

Objective: To study the usability and feasibility of the European-Portuguese version of iSupport (iSupport-Portugal).

Methods: The usability study was aimed at collecting data on user satisfaction and requirements on the programme's contents and interface. A mixed-methods design consisted of focus groups discussion and usability test sessions with informal caregivers (N=17) and health/social support professionals (N=13). The pilot study followed a mixed-methods experimental parallel between-group design with two arms (iSupport, N=21 and e-book, N=21).

Results: The usability tests show a success rate superior to 80% in completing tasks within the platform and an excellent perception of the program's usability (M= 89.5 on the System Usability Scale). The feasibility study allowed to explore usage data for iSupport-Portugal (e.g., lessons visited, time on sessions) and explore how the intervention and control arms compare over time (baseline, 3 and 6 months after) on well-being outcomes. For a per-protocol analysis, significant group-by-time interaction effects favouring the intervention were found for anxiety (Wald $\chi^2=6.17$, $p=.046$) and for environmental QoL (Wald $\chi^2=7.06$, $p=.029$). Interviewees with the intervention arm (N=12) revealed positive impacts of iSupport on knowledge and on experiencing positive feelings.

Conclusion: The usability and feasibility studies of iSupport-Portugal suggest that this is a promising resource to support informal dementia caregivers. Lessons were learned on the ethical, technological, and research-related challenges for online interventions.

P190: Personality traits and the loneliness rate of decline in an eight-year period: comparison between ELSA and HRS.

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Objective: to compare the relationship between personality traits and the loneliness rate of change between the UK and the US.

Methods: We used data from 7932 older adults 52 years and older from the English Longitudinal Study of Ageing (ELSA) and 7,979 older adults 50 years and older from the Health and Retirement Study (HRS). In ELSA, we considered wave 5 (2010/2011) as our baseline and wave 6 (2012/2013) to wave 9 (2018/2019) for loneliness follow-up. In HRS, we used wave 10 (2010) as baseline and wave 11 (2012) to wave 14 (2018) as follow-up. Loneliness was measured using the three-item R-UCLA, and personality traits were measured using the 25 items from MIDUS 1 and 2 Studies. We used the rate of change to analyse the changes in loneliness over time and multilevel mixed-effects linear regression to analyse the relationship between personality traits and loneliness rate of change. We adjusted the models by social isolation, sociodemographic, economic and health outcomes.

Results: ELSA and HRS participants were similar except for their age (67 years in ELSA and 73 in HRS) and ethnicity (98% white in ELSA and 79% white in HRS). Over eight years, we observed a decrease in loneliness in the participants of both cohorts. The overall rate of decline was -3.93 in ELSA and -2.38 in HRS. Among the ELSA participants, in the fully adjusted models, extroversion ($\beta = 0.012$, 95% CI: 0.004-0.021) and neuroticism ($\beta = -0.010$, 95% CI: -0.018-0.002) were the only personality traits associated with the loneliness rate of decline, while among the HRS participants, extroversion ($\beta = 0.084$, 95% CI: 0.070- 0.098), neuroticism ($\beta = -0.095$, 95% CI: -0.109-0.082), agreeableness ($\beta = 0.055$, 95% CI: 0.039-0.071), conscientiousness ($\beta = 0.045$, 95% CI: 0.029-0.061) and openness to experience ($\beta = 0.031$, 95% CI: 0.019-0.044) were associated with the loneliness rate of decline in the fully adjusted models.

Conclusion: There are important country differences in the relationship between personality traits and loneliness rate of decline. We hypothesised that in the absence of a social protection system and universal health care, the role of psychological factors might become even more relevant to predict loneliness. Cultural factors might also be playing a role.

P191: The effect of immersive reminiscence therapy on anxiety and depression in people with dementia: a pilot randomized controlled trial using virtual reality headsets

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Objective: This study aims to analyze the effect of reminiscence therapy using immersive virtual reality technology, in comparison with conventional reminiscence therapy, on anxiety and depressive symptoms of people with dementia.

Methods: This pilot study followed a randomized controlled trial design. A convenience sample of 16 people with dementia was randomly divided in experimental and control groups. Due to health-related factors, 2 participants abandoned the study before completing the intervention. Intervention consisted of 8 biweekly individual reminiscence sessions conducted by trained researchers, in which participants in the experimental group viewed 360° videos of locations with personal relevance considering their life narratives, using virtual reality headsets to promote an immersive experience. Intervention in the control group was similar, except the videos were displayed in a computer monitor. The assessment was carried out before and after the intervention, using the Geriatric Depression Scale (15 items) and the Generalized Anxiety Disorder scale (7 items).

Results: Intervention and control groups were compared regarding sociodemographic variables and level of dementia progression at baseline. No statistically significant differences were found. Regarding the comparison of anxiety and depressive symptoms pre- and post-intervention, a slight decrease was observed in both groups, although statistical significance was not reached ($p > 0.05$).

Conclusion: The results of the present study do not illustrate an added value regarding the use of immersive stimuli with virtual reality technology, in reminiscence therapy programs with people with dementia. Further