to be use without instructions, but simply using intuition with icons and pictures for simple questions. The first part of diary references to the traditional ROT (a part of CST actually), while the second part collects the activities of daily life. The aim of our study is to determine if this tool could be a support for people with dementia at home improving or maintaining cognitive performances and autonomy.

Methods: we studied n° 87 PWD living at home (30 M, 57 F; mean age: 80± 7,4 years) divided in 2 groups: n° 71 subjects who use Rosemary diary for 2 months (one hour/day for 6 days a week) and n° 16 (control group) who use ordinary tools (such as newspapers, calendars or reminders). At the start (T0) and the end (T1) of the study time, the 2 groups were evaluated in order to assess cognitive performances (MMSE), activities of daily living (Barthel) and mood (GDS-15, short version). The statistical analysis was conducted by SPPS-21.

Result: Significant improvements was found for depression (SG-GDS: t=5.36, p<0.001; CG-GDS: t=2.25, p<0.05) and functional parameters (SG-ADL: t=7.85; p<0.001; CG-ADL: t=2.37, p<0.05) in both groups, whereas only the intervention group (SG) had a significant improvement in MMSE scores (t=7.31, p<0.001).

Conclusion: these preliminary results suggest that a simple tool such as Rosemary diary could have not only a positive effect on cognitive functions (as temporal and spatial orientation) but also a positive interaction with ADL to promote and maintain autonomy in home environment. These preliminary observations need to be validated by more accurate studies conducted on large sample of elderly people with dementia.

PO3.33. “To be, or not to be”: Experiencing deterioration among people with young-onset dementia living alone

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Background: Having dementia before the age of 65 (YOD) represents a radical break from an age-normative and expected life course.

Aim: To examine how people living alone with YOD perceive the course of dementia, their needs, and coping strategies, with a focus on narrating everyday life experiences. Method: A longitudinal study using a qualitative approach. Five interviews, each with 10 informants, took place every six months from 2014 to 2017. Data was analysed with grounded theory.

Findings: The main theme was persons` experiences of changes of identity over time. The most significant aspects of their experiences were: initial signs, coping efforts, concealing the diagnosis, social retraction, existential anxiety, revival of the self, worse and worse, and health personnel as background.

Conclusion: Their voices should be listened to for planning of services during the progression of dementia. Personalized care should be used to support them.

PO3.36. Supporting local service delivery: An Irish dementia needs analysis framewor

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The principles of personhood and citizenship underpin the Irish National Dementia Strategy. Translating these into practice means refocusing current services to address, in a responsive and flexible way, the needs of people living with dementia and their family carers. To achieve this, the National Dementia Office developed a Dementia Needs Analysis Framework for local service planners. The Framework importantly prioritises the inclusion of people with dementia and their family carers.

The framework is a tool for the health service to re-imagine how they design and deliver dementia services. The framework supports the identification of:

- Supports and services that fit the needs and preferences of people with dementia
- Gaps in existing provision
- Priority areas for action in accordance with resource availability

In a climate where funding for dementia services is limited, the framework is a way to support the reconfiguration of existing resources to more appropriately meet need. The framework includes six steps, including:

1. Know your target audience – record prevalence and incidence of dementia in the region.

2. Know your available resources – map dementia specific services; generic services which people with dementia might use and other community assets.

3: Know the needs of people with dementia – using techniques and approaches that facilitate the inclusion of the experts, people living with the condition.

4: Know the needs of family carers – involve family carers as they are instrumental stakeholders in designing services.

5: Know the views of other key stakeholders – health and social workers have insights and experiences about what services and supports are needed.

6: Know the priorities – use the information compiled to determine priorities.

The framework provides practical guidance for local planners and others with limited experience working directly with people with dementia.

PO3.37. Providing social care via dementia-capable group homes for adults with intellectual disability

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Specialized housing for adults with intellectual disability (ID) and dementia (ID/AD) is becoming more prevalent. Many jurisdictions are setting up such housing for when families exhaust their physical and financial capital for continued home-based care. Having advance information on the mechanics of such alternative care settings can help agencies to be proactive in planning for such homes, providing post-diagnostic supports, training staff, and anticipating effects of progression and length of stay. An opportunistic longitudinal study (2011-2018) of three such group homes (GHs) provided information on the mechanics. Beginning in 2011 a cohort of 15 adults with ID/AD (w/ 7 replacements) were followed annually, along with 15 non-demented community-dwelling adults as matched controls. The 15 residents lived in 3 purpose-built, 5-resident, dementia GHs. Data on their behavior, function, and health were collected annually as were specific data related to dementia-related impairment and administrative factors. Prevalence and trends in health/function factors as well as morbidity data obtained can be useful for administrative planning. Deaths, occurred at age-norms in accord to trajectory and duration expectations. Co-morbidities showed presence of cognitive and physical health issues typically associated with dementia and physical debilitation. An ebb and flow of movement related to stage of dementia was observed when an agency has multiple dementia GHs, as well as variations in staffing patterns and periods of staff care intensity during the day. Over time, the 3 dementia GHs, due to administrative decisions for inter-home transfers and selective new admissions, have trended toward stage/level specific care settings. These data provide useful administrative guidance on the feasibility of home development and maintenance, as well as markers for tracking of health and function, planning for morbidity and home transitions, and enabling agencies to provide in-community group housing and quality care in accord with stage-defined functional changes and needs.

PO3.38. Development and evaluation of a dementia education intervention for community based health care professionals

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Background: Primary care based health professionals who provide care to people with dementia living at home are challenged by dementia care. International policy documents emphasize the need to develop inter-professional education to support collaborative dementia care in the community. The aim of this study was to develop an interprofessional dementia workshop for primary care teams (PCTs) and evaluate the pilot phase of the implementation of the interprofessional workshop.

Methods: An educational needs analysis was conducted with an expert reference group comprising of an occupational therapist, physiotherapist, public health nurse, dementia clinical nurse specialist and two GPs. This data together with previously conducted interviews with people with dementia and their family caregivers informed the development of an interactive, three-hour interprofessional dementia workshop for PCTs. The workshop was then evaluated by a post-workshop questionnaire completed by workshop participants and by a focus group with the workship facilitators.

Results: The workshop was piloted with three separate primary care teams. A total of fifty-four primary care based healthcare staff who represented fourteen different health care roles in primary care participated in the pilot workshop. All participants completed the post-workshop questionnaires. A focus group (n=8) was conducted with the program design team and workshop facilitators. The results of the pilot phase indicated that the workshop was useful and feasible. The workshop improved participants' self-reported knowledge, understanding and confidence to support people with dementia and their families. Areas for improvement were identified and will be used to inform improvements to the workshop content and delivery in advance of a national roll-out.

Conclusion: Future evaluations of the implementation of this interprofessional educational workshop should focus on its impact on healthcare professional behavior and outcomes for the person with dementia and their families.

PO3.39. Effects of and experiences with SPANkracht, an empowerment intervention for people with young-onset dementia

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Background: In many people with young-onset dementia (YOD) their sense of usefulness is compromised, due to the loss of roles that are linked to a younger life phase. Feeling useful has been suggested to be important for quality of life and social wellbeing. Therefore, in collaboration with people with YOD and their carers, the SPANkracht intervention was developed. This intervention focuses on current capacities, and increasing opportunities to engage in meaningful activities and to feel useful. It contains methods for structured conversation about current and desired activities, particularizing activities, and making and executing a week schedule.

Methods: The study investigated the effectiveness of and experiences with the SPANkracht intervention in community-dwelling people with YOD and their carers. It used a pragmatic cluster randomized controlled trial to examine effects of the 5-month SPANkracht intervention on (1) person with dementia's quality of life and self-management abilities, and (2) informal carers' perceived sense of competence and distress. Questionnaires and semi-structured interviews were used to evaluate the effects of and experiences with the intervention. A familiar professional carer supported the person with dementia-carer dyad (n=35 intervention; n=27 control; mean age 63 years; 69% male) in applying the intervention by face-to-face consultations and telephone calls.

Results: Data analysis of the effects is in progress. Preliminary findings about participants' experiences indicate that people with YOD appreciated the intervention's conversation about preferences and wishes. Also, people with YOD reported to have more insight in their current activities and week schedule. In addition, carers reported to have acquired more awareness of and insights into the abilities of their partner. It appeared difficult to structurally add meaningful activities to their weekly routine. Professional carers emphasize to value the positive approach of the intervention. The key findings of the study (effects and experiences) will be presented at the conference.

PO3.40. Health care support for dementia caregiver dyads - How does social inequality matter?

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Background: There is evidence that, when it comes to the chances of a healthy ageing process, family caregivers of persons living with dementia are disadvantaged. However, despite this finding there is still the need to understand dyadic dementia care arrangements better to improve health related support structures. In general, there is a large pool of public health research about the importance of social inequality regarding health and health behavior as well as the design and effectiveness of interventions for health promotion and health prevention. There are studies that refer to these findings and empirically show that the way in which caregivers and persons with dementia act and decide in home based care arrangements is affected by social determinants. But do we know enough about the significance of social context? There is no systematic overview about how programs and concepts for health promotion and health prevention in home based dementia care dyads take account of social context. This paper seeks to fill this gap.

Research question: How does health related programs and concepts for home based dementia care dyads take account of social context?

Methods: Two systematic reviews, focusing on recent developments in Germany (2008-2018)

- The first review is centred around social law and social policy developments
- The second one focuses the scientific discourse
- Mayor databases (i.a. PubMed, CINAHL, PsychInfo) will be used
- The analysis includes quantitative as well as qualitative elements

Results & Discussion: The paper will provide information, if and to which extent and which impact, dimensions of social inequality are represented in the field of home based care of people with dementia. Furthermore, we will discuss how health related supports structures should take account of social context.

PO3.41. "I did not exist as a person to them, I was just a worker to them": Experiences of objectification and dehumanisation among live-in carers

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Although research in the care industry has consistently highlighted the impacts of caring on workers, scarce research has been carried out specifically on live-in carers. The current study therefore addressed the gap in literature, contributing towards to a better understanding of the experiences of live-in carers with a focus on stress, burnout and psychological wellbeing. Semi-structured interviews were carried out with 18 live-in carers in the United Kingdom and thematic analysis was used to interpret the data. The findings suggest that carers perceive empathy and having an understanding of the client's circumstances and needs as imperative to their role. Adaptability and flexibility around the clock, rewards and accomplishment and dealing with challenging behaviours had both positive and negative implications on their ability to put themselves in their client's shoes. Many carers experienced feeling of dehumanisation and objectification in their interactions with client's families and own agencies. Drawing on theoretical accounts of dehumanisation, the implications of these findings on psychological wellbeing of live-in carers and organisational support will be discussed.

PO3.42. Young relatives of parents with dementia – How is their everyday life and well-being?

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Background: In Denmark, approximately 2000 people have young unset dementia and a significant part may have children who are teenagers or in their early 20's. So far, efforts to support these young relatives have been sparse and up until recently, they have constituted an overlooked group in the Danish welfare system. Experiences from practice and preliminary results from VIA University College suggest that young relatives may face major disturbances in everyday life and well-being. The caregiver burden of the adult relatives is well documented. However, knowledge regarding the young relatives is still inadequate.

Aim: The aim is to explore how 18-25 year-olds experience their everyday life with a parent with dementia and how it affects the youngster's engagement in leisure activities, social life, education and work. This profile of their everyday life will be correlated with outcomes on the youngster's self-reported well-being. The long-term goal is to contribute to improve preventative efforts, assistance and support provided by professional caregivers to this marginalized group. Furthermore, we aim to qualify the foundation of knowledge for the organization of future interdisciplinary initiatives.

Methods: In May 2018, a survey and a qualitative interview study among relatives aged 18 to 25 years are performed. Participants are recruited through dementia associations, social media and professional caregivers. Survey data is obtained by a nationally distributed online questionnaire and we aim to reach at least 100 replies. The questionnaire contains items related to everyday life and well-being. Qualitative data is obtained by 7 – 8 semi-structured interviews using a themed interview guide. Data will be analyzed and interpreted in a phenomenological-hermeneutic perspective inspired by Kvale and Brinkmann (2015).

Outcome: All data is collected by June 2018 and analysed during Summer 2018. Results will be presented.

PO3.43. Dementia training for homecare providers in the UK

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As the number of people living at home in the UK with long term, often complex conditions increases, homecare workers are being asked to take on challenging tasks on a daily basis, in a lone role often under severe time constraints. The working environment in which they operate is unlike any other, and it is vital that quality training exists to ensure homecare workers are well equipped to carry out their role. The research also suggests at least 250,000 homecare workers in the UK are providing care for someone with some form of dementia. More than 1/3 people living with dementia receive personal care from homecare workers, with providers estimating 60% of people using their service have some form of dementia (many of whom have not received a formal diagnosis).

The training programme would help to deliver key aims of The Prime Minister's Challenge on Dementia 2020, which stated: 'There should be greater recognition by commissioners across health and care services of the value of homecare services, both for those that receive them and in reducing costlier crisis care.' 'By 2020 we would wish to see increased numbers of people with dementia being able to live longer in their own homes when it is in their interests to do so, with a greater focus on independent living.' To address the above need Alzheimer's Society has developed a one-day Train the trainer programme for homecare workers.

The programme is made up of three core components:

- One day "train the trainer" workshop
- Resource pack
- Onward training of frontline care teams

The programme content is organised in line with NHS England's transformation framework "The well pathway for dementia":

- Diagnosing well
- Preventing well
- Living well
- Dying well
- Supporting well

PO3.44. Care and service needs of people assessed for cognitive impairment in primary health care in Norway

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Background: A key to starting the right post-diagnostic support for people with dementia is a thorough needs assessment and a diagnostic work-up. In Norway, the responsibility of assessing and diagnosing people over the age of 65 with cognitive impairment, and without complicating factors, is assigned to the primary health care. The assessment and work-up should be done by the general practitioners, usually in collaboration with a municipality dementia resource team. The aim of this study was to describe people assessed for cognitive impairment in primary health care, and to compare them with those assessed in specialist health care, in terms of symptoms and needs.

Methods: We collected data on a cohort of 229 people assessed for cognitive impairment in primary health care and compared them with a cohort of 1619 people assessed in specialist health care.

Results: More people assessed in primary health care got a diagnosis of dementia and fewer got a Mild Cognitive Impairment or Subjective Cognitive Impairment diagnosis compared to those assessed in specialist health care.

People assessed in primary health care were older, had less education, poorer cognitive functioning, more impairments in daily activities, more depression, and a larger proportion lived alone than people assessed in specialist health care. Their family carers reported higher carer burden than compared to specialist health care.

Implications: These results should be considered when planning care services and post-diagnostic support for people assessed for cognitive impairment in primary health care in Norway. Attention should be paid to the relatively large proportion of people with symptoms of depression, to make sure they receive the follow-up, psychoeducation/ information and support they need. Furthermore, considering that they are often older, live alone and many have problems in daily activities, primary health care should ensure help and services tailored to these people's needs.

PO3.46. Caring for carers: A 12-week home care program designed to support and educate family carers

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In Greece, more than 200.000 people are living with dementia and 400.000 family carers are responsible for their daily needs. Recent research suggests that in Greece 89% of people with dementia live at home with their families, whereas 77% of carers are elderly women at risk of developing physical and mental health problems. It is therefore argued that family carers who are home-bound are unable to cover their needs for medical, social and emotional support throughout the challenging years of dementia care. In 2017 the Athens Alzheimer's Association (AAA) in collaboration with "TIMA" Charitable Foundation, developed a program called "Caring for Carers", designed to respond to carers' needs. It focused on families with people with severe dementia facing socioeconomic hardships, isolated and unable to benefit from social support services.

The aim of the project was to support, educate and empower family carers in order to promote their wellbeing and offer high quality care to their relatives at home. A multi-disciplinary team of psychologists, nurses, social workers, psychiatrists and physical therapists conducted home visits, 2 times a week, for a period of three months. They provided services (psychiatric assessment, psychotherapy, counseling, physical exercise) tailored to the carers' needs. Approximately 100 family carers (spouse/ children) participated in the intervention. To evaluate the effectiveness of the program mixed methodology was used. Psychometric scales were administered pre and post intervention, assessing levels of anxiety, depressive mood, quality of life and burden of care. Data collected at a database were analyzed quantitatively through SPSS v. 24. Qualitative methods were employed for further exploring the effectiveness of the project (interviews, focus group). Results and possible implications of the program for future intervention are discussed.

PO3.48. Stability of home-based care arrangements for people living with dementia – A conceptual model derived from a meta-study on mixed research

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Background: Worldwide most people with dementia live at home and are cared for by family members. During the trajectory of dementia, creating and maintaining a stable care situation is a guiding principle of informal carers and a desirable outcome of contemporary health care policies. So far, a theoretical conceptualisation of the 'stability of home-based care arrangements for people living with dementia' is lacking. Research questions: How is stability of home-based care arrangements for people living with dementia constituted? What are the essential factors that influence stability?

Method: We conducted a meta-study including the three analytical components meta-data analysis, meta-theory and meta-method followed by an integrative synthesis. Qualitative, quantitative and mixed methods studies and (systematic) reviews are considered. The main analytical approach is thematic synthesis. See also PROSPERO (CRD42016041727).

Results: N=136 publications are included. Meta-theory: The dominant theoretical frameworks are models of the stress process, care trajectories and decision-making. Meta-method: Most quantitative studies focus on risk factors for institutionalisation, but fail to comprehend the dynamics behind. Qualitative research aims at understanding informal care as a social construction, but pays little attention to its direct impact on whether or not a care arrangement can be maintained. Meta-data: 'Stability' is a complex phenomenon that is influenced by the progression of dementia, the decisions and actions of the persons involved and their relationships and has to be interpreted in the context of the respective cultural, social and health care system. Meta-synthesis: A conceptual model of 'stability' explains the interrelations of related concepts and influencing factors.

Discussion: Our meta-study provides a sound theoretical basis that should be followed by empirical research to test and refine the conceptual model. We identified research gaps with regard to the perspective of persons with dementia, to longitudinal reconstructions of care trajectories and to positive aspects of care.

