

P154: Mild Behavioral Impairment (MBI) in a sample of general population aged > 55: associations with degree of cognitive impairment.

Authors: Gracia-García P, López-Antón R, de la Cámara C, Santabárbara J, Lobo E, Lobo A.

Objective: The present study aims to determine the prevalence estimates of MBI and specific MBI domains in a large sample of the general population, by degree of cognitive impairment (CI).

Method: A representative community sample of individuals aged 55+ (n=4803) (ZARADEMP Study) was studied. MBI, and specific MBI domains, were assessed according to ISTAART-AA MBI criteria, using the Geriatric Mental State (GMS). In accordance with these criteria, clinically significant anxiety, depression, and dementia were excluded. For the standardized degree of CI Pernecky et al.'s criteria were applied: normal (MMSE 30), questionable (MMSE 26-29), mild CI (MMSE 21-25), moderate-severe CI (MMSE <21).

Results: The prevalence of MBI, and specifically the domain Decrease Motivation (DM), increased progressively and significantly by degree of CI, the differences being significant between all cognitive groups. After control by age and education, DM was 2- and 4.5-times more frequent in subjects with mild CI (10.6%) and moderate-severe CI (18.3%), respectively, than in cognitive normal (5.8%). Affective Dysregulation (AD) was 1.7-times more frequent in mild CI (26.4%) (vs 20.4% in normal). Impulsive Dyscontrol (ID) was 2- and 7.9-times more frequent in mild CI (8%) and moderate-severe CI (23.5%) than in cognitive normal (4.7%). And Abnormal Perception and Thoughts (APT) was 6-times more frequent in moderate-severe CI (10%) (vs 1.4% in cognitive normal).

Conclusion: Our results confirm an increase of MBI prevalence across the spectrum of CI. However, each specific domain of MBI shows a different pattern of association with CI. Our results support the relevance of studying MBI domains independently.

P157: Stigma of anxiety and depression: a comparison between older and younger adults

Authors: Philippe Landreville, Ariane Lortie, Helen-Marie Vasiliadis, Pierre-Hugues Carmichael, Samuel Chrétien, Louis-Philippe Germain, Laurie-Anne Guimond

Objective: Anxiety and depressive disorders are among the most frequently diagnosed mental health problems in older adults. Despite the availability of effective treatments, underutilization of mental health care services is problematic and more pronounced in the older population compared to young adults. Stigma of mental illness may be one explanation for this underutilization as it may impede help-seeking and participation in treatment. The objective of this study was to compare older and young adults on different types of stigma related to depression and anxiety while adjusting for potentially confounding variables.

Methods: Young adults aged 18 to 36 years (n = 96) and older adults aged 60 years and over (n = 103) completed questionnaires measuring self-stigma, personal stigma, and perceived stigma related to anxiety and depression.

Results: We found that older adults have higher levels of personal stigma but lower levels of perceived stigma and self-stigma than young adults.

Conclusion: The results provide some support for the idea that older adults have greater stigma for mental illness and suggest the importance of age-differentiated interventions for reducing the stigma of mental illness.

P158: Efficacy of a self-help cognitive-behavioral therapy (GSH-CBT) guided by lay providers for generalized anxiety disorder (GAD) in older adults: preliminary results

Authors: Sébastien Grenier, Philippe Landreville, Patrick Gosselin, Pierre-Hugues Carmichael.

Background: Only a small proportion of older adults with generalized anxiety disorder (GAD) seek professional help. One reason is the lack of access to mental health professionals licensed to provide psychotherapy. One way to improve access to psychotherapy is through guided self-help (GSH). GSH based on the principles of cognitive-behavior therapy (GSH-CBT) can be guided by trained lay providers (LPs). The purpose of this poster is to report preliminary results from a multisite randomized controlled trial testing the efficacy of a GSH-CBT guided by LPs for GAD in older adults.

Methods: The sample included 150 participants (≥ 60 years old) with a diagnosis of threshold or subthreshold GAD randomly assigned to: 1) GSH-CBT guided by LPs ($n = 75$) or 2) waiting list ($n = 75$). The GSH-CBT lasted 15 weeks. Participants used a manual presenting weekly reading and at-home exercises. They also received weekly support calls (30 minutes maximum) by LPs (undergraduate psychology students) supervised by psychologists. Repeated-measures regression models were used to compare changes in the groups before and after 15 weeks on three outcomes: severity of GAD symptoms (Generalized Anxiety Disorder 7-item; GAD-7), tendency to worry (Penn State Worry Questionnaire; PSWQ), and level of anxiety (Geriatric Anxiety Inventory; GAI).

Results: At the first assessment, both groups were similar in terms of age, sex, level of education, marital status, occupation, and did not differ significantly on outcomes. The GSH-CBT group decreased significantly on all three outcomes (GAD-7: -4.8, 95% CI [-5.7, -3.8], PSWQ: -11.7; 95% CI [-13.6, -9.9], GAI: -5.3 95% CI [-6.5, -4.1]) while the waiting list group remained stable over 15 weeks (GAD-7: -0.3, 95% CI [-1.2, 0.6], PSWQ: 0.7; 95% CI [-1.2, 2.5], GAI: -0.7 95% CI [-1.9, -0.5]).

Conclusions: GSH-CBT guided by LPs appears to be an effective intervention for reducing severity of GAD symptoms, tendency to worry, and level of anxiety in older people with GAD. Further analyses will be conducted to test whether the intervention differs in efficacy between participants with a threshold vs. subthreshold GAD. The maintenance of long-term gains (6 and 12 months after the intervention) will also be tested.

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