

**Design:** A six month cohort study will be conducted.

**Method:** Residents will be recruited in nursing homes across the Netherlands and Flanders (Belgium). To measure formal and informal care, newly developed tools will be cross-culturally validated: one to assess the provided formal care in nursing homes, two tools for measuring the used informal strategies. Depression outcomes will be measured with the Geriatric Depression Scale, Cornell Scale for Depression in Dementia, and the Nijmegen-Observer-Rated Depression-scale). Baseline measurements and cross-sectional analyses will be performed and repeated after six months. The intended associations will be assessed using multiple regression analysis.

**Conclusion:** To develop a good depression care policy, a more comprehensive approach is needed and may benefit both residents and staff.

## 518 - AUTOIMMUNE DEMENTIA – WHEN TO SUSPECT?

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**Background:** Autoimmune dementias are underrecognized clinical entities, frequently misdiagnosed as neurodegenerative or prion disorders. However, the prognosis is vastly different since immunotherapy can treat these conditions and restore functionality.

**Research objective:** To reflect on autoimmune dementias, briefly presenting the autoimmune syndromes, how to diagnose them and some clinical cues to be attentive of.

**Methods:** Literature search on Pubmed and Google Scholar.

**Results:** The incidence and prevalence of autoimmune dementias are unknown, but autoimmune and inflammatory causes account for 20% of dementia in patients younger than 45 years of age. Autoimmune dementias are classified according to syndromic presentation, specific serologic markers, or histopathologic findings.

Patients with autoimmune dementias usually present with an acute or subacute disorder of memory, thinking, or behaviour. Clinical clues that can help clinicians identify autoimmune dementias include six of the following: (i) rapidly progressive or fluctuating course; (ii) multifocal and diverse clinical presentations; (iii) personal or family history of autoimmunity; (iv) detection of inflammatory markers in the cerebrospinal fluid; (v) presence of a neural-specific autoantibody and (vi) favourable response to a trial of immunotherapy. Also, unsuspected cancer, new or recurrent, may manifest neurologically as autoimmune dementia.

In evaluating patients with dementia and autoimmune disease, clinicians should be aware of the possible coexistence of these disorders.

**Conclusions:** Recognition of clinical and serologic clues to autoimmune dementia allows early and sustained treatment. Misdiagnosis of a potentially reversible condition as a progressive neurodegenerative disorder can have devastating consequences for the patient and family.

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## 519 - PET@home: Research protocol for a toolkit to improve care for non-residential long term care clients owning pets

### Author List

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### Background

Over half of the households in The Netherlands have one or more pets. In elderly people, owning a pet is associated with a better quality of life and less loneliness, anxiety, depression and agitation. Many non-residential long term care (LTC) clients rely on support of others to take care of their pets. However, that may place a significant burden on the social support network of the LTC client. Issues relevant to keeping pets are not explicitly incorporated in the Dutch Long-term Care Act. Many LTC organizations have no instruments for care workers, clients and their family (1) to consolidate the positive role of pets for clients' quality of life and (2) to address whether it is possible to keep the pets and to organize care accordingly.

### Research Objectives

To help care workers, clients and their family to gain insight into the role of the pets in the clients' life and their social support network; to develop practical instruments that help making decisions about owning and caring for pets.

### Method

PLAN: In months 0-16, a narrative systematic review will be conducted (STUDY 1.1) on the meaning of pets for elderly people in general. A qualitative STUDY 1.2 with LTC clients, their informal carers and care professionals will validate and further explore the topic. STUDY 1.3 and 1.4 develop and (cognitively) validate work cards for interviews of clients and relatives by care providers. In months 17-29, an Experience based co-design method (STUDIES 2.1-2.3) will be used to develop the PET@home toolkit. The method includes (1) discovery interviews (10 clients and their family), (2) focus groups with healthcare providers (N = 2x6); (3) focus groups with 6-8 clients and informal and professional carers. In STUDY 3.1, potential users will pre-test the Toolkit. In months 30-34, a process evaluation (STUDY 3.2) is performed in 10-15 clients. A dissemination and an implementation plan will be developed.

### Conclusions

The project will result in an innovative PET@home toolkit that will help to assess the pets role in the clients' quality of life and support network, and will help making decisions about owning and caring for pets.