PO3.50. Is there a 'right time' for a person with dementia to move to a care home? Social workers' and care home managers' perspectives

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Deciding if and when a person with dementia should move from their own home to a care home can be difficult for the person with dementia, family members and professionals. Currently there is little information to aid this decision-making. This study explored social workers' and care home managers' experiences of the decision-making process, and sought their views on whether there is an 'optimal', or best time for the move. Using a phenomenological approach, semi-structured, face-to-face interviews were conducted in 2017-18 with 20 social workers and 20 care home managers across England. Interviews were audio-recorded, transcribed and analysed thematically, identifying commonalities and differences across the two groups. Findings revealed a consensus that people with dementia should live at home for as long as possible, but should start to consider a move to a care home when risks are escalating, before a crisis point is reached. However, home care managers thought those living alone should probably consider moving to a care home sooner to benefit from the social stimulus and sense of wellbeing that a care home provides. All agreed that an 'optimal time' was individual to the person with dementia. Care home managers recognised that, compared to state funded residents, self-funding residents were not well supported in the decision-making process and information for them was scarce. Care home managers reported providing much information to self-funding families. Findings from this study will be used to develop factsheets to inform all who are involved in making these decisions.

PO3.51. The impact of dementia nurse consultant role within care home environments

MCALISTER Janice

Erskine Care Home, Bishopton, Renfrewshire, United Kingdom

The role of Dementia Nurse Consultants as strategic leaders of change within health board settings across Scotland is now well recognised and established with each of the 14 health boards having a dementia nurse consultant in post. On evaluation there is evidence that this role has had a positive impact in terms of clinical outcomes for people with dementia, leadership, imbedding policy into practice and improving the skills and knowledge of workforce. Which raises the question should this model of care be limited to National Health Service? As Scotland's foremost provider of care for veterans and their spouses, Erskine offers unrivalled nursing, residential, respite and dementia care in four care homes throughout Scotland for UK veterans. In 2017, Erskine's Board of Directors inline with national dementia frameworks recognised the potential long term benefits to residents by having a Dementia Nurse Consultant in post. Investing time, resources and finance the Dementia Nurse Consultant Model was adopted by Erskine. The unprecedented situation and uniqueness of having a Dementia Nurse Consultant post with a Care Home setting allows for a tailored approach to meet Erskine's needs in bridging policy into practice. I came to Erskine as Dementia Nurse Consultant in April 2017 from a background of equivalent post within the NHS, this has been advantageous in being able to adopt and implement previously tested methodology in relation to clinical leadership, research and educational aspects of the role. The post is site based which allows for both strategic and clinically co-ordinated approach to dementia care which focuses on improved clinical outcomes, delivery of person centred care whilst simutaniously ensuring a positive response to stress & distress and improving the care environment to meet the needs of residents with dementia.

PO3.52. Improving staffs' skills and knowledge within a care home setting

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Erskine Care Home, Bishopton, Renfrewshire, United Kingdom

Erskine Care Homes are well recognized for providing care to veterans and their spouses across 4 sites for over 100 years. In recent years however as could be expected and inline with national statistics, there has been a rise in the numbers of residents with cognitive impairment. Although a great deal of improvement work has been carried out in relation to dementia care, Erskine board of directors recognized the potential benefit of having a Dementia Nurse Consultant in post. Coming into post from a background of equivalent post within NHS, I have had the benefit of being able to adopt and implement previously tested methodology in relation to clinical, leadership, research and education aspects of the role. A priority has been identified as improving the level of staffs' skills and knowledge in relation to Promoting Excellence (Scottish Government 2011). A blended learning and partnership approach has been adopted in providing an educational framework across all 4 levels, for all staff within the care homes. The unprecedented situation and uniqueness of this post allows for a tailored approach to meet Erskine's needs in bridging policy into practice. As part of teaching methodology the value of Simulation training has been recognized with Erskine funding the first onsite dementia simulation unit within care home settings in the UK. This allows staff an experiential aging experience whilst carrying out everyday tasks. The simulation experience is video recorded with staff observing their behaviours and difficulties encountered via playback. This methodology has enriched staff learning experience. This initiative has at it's core the vision of Rights, Relationship & Recovery in breaking down traditional organisational/professional boundaries with the aim of driving forward service improvement for residents with dementia that is person centred and strengths based. Evaluation of training indicates improvment in level of skills, knowledge and behaviours.

PO3.53. Creative Conversations: An arts based dementia care staff development programme

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Background: In the UK, care home staff training tends to focus on manual handling, fire safety, and safeguarding, rather than understanding ways to communicate with older people, including those living with dementia (Older People's Commissioner for Wales, 2014). Previous research indicates projects with artist practitioners engaging people living with dementia in care homes also benefitted staff through learning new skills and increasing their understanding of the residents as individuals.

Objectives: This project aimed to develop and test a 'Creative Conversations' staff development programme using an arts-in-health approach to improve the quality of interaction between carers and people living with dementia and the knowledge and skills of the dementia care workforce. 'Creative Conversations' is based on and takes its inspiration from two earlier programmes: The Descartes project (Zeilig et al.,2015) and The Arts and Older People Project (Killick, 2015). The project was a partnership between Bangor University, Dementia Positive, and Flintshire County Council Social Services.

Methods: A collaborative approach ensured that those thought to benefit from the staff development programme (care staff, people living with dementia, older people, family carers and Social Services) were involved in the design and implementation. A pragmatic stepped-wedge cluster randomised trial explored the feasibility and impact of 'Creative Conversations' on the quality of interaction between care staff and residents, knowledge and skills, job satisfaction, and burnout of care staff, and social care-related quality of life of residents with dementia.

Results: This paper presents the study results including a discussion of the challenges and successes of the research design to enable the sharing of best-practice for evaluating complex interventions in care home settings.

Conclusion: An arts-in-health approach to care staff development offers an alternative to traditional training. Important implications have been learned regarding the feasibility of a stepped-wedge cluster randomised trial in care homes.

PO3.54. Rationalising antipsychotic prescribing to nursing home residents with dementia: A feasibility study

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Background: Antipsychotic prescribing in nursing home residents with dementia is prevalent despite the known harms and minimal benefits. We developed an intervention (the Rationalising Antipsychotic Prescribing in Dementia [RAPID]) intervention, and involved people with dementia and family carers in the design process.

Aim: The aim of this study was to assess the feasibility and acceptability of the RAPID intervention in a nursing home setting.

Methods: Ethics approval was granted by the local ethics committee. We undertook an uncontrolled, pre-post, mixed methods feasibility study in one large (75 bed) publicly funded nursing home in Cork City, Ireland. Quantitative measurements included psychotropic medication data and behavioural symptom severity (Neuropsychiatric Inventory-Nursing Home [NPI-NH]). Quantitative data were collected at baseline and monthly thereafter for 3 months, and were analysed descriptively. Qualitative focus groups were conducted with nursing home staff and GPs to explore their experiences of the intervention, and analysed using a framework approach.

Results: Of 75 residents at baseline, 43 (57%) had dementia (median age = 84 [IQR = 79-92], females = 29 [67%]). The number of dementia residents prescribed at least one antipsychotic decreased from baseline to 3-months (from 44% to 36%), and the absolute number of ‘as required’ psychotropics administered monthly to dementia residents also decreased (from 90 to 69), while the NPI-NH score deteriorated slightly (median and IQR scores increased from 6 [1-24] to 10 [4-18]). Participants enjoyed the educational sessions, and expressed a desire to continue educating new staff even after the research team completes the study. However, confusion existed with regards one particular component of the intervention, and this compromised full implementation of the intervention.

Conclusion: This study confirms the feasibility and acceptability of the RAPID intervention. However, limitations exist with regards the uncontrolled nature of this study. Furthermore, important modifications are required prior to larger scale evaluation.

PO3.55. Personal attention is essential: Interrelationships in the triad of residents, families and nurses

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In order to strengthen the relational essence of quality of life and care, care organisation Topaz participates in 'Radical renewal nursing home care: from regulations to relations', a national endeavour organised by the Dutch Ministry of Health, Welfare and Sport and national client organisation LOC. At the start, a qualitative research was performed, focussing on interrelationships, encompassing two of the three relationships in the triad of residents, nurses and families; between residents and nurses and between nurses and families. It explored the essential aspects of these interrelationships from the perspectives of residents, families and nurses in a local nursing home. It used a mixed-method approach of interviews with residents, families and nurses, focus groups and observations.

In general, the results indicated a remarkable consensus on several aspects between the different categories of participants. Dignity and respect for personal wishes, needs and preferences were essential aspects in the relationship between residents and nurses from all perspectives. Everyone expressed the importance of genuine attention. Both residents and families applied several coping styles in this situation, which was not always recognised by the nurses. Reciprocity was essential according to residents and nurses, while barely mentioned by families. The attitude, knowledge and skills of the nurses were pointed out by all participants as crucial aspects. According to the families and nurses, regulations, bureaucracy and administration are time-consuming barriers, which constrain residents and families in their personal freedom and nurses in professional freedom, wisdom and compassion. Additionally, nurses are restricted, often reinforced by themselves or colleagues, by confusing adages about professional distance and the preoccupation with being active. This study concludes that both passive presence and attachment are valuable for nurses and residents. A conducive environment is needed to create opportunities for change in daily care and thereby stimulate the development and increase of interrelationships.

PO3.56. Quality indicators for the early detection of nursing risks

SAßEN Sascha

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National expert standards and accepted guidelines represent the current state of generally accepted care knowledge. The DNQP in Germany provides regular updates to all expert standards. These updates are based on new scientific research and findings and evidence that some prior interpretations in the "old" professional standards were found to be incorrect in practice. To ensure a successful implementation, the care facilitators should not only focus on the professional requirements of the standards themselves, but also the modified implementation strategies regarding the subject matter. Within the context of this lecture, the participants will be given examples of the changes/updates to the professional/expert standards for pressure sore prophylaxis, and taught ways to implement the changes into practice. In addition, the quality indicators for the “new” method(s), which support the proactive early detection and prevention of pressure sores, will be explained. Special focus is placed on risk identification and prophylactic care of pressure sores in people with dementia.

PO3.57. Fall prevention and fracture prophylaxis

SAßEN Sascha

Korian Germany, Munich, Germany

Expert standards and guidelines describe the current level of nursing care and thereby create important indicators for assessing the care quality for people with dementia. Special focus will be placed on the topic of fall prevention, as a person’s right to freedom/not be restrained and the care expectation of not being injured are diametrically opposed. If nursing homes are able to demonstrate adherence to the accepted care standards, they successfully mitigate their liability exposure and the associated consequences, while also ensuring a reduction of falls. To ensure the successful implementation, the care facilitators should not only address the professional requirements of the standards themselves, but also the implementation strategies and further guidelines on the topic. The lecture will explain the assessment of an individual fall risk profile for people with dementia, as well as preventative measures for this target group, according to the most up-to-date care knowledge. Special focus is placed on risk identification and prophylactic care of fall prevention in people suffering from dementia.

PO3.58. Relationship planning in the care of people with dementia - Expert standard in Germany

SAßEN Sascha

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Shaping relationships in care for people with dementia – a new Expert standard of the DNQP in Germany. The new expert standard titled "Shaping relationships in care for people with dementia" was agreed upon as a part of the DNQP's best practices in October 2017. The content of the new expert standard is the result of research performed by a group of 14 experts under the scientific leadership of Prof. Dr. Ing. Martina Roes (German Centre for Neurodegenerative Diseases, DZNE, Witten). The basis of the new expert standard is an analysis of national and international research literature, developed by a team of scientists. The lecture will make observations and specifications regarding the topic of "caring for people with dementia", and point out the needs and demands of people with dementia, and how to preserve and promote their sense of identity and strengthen their sense of being human. The intention and key component of the new expert standard is to ensure that every person in need of care is offered the opportunity to shape their relationship(s) in a way that acknowledges and promotes their need to be heard, understood and accepted, as well as their need to be connected to other people. With this in mind, the expert standard places the focus on shaping and promoting relationships with people with dementia. The goal for care/nursing specialists is to recognize and acknowledge people with dementia as equal counterparts. Thereby caregivers are contributing to the person's sense of identity, and their need to be heard by, accepted by, and connected to other people. In order to achieve this, caregivers must also face the challenge of imparting this competence of awareness and recognition, to individuals within the immediate social surrounding of the person with dementia, such as relatives or assistants.

PO3.59. Dementia special care units in nursing homes – A rapid realist review

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Background/Aims: Studies report non-consistent results about the effectiveness of dementia special care in nursing homes. None of the studies give answer to the question if the effectiveness possibly varies as a result of underlying mechanisms and influencing contextual factors. Consequently, it is difficult for nursing home providers to understand existing research results and transfer them to their care settings. With our rapid realist review, we aim to create an initial program theory of how, why and for whom Dementia Special Care Units (DSCU) in nursing homes work or do not work.

Methods: Our initial program theory will be based on configurations of context, mechanism and outcomes (CMO). The CMO-configurations are to be developed within a rapid realist review. The review is based on primary national grey literature and literature published in international scientific journals. Literature is identified by national experts in the field and a systematic search in 4 databases (PubMed, CINAHL, PsycINFO, Scopus). Only available literature that refers directly to a setting defined as a DSCU in a nursing home (no matter what the topic, research question or study design of the source is) is included. We extract data by categorizing them into deductively developed categories (intervention, context, mechanism, outcome) that are subdivided into inductively developed subcategories. While potential contextual factors and outcomes mostly are explicitly described in the literature, the underlying plausible mechanisms have to be assumed. The CMO-configurations are to be discussed with content experts and tested in a subsequent study. Impact of the study/Outcomes: Within the initial systematic search we identified 449 publications (without duplicates). A number of 14 relevant sources identified by experts were added. We will present preliminary CMO-configurations that will be the basis for the development of an initial program theory concerning DSCUs in nursing homes.

PO3.60. Fundamental nursing care for residents living with dementia: A qualitative study exploring views of home staff

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Background: There is an increasing recognition of the importance of fundamental nursing care; an area particularly important in caring for people living with dementia. Amalgamation of Marginal Gains (AMG), the process of making a number of small changes that combine together for an overall improvement, has been suggested to be a potential intervention for improving quality in healthcare. The objective of this study was to explore the views and experiences of nursing staff on the planning and delivery of fundamental nursing care (focussing on nutrition, mobility, hygiene and elimination needs) for residents living with dementia in nursing and care homes. Initial views on the concept of AMG, and its potential use in this setting, were also explored.

Methods: Semi-structured face-to-face interviews were carried out with a purposive sample of individuals from three staff groups; managers, registered nurses and care assistants. The interview audio recordings were transcribed verbatim and analysed using a thematic framework method; a systematic and transparent approach of five stages; i) familiarisation ii) identifying a thematic framework, iii) indexing, iv) charting and v) mapping and interpretation.

Results: Nineteen members of staff were interviewed (7 managers, 7 registered nurses and 5 care assistants) from care and nursing homes in England. Identified themes include; familiarity of the ideas of AMG, the importance of knowledge sharing between staff when planning and delivering care, maintaining consistency of care and the need of a personalised and flexible approach to caring for residents with dementia.

Conclusions: AMG has a potential use as an intervention in a nursing and care homes and further development work is justified. A future AMG intervention targeting fundamental nursing care for residents living with dementia would need to consider the emerging themes from the staff interviews for it to be workable and acceptable in practice.

PO3.61. "4 paws for a smile"

HALSDORF Michèle

Association Luxembourg Alzheimer, Luxembourg, Luxembourg

Assistance dogs in the care of people with dementia: introducing animal-assisted interventions at the nursing home "Beim Goldknapp" operated by the Luxembourg Alzheimer's Association (ala) Since 2010, the Luxembourg Alzheimer's Association supports and promotes the use of assistance dogs at the nursing home "Beim Goldknapp".

The association's assistance dogs are provided to the institution by HANDI'CHIENS, a French association, which has successfully trained more than 1.500 assistance dogs since 1989. They pursue the task of supporting nursing staff and therapists in the accompaniment of people with dementia. The dog becomes a mediator, a link between humans. At the nursing home "Beim Goldknapp", two assistance dogs called Happy and Holly accompany the caregivers in their work with people with dementia. Their referents are responsible for the dogs' daily life: diet, rewards, sleep and recovery, hygiene and health. Welcoming an assistance dog is a collective project that requires the long-term involvement of a united team.

Animal-assisted interventions with the assistance dogs:

- Support during care and therapy
- Support in stressful situations
- End-of-life accompaniment
- Walks
- Grooming
- Basal stimulation
- Biographical workshops
- Gymnastics
- Creativity workshops & art therapy
- Music workshops

Benefits for people with dementia:

- Stress reduction
- Reassurance
- Motor skills
- Concentration
- Communication skills
- Social life

PO4. Rights and dementia-friendly society

PO4.1. Factors associated with participation in neuroimaging among individuals with mild cognitive impairment

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High uncertainty regarding etiology and prognosis of mild cognitive impairment (MCI) makes participation in neuroimaging, including amyloid PET, of particular importance for individuals who have received a diagnosis of MCI. Knowing who elects to complete such testing, as well as who declines, points to areas for tailoring neuroimaging counseling protocols to best address individual concerns. We used data retrieved from an Alzheimer Disease Center registry based in the United States that logged participation in neuroimaging research from 2003 to 2013 among individuals initially diagnosed with MCI (N=105). The majority (n=66; 63%) participated in a brain imaging protocol. Almost half (n=51; 49%) experienced a change in diagnosis during the time period under investigation; 38 were diagnosed with dementia, 12 reverted to no cognitive impairment, and 1 was diagnosed with dementia then again MCI. Thirty-nine percent (n=41) had an active depression diagnosis in the past two years. We applied logistic regression to explore what factors related to neuroimaging participation. People who were younger, had a higher Mini Mental State Exam score, had experienced any change in diagnosis, and had not been diagnosed with depression in the past two years were significantly more likely to participate in brain imaging. Gender, race, education, having an amnestic MCI diagnosis, and presence of physical health problems were not significant in modeling. A change in illness status may create greater uncertainty for those who have already experienced the ambiguity of an MCI diagnosis, and spur interest in testing that may lessen diagnostic uncertainty. Individuals with MCI may experience a confluence of risk factors for dementia when depression co-occurs. This co-occurrence, along with the overall high prevalence of depression among individuals with MCI implies that those with MCI and depression who refuse brain imaging may be missing out on significant diagnostic information.

PO4.2. Developing an environment to safeguard the quality of life (QOL) and wellbeing of people with advanced dementia in the care home sector

HUGHES Sian, WOODS Bob, ALGAR-SKAIFE Kat, HEDD JONES Catrin, JELLEY Hannah

Bangor University, Wales, United Kingdom

Background: Increasing attention is rightly being paid to well-being and rights of people living with mild to moderate dementia, but we understand much less about how to identify and support well-being and human rights for those living with advanced dementia. The needs of people living with the illness in care homes, is an important yet under-researched area, both on a national and international scale.

