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**Objective:** More than 1.5 million people have been diagnosed with dementia in Russia. Although we have all the necessary doctors and medicines, there is no clear, expert-approved special care system for people with dementia: caregivers do not have a manual for working with people with cognitive impairments. Our adapted web-guide and mobile application aim to educate professional and informal caregivers, and society about the principles of taking care for people with dementia, it's any age prevention, creating an environment of equality.

**The objective** of this study is to explore the level of raising awareness of the Russian society about dementia after the implementation of our digital technologies.

**Methods:** Conducting an in-depth expert interview and a focus group with caregivers who got acquainted with the adapted ISupport guide were applied in order to evaluate the appropriateness of care practice for people with dementia in terms of medical standards and to uncover practical infelicities and improve them. Collected data and respondent's replies analyses, content-analysis that we made became the basic principles of our new application. The quantitative method allows us to track user activity and assess the level of social involvement in dementia issues. Moreover, we have collected caregivers' opinions after they used our application and web-version for the first time by virtue of a qualitative method.

**Results:** We have reached various aims during our ISupport implementation and working on the research project. First, the number of users of our mobile application is steadily growing (+ 4 people per day at the launch stage). Second, we have received a lot of feedback about our ISupport web version: "it is easy to use; it has a good design, sipid content and a logical structure, which in turn facilitates the process of caring for a person with dementia. Third, medical experts approved our adaptation, web-version and mobile application and recommended it for use in Russian-speaking countries.

**Conclusion:** we have come to both theoretical and practical results of ISupport implementation in Russia and successfully launched two digital projects. Thanks to the work we have done the dementia issue in Russia will become more popular among society and will prevent the disease of thousands of people.

**Keywords:** dementia; caregiving; raising dementia awareness; digital technologies implementation

## S21: Treatment opportunities for personality disorders in later life

### The Influence of Personality Functioning and Pathological Traits on the Mental Well-being of Older Persons with Personality Disorders

Symposium chaired by Prof. dr. S.P.J. van Alphen and Prof. dr. R.C. Oude Voshaar

**Presenter:** R.H.S. van den Brink

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**Background:** Why should you pay attention to personality pathology in geriatric psychiatry? To what extent is mental well-being determined by this? How does that relate to the influence of mental disorders? Does the Alternative Dimensional Model of Personality pathology (AMPD) as proposed by the DSM-5 provide more insight into this than the DSM-IV and DSM-5 categorical diagnoses of personality disorders?

**Method:** These questions were examined in baseline data of 145 patients included in our randomized controlled trial (RCT) into group Schema therapy enriched with psychomotor therapy in older patients with a personality disorder (see Oude Voshaar in this symposium). Mental well-being was measured by a combination of psychological distress (53-item Brief Symptom Inventory), positive mental health (Warwick-Edinburgh Mental Well-being Scale), assessment of own health (RAND-36), and satisfaction with life (Cantrill's ladder). Personality pathology was assessed according to the categorical personality model using the Structured Clinical Interview for Personality Disorder (SCID-II) as well as the AMPD DSM-5 model using the Severity Indices of Personality Problems (SIPP-short form) and the Personality Inventory for DSM-5 (PID-25). The relationship between personality pathology and mental well-being was investigated using multivariate regression analysis.

**Results:** Three quarters of the included people with a personality disorder also had another psychiatric disorder (beyond personality pathology). However, personality pathology was found to be responsible for the bulk of the mental health burden and outweighed the influence of these psychiatric disorders. Personality dimensions were highly predictive of mental well-being. This contrasted with the absence of any influence from categorical personality disorders. Although dimensions of personality functioning – and in particular Identity Integration – were the primary predictors of mental well-being, pathological traits added significant predictive value (particularly Disinhibition and Negative Affectivity).

**Conclusions:** Personality pathology seriously affects the mental well-being of patients and exceeds the impact of comorbid psychiatric disorders. Contrary to the assumption in the alternative DSM-5 and ICD-10 model, both personality functioning and pathological traits contribute to this impact on mental well-being. Screening and systematic assessment of personality pathology in geriatric psychiatry seems warranted.

### **Schema therapy enriched with psychomotor therapy for cluster B and/or C personality disorders in later life; a randomized controlled trial.**

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**Background :** Different types of psychotherapy have been shown to be successful in treating personality disorders in younger age groups. Nevertheless, well-powered, randomized controlled trials evaluating effectiveness of these therapies in older are lacking. That is why we set up the first randomized controlled trial worldwide into the effect and cost-effectiveness of psychotherapy in older patients with a personality disorder.

**Method:** We randomized 145 patients (mean age 68 years, range 60 – 80, 65% females) with a cluster B and/or C personality disorder to either group schema therapy enriched with psychomotor therapy (GST+PMT) or to usual care (UC) in specialized geriatric mental health care. The effects were measured after 6 months (end of therapy) and 12 and