

Conclusion: Childhood adverse events may be positively associated with loneliness in older people with depressive disorder after adjusting for confounders. We should pay more attention on the childhood traumatic events in these patients. In addition, physical neglect, emotional abuse, emotional neglect rather than physical abuse and sexual abuse seemed to have more impact on the loneliness in these participants. However, some limitations, such as small sample size, recall bias of childhood events, difficulty of recall physical and sexual abuse, and other latent confounders, should be considered before making a final conclusion.

P31: Prescribing patterns for older age bipolar disorder patients discharged from two public mental hospitals in Taiwan, 2006-2019

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Objective: Older age bipolar disorder (OABD) is commonly defined as bipolar disorder in individuals aged 60 or more. General principles of pharmacotherapy in guidelines for treating OABD are greatly like those for younger adults. We aimed to investigate prescription changes among OABD patients discharged from two public mental hospitals in Taiwan from 2006 to 2019.

Methods: OABD patients discharged from the two study hospitals, from 1 January 2006 to 31 December 2019 (n = 1072), entered the analysis. Prescribed drugs at discharge, including mood stabilizers (i.e., lithium, valproate, carbamazepine, and lamotrigine), antipsychotics (i.e., second- and first-generation antipsychotics; SGAs & FGAs), and antidepressants, were investigated. Complex polypharmacy was defined as the use of 3 or more agents among the prescribed drugs. Temporal trends of each prescribing pattern were analyzed using the Cochran-Armitage Trend test.

Results: The most commonly prescribed drugs were SGAs (72.0%), followed by valproate (48.4%) and antidepressants (21.7%). The prescription rates of SGAs, antidepressants, antidepressants without mood stabilizers, and complex polypharmacy

significantly increased over time, whereas the prescription rates of mood stabilizers, lithium, FGAs, and antidepressants plus mood stabilizers significantly decreased. **Conclusion:** Prescribing patterns changed remarkably for OABD patients over a 14- year period. The decreased use of lithium and increased use of antidepressants did not reflect bipolar treatment guidelines. Future research should examine whether such prescribing patterns are associated with adverse clinical outcomes.

Keywords: older age bipolar disorder, lithium, second-generation antipsychotics, antidepressants, complex polypharmacy

P35: Relationship between Psychological Capital, Well-Being & Mental Health of Middle- aged & Older University Staff

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Objective: People are staying in the workforce longer with the employment rates of older adults rising considerably over the years. Particularly, the higher education sector is known to have an aging workforce where a large proportion of staff is older than 55 years. Psychological capital, which refers to an individual's positive psychological state of development, includes four core dimensions: self-efficacy, hope, optimism and resilience. Understanding of the impact of psychological capital on wellbeing and mental health of working middle-aged to older adults is limited. This paper will present the survey outcomes on psychological capital, wellbeing and mental health of middle-aged and older university staff.

Methods: Data were collected using established Psychological Capital Questionnaire (PCQ), Psychological Well-Being Scale (PWBS) and Positive Mental Health (PMH) tool.

Results: The mean age of 29 survey respondents was 55.37 years (SD=4.26) with the majority being female (27; 90%) and, on average, worked at the university for 8.35 years (SD=5.92). Total mean scores for PsyCap, PWBS and PMH were 111.77 (SD=16.15); 231.37 (SD=36.15); and 31.43 (SD=4.58) respectively. PsyCap was moderately correlated with PMH ($r=.546$) and PWBS ($r=.481$) as well as PWBS subscales on positive relationships ($r=.483$), self-acceptance ($r=.450$) and environmental mastery ($r=.558$).

Conclusion: While limited by the small sample size, this study provides preliminary evidence that psychological capital can potentially positively influence well-being and mental health and that program focusing on improving psychological capital can be considered to improve well-being and mental health of middle-aged and older staff working in the higher education sector.

P36: Intimacy and Sexuality Expression Preference (ISEP) Tool: Usage experience and creation of a practical user guide

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Abstract

Ageing and dementia affect many aspects of life, including intimate relationships, sex and sexual expression. Older people, including those living with dementia, can have sexual relationships and form new ones. Their sexual and physical health, quality of life, and psychological well-being can be improved by respecting their intimacy and sexuality expression preferences. However, due to ageism and stigma, healthcare professionals often ignore the sexual feelings and needs of those with dementia living in long-term care. Discussions with stakeholders and literature show limited attention paid to understanding the sexual preferences of people living with dementia in health and social care. In 2020, the *Intimacy and Sexuality Expression Preference (ISEP)* tool was developed for use in long-term care to gather information on intimate and sexual expression preferences of older people, including those living with dementia, to assist in care provision. The ISEP tool was trialled in a Queensland, Australia, nursing home with 14 older residents. This presentation will share insight into the use of the ISEP tool and how it informs the development of 'ISEP: A Practical User Guide'. This guide provides information on how to (a) use the ISEP tool for assessment; (b) interpret and integrate findings into care (i.e., identify a potential course of action); and (c) evaluate outcomes. Illustrative examples will be included. It will inform how preferences for the expression of sexuality can be practically addressed to improve care practices and care outcomes (i.e., satisfaction and quality of life) for people with dementia.