Aim: To explore QoL and well-being of care home residents living with advanced dementia, and to understand how personalized care can continue to be achieved where the person is completely dependent on others for care, and may no longer be able to verbally communicate their wishes. A second aim is to explore how choices and rights of individuals are upheld and how decisions are made within the best interest of the individuals

Method: This study is a mixed method design, integrating qualitative and quantitative methods, building on the work conducted in a Masters by Research project. We aim to recruit 50 people living with dementia, their carers and family members. Methods will include observations of residents and in-depth, interviews with relatives of participating residents and staff.

Outcomes: Preliminary outcomes highlight the importance of family involvement in care of residents living with advanced dementia. Further, human rights are not widely discussed within the homes and information regarding them are not readily available. Evidence suggests that the confusion surrounding human rights, coupled with a reluctance to discuss, has made their application within the care homes difficult. Residents in care homes are at their most vulnerable, and it is crucial that their rights are protected. These issues need to be addressed in order to create a positive cultural shift, whereby human rights are understood to be universal, discussed openly and are no longer associated with a negative bias.

PO4.4. Evaluating dementia inclusivity and reducing stigma in retirement communities

BOOI Laura

Ontario Retirement Communities Association, Montreal, Canada

Background/Objective: The Ontario Retirement Communities Association (ORCA) represents 95% of the retirement community (RC) sector in Ontario. ORCA contains 610 members' homes and provides accommodation and services to more than 55,000 seniors. RCs are an attractive option for aging-in-place because they allow older adults to remain independent while still receiving minimal assistance, as well as have access to activities and socialization opportunities. The average age of residents in RCs is 85 years and because of this the rates of dementia within this sector is greater than the general public. Stigma related to dementia within RC has yet to be evaluated. This present study offers preliminary findings on the state of dementia related stigma within RC as well as offering viable solutions to reducing stigma through the development and implementation of ORCA's Dementia Inclusive Program.

Method/Overview: All aspects of this study have and will continue to involve the participation and guidance of individuals who are currently living with dementia, including the expertise from the Ontario Dementia Advisory Group.

Results: A total of 320 staff members of RC completed an online dementia stigma survey. Findings reveal that almost all respondents (96.13%) believe there are residents living in their RC who currently have dementia. Most respondents (86.60%) agreed or strongly agreed that they believe dementia is a point of concern for their residents. Approximately half (51.9%) of respondents reported feeling that their communities were well equipped to support people with dementia.

Conclusion: Findings shed light on the fact that almost half of respondents expressed that they do not feel their communities are adequately equipped to support those living with dementia. The results from the stigma survey will help guide the development of ORCA's Dementia Inclusive Program, an educational intervention for staff, residents and their families.

PO4.5. Music Cafe: The role of music performance in promoting a dementia friendly society

INNES Anthea, POYNER Christopher

University of Salford, Salford, United Kingdom

Music is a powerful way to connect people. This paper will report on a project conducted in partnership with the organisation Music in Hospitals and Care where music cafes are held once a month at the Dementia Hub at the University of Salford. Professional musicians from different genres perform to an audience of people living with dementia and other community members on a monthly basis. The venue for the cafes is a specially designed 'Dementia Hub' designed on dementia friendly design principles to promote engagement and use of the space. The cafes are a social occasion and begin with coffee and cake. The music cafe sessions promote interaction and communication via the medium of music with participants choosing to dance, sing and use percussion instruments during the performances or to simply watch and enjoy the music. The music cafes are part of an ongoing evaluation examining the impact on well being for all participants. Evaluation methods used include observations - unstructured, and structured (using Dementia Care Mapping); interviews with participants and musicians. The benefits of these cafes, both the music and social elements, as perceived by participants, will be shared. Short video clips of the venue and the performances will also be shown to enable conference delegates to experience the set up and conduct of the music cafes that may be helpful for them to consider using in their own countries/settings.

PO4.6. Shared leisure programme addressed to people with dementia and their carers

CASTILLO Ana, DE LA CRUZ Laura, GARCIA Luis

FAE, MADRID, Spain

The present project is based on the creation of a recreational space enabled for relatives and people with Alzheimer's and other dementias, in order to promote both the positive aspects of care and social network and create a space where participation and meeting is important. As in any type of dementia, it is necessary to incorporate a wide range of resources aimed at families, to provide adequate care for the patients and at the same time the self-care of the main caregivers. The activities that will be carried out will cover the characteristic demands of this type of collective, developing it in an adequate space to meet the needs of people with dementia

The objectives to be achieved with the realization of this project are the following:

- Improve the relationship between caregiver and the patient by creating a joint play space.
- Encourage the active participation of caregivers and patients in different activities through an optimal space.
- Support caregivers in the creation of activities in which they can participate together with the patients.
- Encourage positive thoughts regarding care.
- Expand the social relations of the assistants.
- Reduce the isolation suffered by the affected person and their carer.
- Promote intergenerational relations, given that the affected person may be accompanied by any member of the family, children and grandchildren included.

PO4.7. Dementia-friendly campaigns: Simplified Stories & I'm still here

LAMERS Hilde

Flemish Alzheimer's Association, 2300, Belgium

The Flemish Alzheimer's Association focuses on dementia friendly campaigns. We try to involve many people with dementia and their families. Herewith two examples: 'Simplified Stories' and the campaign 'I'm still here'. Simplified Stories: Based on the advice of field experts Paradox Dementia Expertise Centre and the University of Antwerp we made Simplified Stories: rewritten and redesigned books for persons with early dementia. Stromae's biography is the first one. As a worldwide phenomenon he's also the perfect topic of conversation between persons with dementia and partners, friends and family. So we're not only creating awareness about early dementia, we've created something that really helps. More important than the attention in the national press, the reactions on the book were heartwarming. (https://ddb.be/work/all/clients/all/simplified-stories#main-content) I'm still here: We've developed a new platform in collaboration with the Paradox Dementia Expertise Centre, on which people with dementia can leave their memories for later. So they can send little messages for their loved ones to listen to at a later date. It's one way to deal with early-onset dementia. But also a way to send a strong message: "We know how things stand, but that doesn't mean we're going to give up". The website is backed up by a captivating radio documentary. Six people with early-onset dementia recorded their finest memories for their loved ones. The memory is followed by an emotional passage in which they say that their finest memories will never disappear. "Alzheimer's will never rob me of these wonderful memories." A message can be delivered up to 10 years later. (https://ddb.be/work/all/clients/all/ikbenernog-i-m-still-here).

PO4.8. "With head, heart and hand" Intergenerational project on supportive meeting between people with dementia and children

STEINBOCK Sonja

Demenz-Servicezentrum Münsterland, Ahlen, Germany

Problems: Intergenerational family structures (three-generation households) are rare; dealing with people with dementia is still an uncertainty in society regarding a lack of knowledge even though there

are various possibilities of information

Outcome: Avoidance of contact and exclusion of people with dementia

Aim: Enable intergenerational meetings (especially with people with dementia); support of societies future through human expertise; ensure social interaction through meetings and makeup of relationships with people with dementia; promoting the acceptance of otherness as new normal

Method: Concept KIDZELN (German for: explaining dementia to children – Kindern Demenz erklären): Existent module-game composed of working- and training material like drawings, photos, songs and exercises; project from the Landesinitiative Demenz-Service Nordrhein-Westfalen, a German regional supportive network for people with dementia and their relatives, supported by Alzheimer's federal association Kreis Warendorf; developed in preparation for intergenerational meetings between children and people with dementia

Main target group: Children aged between 3 and 7 years

Facilitator: Initiator/attendants from intergenerational projects, professional and private Caretakers; Self-held consultants for example in regional Alzheimer associations

Topic: Module game leads to encouraging acceptance, congruence and empathy regarding meetings between children and people with dementia. It is based on the humanistic concept of man. Additionally, the children get information on the brain and nerve cells, as well as age-appropriate information on dementia. Added modules exist regarding topics like the behaviour in meeting-situations, the knowledge on professional skills, the use of daily activities and memories as resources and the understanding of the private caretaker's situation.

Sponsorship of the Alzheimer federal association Kreis Warendorf.

PO4.10. "We can't change the person with dementia but we can change the environment they live in"

SHERRIFF Ian[1], MARSHALL Fiona[2], HITCHINS Liz[3], KENNEDY Maxine[3], PASCOE Ann[4], MANN Val[5]

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Many rural dwelling people living with dementia experience loneliness and isolation, which impacts upon their quality of life. Rural specific barriers such as limited transport, higher living costs, housing and fuel poverty are often barriers for access to often patchy health and social care services. Stigmatising and stereotypical attitudes may also exacerbate rural isolation among families living with dementia. These complex factors make life more difficult for people with dementia and those who care for them living in rural locations. The UK Prime Ministers Rural Dementia Task and Finish Group remit was to examine how people with dementia and their carers can be supported to remain and live in their rural communities. The membership of the group was drawn from the wide spectrum of rural life in the UK and while not an exhaustive list included people with dementia and their carers; local business and transport; local services; faith groups; emergency services; local government; health and social care; BBC; rural voluntary and third sector organisations. Following the three year programme, the group have published a Charter, which provides tangible guidance for the development and sustainability of rural dementia friendly communities. The Charter builds on the fundamental principles of inclusion and contribution among the diverse members of rural communities.

We recognise that whilst every rural community is unique, local ownership is key to meet the changing needs of vulnerable families. Specifically, the charter provides flexible guidance in order to build firm foundations and create sustainable organisational structures that can embrace rural geographical challenges in order to make change happen. The Charter reflects learnings, celebrates successes, identifies shared themes across the work of the group, and will provide guidance for others to confront these challenges to improve the lives of people with dementia, their carers and families in rural communities.

PO4.11. "Young people, they just get it!" Working across generations to act on dementia

FERNANDEZ GOMORA Daniela[1], MORE Sarah[1], CAMPBELL (living with dementia) Dianne[2]

[1]Alzheimer's Society, London, United Kingdom, [2]N/A, London, United Kingdom

Almost everyone knows someone affected by dementia. Young people are no exception. So how do you explain dementia to a young person? And why is it important to do so? Explaining dementia to young people can feel overwhelming and many find it difficult to understand. However, Alzheimer's Society has many resources to help parents and teachers explain the condition – from school teaching resources, Dementia Friends activities to factsheets. The Scout Association's 'A Million Hands' initiative encourages Scouts to take social action on dementia and work towards their Community Impact badge. Many have become a Dementia Friend and are working with their local communities to create dementia-friendly spaces, including delivering activities in care homes and creating dementia-friendly signage.

"Young people are so open and willing to learn, it almost doesn't occur to them to have the prejudices and negative perceptions that older people tend to have picked up." - Bruce, Dementia Friends Champion Our latest resource, 'Memories with Grandma' is an animation for 7-11 year olds. It was developed with feedback from people with dementia, and over 30 children of our target age. Alzheimer associations worldwide were consulted to ensure the animation could be used in different cultures and countries. All consultees made valuable contributions to the script and style of the animation. Dianne Campbell, AS ambassador living with dementia, voiced Grandma.

'It's great to have been involved with a project that is actively raising awareness of dementia with younger generations. They are our future doctors, politicians, teachers... By educating people at a young age we are transforming the landscape for those affected by dementia today and in years to come'. Since its launch in September 2017 the animation has been viewed on YouTube over 4,000 times in over 63 countries! View the animation and other resources here - alzheimers.org.uk/youngpeople.

PO4.12. Working together in creating and maintaining a familiar and meaningful everyday life in a Danish Dementia Village

MOESTRUP Lene, PEOPLES Hanne, PEDERSEN Line Friis

University College Lillebaelt, Odense, Denmark

Background: The first dementia village was established in 2015 as a public institution in Denmark. The intention was to provide people with dementia a way of living which enables them to still be part of the local community in an environment that resembles familiar everyday life. The purpose of this project was to explore how people with early stage dementia living at home, relatives to people with dementia living in the dementia village and volunteers reflect on creating and maintaining a familiar and meaningful everyday life, in the context of a Danish dementia village.

Methods: A methodology for user involvement in public service development and evaluation called 'The BIKVA Methodology' was used. The project employed focus-groups and semi-structured interviews, participant observations and photo-elicitation. The sample consisted of 38 participants: seven persons with dementia, eight relatives, thirteen volunteers and ten healthcare professionals. A thematic analysis was used.

Results: People with early stage dementia did not wish to use the possibilities of the dementia village, because they were confronted with people with dementia in a late stage. Relatives contributed actively in creating a meaningful everyday life in the village, but emphasized the importance of still connecting the residents with real life outside the village. The volunteers were essential for the residents' abilities to use the possibilities of the dementia village.

Conclusion: The interaction between the dementia village and the local community, as well as the resident's sense of a meaningful everyday life, was dependent on active involvement of relatives and volunteers. This level of civil involvement is still unusual in a Danish healthcare context. Regardless of the intention of the dementia village, it was unable to include people with dementia in all stages.

PO4.13. Empowerment of people with dementia online

BRUIJS Anne-Marie

Alzheimer Nederland, Amersfoort, Netherlands

Introduction: According to the literature, information access is an unmet need for people with dementia. To provide this need, the internet can be used. It is more difficult to use the internet for people with dementia than for healthy people. But there are still some people with dementia that do use the internet. Especially people who are recently diagnosed or are at younger age. However, the information provided on the internet and the lay-out of websites is mostly for the carer instead of the person with dementia, which excludes people with dementia.

Aim: Alzheimer Nederland wants to empower the person with dementia and give them a voice. Providing online information towards them will support this.

Method: For the design and content of this page, the literature has been searched, other Alzheimer societies have been contacted and people with dementia are questioned and observed while using the computer to find out their preferences and needs.

Result: Lay-out and content are adjusted to the needs and preferences of people with dementia. The result is a webpage with short pages, a clear overview with pictures, and a back bottom on every page. Videos and text are used to provide the information. This information that was needed is divided in 6 themes: coping with de diagnose, move on with your live, tips for daily living, dealing with changing relations, accept help and being involved. After the completion of the webpage, it has been evaluated with people with dementia to refine the webpage.

Conclusion: Alzheimer Nederland thinks that these tips are easy and helpful for other societies to use for their website. With an oral presentation about this subject, we can spread the word.

PO4.14. How a dementia friendly circle of support works for its rural dementia families

ROSS Karina[1], PASCOE Ann[2]

[1]Dementia Friendly Communities Ltd, Helmsdale, United Kingdom, [2]Founder/Director, Helmsdale, United Kingdom

How a rural dementia friendly community was established in the Scottish Highlands with the aim of becoming not only financially self-sustainable, but also providing the kind of community support that dementia families really need. Case studies will be used to illustrate:

How social therapeutic interventions - especially in the early stages of the disease - can be effectively used to keep dementia families on a self-management pathway at home for much longer while at the same time giving them not only a sense of social inclusion, but also a life of real quality.

How the community Village Hub is run as a socially inclusive activity club rather than a dementia specific meeting place with activities centred on creativity, cognitive work and exercise, using not only trained support workers to oversee the programmes, but also taking advantage of interactive screens linking a number of rural villages to combat loneliness and isolation by encouraging engagement with old and new friends while sharing, amongst other things, onscreen activities around dance, music and art. How programmes like:

Bridge over Troubled Water bridges the gap between a problem and its solution by providing immediate short term assistance to carers at times of stress,

Dinner to your Door delivers nutritious home cooked meals together with 'chatting time' to over 100 vulnerable adults each week

Men's Shed provides a safe haven for men to meet on a regular basis

Art 'n Blether provides weekly recreational art classes for carers, including unidentified carers, plus a pop-up café for social interaction during/after the classes

How all these programmes can be individually and jointly financially self-sustaining thus enabling the community to look after their own. Moreover, how the programme will be rolled out across Scottish Highlands to 8 further remote rural areas over the next two years.

PO4.15. Umbrella Net Program

RUANOVA Lucía, HERMIDA Javier, RODRÍGUEZ Juan Carlos,

Federación Alzhéimer Galicia, Santiago de Compostela, Spain

Goals:

1. Promote intergenerational relationships
2. Promote the training of families
3. Relieve the pressure of families

Methodology: Three projects were carried out in different areas of society:

1. Education: intergenerational activities (adapted to each educational group) that show the reality of the elderly to the young, bringing them closer to the concept of disability and dementia and showing the importance of family co-responsibility. This task was divided into three workshops aimed at: primary school students, secondary school students and high school students. At the end of the workshops, a didactic unit was carried out explaining the signs and symptoms of the disease. Finally, several students approached the associations to learn first hand the theory presented.

2. Promotion of the training of the families who care in the rural areas when caring for their family member. To this end, an informative talk was held in each locality, an 8-hour training cycle and social attention points were set up for family members and memory units for people with dementia.

3. Relief of pressure from families who care and help people with dementia to stay in stimulation programs to avoid isolation and decrease in quality of life. A scholarship program was launched that avoided the cost of resources.

Results:

- Participation of 2,786 students from 37 educational centers
- Carrying out 39 informative talks in which 1,053 people participated
- Completion of 9 training cycles in which 200 people participated
- Start-up of 5 memory units in which 62 people participated
- Opening of 12 points of social attention in which 276 relatives participated
- Relief of family pressure of 32 families

Conclusions: It has been considered necessary to extend this training to more educational centers and other teachings. Independent projects have been born in several locations in Galicia.

PO4.16. CasAperta, music and arts café by people with dementia and their carers

HINNEKINT Bie[1], BAERT Veerle[1], BINS Elena[2]

[1]OCMW Gent, Gent, Belgium, [2]Ms, Gent, Belgium

Introduction: In CasAperta, a music and arts café, people with dementia (PWD) and their carers, have new experiences together, enjoy music and arts in the mainstream-cultural scene, make friends and by participating spread the message "Living well with dementia is possible". PWD and their carers meet monthly for an artistic afternoon in a community center-café, where other visitors are welcome to join and have a drink.

Methods: By creating stories, poetry, music, drawing, improvisation... A

different experience of dementia emerges: imagination opens, there is no failure possible in art. CasAperta is a support-group as well and has grown into a 'safe haven' enjoying together with their carer 'networks of intimacy' other cultural performances in the city of Ghent as opera, classical concerts and participating in cultural museum-programs...

Results: Since the start in 2016, over 25 duos are participating, coming from the wide region around Ghent. CasAperta Music-Salon is newly developed in 2018 as an off-spring: six Sunday-afternoons. In QuatreMains Music-café classical music, including opera aria's, dance music... is performed by two young musicians of KASK- School of arts Hogent and very much enjoyed by all the participating people with dementia and their carers. The Music-salon is always fully-booked and duos are coming back. CasAperta believes in the creative capacities of PWD and use of imagination, branching out new ways, not holding on to activities people used to enjoy but uses creativity to dwell in the present. The group process is highly valued by participants and many reciprocal moments are observed including non-verbal reactions that can be interpreted as joy, attention, appreciation. PWD have much to teach us, once the caregiver moves in the world of his partner he or she can assimilate another stand and live in a new way with the partner with dementia so the relationship is changed.

