

criteria to be diagnosed with dementia, but they do meet the criteria for a diagnosis of mild cognitive impairment (MCI), which constitutes a transitional state between normal aging and mild dementia.

-Every year, 15% of patients with MCI with involvement only in the memory section, go on to be diagnosed with dementia.

In recent years, the use of a food for special medical purposes (FSMP), Souvenaid[®], has been introduced into clinical practice, which, due to the composition of its active ingredient, Fortasyn connect (omega-3 fatty acids, uridine, choline, vitamins C, E, B6 and B12, selenium and folic acid) helps to:

- Promote the development of neuronal synapses, demonstrating that it maintains the integrity of white and gray matter.
- Reduce loss of functional connectivity.
- Increase hippocampal cholinergic synapses and cholinergic neurotransmission.
- Improve cognitive performance dependent on the hippocampus

Objective: A survey has been developed to explore the impact of a nutritional intervention, through the use of an FSMP in the areas related to cognition, functionality, and behavior, in a geriatric cohort with MCI older than 80 years. (Connect - Survey in the environment of mild cognitive impairment).

Survey: Each Geriatrics and Neurology professional had to select 5 cases that met the following characteristics: Presence of MCI, Age \geq 80 years, and Receiving Souvenaid.

The professional sent CRO Alpha Bioresearch the list of caregivers with their contact details. The CRO contacted the subjects by telephone 3, 6, and 12 months after starting Souvenaid to carry out the survey.

Methodology: The survey collects the perception of the patient and caregiver's cognition, functionality, and behavior, through a Likert scale with 5 possible response alternatives. The questionnaire is divided into two different parts:

-Data about the treatment (questions 1 to 5)

-Questions about the patient's health (questions 1 to 12);

The last one is divided into three parts: data on cognition 3 questions (questions 1 to 3), data on functional abilities with 5 questions (questions 4 to 8), and data on behavior 4 questions (questions 9 to 12).

Results: Regarding the treatment at 12 months, there is a tolerance that reaches 76%, and 88% do not present problems with the administration of what is prescribed. The most common time of day for administration is breakfast and snacks. The most used flavor was vanilla and cappuccino. The most common way to acquire it was the direct route.

Regarding cognitive functions, the ability to remember is improved by 20%, orientation by 12%, and recognition by 8%, maintaining stability without changes by around 60-70%. Functional capacities improved between 8 and 16%, presenting no changes between 68-80%. Regarding the behavior, the improvement is between 12 to 28% in the evaluated items, presenting no changes between 60-84%.

Conclusions: There is stabilization at 3, 6, and 12 months both in cognition, functionality, and behavior. The positive impression of the perceived improvement in memory (around 20%) and apathy (exceeding 20% and reaching 28% per year) are striking.

P176: Efficacy of Melatonin in Delayed Sleep Phase Disorder: An Umbrella Review

Authors: CT Tang, SM Tan, Sengkang General Hospital

Objective: The most recent treatment guidelines on delayed sleep phase disorder recommend the use of melatonin. However, these guidelines are in need of an update. Numerous systematic reviews and meta-analyses have since been conducted. This research aims to summarize all systematic reviews and meta-analyses investigating the efficacy of melatonin in delayed sleep phase disorder.

Methods: We performed a literature search using Pubmed, Embase, Cochrane Database of Systematic Reviews and Google. Characteristics and findings of all eligible systematic reviews and meta-analyses were summarised.

Results: Five reviews, which included trials up to 2014, were obtained. The timing of melatonin administration and outcomes of interest varied considerably amongst the trials. All of the reviews found improvement in sleep-onset latency, while two reviews noted advancement in melatonin onset time.

Conclusions: There is a need for more updated evidence exploring the use of melatonin in delayed sleep phase disorder. Future studies should also specify if they are evaluating the hypnotic and/or chronobiotic effects of melatonin and consider these in their design.

P178: Scope of post-diagnostic dementia care by Japanese primary care clinics using team-based care models

Authors: Shuji Tsuda, Kae Ito

Objective: Primary care clinics (PCCs) in Japan have acquired the capacity for screening and diagnosing dementia in its early stage. They face challenges in accommodating the complex care needs of people with early-stage dementia in collaboration with other healthcare providers in the community. The study aims were; 1) to classify team-based care models of PCCs for post-diagnostic care for people with early-stage dementia in Japan's Community-based Integrative Care System and 2) to compare the scope of care in each model.

Methods: We conducted a cross-sectional postal survey to certified Dementia Support Doctors working in PCCs in Tokyo. To classify team-based care models, the questionnaire asked about the members, roles, and collaboration of the community-wide care team for early-stage dementia in which participants' PCCs were involved. We gathered information on care provision across seven domains that PCCs offered for people with early-stage dementia. Three-step latent class analysis was performed to classify models and analyze differences in the proportions of care provision in each domain. The Tokyo Metropolitan Institute for Geriatrics and Gerontology institutional review board approved the study.

Results: From the 188 responses, PCCs' team practices were categorized into three classes, which we named "co-managed," "carved-out," and "stand-alone" models. While the first two ran an extended care team through in-person communication across facilities in the community, the last applied a minimal team approach with limited and indirect external interaction. The "co-managed" and "carved-out" models were distinguished by how team members shared decision-making responsibilities for patient care. Maximum likelihood estimation grouped 46.6%, 32.8%, and 20.6% of the PCCs into each model in the above order. The three models significantly differed in the proportions of care provision in five of seven domains. The proportions in each domain were the highest for the "co-managed" model (60.7-100%), followed by the "carved-out" (46.2- 98.2%) and "stand-alone" (25.7-88.6%) models.

Conclusion: PCCs in Japan's Community-based Integrative Care System formed three models of post-diagnostic support for people with early-stage dementia. Considering the application of the team approach and the breadth