

## **P25: Promote DemenTitude® - Cultural Adaption of Progressively Lowered Stress Threshold Model with Social Work Perspective in Hong Kong**

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Social work principles integrated with the Progressively Lowered Stress Threshold (PLST) model create new inspiration for understanding distressed behaviour among people with dementia in Hong Kong. Social work emphasizes the individuality and uniqueness of every human, whose experiences, perceptions and feelings should be respected. This research aimed to explore the self-perception of people with dementia and the interpretation of their surroundings to understand the rationale behind the distressed behaviour based on the PLST model. In-depth interviews and participatory observations during interviews in the residential care homes of Hong Kong were conducted. Following the theoretical framework blending interpretivism and the sociocultural perspective on dementia, the interpretation of data did not focus solely on what was expressed explicitly but also upon how the experiences, perceptions and interpretations of people with dementia had affected their self-perception and distressed behaviour.

Beyond the six principles of care from the traditional PLST model, the research finding in Hong Kong identified the new principles with the adaption of the local context. The seventh principle, known as DemenTitude®, got the review and approval by one of the original authors, Prof Kathleen Buckwalter, in understanding more distressed behaviour among people with dementia. The new principle involves four key elements as follows: (i) Understand the self-perception and subjective views of people with dementia to synchronize the feeling and impact of dementia; (ii) Avoid using words that stigmatize the person with dementia; (iii) Avoid excess disability and psychosocial restraint & (iv) Assist the person with dementia to create a comfortable relationship with their surroundings and to experience meaningful engagement. Truly listening to the voice of people with dementia and how to minimize different natures of distress with cultural sensitivity is essential to promote a good quality of dementia care in Hong Kong. With the updated finding from the local context and the voice of people with dementia beyond behavioural and psychological symptoms of dementia (BPSD), the paradigm shift should be advocated from the medical model to person-centred care and even further develop a proper caring attitude with the perspective of social work professions, called as DemenTitude®.

## **P32: Effects of vitamin D3 and marine omega-3 fatty acids supplementation on indicated and selective prevention of depression in older adults: results from the clinical center sub-cohort of the VITamin D and OmegA-3 Trial**

**Authors:** Chirag M. Vyas, David Mischoulon, Grace Chang, Nancy R. Cook, JoAnn E. Manson, Charles F. Reynolds III, Olivia I. Okereke

**Objective:** To test vitamin D3 and omega-3s for late-life depression prevention under the National Academy of Medicine framework for indicated (targeting subthreshold depression) and selective (targeting presence of high-risk factors) prevention.

**Methods:** VITamin D and OmegA-3 Trial (VITAL) is a 2x2 factorial trial of vitamin D3 (2000 IU/day) and/or omega-3s (1 g/day) for cardiovascular and cancer prevention (enrollment: November 2011-March 2014; end date: December 31, 2017). In this targeted prevention study, we included 720 VITAL clinical sub-cohort participants who completed neurobehavioral assessments at baseline and 2 years (91.9% retention). High-risk factors were: subthreshold or clinical anxiety, impaired activities of daily living, physical/functional limitation, medical comorbidity, cognitive impairment, caregiving burden, problem drinking, and low psychosocial support. Co-primary outcomes were: incident major depression (MDD), adjudicated using DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition); change in mood (Patient Health Questionnaire-9 [PHQ-9]). We used exact tests to determine treatment effects on MDD incidence and repeated measures models to determine treatment effects on PHQ-9.

**Results:** 11.1% had subthreshold depression, 60.8% had  $\geq 1$  high-risk factors, MDD incidence=4.7% (5.0% among completers), and mean PHQ-9 change=0.02 points. Among those with subthreshold depression, the MDD risk ratio (95% confidence intervals)=0.36 (0.06 to 1.28) for vitamin D3 and 0.85 (0.25 to 2.92) for omega-3s, compared to placebos; results were also null among those with  $\geq 1$  high-risk factors [vitamin D3 vs. placebo: 0.63 (0.25 to 1.53); omega-3s vs. placebo: 1.08 (0.46 to 2.71)]. There were no significant differences in PHQ-9 change comparing either supplement with placebo.

**Conclusion:** Neither vitamin D3 nor omega-3s showed benefits for indicated and selective prevention of late-life depression; statistical power was limited.

## **P34: How does active ageing policies and practice reconfigure cognitive impairment? Findings from an ethnographic study.**

**Author:** Christine Carter

**Objective:** Active ageing is the maintenance of positive subjective well-being, good physical, social and mental health in later life. It aligns with the 'successful ageing' narrative where obligation to undertake activities is deemed beneficial to health status (Swallow 2019). How this narrative plays out for people with mild cognitive impairment (MCI) which is not dementia has not been considered.

My PhD investigated experiences of people over 60 with MCI who engaged within an active ageing intervention. The APPLE-tree (AT) programme stands for Active Prevention in People at risk of dementia through Lifestyle, Behaviour change and Technology to build Resilience (Cooper et al 2019). It aims to facilitate active ageing in people who are limited by cognitive impairment. I explored how older people with memory impairments situate themselves within this active ageing health intervention and how policies and practices reconfigure MCI.

**Methods:** I adopted an ethnographic approach, undertaking participant observations and semi structured interviews with participants. I followed two 20 week programs, undertaking 65 field notes and conducting 16 interviews with participants. I used reflexive thematic analysis to analyse the results through Nvivo.

**Results:** Four themes with sub-themes were identified.

- **Arrival into the intervention – learning, listening, knowing, and doing active aging.** Participants navigated fears and uncertainties of MCI with their expectations of active ageing.
- **Being an individual in a group experience – retaining a sense of self whilst embracing the collective unknown.** Participants reconfigured their MCI through a tension between individual responsibility and a collective group experience.