PO4.19a. Challenging sectors and championing the rights of people with dementia

FRANCIS Vivienne, BOULD Emma

Alzheimer's Society, London, United Kingdom

Our work challenging sectors is integral to creating a societal shift on dementia - ensuring people with dementia are empowered in their communities and their rights championed. 69% of people with dementia said the main reason they stop going out is lack of confidence; therefore, access to relevant and meaningful activities is crucial for mental and emotional well-being.

Heritage and cinema: Culture and leisure activities have a powerful impact by encouraging participation, decreasing social isolation and increasing social engagement. Impacting positively on cognitive and emotional stimulation, self-esteem and episodic memory. Consequently, heritage and cinema industries have a crucial role supporting people affected by dementia with greater understanding. Heritage sites and cinemas should be open and accessible, and promote an inclusive environment for all audience members. Alzheimer's Society has developed two new guides: 'Rethinking Heritage and 'Dementia Friendly Screenings'. Both raise awareness of dementia, providing clear recommendations and best practice case studies.

Gardening: Gardens and gardening are incredibly important, especially for older people and people affected by dementia. From playing in gardens at home as a child, to exercising in public gardens or parks, and socialising with families. Gardens can help people to social and connect with others through a shared experience, take part in physical activity, stimulate the senses, and ultimately improve well-being. Gardening increases in importance not only as a source of physical activity, but for an individual's identity, independence, and in reducing loneliness (Pettigrew and Roberts, 2008). Emerging evidence shows that gardening may be useful in preventing falls by maintaining balance and enabling people to remain active.

Despite the data showing how important gardening is, those over the age of 65 – are less likely to visit green spaces than the national average. Reasons for this include poor maintenance, inadequate facilities and fears over safety (Natural England, 2015).

PO4.19b. Brand, marketing and rights: "Uniting against dementia" a movement for change

FRANCIS Vivienne

Alzheimer's Society, London, United Kingdom

The movement for change has been given definition, edge and impetus in two ways by Alzheimer's Society in the past year. The Society introduced its bold, engaging new identity in January 2017, with a view to turning up the volume on the disease. The brand, which was created in full consultation with people with dementia, combines the heritage and meaning of the 'forget-me-not' flowers with the relevance and anarchy of graffiti. The repositioning, as the 'rallying point of the dementia movement' has increased awareness of the issues around dementia as well as supporters who would be happy to donate to the cause, created new partnerships such as with edgy broadcaster Channel Four, built engagement with different stakeholders, and led to harder-hitting campaigns.

Simultaneously, the Society worked with people with dementia to redraft the Dementia Statements, rooting the new version in human rights law. This gives a new framework to the movement, and is demanding rather than politely asking for change. The statements, which were also reinforced with a ground breaking study of more than 1,000 people living with dementia today, effectively create a new policy platform from which we can map out milestones for the movement more effectively and lead more change. The brand, marketing strategy and rights-based approach is transforming the movement. This year's annual awareness week has been renamed as Dementia Action Week. We are calling on Society at large to take whatever action they can to help the aspirations in the Dementia Statements become a reality. We are calling on government to increase its investment and focus on social care, based on the rights of people with dementia. This holistic approach to shifting the dialogue on dementia and creating real change is being welcomed by people with dementia.

PO4.20. The Seaside Week

BERTANI Eleonora, BIGLIARDI Mila, MORELLI Milva, BEDINI Ilaria, VALERIANI Maria Teresa, CARRETTI Barbara, MIZZI Alessandra

Aima Reggio Emilia, Reggio Emilia, Italy

The Seaside Week is a week of real vacation at the seaside with an excellent organization, in a pleasant costal resort. It is organized for the people who attend to the six Alzheimer Cafés held in the province of Reggio Emilia throughout the year. To the people with dementia and their caregivers, this project means the chance to live a whole week out of home and their usual environment, to meet new people and make new friends. In particular, thanks to the help of volunteers, professional health service operators, psychologists and caregivers, it allows everyone to enjoy those "small things" that the disease too often takes away: taking a walk, going to the beach, sleeping and resting, playing cards with new friends, etc.

The first day trip to the seaside of the "Cafés" took place in 2008, when we organized a lunch at the Gran Hotel in Rimini. In the following years (2009-2010), we continued to propose some days of excursion increasing the stay away from home up to four days. Then, starting in 2011, the trip turned into a one-week vacation.

In May 2018 more than 70 people will enjoy the project: 25 people with dementia, together with their family members and 15 volunteers. Considering that it is often advised to keep the habits of the people with dementia in their living environment, the Seaside Week has proved to be a great achievement. As a matter of fact, we show in practice that travelling and spending a vacation together is still possible for people with dementia and their families. Moreover, living in the community allows us to encourage people to interact with people with dementia and to integrate them in everyday life.

PO4.21. Aspects of creating an adequate environment and design for a dementia-friendly library: A collaborative project of a higher education institution in Austria

TATZER Verena C.[1], ULLMER Rebecca[2], CERLAC Marlies[1], KAUTZ Annika[1]

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In Lower Austria, a province in Austria, 312.717 persons are 75 years old or older (Statistik Austria 2017). Moreover, the number of people living with neurocognitive disorders among the elderly is growing. Public institutions and services are challenged to adapt their core-business to the needs of older people and vulnerable groups. The public library Wiener Neustadt and the library of the University of Applied Sciences Wiener Neustadt are going to merge into one bigger public library, a process that is unique in Austria. During this transition process, it is the goal to offer better service to groups that have been neglected so far. People with dementia and their carers can be at risk to experience restrictions in participation. Libraries are spaces of education and learning and thus have an important function in a city. They offer possibilities to participate in public life, but can also provide information about themes related to neurocognitive disorders.

Occupational therapists provide information to enhance the possibility to participate in meaningful occupation for people with disabilities because they have knowledge about the transaction of personal, environmental and activity-related factors and analyze their transaction (Christiansen, Baum, & Bass, 2015). Thus it makes sense that the bachelor program of occupational therapy at the University of Applied Sciences and the library of Wiener Neustadt started a collaboration to develop a "dementia-friendly library". The aim of the project presented is to provide recommendations for the new building according to age-friendly and dementia friendly design principles and reduce barriers.

Methods: A literature review is the first step intended to provide the basis for future recommendations

Conclusion: The collaborative approach is promising and has potential to contribute towards making the city of Wiener Neustadt a dementia friendly community in the future.

PO4.22. How does resilience promote dementia carers' wellbeing?

JONES Sue, KILLETT Anne, MIOSHI Eneida

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Background: Those caring someone with dementia are at risk of depression, anxiety and stress. However, not all carers experience psychological distress due to caring, greater resilience may account for this variance. This study aims to: (1) compare levels of depression, anxiety, stress and burden between high and low resilient carers, and (2) to identify whether resilience acts as a mediator in the relationships between carer wellbeing and: depression, anxiety, stress and burden.

Methods: Cross-sectional survey of family carers in Norfolk, England (July–September 2016), using standardised measures of resilience, depression, anxiety, stress and burden. First, carers were split into those with high resilience and those with lower resilience, and group comparisons (independent t-tests) were made. Next, to identify if resilience is a mediator in the relationships between carer wellbeing and: depression, anxiety, stress and burden, four mediation analyses were conducted.

Results: Carers (n=110) aged between 30 -80+ years; 66% were female; 75% lived with the person with dementia and 72% were providing over 40 hours of care per week. 51% were classified as highly resilient. High resilient carers had lower scores for depression (MD=4.90,95%CI 2.75:7.06; p<0.01), anxiety (MD=2.93,95%CI 1.34:4.52; p<0.01), stress (MD=4.30,95%CI 2.37:6.24; p<0.01) and burden (MD=8.49,95%CI 4.80:12.17; p<0.01) when compared to carers with lower resilience scores. Resilience was a partial mediator in the relationship between wellbeing and depression (b=0.76,95%BCaCI-1.10:0.36), anxiety (b=-1.04, 95%BCaCI-1.53 : -0.59), stress (b=-0.96,95%BCaCI-1.38 : -0.57) and burden (b= -0.40 95%BCaCI-0.62 : -0.22), indicating resilience accounts for some but not all of the relationship between wellbeing and each variable.

Conclusion: Highly resilient carers report less distress. Resilience can mediate the adverse relationship of depression, anxiety, stress and burden on wellbeing. These results suggest that future interventions in the community which promote or maintain resilience may reduce morbidity associated with caring for a relative with dementia.

PO4.23. Identifying resilience in family carers

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Background: Caring for a person with dementia is stressful and can result in feelings of distress. However, while some carers express feelings of burden this is not universal, others describe caring as bringing positive changes. This variance in carer response has been attributed to resilience. Resilience can be defined as using personal assets and external resources to positively adapt to challenge and trauma in order to maintain or regain wellbeing.

Objectives: To explore resilient coping strategies used by carers as a means to maintain or promote their wellbeing.

Data collection and analysis: 13 adults were recruited from an earlier study which measured resilience and wellbeing in carers of people with dementia. Carers took part in face to face, semi structured interviews. Interviews were carried out by the first author, lasted between 42 and 90 minutes, were audio-recorded, transcribed in full and analysed using an Interpretative Description approach.

Findings: 6 carers had low resilience, 2 medium and 5 had high resilience. Two broad themes were identified, 'sense of self' and 'social connectedness': Highly resilient carers successfully used approaches which protected, maintained and enhanced their sense of self. Less resilient carers described losing their identity and feeling overwhelmed by the demands of providing care to a relative with dementia. Navigating statutory services and maintaining social networks was challenging for all carers in the group. However, resilient carers were more able to secure the services they needed and develop a new social network, less resilient carers withdrew from previous social groups and opted to 'go it alone'.

Conclusions: Resilient carers successfully integrated caring into their sense of self and developed or maintained social connections with friends, family and the wider community. Highlighting these successful resilient coping strategies will inform the development of resilience focused interventions to support family carers.

PO4.24. Information about dementia on City of Oslo's website

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Background: City of Oslo has produced a dementia plan «Living well with dementia, in Oslo» (2014).

The council department for Primary Health and Social Services feels that this plan must be followed up and gave, therefore, Centre for Competence Development and Research/ Development Centre for nursing homes and home care services, Oslo, the task of gathering and publishing information about dementia on City of Oslo's website.

Goals:

1) Customize and further develop information about dementia by involving persons with dementia (patient participation)

2) Make information about dementia available in several languages

3) Gather all relevant information about dementia on City of Oslo's website

Method: Patient participation was achieved with the help of qualitative method, experimental design, and narrative approach. Interviews were conducted as moderator-controlled focus groups, group discussions and dialogue conversations.

Web-testing took place by asking the participants individually to 'navigate through the information', making comments during the process.

Results: Many persons with dementia found it difficult to master using the internet to obtain information themselves. Assistance from relatives or health personnel was often necessary. It was revealed how the design of the information could be more dementia-friendly: There is a need to develop brochures as supplements to the website. The information relatives wish to have is more comprehensive than presumed: There is still a need for more printed brochures in different languages. Pages for dementia have now been established, structured according to the identified needs and tested for user friendliness, on City of Oslo's website.

Conclusion: It has been established that it is important for persons with dementia and their relatives to be able to access information about dementia suited to their needs. This has been facilitated by publishing relevant information about dementia on City of Oslo's website~~s~~. These pages must be supplemented by printed brochures.

PO4.25. Therapeutic groups for familiar caregivers of people with Alzheimer: From research to training multipliers to expand implementation

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In 2012-13, the Pasqual Maragall Foundation (PMF), concerned by the lack of direct assistance to familiar caregivers of people with Alzheimer, in collaboration with Obra Social La Caixa (OSLC), performed a pilot study to validate a cognitive-behavioral group therapy designed on purpose for them. This therapy was compared to a passive control group. From this initial study it was obtained a well-structured intervention that pointed to promising beneficial effects for caregivers' wellbeing. Later on, in 2014-15 we carried out a multicentric clinical trial in 13 sites in Spain and with a sample of 221 caregivers where the intervention group was compared to an active control one, participating in non-structured support groups without the leadership of a therapist. The results showed superior benefits of the therapy intervention group with significant improvements in anxiety and depressive traits, perceived quality of life, functional social support and resilience.

Encouraged by this positive results the PMF established a permanent caregiver's assistance program and trained several psychologists to conduct this therapy in different institutions with homogeneous administration criteria. Thus, the number of caregivers receiving the benefits of this intervention has been constantly increasing. Nowadays, more than 450 caregivers have attended a therapeutic group and their feedback has been always positive. In order to reach much more recipients of such beneficial effects, we have recently launched an on-line university course in collaboration with OSLC, addressed to professionals for providing them with a well-structured therapy to offer a better assistance to Alzheimer's caregivers in their day-to-day practice. In this poster we will show up the main program milestones of an experience that represents an opportunity for familiar caregivers to go through a path of acceptance of their situation, improvement of the quality relation with their beloved with Alzheimer and promotion of joint wellbeing.

PO4.26. Starting revolutions and taming tigers: Navigating thresholds, boundaries and disability with dementia

PEMBLE Catherine

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Although the last decade has seen considerable advances in the ways in which society perceives, interacts with and supports people living with dementia, it is clear that there is much yet to be done. Informed by the growing hunger for 'dementia friendly' spaces and initiatives, this research argues that it is only through acknowledging the importance of the social, relational and physical thresholds that we can effectively tackle the multifaceted and changeable challenges facing people living with dementia today. By using the lens supplied by the Social Relational Model of Disability (Thomas, 2004) the research explores the ways in which people living with dementia create and manipulate the social and physical threshold spaces around them.

This presentation draws on the results of an ethnographic study conducted over the course of a year, with 11 participants living with dementia in Scotland. Using insight captured in over 70 hours of unstructured interviews, digital photography and researcher field notes, this submission challenges the clichéd construction of the person with dementia as an ineffective actor, besieged by a hostile world. Instead it presents people with dementia as powerful and calculating individuals who continue to draw and redraw their social, physical and relational boundaries in response to constantly evolving internal and external 'landscapes'. This is highlighted by focusing on three key themes: People with dementia as ethnographers of their own experience, threshold crossing as a troublesome process, and using tools, technology and networks to manipulate threshold spaces. This work speaks to both academic and practice audiences, drawing on Heideggerian philosophy to discredit the notion of a person with dementia as 'lost' or 'reduced' by the disease, even as it uses the focus on thresholds and boundaries to highlight key lessons for practice.

PO4.27. Dementia or mild cognitive impairment: @ work in progress

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This multidisciplinary project (occupational therapy, psychology, elder law and labourlaw, social and political science, and engineering) will provide new insights into what happens when people develop mild cognitive impairment or early stage dementia while still working, how this is influenced by legislation, and how it is experienced and potentially managed by those concerned.

The empirical project will include case studies and the joint compilation of information gathered from the case studies from different countries, providing in-depth understanding of how their situation and transition process might be experienced and managed, and of the influencing conditions, particularly related to the role of technology. Technology might be a hindrance as well as an asset in different cases, that is; technology might not be the solution for all. Development and evaluation of new tools will be included in cases. Based on knowledge generated in these longitudinal case studies, we will co-create a new computer-based tool to support the person in the transition, for example by supporting communication, education, and adapted occupation. We will also investigate how laws, regulations and policies in different countries and organizations can support and/or hinder continued work and/or transition from work, how these are practiced and how they can be understood better by people with dementia/MCI and their employers.

Researchers from Sweden, Finland and Canada will collaborate with people with MCI/dementia in the workplace, their families, employers and HR staff. An interdisciplinary, in-depth inquiry into cases in all countries, in combination with analyses of legal regulations and their translation into practice, will add profound new conceptual understanding to produce new guidelines, tools and technologies that enable people with MCI/dementia to take a lead role in managing and choosing their work life and that support these persons, employers, and workplaces as well as the social system.

PO4.31. Implementation of a Living Lab in a day care centre: Involving people with dementia and their carers

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Living Labs are in-vivo or in-situ social innovation laboratories relying on a scientific approach to develop and test services, interventions and products. Living labs encourage co-creation and co-validation in partnership with its targeted users in real life conditions. The goal is to create or to intervene in an existing place where users can test devices. Living Labs have no predefinies physical structure except for the fact they always take place in full-scale environment and realistic conditions.

In France and Europe, several Living Labs experimenting devices for people with dementia have been developped. A recent census has shown that they mainly evaluate assistive technologies and serve as show rooms. They encounter methodological difficulties due to lack of familiaritry of the environment with participants with dementia, recruitment of participants and ecological validity. Thus, to palliate these difficulties and broaden the research scope to fields of interventions and services, the Foundation Médéric Alzheimer has formed a partnership with a day care centre and its users in order to involve them in the evaluation process of interventions, products and services aimed at people with dementia.

In this presentation, we will present an innovative and participative experimental device that combines development of care practices and applied research for people with dementia: a Living Lab in a day care centre. To date, several interventions have been implemented in the Living Lab: environmental changes, dance, tactile devices, and healing gardens.

And more are to come. Ethical dilemmas for involving people with dementia and their carers in scientific research will be raised, as well as scientific value of experimentations within the Living Lab. Communication strategies to raise awareness on interventions, services and products experimented in the frame of the Living Lab will be describe and the economic model of such a care and research device will be discussed.

PO4.33. Perpetuating memories

AGUIAR Nélida

Alzheimer Portugal and EWGPWD, Funchal, Portugal

Living with dementia and / or caring for someone with dementia requires an enormous capacity for adaptation, and it is fundamental to unite and strengthen family ties, and it is important to live with LOVE. Maintaining all the bonds that can unite it to its Past, providing the best comfort in the Present by the uncertainty of its Future. Living with dementia is INTEGRATION!!! It is of extreme importance to realize that a diagnosis of dementia is not only the illness of that person, but a disease that will affect the whole family. Living and / or caring for a person with dementia is like managing a large company, so the balance that allows us to slow the progression of disease is to integrate the person with dementia. The person diagnosed with Alzheimer's is listed, quoted and referred to as a "special case". However, they are not different. My mother has Alzheimer's, and we have been able to demonstrate that it is possible to live with dementia. How? Respecting the essence of the individual with dementia, stimulating and integrating it in society, with this new condition. Respect your condition but without diminishing your self-esteem. From the first moment, we were imposed limitations, both by the doctors, and by the very evolution of the disease. But why limit? The diagnosis must be accurate and early, but we should not accept it as if it were a death sentence. Fundamental rule: respect the person with limitation! We have to reinvent daily, small common acts, so that the memory is preserved as long as possible. It is to try, at all costs, to continue to make oneself heard and perceived by the will expressed by the person living with dementia, how important their integration, opinion and should be valued.

