

housed age equivalent populations. In this study we aim to address a critical gap in understanding what can improve the care, support and experiences of older people experiencing homelessness with memory and other cognitive impairments.

Objectives: To explore how stakeholders understand and experience memory problems among older people experiencing homelessness. We consider what they perceive to be meaningful outcomes for those living with memory problems and those supporting them and what gets in the way of achieving good care and support for these individuals.

Method: We conducted reflexive thematic analysis of qualitative interviews (n=49) with 17 older people (aged ≥50 years) experiencing memory and other cognitive problems and homelessness, 15 hostel staff and managers, and 17 health, housing and social care practitioners working in England.

Results: We identified four overarching themes. The population is not taken seriously; you ‘can’t see the wood for the trees’; risk of exploitation and vulnerability; and (dis)connection and social isolation. The transience of homelessness intensified the disorienting nature of memory and cognitive impairment. Older people experiencing homelessness and memory problems fall through gaps in service provision further fragmenting their lived experiences and intensified by cognitive difficulties. Those providing direct and indirect support required flexibility and persistence to advocate, provide care and safeguard individuals, with staff moving beyond traditionally commissioned roles to advocate, provide care and safeguard individuals.

Conclusions: Efforts to meet the needs of older people living with Alzheimer’s disease and related dementias and experiencing homelessness must reflect the complexity their lives and current service provision. These findings have been used to co-design a psychosocial care and support intervention for hostel staff to be tested in a feasibility trial.

FC14: Measuring the prevalence of sleep disturbance in people living with dementia in the community. A systematic review and meta-analysis

Authors: Penny Rapaport, Tala Koren, Lucy Webster, Emily Fisher, Gill Livingston

Objectives: Sleep disturbance affects all aspects of mental and physical functioning and quality of life and may lead to or worsen Alzheimer’s disease. Sleep disturbances in people with dementia living at home predicts care home admission and carer distress. Estimates of the prevalence of sleep disturbance vary, and it is unclear how prevalence rates differ according to setting. We conducted the first systematic review and meta-analysis on the prevalence of sleep disturbances in people living with dementia in the community. We aimed to examine demographic predictors and whether overall prevalence has changed over time.

Methods: We searched Embase, MEDLINE and PsycINFO for studies reporting the prevalence of sleep disturbances in people with dementia living at home. We meta-analysed data and calculated the pooled prevalence of sleep disturbances in people with dementia overall and in dementia subtypes. We used meta-regressions to investigate the effects of study characteristics, publication dates and participant demographics.

Results: Eleven studies fulfilled the inclusion criteria. The pooled prevalence of any symptoms of sleep disturbance was 26% (95% confidence intervals (CI): 23-30%; n= 2719) and of clinically significant sleep disturbance 19% (95% CI: 13-25%; n= 2753). The pooled prevalence of sleep disturbance symptoms was significantly lower among people with Alzheimer's disease (24%; 95% CI: 16-33%, n=310) than Lewy body dementia (49%; 95% CI: 37-61%, n=65). Meta-regression analysis did not find that publication year, participant's age, sex and study quality predicted prevalence.

Conclusion: Sleep disturbances are common among people with dementia living in the community, especially in Lewy body dementia. There was no change in prevalence according to publication dates (between 2002 and 2018). This suggests that possible advances in treatment of sleep disturbance are not reflected in improvements for people living with dementia. This highlights the need to develop effective intervention strategies, reducing the prevalence of sleep disturbances in people living with dementia living at home in the community.

FC15: The Baycrest Quick-Response Caregiver Tool™ for Behavioral and Psychological Symptoms of Dementia: Background and mixed methods studies

Authors: Dr. Robert Madan and Dr. Ken Schwartz

Goals and Objectives:

By the end of the session, participants will be able to:

1. Describe the Baycrest Quick-Response Caregiver Tool
2. Describe the role for the Baycrest Quick Response Caregiver Tool in BPSD
3. Describe the results of studies to date

Objective: Behavioral and Psychological Symptoms of Dementia (BPSD) are common and are associated with poor outcomes and caregiver burden. A variety of frameworks and tools exist to assess and understand the symptoms and to plan interventions. The Baycrest Quick-Response Caregiver Tool™ (BQRCT) is different than other tools as it assists the caregiver in real time as the BPSD are occurring. A mixed methods feasibility study in family caregivers found favorable results. Scaling up this tool for long term care (LTC) staff can potentially benefit residents living with dementia. The goal of this presentation is for participants to describe this novel tool, its evidence, and its place within the known tools and frameworks for BPSD.