

P75: Using music to reduce depressive symptoms among nursing home residents: Preliminary results of a Bayesian Network Meta-Analysis of Randomized Controlled Trials

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Objective: Reviews show that music interventions may be effective in reducing depressive symptoms among nursing home residents. Since interventions use various ways to include music, results on the effectiveness on depressive symptoms are often inconsistent. A previous review found that receptive music interventions (e.g., music listening) are more effective than active music interventions to reduce depressive symptoms among nursing home residents. Other research suggest that active music interventions (e.g., playing instruments, dancing) are more effective. Moreover, therapists seem to prefer using active music interventions. Because of its low costs, the previously found effectiveness and low side effects, it is important to gain more insight into components specific to the intervention that may contribute to its effectiveness in reducing depressive symptoms. This insight may help to fine-tune interventions and develop treatment protocols.

Method: A Bayesian Network Meta-analysis was conducted to calculate the relative effectiveness of interventions including music. In addition, different network-meta-regression analyses were conducted to explorer components that may contribute to the effectiveness of the included studies.

Results: Our search strategy resulted in N=22 eligible Randomized Controlled Trials (RCT), that included music in the reported interventions. Compared to Care as Usual, a multidisciplinary approach including music was the most effective (MD=-0.92, 95% CrI -2.8 to 0.97), followed by music interventions focused on sensory stimulation (MD=-0.43, 95% CrI -1.1 to 0.19), music interventions with reminiscence (MD=-0.38, 95% CrI -1.2 to 0.45) and cognitive interventions with music (MD=-0.31, 95% CrI -2.0 to 1.40). Level of depression ($b=-0.88$, CrI 95% [-1.81 to 0.06]), and being physical dependent ($b=-0.29$, CrI 95% [-1.20 to 0.61]), moderated the effectiveness of interventions, although this was not significant. We did not found any difference between active and receptive music interventions.

Conclusion: In the constructed network, interventions that included music, were not more effective in reducing depressive symptoms among nursing home residents when compared to the care as usual group. However, some subgroups seem to benefit more from music than others. To gain more insight in the effectiveness of music in reducing depressive symptoms, more research is needed, targeting those specific target groups.

P77: Barriers and facilitators to reframing 'wandering' as a meaningful activity for residents with dementia in care homes

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Up to 60% of people with dementia living in care homes will 'wander' (i.e. walk without a clear purpose) at some point, which may occur due to cognitive changes, issues with orientation or lifelong habits. Nonpharmacological interventions are considered the best approach to supporting wandering as they aim to address underlying causes while posing minimal risk to the individual. However, there are many benefits to wandering safely in care homes, including physical benefits of exercise, retaining autonomy over location, and maintaining self-identity. This study aimed to develop evidence to understand the perspectives of care home staff around wandering as a meaningful activity. Specifically, we sought to identify: i) attitudes towards wandering; ii) the barriers and

facilitators to supporting wandering in the care home; and iii) support needs to implement strategies across different care home contexts.

We conducted 20 semi-structured interviews with staff members including direct care staff, registered nurses, managers, and activities coordinators. Participants were recruited from a range of care homes across North England who provide care for older adults living with dementia, using purposive sampling to recruit participants with a range of experiences. Data were analyzed using framework analysis, a form of thematic analysis.

Four main themes were identified and refined by the wider research team. The *impact of the environment* on how residents moved around the care home, the *importance of life history and personhood* for staff to understand the motivations residents had for wandering, *individual factors* that contributed to each resident's unique experiences and the importance of the *care home culture* to whether residents were supported. Participants also highlighted a range of strategies that they engage with to support residents to wander safely.

Although this was a small-scale study, conducted in one region of England, it has implications for the ways that wandering as a behavior is conceptualized and supported in care homes. The importance of language and vocabulary was highlighted and requires further consideration. The results of this study will be used to develop further work to test strategies in care homes and produce guidelines for supporting residents to wander safely.

P79: Correlates of anticipatory grief in family caregivers of persons with dementia

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Objective: Anticipatory grief is frequently experienced by family caregivers of persons with dementia. It is defined as the feelings of pain and loss that appear in the caregiver prior to the death of the person cared for, and it is linked to negative consequences for the physical and psychological caregiver's health. However, more research is needed about this construct. The purpose of this work was to explore the differences regarding gender and kinship in anticipatory grief in caregivers and to explore its associations with distress experienced by the caregivers.

Method: The sample consisted of 70 caregivers. The anticipatory grief was measured with the Caregiver Grief Scale (CGS; Meichsner et al., 2016). Also, frequency of problematic behaviours in the person with dementia and caregiver reactions to them (RMPBC; Teri et al., 1992), depressive symptomatology (CES-D; Radloff, 1977), guilt (CGQ; Losada et al., 2010), anxiety (Tension Sub-scale of POMS's Questionnaire; Fernández et al., 2000), emotional ambivalence (CAS; Losada et al., 2017) and the experiential avoidance in caregiving (EACQ; Losada et al., 2014) were measured.

Independent-samples T-tests were conducted to study if there were differences in anticipatory grief according to the gender of the caregiver and the kinship with the person with dementia. Secondly, Pearson correlations were conducted to study the associations between anticipatory grief and emotional distress variables.

Results: The results showed no significant differences according to the gender of the caregiver in anticipatory grief. However, a longer caregiver's age and being a spouse caregiver was related to a greater anticipatory grief. Regarding the person cared for, behavioral problems and caregivers' reaction to them were associated with anticipatory grief. With regard to caregiver's emotional distress, significant and positive correlations were also