PO4.34. The person beyond dementia

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Introduction: A.m.n.e.s.i.a Association (Associazione malattie neurodegenerative e syndrome Alzheimer) is setting up several activities for PWD and their relatives in its meeting center. Among these activities a psychological social stimulation project was developed: its name is "Ri.di.Co." (couple rehabilitation) and is addressed to couple who live this diseaseboth as PWD and caregivers.

Purpose: "RI.di.Co" project's goal is to give couples the opportunity of a normal life beyond the disease, thanks to the acknowledgement of their life path and their emotions, and thanks to the awareness of their needs into their social life.

Materials and Methods: The project is made of both cognitive and emotional stimulation activities for PWD and psychological emotional support for caregivers. These activities always take place three hours a week. Furthermore, the group members are involved in social events and funny activities, i.e. they cooked a lunch during a training course for professionals organized at the meeting center, theatre laboratory and gardening activities. On 6thNovember 2017 the project started. It included 6 couples who have been monitored via a former neuropsychological evaluation. There will be a latter evaluation in 6 months.

Results: Their participation to these meetings represented an important opportunity of living this disease from a different perspective. The project is able to give the disease a social and emotional value, because it preserves PWD needs and their life motivation.

PO4.36. Driving eHealth education and innovation by involving experts with dementia: A case study

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Background: In this presentation, we will illustrate a case study of how people with dementia can contribute to the research and development of personalized eHealth technologies. The example focuses on the deployment of a new post-graduate training programme that helps researchers develop a deeper understanding of how individuals living with dementia expect to be supported and/or enabled by eHealth technologies and at the same time fosters a co-creation approach that transcends the stigmatizing images associated to a dementia diagnosis.

The Connected Health Summer School is an annual multi-disciplinary training programme designed for researchers interested in the development of new eHealth services and apps. Established in 2016 by Italian ICT company I+ in collaboration with the University of Ulster, in 2017 the programme was adopted as the leading training event of the Marie-Curie project "REMIND" whose aim is to create an international and intersectoral academic and professional network that fosters knowledge exchange in the field of smart environment and technologies for persons with dementia.

The "learning by doing" approach: For the 2018 programme edition, REMIND end-users partner Novilunio invited two members/experts of the Irish Dementia Working Group to provide students the opportunity to appreciate the human experience of living with dementia associated to the adoption and use of eHealth technologies. Throughout the 4-day training programme, the two experts gave frontal lectures and workshops intended to stimulate the creation of eHealth app mockups that adhered to their specific real-life needs, values, and expectations. Fostering the value of real life experts: The involvement of people with dementia as subjects and experts in their own right was aimed to give a clear message to students: a true personalized approach to eHealth solutions can only emerge from a highly reflective and immersive appreciation of people's subjective accounts of their lived experience.

PO4.37. What are the views of people living with dementia and their informal carers getting involved in Tai Chi practise?

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Background: Falls are a public health issue amongst older adults and particularly amongst those living with dementia. Exercise interventions are effective in preventing falls, however, few intervention studies have involved people living with dementia and explored their experiences. People living with dementia have the right to be included in research exploring normalised exercises that could potentially benefit their health and wellbeing. The aim of this study was to explore experiences of dyads formed of a person living with mild-to-moderate dementia and their informal carer taking part in a Tai Chi intervention program.

Method: In the context of a Randomised Controlled Trial, twenty-five dyads from five localities in the South of England took part in weekly Tai Chi classes and daily home practice over a period of 20 weeks. Field notes were used to record researchers' observations during the classes and participants and instructors' feedback at the end of each class. Fifteen joint dyadic interviews were conducted around session sixteen to gather participants' views. Thematic analysis was used to inductively code the field notes and transcripts.

Results: Findings suggest that a dementia friendly design based on repetition and individualised support enacted participants' enjoyment and mastery of Tai Chi. Facilitators of adherence to the intervention point towards participants' enjoyment, perceived impact on wellbeing, social interactions with people in a similar situation and qualities of the instructor. Barriers for adherence to the intervention included difficulties following the booklet provided to support home practice, unexpected or recurrent health problems and competing commitments.

Conclusion: People living with dementia and their informal carers could benefit from getting involved in a Tai Chi exercise program. Joint practice in the community and at home could provide them with a normalised shared interest and a source of wellbeing and conversation.

PO4.38. Improving the communication and relation between people living with dementia and their relatives

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The aim of this study was to evaluate a communication and relation course for people with dementia and their relatives. The course was developed by the Danish Alzheimer´s Association, professionals and researchers in the dementia field. It is important to develop courses including both people living with dementia and their relatives, as both need to learn about the illness and learn strategies to live a meaningful life. Thus, it gives an opportunity for doing something together.

Four courses where held for people with dementia and their relatives in four different municipalities in Denmark. Including a total population of 92. Before attending the course, the potential participants met with the leader of the course and a teacher to identify the needs and wishes of the persons with dementia and their relatives. The course was then designed to fulfill the wishes when possible. In the beginning and in the end of the course all participants were together. Otherwise, the participants were divided, so people with dementia could participate in the social and learning activities they wanted, while the relatives received training in dementia, communication and relation building by e.g. using Mateo Meo. A combination of participant observations, storytelling with pictures and focus groups were used within the evaluation of the course. The data was analyzed by a thematic analysis inspired by Braun and Clarke. The evaluation shows a great need for courses including both people living with dementia and their relatives. It fulfills a need to be social and learn from other people in the same life situation. At the same time Mateo Meo was identified as a relevant approach to develop the communication and relation abilities of the relatives – leading to more positive relationships. The course also initiated social networking that for some continued after the course ended.

PO4.40. Developing a resilience-enhancing resource for family carers of people with dementia: Lesson learned

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Published in 2014, the National Dementia Strategy for Ireland is underpinned by the dual principles of personhood and citizenship and stresses the importance of people with dementia and their carers remaining as active citizens in society. Consistent with these principles is the need to promote social connectedness for family carers, since caregiving in dementia can be experienced as burdensome, stressful and isolating. Maximising carers' resilience can ensure that they are more socially connected, have good social support and are more resourceful in accessing support services, and thereby experience caregiving as less burdensome and isolating. The WHO recommends involving carers in designing support programmes for people with dementia and their family carers.

This paper reports the findings of a study to evaluate the process of developing a resilience-enhancing resource for family carers of people with dementia. Conducted within a participatory action research framework, we established the Enhancing Carers' Resilience (EnCaRe) Network Group, comprising current and former family carers of people with dementia. Acting as co-researchers with a team of academics and practitioners, the EnCaRe Group developed a real-world definition of resilience in dementia caregiving, and co-created a family carers' resource, comprising short video testimonials of family carers of people with dementia, supplemented with written materials. The paper reports on the self-reported experiences of the current and former family carers working as co-researchers in developing the resource. The evaluation design involved focus groups, interviews and an online survey. We report on the experiences of the family carers in co-designing the resource and we present our findings using thematic headings, supplemented with data extracts that exemplify the emergent themes. Based on the evaluation data, the paper discusses some of the opportunities and challenges associated with involving lay family carers as co-researchers.

PO4.42. The comprehensive view: combining self-reports and observations to understand everyday technology use of people with mci and dementia

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Objective: The use of everyday technology (ET) can be challenging, particularly for older adults with mild cognitive impairments (MCI) and dementia. To understand the relationship between ET and the elderly with cognitive impairments, different methodological approaches have been applied: self-reports and observations. Unclear is currently, if the information gathered with those approaches complement one another or greatly overlap. Thus, the present study aims to evaluate the association between a self-report and an observational tool assessing ET use and will give insight in aspects depicted or missed when using one or the other in people with MCI and dementia.

Methods: People with MCI ($n=41$) and dementia ($n=38$) were included. Associations and group differences were explored with non-parametric statistics.

Results: In the dementia group, the correlation was significant on a medium level ($R2=0.35$, $p<0.05$), which was not effected by $n=1$ outlier exclusion ($Rs=0.438$, $p<.01$). In the MCI group, no significant correlation could be found.

Conclusion: Technology use of the elderly with cognitive impairments can be described with self-reports as well as observations. However, the combination of both approaches is recommended to get a comprehensive picture of the relationship of ET and older adults. Thereby, sufficient support to improve ET use in everyday activities can be provided and isolation from society prevented. Particularly in people with MCI, self-reported and observed information differ and might thus especifically add to one another.

PO4.43. Meeting without boundaries

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A European programme, the «Meeting without Boundaries» programme began in 2012. It was created by two associations sharing the same conception and ethical views concerning dementia: France Alzheimer Vaucluse (France) and Alzheimer Gesellschaft München (Germany). Since five years this European programme has been enabling people with dementia accompanied by a family member, volunteer workers and professionals from both associations to regularly come together for a week's time. A programme based on exchange and communication, «Meeting without Boundaries » enhances communication between participants, enabling them to share their respective experiences. Each meeting is an opportunity to compare the vision and the approach of each country in regards to dementia in our society and how each one deals with dementia from a political, social and cultural point of view. These discussions between European neighbors are not only very enriching for the participants but they also give mutual inspiration for both associations. A programme which gives priority to those with dementia: their wishes, their ideas, their role as citizens in society.

The goal of this programme is to break through the prevailing prejudices concerning dementia and to change the way it is looked upon in our societies. « Meeting without Boundaries » makes a point of highlighting the competences of those who have dementia and largely includes them in the organization of the annual meetings. This programme enables them to remain active members of our society and to express their opinions, their views, their experience as they did publicly at the European Parliament during their third meeting in Belgium in 2014. "Meeting without Boundaries" is one of the awardees of the European Foundation's Initiative on Dementia (EFID) 2017 edition.

PO4.44. "Living with Alzheimer's or a related disease"

GILLY Lorène, MOLLARD Judith

France Alzheimer et maladies apparentées, Paris, France

With this program, France Alzheimer's and related diseases wishes to provide those recently diagnosed with new answers. General objectives:

- provide a better quality of life for the sick people and their caregivers.
- enable the newly diagnosed persons to be proactive in what they are going through by letting them process the situation,
- immediately mobilize their resources to enable them to adapt their daily lives to the new situation
- suggest to share their experience and needs within a group to find appropriate answers
- find strategies and compromises to maintain family, friend, and social relationships.

The beneficiaries: Criteria of admission to the program:

- The diagnosis is done and is announced;
- The person concerned is interested in the program and wishes to participate;
- The person expresses a will to share her experience in a group.
- The caregiver may not participate in the workshops.

How it works / this program is threefold:

A personalized group information session to identify the needs and define priorities for the people with dementia. Group workshops lasting 2 hours:

Workshop 1: Share my experience and knowledge of the disease

Workshop 2: Emphasize my skills and share my solutions

Workshop 3: Identify my available tools to help in my daily life

Workshop 4: My family and social environmment, and me

Workshop 5: Managing my stress

Workshop 6: What are my wishes?

A final individual overview led by the workshop moderator who will be able to assess the impact of the program on the quality of life of the person concerned and her surroundings.

PO4.45. Effect of long-term group rehabilitation on physical performance in community-dwelling people with dementia.

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Background: Elderly people with dementia are known to be less physically active compared with elderly, healthy people, emphasizing the need for interventions in order to maintain a high level of independence in activities of daily living. In order to meet the multi-facetted needs of people with dementia, also with respect to the dementia-related lack of initiative and motivation, group rehabilitation may have unique advantages beyond those achievable through individual rehabilitation. The aim was to evaluate the effect of long-term, group-based rehabilitation including physical activity on physical performance in elderly, community-dwellingpeople with mild to moderate dementia.

Methods: A cohort study of 18 elderlies, community-dwelling people, diagnosed with mild to moderate dementia, participated in an ongoing rehabilitation program based on integrated physical, cognitive and social activities. The outcome measure was physical performance: the 30 sec sit-to-stand test, Guralnik balance test, 10-metre walking speed test, timed 6-metre walk test, and a timed dual task walk test. The repeated measure ANOVA was used to analyze any overall differences between related means.

Results: No significant effect of time was found for the five outcome meaures during the entire period. The variation in the estimate of most outcome scores was higher within subjects than between subjects during the period. Profile plots illustrated that three of the participants, who experienced severe cognitive deterioration, markedly declined in all physical performance tests.

Conclusion: The expected, progressive deterioration in physical performance was delayed in home-dwelling people with mild to moderate dementia who participated in long-term, group-based rehabilitation. The findings of this study indicate that long-term, group-based rehabilitation has the overall potential to delay deterioration in ADL performance in home-dwelling people with mild to moderate dementia.

PO4.46. Personal communication books for people with dementia

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The aim of this project was to help people with aphasia due to dementia to conversate with other people, and thereby becoming able to participate in their life and activities of the surrounding society - by the use of personal communication books. The personal communications books were developed at VUK-Aalborg together with each involved person with dementia. The project is a result of a collaboration between Aalborg Municipality School department and the department of elderly people. The project took place at VUK-Aalborg, which is a school for adults with cognitive disabilities. VUK-Aalborg has offered cognitive stimulation and training of normal day activities to people with dementia since 2000 - currently 52 students with dementia attend VUK. Approximately 10 percent of the students at VUK have severe linguistic problems, while others have difficulties to a lesser extent - especially loss of nouns. In order to help these persons to communicate with family, cares and other people we have tested the use of personally adapted communication books - made together with the person with dementia and their family. The project was evaluated through observation of the persons using the communication books - and through interviews with the persons with dementia and their relatives. The observations showed that the persons with dementia was happy to use the communication books, and they got better expressing themselves by the use of the books. Interviews showed the the books were used at home when the person with dementia should explain something to relatives and other people - and that the books made it much easier to understand each other.

PO4.47. Stigma and dementia: Our journey

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Dementia affects individuals worldwide, with the World Health Organization estimating there to be around 7.7 million new cases of dementia each year; equating to a new diagnosis every four seconds. A review of current literature identified that although participatory research is beginning to be utilised within the field of dementia care, the voice of people with dementia is often lost or not recognised. This poster will present the work of a co-operative inquiry exploring stigma and research. Co-operative inquiry is an approach to participatory research that involves cycles of action and reflection. Heron and Reason (2006), who developed the model of co-operative inquiry, suggest that 'good research is research that is conducted with people rather than on people' and highlight that traditional research includes exclusive roles for researcher and participant, yet within co-operative inquiry, those traditional roles are replaced by a partnership that fosters a creative, practical collaboration.

The co-operative inquiry was formed with people living with dementia and care-partners as co-researchers. The term 'co-researchers' will be used to define the collaborative nature of the research (Swarbrick, 2015) and is used to describe members of the public and experts by their own lived experience, actively working in partnership with 'academic researchers' in all - or parts - of the research process. The group co-researched the idea of stigma and from this, co-produced an animation based on their own negative and positive experiences of living with dementia. The animation explores these experiences and puts forward a message of people having a 'CUP'. Not of tea or coffee, but of Compassion, Understanding, and Patience.

PO4.48. The first experience of a working group of people with dementia for Federazione Alzheimer Italia

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Federazione Alzheimer Italia has activated since late 2017 in Milan a working and confrontation group of people with dementia, so that they can be, within the organization, voice and help to debunk those myths that still today dementia brings with it. Starting from the precious first Italian testimony and thanks to experiences of international groups, it was possible for the Italian group to move the first steps on mutual knowledge, set job goals and to involve a good number of enthusiastic participants. Currently the group, composed of 5 people with different diagnoses of dementia, meets weekly to discuss various issues; each member of the group feels free to share the strategies identified to cope with daily difficulties, the daily experiences at home and in the community, and, above all, suggestions and messages that they would like to take outside of the group. The group has been involved, as the first interlocutor, in a qualitative study about an active methodology for the re-enactment of memories: the members have shared experiences using the instrument so to be able to evaluate its use in wider contexts. Benefits that can derive from participating in a working group for people with dementia:

- Reducing the isolation that dementia often brings with it.
- Increase the motivation by providing a purpose collaborating with a patient organization.
- Show the person with dementia he is not alone and that the development of new relationships is possible.
- Be the spokesperson of a positive testimony
- Be an invaluable asset for the patient organization and for the Community.

The group has already achieved a first important goal: to enhance the quality of life of the participants and to restore the importance of life experience of people that, despite the disease, they continue to be what they are, a father, a mother, a child.

PO5. Genetics, prevention and treatment

PO5.1. Assessing quality of life in nursing homes: A cross-sectional overview of potential influencing factors

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Introduction: Quality of life (QoL) is increasingly used as a health and quality outcome, so identifying predictors that may successfully improve it is of major importance. In this line, behavioural and psychological symptom (BPSD) are frequently pointed as predictors of poor outcomes, including not only premature institutionalization in nursing homes (NH), but also worse QoL. Despite being reliable targets for intervention, in such settings these remain exceedingly frequent and unidentified symptoms, contributing to residents' lower QoL.

Aim: To analyse the associations between self-rated QoL and residents' demographic and clinical characteristics.

Methods: A cross-sectional study was conducted in two NH as part of a larger study. All residents were eligible, unless they were younger than 65years or had a registered diagnosis of major psychiatric illness. Data were collected with Mini-Mental State Examination/MMSE, Geriatric Depression Scale/GDS-15 and Neuropsychiatric Inventory/NPI-10. To assess QoL, EUROHIS-QOL8-index was used. Spearman's rank correlation coefficients were calculated.

Results: Overall, 74 residents were included, mostly women (68.9%) with a mean age of 84.1 (sd=7.0) years. Sample scored an average of 22.51 (sd=5.11) on MMSE, 5.76 (sd=3.88) on GDS, 7.32 (sd=10.54) on NPI-10, and 58.45% (sd=17.83%) on EUROHIS-QOL. More than half (60.8%) scored for cognitive impairment and 45.9% for clinically relevant BPSD (NPI≥4). Negative correlations were found between EUROHIS-QOL and NPI (r_s=-0.349, p=0.002), and and GDS-15 (r_s=-0.858, p<0.001), while none was found with MMSE nor age (p=0.091 and p=0.332).

