

**Methods:** The online training module involves a video about neuropsychiatric symptoms of dementia and a general overview of the tool, and 3 videos involving actors to demonstrate how LTC staff could use the tool in typical scenarios. A short instruction manual and pocket guide are included in the tool. Participants completed a pre-survey, the training module, and post-surveys immediately following the training, and after 4 weeks. Survey data included demographics, face-valid Likert questions for program impact, and feasibility questions.

**Results:** Twenty-four staff participants were recruited from LTC homes. The average number of years working with persons with dementia was 7.41. The BQRCT was found to be “moderately” to “extremely” useful in 87% of participants. 79% of participants would recommend the tool to other staff in LTC. At 4 weeks post intervention, 79% of participants reported that their interactions with residents improved as a result of viewing the BQRCT and 54% responded “much” or “very much” regarding learning effective steps to respond to residents’ symptoms. 83% of participants reported that the training module helped them implement the steps in the BQRCT. The qualitative analysis revealed that the tool was educational, informative, and reflected realistic scenarios. Participants found the tool to be practical, understandable, and easy to use. The tool allowed LTC staff to develop empathy through self-reflection.

**Conclusions:** The BQRCT was found to be feasible and of utility for the majority of participants in the LTC setting. The training module was found to be easy to use and fostered empathy and self-reflection in formal caregivers.

## **FC12: Therapeutic drug monitoring (TDM) in elderly patients prescribed psychotropic agents**

**Author:** Georgios Schoretsanitis

**Objectives:** Apart from irrational polypharmacy, drug-drug interactions (DDIs) and potentially inappropriate medications for elderly patients, there are numerous challenges referring to psychopharmacological treatment in this patient subgroup prescribed psychotropic agents. Specifically, pharmacokinetics and pharmacodynamics essentially differ in elderly patients, complicating medication selection and dosing.

**Methods:** Pharmacokinetics involves absorption, distribution, metabolism, and elimination of the medication. Elderly patients often present distinct patterns of medication absorption as well as reduced elimination (due to decreased kidney function). DDIs are another major confounder of medication metabolism. This is particularly

common in elderly patients, as one out of two elderly patients with mental disorders receive polypharmacy which in turn requires careful dose adjustment. Medication adherence is an additional challenge in patients with mental disorders, further complicating pharmacotherapy.

**Results:** We discuss the benefits of therapeutic drug monitoring (TDM), i.e. the regular measuring of drug concentrations in plasma of patients prescribed psychotropic agents. TDM is a valuable personalized treatment tool; specifically, it allows the determination of the minimum effective dosage also improving safety outcomes. Basic TDM principles, such as steady-state, trough levels and therapeutic reference ranges in the context of elderly patients’ pharmacological treatment will be discussed.

**Discussion:** The use of TDM is of established clinical value in particularly vulnerable patient subgroups such as elderly patients. Summarizing practical recommendations for TDM in clinical routine we aim to enhance its use ultimately enabling an improvement of treatment effectiveness and safety outcomes in elderly patients prescribed psychotropic agents.

**Keywords** Therapeutic drug monitoring; personalized medicine; polypharmacy; pharmacotherapy; medications

### **FC13: Risk Assessment and Increasing Safety in Dementia – RAISe- Dementia study**

**Authors:** Juanita Hoe, Sergi Costafreda, Monica Manela, Lucy Webster, Elena Profyri, Frank Arrojo, Helen Souris, Nomi Weberloff, Gianluca Biao, Emily van de Pol, Lori Bourke, Gill Livingston

**Objectives:** UK policy priority is to support people with dementia (PLwD) to live at home for longer. Initial clinical assessment involves evaluating and managing risk to enable PLwD to live safely and well at home. Risk assessment scales are needed to identify, manage and reduce risk within contemporary dementia practice. The “Islington Dementia Navigator Risk Assessment Tool” (IDNRAT) is used by specialist and non-specialist staff to stratify the level of risk for PLwD and inform a risk management plan and the frequency of follow-up. We assessed whether IDNRAT enables risk detection and whether the risk intervention derived from it is implemented and improves the safety of people living at home with dementia.

**Methods:** A mixed Methods study to evaluate IDNRAT’s validity, and the feasibility and acceptability of the resulting risk management plan. We investigated the use of the IDNRAT to: (i) detect risk (concurrent validity) and measure the reliability of the tool; (ii) contribute to risk reduction (primary outcome was numbers of decisions implemented); (iii) explore patients’ and carers’ experience of risk stratification.

**Results:** We found risk stratification scores (n = 119) derived from IDNRAT and compared with gold standard clinical risk assessments showed concordance between clinicians’ ratings. Joint Dementia navigator and researcher interviews (n = 19) showed consistency between the different assessor scores demonstrating IDNRAT has good reliability. Care-plan data showed most participants (n = 275) scored in the low-risk band of IDNRAT (78.9%) at baseline assessment and risk severity ratings (red/amber/green) reduced over the 6–12-month time period. PLwD (n = 19) and family carers (n = 17) had differing perceptions about risk and the PLwD’s susceptibility to risk. Overall, participants found the risk assessment acceptable, were able to identify risks and felt included in decision-making processes.

**Conclusions:** We found that the IDNRAT used by non-specialist practitioners (dementia navigators) does enable people with dementia to live safely at home in terms of risk- identification, implemented risk enablement decisions and acceptability. IDNRAT is a valid risk assessment tool, which offers a tailored approach to the management of risk, and over 80% of care-plan decisions were implemented. This is consistent with best practice and the tool has potential for wider use.

### **FC14: Management of Dementia: Comparison of 11 Asian Countries (Wave 1 ~ Wave 3)**

**Author:** Guk-Hee Suh, MD, PhD

**Background:** Dementia is rapidly increasing in Asia.

**Aim:** There has been an Asian forum to ascertain country-specific patterns of management of dementia and to investigate country-specific characteristics.

**Methods:** In 2009, 11 dementia experts on Alzheimer’s from Korea, Japan, mainland China, Hong Kong China, Taiwan, Singapore, Philippines, Malaysia, Indonesia, Thailand, and India were invited to participate in the survey. The 33-item questionnaire were answered; awareness of dementia, characteristics of patients with memory