

P8: Comparison between three cognitive impairment screening tools (MMSE, MoCA and MoCA basic) for seniors with low education in primary care in Brazil

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Objectives: Compare the psychometric characteristics of three brief screening instruments - Mini Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA) and its basic version (MoCA basic), for early detecting mild and major neurocognitive disorder (NCD), discriminating from normal elders and provide MoCA and MoCA basic norms and accuracy data for seniors with a lower education level, including illiterates.

Methods: Cross-sectional study, with 60 years or older community dwelling individuals, submitted to diagnostic interviews (according to DSM-5) and screening tests. Of a total of 271 elderly interviewed, 59 had mild and 32 had major NCD. A sum of 266 MMSE; 104 MoCA and 81 MoCA basic were applied. Area under the ROC curve (AUC) was determined for all three tests, and sensitivity (S), specificity (E) and cutoff score (CS) for the last two were determined.

Results: The total scores varied significantly according to age and education ($p < 0.01$). MMSE had a high discriminative validity – AUC for normal vs major NCD = 0,915 ($p < 0.001$; 95% CI 0,868– 0,963) and regular for normal vs mild NCD = 0,706 ($p < 0.001$; 95% CI 0,631–0,781). MoCA demonstrated excellent discriminative validity – AUC for normal vs major NCD = 0.932 ($p < 0.001$; 95% CI 0.842–1.000) and regular for mild NCD – AUC = 0.753 ($p < 0.001$; 95% CI: 0.654– 0.853). CS was 9 (S = 83% E = 95%) and 16 (S = 83% E = 68%). MoCA basic showed excellent discriminative validity for major NCD vs normal AUC = 0.910 ($p < 0.001$; 95% CI 0.818–1.002) and good for mild NCD vs normal AUC = 0.834 ($p < 0.001$; 95% CI: 0.742 –0.927). CS was 21 for both conditions (S = 100% E = 72%; S = 89% E = 72%).

Conclusions: The MoCA and MoCA basic are valid screening instruments for cognitive assessment of low-schooled elderly people from the community, but we found different cut-off from the original and other studies. The MMSE still remains a good and useful tool. These results provide information about psychometric characteristics of the instruments for elderly with low schooling in Brazil.

P9: Preventable adverse events and related outcomes among people with dementia in hospital settings: Scoping review.

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Background: Hospital-related negative outcomes such as reduced functional ability and mortality are significantly more frequent in people with dementia compared to other groups. Although these can result from preventable adverse events (AE) related to care standards (e.g., in-hospital falls or infection), researchers usually link such outcomes with the dementia itself. To date, it is unclear whether and the extent to which negative outcomes in hospitalised people with dementia are partly or fully due to the occurrence of AE.

Aim: To explore the AE endured by people with dementia in hospital settings and to determine whether and the extent to which these are associated with negative outcomes.

Methods: A scoping review was undertaken in line with Arksey and O'Malley's framework in PUBMED, Web of Science, CINAHL, and Scopus in October 2023. Primary studies in English, Spanish, or Portuguese published in peer-reviewed journals were eligible.

Results: Of the 1,976 retrieved documents, 16 were included. Considering all studies and AE together, people with dementia had between 2.8 to 5.2 times higher risk of having an AE compared to people without dementia. In non-surgical settings, the most frequently reported AE were falls, delirium, and infections, while in surgical settings, these included postoperative delirium, infections, and other complications. Longer hospital stay, increased healthcare costs, higher risk of discharge to residential care (vs. home), and increased mortality were significantly more frequent in people with dementia. The link between the AE and negative outcomes was explored in three studies: longer hospital stay was linked to having endured a fall, delirium, or pneumonia as AE; higher risk of 90-day readmission was linked to having had delirium, and higher mortality was found in those with a hip fracture due to an in-hospital fall.

Conclusions: AE are more common in people with dementia compared to other hospitalised groups and may be largely responsible for the negative outcomes found in this population. However, current evidence is limited and does not allow for this relationship to be confidently established. Future research should further explore such associations with the goal to improve care and safety for people with dementia in hospital settings.

P10: Changes in sexual activity and sexual satisfaction: views of people with dementia and their spouse-carers

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Introduction: The progression of dementia may be followed by decreased sexual activity for People with Alzheimer's Disease (PwAD) and their spouse-carers. The aim of this study was to investigate the perception of change in sexual activity and sexual satisfaction among couples whose spouses were diagnosed with Alzheimer's Disease (AD).

Methods: Using a cross-sectional design, we compared 74 dyads of people with Alzheimer's disease (PwAD) and their spouse-carers, and 21 elderly dyads control. We assessed sexual satisfaction with Questionnaire on Sexual Experience and Satisfaction (QSES), cognition using a Mini-Mental State Examination (MMSE), disease severity using a Clinical Dementia Rating scale (CDR), awareness of disease with Assessment Scale of Psychosocial Impact of the Diagnosis of Dementia (ASPID), functionality with Pfeffer Functional Activities Questionnaire (FAQ), depressive symptoms with Cornell Scale for Depression in Dementia (CSDD), quality of life using a Quality of Life in Alzheimer's Disease Scale (QoL-AD), and burden using a Zarit Burden Interview (ZBI). Univariate and multivariate regression analyses were conducted to identify the factors that influenced couples' sexual satisfaction.

Results: We found a significant difference between the perception and no perception of change in sexual activity of PwAD ($p < 0.001$), spouse-carers ($p < 0.01$), and controls ($p < 0.05$). Moderate to severe sexual dissatisfaction was observed in 36.5% of PwAD, 65% of spouse-carers, and 31% of controls. The linear regression indicated that PwAD sexual satisfaction was related to cognitive impairment ($p < 0.05$). Spouse-caregivers sexual satisfaction was related to gender of spouse-caregivers ($p < 0.05$) and the presence of sexual activity ($p < 0.001$).

Conclusions: The perception of change and consequent interruption of sexual activity, with higher sexual dissatisfaction, were higher in PwAD and their spouse-carers, in comparison with control group. We also found