Conclusions: In this sample, a lower QoL was associated with more BPSD and higher self-reported depressive symptomatology. Once these symptoms are reliable targets for a range of individually tailored interventions, the present findings highlight the importance of assess, identify and treat BPSD as a way to improve QoL in NH. Supported by FCT-Foundation for Science and Technology (PD/BD/114555/2016), ERDF through operation POCI-01-0145-FEDER-007746 funded by Programa Operacional Competitividade Internacionalização-COMPETE2020, National Funds through FCT within CINTESIS, R&DUnit (ref.UID/IC/4255/2013).

PO5.2. Respectful caring for the agitated elderly (recage). A project funded by the European Commission (h2020)

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RECAGE tackles one of the most challenging problems arising in the course of dementia: BPSD. Given the unsatisfactory state of the art in this respect, the major objective of the project is to assess the effectiveness of an intervention, the Special Care Unit for BPSD (SCU-B), which - although implemented in some countries - is not widespread and, moreover, has not been sufficiently studied so far. We define the SCU-B as "a residential medical structure lying outside a nursing home, e.g. in a general hospital or elsewhere, where persons with dementia (PwD) are temporarily admitted when their BPSD are not amenable to control at home. The mission of the SCU-B is to improve behaviour and to permit, when possible, their coming back home".

RECAGE is articulated in three phases:

1. A prospective, multicentre, observational, cohort study comparing the course of a cohort of 250 PwD followed up by 6 clinical centres endowed with a SCU-B and another cohort of 250 followed by 6 centres lacking this structure. The follow-up will last 3 years and the main endpoints be:

change of BPSD over time, quality of life of PwD and their caregivers, time to institutionalisation. A cost-effectiveness analysis will be performed on both cohorts.

2. A second phase will be dedicated to adapting the model, taking into account the results of the trial, and to writing a consensus document of recommendations for the implementation if new SCU-Bs

3. A third phase will be devoted to making plans for scaling up the intervention in countries taking part in the study.

The Consortium consists in 12 clinical centres located in 7 European Countries (Italy, France, Germany, Belgium, Greece, Switzerland and Norway), a CRO, a medical economist, two Alzheimer Association (from Italy and Greece) and two health Authorities (from Italy and Greece).

PO5.3. Lessons learnt from transnational comparison of three care programs related to challenging behavior in nursing homes

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(Inter-)national guidelines emphasize the need for proper analysis of challenging behavior (CB) in nursing home residents with dementia. In several countries, researchers and practitioners have developed care programs for an analysis-focused approach of CB. The current work compares the content and implementation strategies for three care programs from the Netherlands (GRIP), Norway (TIME) and Germany (WELCOME-IdA) using the template for intervention description and replication (TIDieR). This international comparison and analysis resulted in recommendations for future research and current practice: (1) Designing and testing these interventions takes many years, for which sufficient time and funding is needed. (2) The implementation of the intervention should be preceded by a local analysis of the implementation climate and the impact of the intervention on organizational processes. (3) Attuning interventions to existing practice is important to obtain sufficient support for implementation. However, by including progressive elements in the intervention as well, this may bring about an important culture shift. (4) To sustain the intervention in routine care, a cycle for evaluation and follow-up training programs that are adapted to local circumstances should be incorporated in the implementation strategy. (5) Working methodologically and interdisciplinary is central for an analysis-focused approach to CB. The theory and skills required for this are still lacking in current practice and need to be included in all European curricula for professions working with people with CB. (6) The benefit of (inter-) national guidelines on CB is to create a common understanding about the management of CB. However, guidelines do not provide tools that convert the general recommendations of the guidelines into methods that can be used in practice. Publication of a guideline should therefore always be accompanied by suggestions for implementation strategies.

PO5.4. Benefits of using Snoezelen stimulation with resident in long-term facilities and with different levels of dementia

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Introduction: The theoretical framework of this project is adjusted to comprehensive and person-centered care. Therapist using a Snoezelen Room adapts to the different needs of those person with dementia in order to achieve improvement in their quality of life or in specific symptomatology such as agitation or apathy. The main objective of this work is to investigate the behavioral and psychological benefits of multisensory stimulation, taking into account if a mild, moderate or severe level of dementia could modify its results. Method: Mixed. Design: Quasi-experimental, with repeated measures intra-subject in several points of the investigation. Subjects: 84 people with dementia. Instruments: Standardized tests and video-recordings. Procedure: Participants were randomly assigned to the Snoezelen room or to the reminiscence sessions (control group). Each group participated in two weekly sessions of 30 minutes for 3 weeks. Each session had a maximum of three residents in each group. Tests were applied in pre and post sessions and sessions 1 and 6 were videotaped. Results: There were significant differences in anxiety, depression and agitation in resident that participated in the Snoezelen room compared with those that attended the reminiscence therapy. Video-recordings analysis showed also an improvement in relaxation behaviors. Conclusions: Multisensory therapy favors emotional adjustment. This study was funded by the Faculty of Psychology, Education Sciences of the Blanquerna School (Ramon Llull University) and Sanitas Mayores.

PO5.5. Challenges of behavioral & psychological symptoms of dementia in both institutionalized and community settings

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Background: Behavioral and Psychological Symptoms of Dementia (BPSD) are presenting greater challenge than cognitive symptoms in the care process. However, there have been very few studies which focus on the impact of BPSD and how they are managed in both institutionalized and community settings. Therefore, the aim of our study is to fill this knowledge gap by surveying care professionals about problematic BPSD encountered in their practice.

Methods: 103 care professionals who worked in elderly services or nursing homes were invited to complete questionnaires which asked both quantitative and qualitative information about challenging behavioral and psychological scenarios involving their clients. Narratives elicited by open-ended questions were analyzed to identify: 1) target BPSD, 2) emotional impact on carers, and 3) management strategies attempted. Comparisons were also made between institutionalized and community-dwelling elders with respect to the 3 aforementioned areas.

Results: 47 completed questionnaires were returned; 12 cases were excluded because issues were un-related to BPSD. Of the remaining 35 cases, almost half were males (n=17); 15 resided in nursing homes while the rest lived in the community. Verbal and physical aggressive behaviors (n=21) were the most-cited challenges. Frustration, stress, and feeling of incompetence were the emotional reactions common to carers when confronted by BPSD. Management strategies often involved family members, communication and counselling, or psychiatric consultation. Appeasement and reasoning were strategies more likely used by family carers, although there was no significant difference in BPSD management strategies between institutionalized and community settings. As significant difference was established for emotional impact on carers (X2; p=0.046; p<0.05), it appears that BPSD were more likely to cause fear, uncertain and incompetent feeling among carers in community environment.

Conclusion: This study captured and analyzed qualitative data about BPSD which may help to refine management strategies and carer support in both institutionalized and community settings.

PO5.6. Clinical storytelling as tool to bridge lived experience and scientific evidence in person centered care?

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Background: Care of elderly persons with dementia raises particular demands on staff's knowledge of handling different situations around the person. Research has shown that staff draw on narrative modes of reasoning to learn how to address everyday situations in a competent way. Little is known on how students in higher education can be facilitated to learn within clinical placement in dementia oriented geriatric care.

Aim: The study aim is to evaluate experiences of clinical storytelling, and outcome of evidence based knowledge translation in students participating in narrative seminars.

Study method: All students from the medical, nursing, physiotherapy, occupational therapy and speech and language pathologist programs with clinical placement in geriatric care, and rehabilitation at a larger clinic were invited to participate in the study. Students participated in case seminars drawing on clinical storytelling with purpose to facilitate learning of situating generic scientific knowledge to the multifaceted every day life of the person with dementia. Data constituted of field notes from each seminar, plus interview transcripts from interviews with a few students.

Analysis: Qualitative data was analyzed with a qualitative interpretive theoretical framework. In line with this theoretical framework, analysis included thematic analysis generating qualitative hypotheses for further research and theory development. Although the project is ongoing, the seminar field notes and interview data, so far indicate that the assumption that clinical stories exist and are feasible material in learning seminars are proven true. Not only do students bring stories to the table. They also feed in to the story of others to confirm, oppose, relate to theoretical evidence or evoked memories from personal experiences. They felt confirmed and seen and one student stated: “I found the seminars informative and interesting. We raised everyday aspects regarding persons with dementia and cognitive impairment that I have limited experience from since before”.

PO5.7. Digital self-monitoring for people with mild cognitive impairment: The 'Monitor-Mi' study

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Objective: The Experience Sampling Methodology (ESM) is an innovative technique used to collect information in everyday life. Thus, ESM can reveal pattern of activities and context, related emotions as well as their fluctuations in daily life. To our knowledge, ESM has not been used in MCI yet. Therefore, the primary objective is to evaluate the feasibility and validity of the ESM, specifically implemented in the PsyMate smartphone application, in an MCI population.

Methods/design: 30 participants will be asked to collect ESM data using the PsyMate application on a smartphone over a six-day period. The application will generate eight signals/day. After each signal, short reports of the current mood, subjective cognition, context and appraisals of the situation will be collected. Furthermore, a morning and evening questionnaire will ask the participant to reflect on the last night/day. Feasibility will be assessed through subjective participants' ratings of the difficulty, time burden and acceptability of the PsyMate. An observation of the individual performing the application on the smartphone will give further insight. Validity will be assessed by examining the presence of expected patterns among variables in daily life of the person with MCI and by examining the concordance between ESM measurements and standard retrospective measurements of the same construct.

Discussion: ESM real-life information of people living with MCI may enable the individual, caregiver, clinician as well as research to better understand the condition. Within an intervention, ESM has the potential to promote self-management abilities and modify behavior towards more meaningful and positive activities. This promising self-monitoring smartphone approach could prospectively contribute to an increased patient ownership in therapy. Evaluating the feasibility and validity of the ESM delivered via a smartphone application could thus be an important initial step to develop an innovative technology based intervention to assist people with MCI to self-manage everyday life.

PO5.9. "Activity as an arena for participation among persons with early onset dementia”

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Aims: The aim of the study was to identify persons with dementias perceived experiences of participation in everyday activities.

Methods: Emperical data was collected through narrative interviews and participatory observation. The study used this methodology to be able to focus on participants´thoughts, values and feelings about their lives in order to gain an understanding of the subjective experience of participation. The participants of the study, to men and one women, were included through a deliberate choice, to include participants who would abel to and comfortable with participating in a study with a storytelling method. The data collection was mainly carried out in the participant's home. Narrative analyses was used where rich and wide descreptive material was obtained. Data was iterratively treated in a dynamic process with the use of the hermeneutic circle.

Results: The analysis generated in three very different stories that represented each participant's reflections, experiences and feelings about participation. The themes of the stories were given the following headings: "My chorus group dilemma", "You see, I can´t read" and "I knew early one that I had dementia".

Conclusion: The stories showed that participation was described by activities carried out and had been performed earlier in their lives. Participants experience was that they tried to maintain participation through activity. It was important to still be active in the activities they wanted to perform. In this way it was possible to feel a stronger self-image and be involved in their situation. Dilemmas were around how the social environment treatment affected the feeling of participation in all activities. Fears were to be socially excluded and because of that the participants were not completely truthful about their disabilities or problems. They requested an activity arena where they could get to feel important, respected and accepted for the person they are.

PO5.10. Cognitive stimulation therapy: Guideline-based adaptation and translation to German

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Cognitive Stimulation Therapy (CST) has beein increasingly spread in Europe and worldwide. Evidence-based guidelines have been developed by Aguirre et al. (2014) to ensure replicability of the intervention in other cultures and adherence to the basic principles of CST, in order to maximize the effectiveness and impact of the adapted programmes. In our project, we adapted and translated the English CST manual to German, following a community-based developmental approach, the five phases of the Formative Method for Adapting Psychotherapy (FMAP). A pilot study (n=13) with a pre-post comparison of standard scales on cognition, depression, quality of life, and self-efficacy was conducted to evaluate the German manual in two different settings: an ambulant, community-based CST group and another group in a residential home. In both settings, earlier findings of improved cognition as measured by the ADAS-Cog were replicated, with effect sizes in the same range as in international randomized controlled trials. Additionally, we found that self-efficacy was increased in post-test compared to the pre-test, which may add to the view that cognitive stimulation triggers cognition through positive, self-rewarding activation. Our pilot study, albeit small-scaled, may serve as an example for culture-sensitive transfer of psychosocial interventions, and for the use of standardized measures to assess how such interventions may facilitate the growth of competences alongside the slowing of cognitive impairments.

PO5.11. Usefulness of the Locus of Control of Behavior scale for people with dementia

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Background: Depression is common among people with dementia, and increased knowledge on coping mechanisms is needed for its prevention and treatment. One such mechanism is the Locus of Control, which predicts depressive symptoms in a wide variety of populations. The Locus of Control of Behavior scale (LoCB) gives an indication of a person's control orientation, or to which degree one tends to believe outcomes as due to internal or external factors. The LoCB has not previously been applied to people with dementia.

Aim: To examine the usefulness of the LoCB in assessing control orientation among people with dementia.

Method: A group of 551 people with a dementia diagnosis, recruited from memory clinics and day care centers across Norway, were assessed using the LoCB, Montgomery Aasbergs Depression Rating Scale (MADRS), Mini Mental Status Examination-NR (MMSE) and Instrumental Activities of Daily Living (I-ADL). Usefulness of the LoCB was assessed by the proportion of complete responses within predefined groups based on MMSE score (10-14, 15-19, 20-24, 25-27, 28-30). Internal reliability was analyzed by Cronbach's α. Factors associated with LoCB completion were investigated with logistic regression analysis.

Results: In all, 234 participants completed the LoCB. Proportion of complete responses in the predefined groups were 14% in MMSE 10-14, 34% in MMSE 15-19, 55% in MMSE 20-24, 63% in MMSE 25-27, and 74% in MMSE 28-30. Internal reliability scores were 0.80, 0.73, 0.76, 0.52, and 0.72, respectively. Age, education, MMSE and I-ADL were associated with completion of LoCB, with MMSE being the most strongly associated factor (OR 1,211).

Conclusion: The LoCB appears useful in assessing control orientation for those with MMSE ≥20. MMSE score was the factor most strongly associated with LoCB completion. Although low completion rate among participants with MMSE<20, internal reliability remained high.

PO5.12. Pain assessment instruments in people with cognitive impairment: Systematic review

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Introduction: Nowadays, it is estimated that 47 million people suffer from dementia all over the world. Pain is particularly difficult to identify in cognitively impaired individuals, especially when they are not able to communicate it, because it can manifest itself atypically as agitation and increased confusion.

Objective: To know the existing scientific production regarding scales to valuate the pain in patient with dementia.

Method: systematic review. We queried the mayor Health Science databases: ProQuest, PubMed, Scopus and Cocharne, this last one in order to know whether there was any previous investigation related to the aim of this research's, but we did not find any result in this regard. The search was carried out between February and April 2018 by using the following key words: "cognitive dysfunction" AND "pain measurement". The research articles included in the review were observational studies published within the last 5 years in English or Spanish.

Results: Six articles were included in the review. Self-report scales, for example VAS, should be the main option to evaluate the pain in mild dementia. IPT scale, a self-report instrument, can be use also in patient with moderate dementia. However, to valorate the pain that a patient with advance dementia has we can choose between PAINAD and PACSLAC scales. PAINAD is the most useful because it is simple vocabulary and it is also shorter.

Conclusion: The evidence found shows that health personnel should choose a different instrument to valuate the pain depend on the phase of the disease.

PO5.13. Antipsychotics in dementia care: The development of a repeat prescribing tool using a Delphi Consensus method

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Background: With Ireland's aging population, dementia prevalence is rising. Many patients with dementia have behavioural and psychological symptoms (BPSD) and are prescribed antipsychotics, which have serious potential adverse effects. General Practitioners (GPs) initiate the majority of these medications. International guidelines advocate regular medication review for patients maintained on antipsychotics. However, no standardised monitoring template for Irish GPs exists. The aim of this study was to create a standardised repeat prescribing monitoring template (RPMT) for antipsychotic prescribing in patients with dementia, using an expert consensus group technique.

Methods: International antipsychotic monitoring templates were first reviewed and evaluated. Utilizing these, round 1 Delphi questionnaire was finalised following expert review. In a 2-round Delphi study conducted via email, 14 experts in dementia care (Psychiatrists n=4, Gerontologists n=2, GPs n=8) responded to statements using a 5-point Likert scale. The consensus target for each round was decided. In round 2, the group mean answer for each statement to be re-rated was known to participants. Following further analysis and expert panel review, the RPMT was finalized and designed.

Results: From 23 items included in total, over the 2 rounds of the Delphi process, 18 items were accepted and 5 were rejected. Of note, patient demographic details, blood investigations, indication for prescription, ECG, drug side-effects, regular medication review and reasons for drug continuation/discontinuation were deemed essential items whereas patient/next of kin consent, urinalysis and BMI were deemed non-essential items.

Conclusion: This RPMT for antipsychotic prescribing in dementia care is relevant and feasible for use by Irish GPs. Part of a larger national project, the findings of this study will be made available to GPs on the www.dementiapathways.ie website. Further research involving auditing of GPs' prescribing practices will be undertaken, following implementation of the RPMT.

PO5.14a. Affect GRADIOR. An emotion recognition test for older adults with Alzheimer's disease and amnestic MCI

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Because of the damage to the neural networks involved in the processing of the facial expressions of emotions, a decrease of the ability to identify them has been found in people with dementia and has been related to the evolution of amnestic mild cognitive impairment (aMCI) into AD. A timely detection of emotion recognition deficits could improve the access to treatments having an impact in the quality of life of this people. Emotion recognition assessment could also be useful both for early screening and for differential diagnosis, as emotion recognition abilities may help identify aMCI and Alzheimer´s disease.

The aim of this study was to validate Affect-GRADIOR, a computer-based emotion recognition test, with people with AD (N=84), aMCI (N=59) and healthy older adults (N=69).

There was a significant difference in age between healthy participants, people with aMCI and people with AD. In a simple regression analysis, age had a predictive power over correct answers ($R2 = .055$; $t = -3.497$; $p = .001$), but not over processing speed ($R2 = .013$; $t = -1{,}694$; $p = .092$). To determine if age explained the variance of Affect-GRADIOR outcomes, a multiple regression analysis (enter method) was performed with total correct answers and total emotion recognition processing speed as dependent variables and the participant based variables as independent variables (age and group). The resulting regression model excluded age as a significant factor.

The diagnostic group (HC, AD or aMCI) explained 21% of the total variance of total correct answers ($R2 = .206$; $F = 27.068$; $p < .001$). The present study suggests that Affect-GRADIOR emotion recognition test has good psychometric characteristics and high usability and acceptability among older adults with and without cognitive impairment.

PO5.14b. Efficacy of video games for cognitive decline prevention: A meta-analysis

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Background: Progressive cognitive deficits restrict individual independence and activities of daily living. Video games have emerged as a new opportunity for the delivery of interventions. However, no meta-analysis of randomised controlled trials (RCT) has studied their efficacy to prevent cognitive decline in older adults.

Objectives: To systematically review all existing RCT of video games for older adults, applying meta-analytic techniques to establish their effects on global cognition along with individual cognitive domains.

Methods: A systematic search was undertaken in Medline, PsycInfo, Embase, Cinhal and the Cochrane Central Register of Controlled Trials databases to identify RCT of video game-based interventions for older adults. A meta-analysis was conducted assessing the impact of included interventions on global cognition and cognitive subdomains.

Results: Fourteen articles, depicting 13 RCT met the inclusion criteria. Three were based on casual video games, four on exergames and six on serious video games. The interrater concordance index was substantial (Kappa = 0.78; p = .003). Begg's rank correlation test sorted out the presence of publication bias (Kendall's tau b = 0,059; p = .286, 1-tailed). A small beneficial effect of the interventions was found for speed of processing (SMD = 0.27; 95% CI = 0.06 to 0.47; p = .01; FE). There were no significant improvements in the rest of the variables, even though a subthreshold significant effect size was found for global cognition (SMD = 0.15; 95% CI = 0.07 to 0.23; p = .0002; FE).

Conclusions: The findings from this meta-analysis suggest that video game-based interventions are effective for improving speed of processing in older adults. This may have clinical implications for the prevention of cognitive decline. More research and RCT are needed to assess the efficacy of video games on global cognition. The moderating effect of physical activity should be analysed in future meta-analysis.

PO5.15. Online games for people with memory problems and their carers - Observations from CAREGIVERSPRO-MMD

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Games are a source of cognitive stimulation and fun for a large proportion of people. They have been shown to provide a wide range of health benefits including improving: coordination, problem-solving skills, memory, attention and concentration, and multitasking skills. The immersive nature of many games encourages substantial periods of engagement known in positive psychology as flow. A total of 95 people with CI and their primary carers dyads of have been recruited for the UK arm of the ongoing CAREGIVEPRO-MMD study, and randomised to intervention (n= 49) or control (n= 46) groups. Intervention dyads received web-enabled digital tablets (one for the person with CI, one for the carer) providing access to the web-based CAREGIVERSPRO software.

CAREGIVERSPRO features includes two games specifically designed for cognitive stimulation: a complete-the-phrase game and an identify-the-person game. Furthermore, these games have been adapted to four different languages and regions of Europe. Additionally, the platform can link to existing online game sites. All interactions by users are logged including sessions spent on specific games and the amount of interaction. Interaction data are combined with participant demographic data to link game use with individual characteristics. These data are being used to determine the game characteristics that lead to stronger engagement for the different groups within the trial. Already it has been noted that games that are data driven, such as the person recognition, are abandoned after a period of use as much of the data has been viewed. This is true for both people with CI and their carers. However, games with more degrees-of-freedom, such as card games, Mah-jong and jigsaws, yield more sessions and are used over longer periods. These are further results will be presented, all underpinned by actual user statistics.

P05.16. Quality of residential care for persons with dementia, five pilot tests approaching BPSD - Act on Dementia WP6

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“Act on Dementia” is a part of the 3rd EU Health Programme, and one of the aims specified is “to provide to the EU Member States clear, evidence-based and tested information and recommendations on how to effect change and improvement in quality of care for people with dementia in residential settings.” AD-WP6 has in a report, identified evidence-based improving of quality of care for people with dementia in residential settings focusing on person centred care and behavioural and psychological symptoms in dementia (BPSD). The report revealed that different systematic methods for identifying, analysing, evaluating and approaching BPSD may be efficient ways to implement psychosocial interventions and to optimize prescribing of psychotropic medication. These models are mainly based on the same principles. The countries participating in WP 6 (Bulgaria, Greece, Netherland, Norway and Romania) have different health care systems with different structures and different funding systems, and the use of antipsychotics and routines for prescription of such medication also differ between the countries. Thus, the partners of AD-WP6 have chosen different approaches to reduce BPSD all inspired by the models described in the report. The Bulgarian team wants to test the use of an educational program for better management of BPSD and appropriate use of antipsychotics. The Greek team wants to introduce a "tool-box" for prescribing antipsychotics aiming to more optimized prescribing and to raise the awareness of the use of antipsychotics. In Romania an educational project for a better management of BPSD in residential care, will be tested. In the Netherlands and in Norway recommended models for approaching BPSD have been tested and shown to have effect on patient level. These models have not been widely implemented in any of the two countries. Thus, the Netherlands and Norway have decided to focus on programs for implementation of existing models.

PO5.17. General practitioners' knowledge, attitudes and experiences of managing BPSD: A mixed methods systematic review

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Objectives: To synthesise the existing published literature on GPs' knowledge, attitudes and experiences of managing behavioural and psychological symptoms of dementia (BPSD) with a view to informing future interventions.

Methods: We conducted a systematic review and synthesis of quantitative and qualitative studies that explored GPs' experiences of managing BPSD (PROSPERO protocol registration CRD42017054916). 7 electronic databases were searched from inception to October 2017. Each stage of the review process involved at least two authors working independently. All included studies were independently assessed for methodological validity by two reviewers. The Joanna Briggs Institute checklist for qualitative research was used to assess the quality of the included qualitative studies. As there is no agreed quality assessment tool for descriptive cross-sectional studies an original tool was developed. The meta-ethnographic approach was employed to synthesise the findings of the included studies while preserving the context of the primary data. The GRADE Confidence in the Evidence from Reviews of Qualitative research (CERQual) tool was used to assess the confidence in our individual review findings.

Results: Of the 1,638 articles identified, 76 full texts were reviewed and 11 were included. Three main concepts specific to GPs' experiences of managing BPSD emerged; unmet primary care resource needs, justification of antipsychotic prescribing and the pivotal role of families. A 'line of argument' was drawn which described how in the context of resource limitations a therapeutic void was created. This resulted in GPs being over reliant on antipsychotics and family caregivers. These factors appeared to culminate in a reactive response to BPSD whereby behaviours and symptoms could escalate until a crisis point was reached.

Conclusion: This systematic review offers new insights into GPs' perspectives on the management of BPSD and will help to inform the design and development of interventions to support GPs managing BPSD.

PO5.18. Randomised controlled trial of Community Occupational Therapy in Dementia (COTiD-UK) versus usual care

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Introduction: Community Occupational Therapy in Dementia (COTiD-UK) is an intervention for people with mild to moderate dementia and their family carers. It aims to enhance occupational performance, mood and quality of life for both. The person with dementia and their family carer work in partnership with the occupational therapist to agree and then work on occupationally focused goals. This UK version was adapted from the Community Occupational Therapy in Dementia intervention developed and found clinically and cost effective in the Netherlands.Objectives: To assess the clinical and cost effectiveness of COTiD-UK compared to usual care. Method: Multi-centre, parallel-group, pragmatic randomised controlled trial. Pairs comprising: a person with mild to moderate dementia together with a family carer were recruited; then randomly allocated to receive COTiD-UK or usual care. The COTiD-UK group received up to ten hours of occupational therapy delivered in the person's home and local community over ten weeks. Participants were assessed at baseline, 12 and 26 weeks; with telephone follow-up with carers at 52 and 78 weeks. The primary outcome was the Bristol Activities of Daily Living Scale at 26 weeks. Secondary outcome measures included family carer sense of competence; and quality of life, mood and resource use for both. Intervention fidelity was assessed by analysing transcripts of the COTiD-UK sessions. Qualitative data regarding the intervention experience and implementation were collected via semi-structured interviews with participants and with occupational therapists. Results: 15 National Health

Service organisations across England were recruited and 40 occupational therapists were trained to deliver COTiD-UK. 468 pairs were recruited. The trial results and qualitative analysis are due in May 2018.

Conclusion: If COTiD-UK is found to be clinically and cost effective it has major implications for the future delivery of occupational therapy and dementia services across the UK.

PO5.19. Effects of online self-management support to deal with behavior changes of a relative with dementia: A randomized controlled trial

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Objective: to investigate whether an online self-management support intervention, consisting of tailored personal e-mail contacts with a specialized dementia nurse in combination with online videos and e-bulletins, is more effective than minor interventions without personal e-mail contacts.

Methods: A RCT was conducted involving three intervention arms: (1) a major intervention consisting of e-mail contacts with a nurse, videos and e-bulletins; (2) a medium intervention consisting only of videos and e-bulletins; or (3) a minor intervention consisting only of e-bulletins. Primary outcome was self-efficacy of family caregivers in managing behavior changes of the relative with dementia. Secondary outcomes were family caregivers' reports of behavior problems in the persons with dementia, and family caregivers' perceived relationship with their relative with dementia. Measurements were performed with online questionnaires in family caregivers at baseline, six weeks later and twelve weeks after the baseline assessment. A mixed-models analysis was conducted to compare the outcomes of the three interventions arms.

Results: In total, 82 family caregivers were randomly assigned to one of the intervention arms. Family caregivers participating in the major intervention that involved e-mail contacts, alongside videos and e-bulletins, showed a small improvement in self-efficacy at T1. However, this was not statistically significant. In addition, no significant differences were found between the intervention arms on the reported behavior problems in the persons with dementia and the relationship between family caregivers and the person with dementia.

Conclusion: Although no significant differences were found, which might be related to the small sample, e-mail contacts with a nurse in combination with online videos and e-bulletins appear to have small but positive influence on family caregivers' self-efficacy in managing behavior changes of the person with dementia, just after the intervention. Future research, involving larger samples has to provide more definitive conclusions regarding the added value of personal e-mail contacts.

PO5.20. The (cost)effectiveness of Dementia Care Mapping (DCM) in care homes: Results of the DCM EPIC trial

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Background: Agitation and other distressing behaviours commonly occur in care home residents with dementia, often resulting from poor quality care. Dementia Care Mapping (DCM) is a practice development tool, used for helping staff to deliver person-centred care. The small number of trials of DCM to date have shown mixed results.

Aims: The DCM EPIC trial, aimed to examine whether DCM is effective and cost effective for reducing agitation and improving other outcomes in care home residents in the UK.

Methods: DCM EPIC was a multi-centre, pragmatic, cluster randomised controlled trial in care 50 UK care homes, recruiting 987 residents with dementia (n=726 baseline, n=261 16-months). Thirty-one care homes were randomised to the DCM intervention and 19 to usual care control. Intervention homes were asked to complete three DCM cycles, delivered by two staff members provided with DCM training. A DCM expert supported them during the first cycle. Trial outcomes were agitation, other behaviours staff may find challenging to support, quality of life and healthcare resource use including medications. Follow-up was at 6- and 16-months. A mixed-methods process evaluation was undertaken in a sub-set of 18 intervention homes.

Results: The primary cross-sectional analysis sample included 675 resident participants. The adjusted mean difference in CMAI score was -2.11 points (45.47 points control/43.35 intervention, 95% confidence interval -4.66 to 0.44, p=0.104). Sensitivity and supportive analyses indicated no differences between treatment arms at 16-months and no statistically significant differences in the closed-cohort between arms on any secondary outcomes at 6-months. DCM was also found not to be cost-effective. Intervention adherence was problematic, with only 26% of homes completing more than one DCM cycle, owing to structural barriers.

Conclusion: DCM was not found to be clinically or cost effective. Future research should consider different, non-staff led, leadership models for DCM implementation.

PO5.23. Dementia Care Mapping in the care for people with intellectual disability and dementia

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The aging of people with intellectual disability (ID) is accompanied by consequences as dementia, which arises earlier and at higher rates than in the general population. This has a large impact on people with ID themselves, their housemates, and their care-staff. The combination of ID and dementia causes a need for methods to support ID-care staff in their work. Dementia Care Mapping (DCM) is perceived to be valuable in supporting dementia care-staff and is promising in ID-care. The aim of this study was to examine the use of DCM in ID-care. After a successful piloting of DCM in ID-care, the method was implemented in twelve group homes for older people with ID and care-staff in of six organisations in the Netherlands. In a quasi-experimental trial we examined job satisfaction and (dementia-)working skills of ID-care staff (N=242) and quality of life of older people with ID (N=224). We used mixed multilevel methods for analysis. Furthermore, we obtained qualitative data in focus-group discussions and face-to-face interviews with care-staff (N=24), managers (N=10) behavioural specialists (N=7), DCM-ID mappers (N=12), and DCM-trainers (N=2). ID-care staff, managers and mappers considered that DCM provided new knowledge and skills in the care for people with ID and dementia. However, we found no effects regarding job-satisfaction and working skills of staff and quality of life of clients. Nevertheless, participants intended to continue and expand the use of DCM in their organisations and requested a DCM-version for individual ID-care settings. Despite that ID-care staff reported that DCM is a valuable method in their daily work, and provides them increasing knowledge and skills in (person-centred) dementia care, we have found no evidence of its effect on job-satisfaction and quality of life. This discrepancy should be the focus of future studies, for example by examining the working mechanisms of DCM in ID-care.

PO5.25. Social cognitive function in mild cognitive impairment and its relationship with limbic structures and perturbed carer relationships

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Background/Aims: Individuals living with dementia have impaired social cognitive function, which extends to their ability to recognise the emotions and mental states of other people, including those of their caregivers. Older adults that present with Mild Cognitive Impairment (MCI) are at a higher risk of later developing dementia, and also present with social cognitive difficulties. In the present study, we sought to establish whether MCI related difficulties on a validated test of social cognitive function are associated with volumetric changes in key limbic structures including the amygdala and hippocampus, and further investigate the extent of social cognitive dysfunction on the participant-carer relationship. Methods: One hundred and fourteen people with MCI and fifty-two controls completed standard neuropsychological testing including a validated measure of social cognitive function (Reading the Mind in the Eyes Test, RMET), in addition to structural magnetic resonance imaging. Carers of participants completed the Cambridge Behavioural Inventory (CBI-R) to provide an indication of any current behavioural changes. Results: In line with prior work, results indicated that the MCI group were moderately impaired on the RMET compared to the control group ($d = 0.44$), with the amnestic-MCI over the non-amnestic-MCI subgroup carrying social cognitive deficits ($p = 0.03$). For control participants, there was a robust correlation between superior RMET performance and hippocampal volume ($r = 0.45$, $p = 0.01$), however, for the MCI group this relationship was absent. Within the MCI group, poorer RMET performance robustly correlated with several CBI-R scales. Conclusion: These findings, for the first time show that hippocampal integrity is associated social cognitive function in control participants, and that social cognitive deficits in MCI negatively impact on participant-carer relationships. In a broader clinical sense, screening for social cognitive deficits in MCI is warranted, particularly if incorporated into early intervention programmes, or those targeting caregiver and family education.

PO5.28. Multimodal Treatment for Dementia (MT4D): A systematic review and case study in the UK

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Multimodal non-pharmacological interventions have the potential to complement current pharmacological approaches to improving quality of life for people living with dementia. We sought evidence for their effect on cognitive function. 21 group studies and 5 case studies utilised cognitive, physical, psychological and psychosocial modes as well as nutrition, diet, sleep hygiene, stress reduction, detoxification, hormonal health and oxygen therapy. In 90% of the group interventions, participants in the active conditions experienced cognitive improvements, stability with their dementia or a delay in their decline. The case studies used a personalised medicine approach with in-depth assessments and prescribed as many as 9 modalities. Analyses of Effect Size and Minimal Clinically Important Difference were conducted and the results of these will be reported. In cases where cognitive outcomes were improved, 7 research components tended to be in place which will be presented. We are now undertaking a case study in the UK to develop an intervention protocol for a feasibility study of MT4D in 2019. What do carers and people with dementia need and want from treatment? How do GPs see this multimodal approach fitting into their clinical practice? What is needed to make this possible for people with dementia and mild cognitive impairment? What is the success

of complex interventions in the NHS previously? This work is leading to a clinical trial in UK primary care with the goal of bringing a personalised approach for dementia to the public through the GP's office. This research seeks to determine if this is possible, based on an integrative medicine approach looking at a wide range of possible causes of dementia and treating the patient holistically, including the support they require to take on the various modalities prescribed.

PO5.32. Patterns of white matter hyperintensities associated to cognition in middle-aged cognitively healthy individuals

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Background: White matter hyperintensities (WMH) are commonly detected in the brain of elderly individuals and have been associated with a negative impact on multiple cognitive domains. Higher WMH burden increases the risk of progressing to mild cognitive impairment and contributes to the severity of dementia syndromes. This study aims to investigate the impact of global and regional distribution of WMH on episodic memory and executive function in a cohort of middle-aged healthy subjects.

Methods: 561 cognitively healthy adults (44-75 years) were recruited from the ALFA Study [1] and underwent cognitive testing and MRI scanning. Z-scores were calculated from the average of the eight tests administered to obtain summaries of two cognitive domains: memory and executive function. WMH were automatically segmented using jointly T1 and FLAIR MRI scans. Regional WMH volumes were calculated for each brain lobe and four equidistant layers from the ventricles [2]. Non-parametric analyses were performed to study the associations in each cognitive outcome and after correcting for sociodemographic factors.

Results: Memory and executive function were significantly associated with global WMH load. However, after correction for sociodemographic variables these associations did not reach statistical significance. Regionally, lower memory performance was correlated with deep WMH in occipital regions, specifically related to lower paired recall. Deep WMH load in the occipital and frontal areas were associated with lower executive performance.

Conclusions: Deep WMH load, in occipital and frontal areas, impact cognitive performance in middle-aged cognitively-healthy individuals after accounting for known confounders. Our methodological approach of regional WM analysis load is useful to reveal the association between cognition and WMH in strategic brain regions. Control of cardiovascular risk factors associated with WMH may be a useful preventive strategy to reduce or delay cognitive decline.

References: [1] Molinuevo et al. Alz. & Dement. TRCI 2016; [2] Sudre et al. J Neuroradiol. 2017

PO5.33. Dementia as a result of therapy?

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In many studies, dementia and delirium are treated as related and interrelated phenomena of cognitive impairment. Some medical papers explicitly suggest that dementia behaviour (including forgetfulness, restlessness, or aggressiveness) may be due to an underlying delirium mediated or deepened and made chronic by medication. However, this topic is rarely addressed by the numerous scientific publications on Alzheimer's dementia (AD).

Chronic cognitive impairment due to drug toxicity is particularly important and challenging. This problem is a by-product of the increased use of drugs during the past few decades. The elderly have the largest burden of illness, consume the most drugs, are more sensitive to adverse drug reactions, and are the fastest-growing segment of the industrialized world. (Larson et al. 1987) As early as 1987, geriatrician Eric B. Larson and co-authors pointed out the connection between the handling of medication and the development of dementia syndromes or Alzheimer's disease. However, this awareness still continues to receive too little public and scientific attention.

Delirium is considered the most common and problematic "adverse drug effect" in the elderly and, as such, is a separate (geriatric) syndrome. Regular and simultaneous use of multiple medications increasingly produces such side effects. People over the age of 65 are often excluded from clinical trials because of their "irregular" drug reactions. However, they are the ones who actually take the medication. People of advanced age are more susceptible to side effects and drug interactions than younger people because of, for example, altered (brain) metabolism and weaker organ performance. Older people are not only vulnerable in the pharmacological sense. They are often also socially vulnerable to a partially questionable invasiveness of medical treatment. Other correlations, for example between medication, "primary diseases" such as Parkinson's disease, transient global amnesia and AD will be included in the presentation.

PO5.34. Adjustment to test, risk and diagnostic disclosures in people with mild cognitive impairment: An observational cohort study

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Mild cognitive impairment (MCI) is a state between normal healthy ageing and dementia with an uncertain prognosis in terms of its risk of progression into dementia. This creates a complex dynamic between what is communicated to the individual about their condition and how the individual perceives the information conveyed to them.

Aim: The aim of the study is to understand whether the way information is conveyed to patients with newly identified MCI at memory assessment services could have an impact on the patients' clinical outcomes and possibly lead to an altered prognosis. In order to understand the impact of risk disclosure, we focus on specific outcomes for the individual –

changes in cognition, anxiety, psychological well-being and adjustment to illness in the short and long term.

Method: This is a longitudinal mixed methods study. The project will recruit 150 participants (from across four sites in the South East region of Scotland) who have been referred to a memory assessment service. The participants are assessed at four time points over 18 months before and after they have been disclosed of test results. The study uses a battery of quantitative assessment measures as well as conducting semi-structured interviews with a subset of participants. Separately, we will also interview doctors at the beginning of the study to examine their views around communicating unspecific test results with poor predictive value to individuals identified with MCI.

Results: The study has just received national ethics approvals and recruitment will commence in May 2018. Baseline assessments are planned to be completed by December 2018 and follow-up assessments by June 2020. The Alzheimer Europe conference will be at the end of the recruitment which will provide an opportunity to share initial cross sectional findings around the immediate impact being informed of potential dementia risk can have on individuals.

PO5.35. Neuroinflammatory biomarkers associated with cognitive impairment in delirium and dementia

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Background: Increasing suggests acute and chronic systemic inflammation may contribute significantly to the progression or even onset of dementia. The development of reliable biomarkers that are effective in identifying the early disease state are needed. Currently only samples obtained from cerebrospinal fluid (CSF) are reliable diagnostically but it is possible that neuroinflammatory processes may also yield biomarkers that can be obtained from serum samples.

Methods: A systematic review and meta-analysis was undertaken using a predefined search strategy. Titles and abstracts of studies were screened to identify those meeting criteria for inclusion. The data was then extracted and coded according to preselected characteristics. The findings from all included studies were synthesized into a standardized extraction form. Meta-analysis was undertaken by calculating the weighted mean difference (WMD) between blood levels patients with dementia, delirium with dementia or delirium alone.

Results: An 18-kDa translocator protein (TSPO) has been identified which is expressed on activated microglia, activated astrocytes and macrophages. This biomarker has been used to quantify neuroinflamation and has demonstrated an ability to differentiate mild cognitive impairment (MCI) from Alzheimer's dementia (AD). YKL-40, a biomarker expressed on astrocytes in the CSF also appears useful as it increases prevalence is associated with other markers of neurodegeneration such as tau and phosphorylated tau (p-tau). Levels of this biomarker are inversely associated with cortical thickness in the temporal regions of the brain. Unfortunately, levels of TSPO and YKL-40 have not proven useful when sampled from the plasma.

Conclusion: The identification neuroinflammatory biomarkers that can be used both diagnostically and prognostically is clinically useful. Further work is needed to find and develop reliable biomarkers that can be used to differentiate between dementia, delirium with dementia or delirium alone.

PO5.36. Depression and memory impairment

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This poster presentation is aiming in demonstrating the correlation between depression – like symptoms and memory impairment, in people of the third age, with the final goal to show if depression is either a risk factor or an early symptom of dementia. During the last years, there is an increase of life expectancy worldwide, resulting in the increasing number of patients with somatic as well as psychologic disorders related to the third age. 20% of people above 65 years of age will develop depressive symptoms, while more than half of them, already showing depression will not be diagnosed. Quite a large number of people above 65 years, are complaining of having problems in focusing their attention as well as remembering things, which is a fact already proven by several studies showing that memory impairment in depression is due mainly to a reduction in processing speed and working memory. On the other hand, many of the people with dementia do develop depressive mood and other behavioral problems. Contemporary studies, have stated that these patients have started to manifest a depressive mood a long time before memory impairment, was clinically obvious. Thus, after carefully reviewing the contemporary scientific literature, we have concluded that depression constitutes a risk factor for developing dementia, if one had a history of depression in adult life, while if depression was present for the first time, in any age above 65 years, it should be considered as an early symptom of dementia, and is due to a psychological response to cognitive deterioration. The final conclusion is that prevention of relapse of depression as well as treating it in time, in people of the third age, can affect positively the progression of dementia. Of course, the relative research is ongoing and further results will be published.

PO5.37. Risk factors for dementia

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The aim of this presentation is to explore and highlight, the potential presence of risk factors for developing dementia, in people of the third age. Except the risk factors that are beyond control, such as heredity and increasing age, there are also other "modifiable" risk factors for dementia, which are based on everyone's way of life. It has been proven that there are 9 such factors: hearing loss during middle age, incomplete secondary education, smoking, inability to properly resolve depression, lack of physical activity, social isolation, hypertension, obesity and diabetes mellitus type II. These factors can contribute by even by 35% to the development of dementia. The other 65% of the aforementioned risk is supposedly not subject to alteration, by the modification of the way of life. Risk factors such as hypertension, obesity and diabetes, can be inactivated by proper nutrition and exercise, whereas the maintenance of an active social life, can also reduce the risk for depression. Moreover, if everybody was able to complete one's secondary education (meaning that people go to school until 15 years of age), this could reduce the appearance of cases of dementia by 8%, whilst the cessation of smoking after 65 years of age, could reduce them by a further 5% and treatment of hearing loss, by 9%. The conclusions we have reached, after studying the contemporary scientific literature, are that factors related with one's way of life, may be very important and may also result to positively or negatively influencing the risk of developing dementia. Although it would be extremely difficult to eradicate all 9 of them, as mentioned before even if they are reduced by 10%, the result would be less people with dementia.

PO5.38. Dipeptidyl-peptidase IV inhibitor and reduced risk of dementia among patient with type 2 diabetes mellitus

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Background: Patients with type 2 diabetes showed an increased risk of dementia. Dipeptidyl peptidase-4 inhibitors (DPP-4i) use have shown protective results for dementia in preclinical studies. However, the effects of DPP-4i on dementia have not been elucidated in clinical trial, and one randomized controlled trial is underway to evaluate it. Therefore, we investigated the risk of developing dementia in elderly patients initiated on DPP-4i versus sulfonylurea (SU).

Methods: Using claims database named the Korean National Health Insurance Service Senior cohort, a population-based cohort study was performed. New users of DPP-4i and SU who were aged ≥ 65 years were matched by 1:1 propensity score matching which was calculated with 49 confounding variables. To evaluate the risk of dementia among patients who were prescribed DPP-4i, Kaplan–Meier curves and Cox proportional hazards regression analysis were performed.

Results: After propensity score matching, 7,561 patients on each group were paired. The lower risk of dementia was showed in DPP-4i-treated patients compared to SU-treated patients (hazard ratio [HR] 0.66; 95% confidence interval [CI] 0.56-0.79; P < 0.001). Also, HR of Alzheimer's dementia, and vascular dementia were lower in DPP-4i-treated patients compared with SU-treated patients (HR 0.71; 95% CI 0.57-0.89); P = 0.002 for Alzheimer's dementia, HR 0.50; 95% CI 0.30-0.85); P = 0.01 for vascular dementia).

Conclusions: Our findings suggest that DPP-4i use decrease the risk of dementia compared with SU. Both Alzheimer's dementia and vascular dementia were decreased among DPP-4i-treated patients compared with SU-treated patients.

PO5.40. Combination of internal mnemonics, errorless learning, vanishing cues and spaced retrieval to facilitate new learning and memory: A case at the early stages of dementia

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Background: Memory interventions that combine more than one cognitive strategies, aim to facilitate new learning and retention of information over time in people with cognitive decline have been found to be significantly effective in neuropsychological rehabilitation. In the present case study, our aim is to present the effectiveness of a combined memory intervention program applied to G who was diagnosed to be at the early stage of Alzheimer's disease (AD).

Methods: Case G is a female 72 year-old retired pediatrician, complaining about difficulties in recent everyday episodic memory. G underwent a thorough baseline neuropsychological assessment. A combined program incorporating external cues and internal compensatory strategies (such as semantic) grouping, visual peg method compensating for verbal material (shopping lists) gradually faded to visual imagery, verbalization for complex visual figures, errorless learning and spaced retrieval were applied. Pre-intervention and post- intervention comparisons of the scaled scores were conducted. The time duration of the intervention program was for 5 months/twice a week.

Results: The initial neuropsychological evaluation showed her prominent difficulties [2 Standard deviations (SDs) < the average standardized scores] in immediate, learning and recall of verbal [Georgia Verbal Learning Test (GVLT) and Logical Memory] and complex visual material [Rey-Osterrieth Complex Figure Test (ROCFT)]. Moreover, she showed difficulties in executive functions, particularly in abstract symbolization of time. At post-intervention G was found to perform better on the alternative memory tasks reaching the normal average level. These data represent significant change in her cognitive performance.

Discussion: Our results showed that memory interventions that combine more than one cognitive strategies, may enhance memory performance at the early stages of AD.

PO5.45. The sponsor influence on discontinuation, efficacy and safety of cholinesterase inhibitors for Alzheimer's disease: Meta-analysis and meta-regression of randomized placebo-controlled clinical trials

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Objective: To evaluate the influence of study sponsor on the results of randomized placebo-controlled clinical trials (RPCCT) that have investigated the efficacy and safety of cholinesterase inhibitors (ChEI) as a treatment for patients with Alzheimer's disease (AD).

Methods: A systematic review and meta-analysis was performed. Primary outcomes were all-cause discontinuation, discontinuation due to adverse events (AE) and efficacy on cognitive function. Secondary outcomes were efficacy on global change, neuropsychiatric symptoms, and functional ability, and safety outcomes. Study design-, patient- and intervention-related covariates were collected. Odds ratio (OR) and Standard mean difference (SMD) with 95% were confidence intervals were calculated. A meta-regression was used to evaluate the effect of sponsor (commercial vs non-commercial) on primary and secondary outcomes.

Results: Forty-two RPCCT identified had described their sponsor. The majority of studies had a commercial sponsorship (88.1%) and only five were independent. Overall, 16,430 patients were included, of which almost two thirds (63.4%) were women, their mean age was 74.8, and the severity of the disease was on average moderate. Higher doses (75.9%) and fixed dosage (62.1%) were prevailing. The mean length of intervention was around 26 weeks. No statistically significant differences were observed between RPCCT with commercial and non-commercial sponsorship concerning study design-, patient- and intervention-related covariates. Regarding the influence of sponsorship on study outcomes, no effect was observed for all-cause discontinuation (Log OR= 0.151 [-0.448, 0.749]), discontinuation due to AE (Log OR= 0.092 [-0.606, 0.790]), efficacy on cognitive function (Diff SMD= -0.230 [-0.847, 0.388]) nor for any secondary outcome.

Conclusions: The vast majority of RPCCT that have investigated the efficacy and safety of ChEI for AD had a commercial sponsorship. Our results did not suggest an influence of sponsor on discontinuation, efficacy, and safety of ChEI for AD. However, the low number of independent trials does not allow reaching firm conclusions.

PO5.46. Identifying patients at higher risk of initiating cognitive decline for evaluating amyloid-targeted treatments

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Background: Many clinical trials of amyloid-targeted treatments are focused on individuals who have normal cognition but are at higher risk, based on β-amyloid and/or ApoE4 status, of developing cognitive impairment. Our objective was to evaluate onset of cognitive decline in these subgroups using disease simulation.

Methods: We studied the disease progression of β-amyloid+ cognitively normal (CN) individuals from the ADNI dataset using the AD Archimedes Condition-Event simulator (AD ACE). The AD ACE is a disease simulator constructed using predictive equations for change in disease biomarkers and clinical scales derived from analyses of ADNI. We analyzed the change in cognitive scales of two patient subgroups (Aβ+/ApoE4+, Aβ+/ApoE4-) over 10 years where individuals had similar level of β-amyloid plaques (florbetapirPET range [1.2,1.3] mcSUVR) and evaluated the role of ApoE4 gene in disease progression. We compared our findings to a linear regression on the change in cognitive scales of the same patient subgroups using the ADNI patient data (N=24 and 22, for Aβ+/ApoE4+ and Aβ+/ApoE4-).

Results: The two patient groups were similar at baseline in terms of their mean age, baseline biomarkers, and cognition scales. The Aβ+/ApoE4- subgroup showed modestly more decline in cognition over 10 years compared to Aβ+/ApoE4+ subgroup (ΔMMSE=0.8,ΔCDRSB=0.7). Our analyses showed that earlier start of cognition decline for Aβ+/ApoE4- patients was the main deriver of the observed difference. We observed consistent, but nonsignificant, behavior for the two subgroups in analysis of the ADNI patient data (slope difference=0.21 points ADAS-Cog13/year). When amyloid status is not considered, ApoE4+ patients were found to decline more quickly than ApoE4- patients.

Conclusions: Our findings suggest that cognitive decline did not differ by ApoE4 status when amyloid burden was equal. Thus, adding ApoE4 status to amyloid status as an inclusion criterion may not be effective in identifying the highest risk population for a clinical trial.

PO5.47. Antioxidant, anti-Alzheimer's and anti-gastrointestinal disease activities of edible and medicinal plants from Thailand

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Alzheimer's and gastrointestinal diseases are devastating diseases. The aim of this study was to search for plants with multifunctional activities for a possible prevention or treatment of these diseases. Thus, crude ethanolic extracts of 20 edible and medicinal plants were evaluated for their antioxidant, anti-Alzheimer's and anti-gastrointestinal disease activities against gastrointestinal bacteria (Helicobacter pyrori, Listeria monocytogenes and some serotypes of Salmonella). Among 20 plant extracts, extracts of makoknum (Spondias pinnata) fruits, cinnamon (Cinnamomum verum) stem bark, myrobalan (Terminalia chebula) fruits, cocoa (Theobroma cacao) seeds and ginger (Zingiber offcinale) rhizomes possessed very strong antioxidant activity of 512.10 - 938.27 mg trolox equivalent/g extract by 2,2'-azino-bis (3-ethylbenzthiazoline-6-sulphonic acid (ABTS) radical cation decolorization method. Total phenolic contents of makoknum, myrobalan, ginger, cinnamon and cocoa were relatively high (123.20 - 281.73 mg gallic acid equivalent/g extract). For evaluation of anti-Alzheimer's disease, extracts of cocoa and makoknum showed stronger acetylcholinesterase inhibitory activity (73.27 and 71.34 %, respectively), compared to other plant extracts. Extracts of madan (Garcinia schomburgkiana) fruits, ginger and myrobalan also possessed relatively strong acetylcholinesterase inhibitory activity of 67.16, 66.78 and 62.98 %, respectively. In addition, the antibacterial testing revealed that the extracts of calamus (Acorus calamus) rhizomes, carunda (Carissa carandas) fruits, garcinia (Garcinia cowa) leaves, roselle (Hibiscus sabdariffa) flowers, madan (Garcinia schomburgkiana) fruits, cinnamon, makoknum and myrobalan showed broad antimicrobial action against eight pathogenic bacterial strains. Helicobacter pylori (a stomach pathogenic bacterium), Listeria monocytogenes and Salmonella Derby and Salmonella Rissen were inhibited by madan extract (3.9-7.8 mg/ml MIC). In addition, extracts of lemon grass (Cymbopogon citratus) leaves, cinnamon, cocoa and makoknum inhibited the growth of some serotypes of Salmonella tested such as S. Agona, S. Enteritidis, S. Derby, S. Rissen and S. Typhimurium (7.8 mg/ml MIC).

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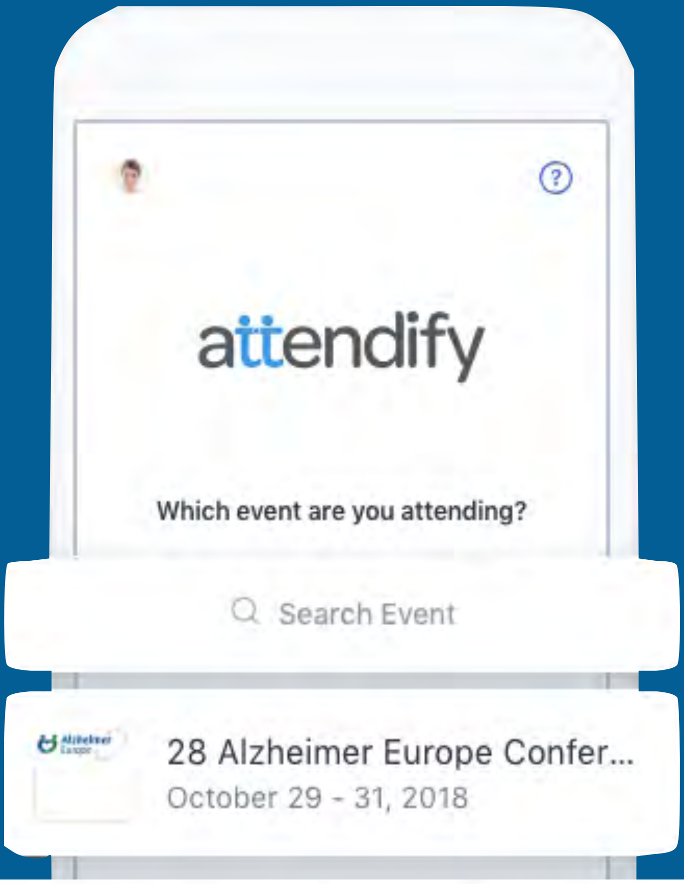

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