P35: Older adult's dementia. Implementation of a multidisciplinary day care program in Argentina

Authors: Feldberg, C.; Guyet, G. Tartaglini, M.F., Vilas, S., Butazzi,M., Jacoboni, M. Terán, C. Astudillo, M. and Kasten, S

Background: Day care programs for older adults with dementia is an effective strategy that allows prolonging the functionality of the elderly, their support and that of their family reducing home care costs and delaying the institutionalization of patients with cognitive impairment.

Objectives: The aim of the present work is to describe the main goals and the implementation of a multidisciplinary day care program for patients with dementia and their family caregivers in Argentina.

Methods: Design: Prospective cohort study. Subjects: 22 patients and their family caregivers, who attend a day care program in Argentina. Instruments: socio-demographic and psychosocial questionnaire of both patient and caregiver (built ad hoc) Patient: MMSE, GDS, HAD-A, PANAS- VRARG, EQ-5D and instrumental and basic abilities of daily living. Family caregiver: Zarit Burden Interview. Procedure: The intervention for patients consists of two different lines of work, one for the patient, and another for the family member. The activities are coordinated by a multidisciplinary group of professionals. Regarding the caregiver, individual orientation interviews and therapeutic group spaces and psycho-educational material are offered.

Results: Preliminary data of 22 patients and caregivers, who have taken part in the program so far, indicate that: Patient: median age was years 75,27 old (ds = 9,28), % 63,6 of which are woman. The values obtain in the instrument are: MMSE 22,45 (ds = 4,78) GDS 4,47 (ds = 3,73) , HAD-A 3,66 (ds = 3,39) , (PANAS -E-VRARG) Negative items 7,70 (ds = 3,11) (PANAS -E-VRARG) Positive ítems 18,7 (ds = 3,13) , EQ-5D 77,35 (ds = 16,21) and BHDL 93,63 (ds = 13,10) , IHDL 9,1 (ds = 3,31) . And for family caregivers the mean age was 65,27 old (ds = 11,37), % 66,71 of which are woman. Caregivers Zarit Burden Interview mean score was 40, 18 (ds = 11,35).

Discussion: Our findings concur with those presented in scientific literature and support the WHO recommendations regarding the need to implement multidisciplinary programs for patients with dementia and family caregivers, in order to moderate the impact that providing care for an elderly relative with a neurological disease has on them.

P36: Relationship between Attitudes toward Dementia and Deficiency of Social Functioning among Community-dwelling Older Persons

Authors: Hiroki Inagaki, Mika Sugiyama, Shuichi Awata

Tokyo Metropolitan Institute for Geriatrics and Gerontology

Objectives: To achieve a dementia-friendly society, it is important to understand the attitudes of community-dwelling people toward dementia and those with dementia. Previous studies have reported an association between reduced interpersonal and social interactions and ageism. This may lead to increased prejudice and intolerance toward dementia and people with dementia. This study examined whether a deficiency in social functioning is associated with attitudes toward dementia among community-dwelling older persons.

Methods: We conducted a self-administered questionnaire survey shared by mail with 4,986 community-dwelling older persons (mean age 75.0 ± 6.78; 2,703 women) who were not certified as requiring nursing care in the Tokyo metropolitan urban area. Attitudes toward persons with dementia were assessed using the "Attitudes Toward Dementia Scale" (ATDS; Kim & Kuroda, 2011). ATDS comprises 14 items with scores ranging from 14 to 56; a higher score indicated more positive attitudes. Social functioning was measured by 1) living alone, 2) emotional support, 3) instrumental support, 4) going out less often, 5) visiting friends' homes, 6) feeling useless, 7) low education, 8) participation in community activities, and 9) economic status. Binomial logistic regression analysis was conducted using these nine social functions as explanatory variables, with sex, age, a subjective sense of health, cognitive decline, mental health, caregiving experience, and the five items of knowledge and awareness of dementia as adjustment variables.

Results: The social functions that were significantly associated ($p < .05$) with ATDS were a lack of instrumental support (OR = 1.27, 95%CI = 1.01–1.59), not visiting friends' homes (OR = 1.25, 95%CI = 1.03–1.53), feeling useless (OR = 1.48, 95%CI = 1.12–1.96), and not participating in community activities (OR = 1.27, 95%CI = 1.05–1.54), and all of these were associated with negative attitudes toward people with dementia. Male sex, extremely old age, poor mental health, lack of caregiving experience, and poor knowledge about dementia were also associated with negative attitudes.

Conclusions: Lack of support and connections with friends and neighbors were associated with negative attitudes toward persons with dementia. To achieve a dementia-friendly society, it is crucial to have contact with people with dementia, knowledge about the symptoms of dementia, as well as connections with others in the community.

Key Words: Attitudes toward Dementia/ Social function/ Community-dwelling older persons

P37: Effect of sleep report feedback with health guidance using a sleep monitoring device for improving sleep in community-dwelling older people: A randomized controlled trial

Authors: Hitomi Chikama, Miyae Yamakawa, BSN, Ph.D., Hiroyoshi Adachi, MD, Kodai Nobuhara, Eriko Koujiya, Yasushi Takeya, Manabu Ikeda, MD, PhD

Objectives: To evaluate the effectiveness of the sleep monitor device, feedback from sleep report, and regular advice for community-dwelling older people.

Methods: Randomized controlled trial and evaluator blinded. Subjects are over 65-year-old who live in the community or living alone or in older households or requiring support under long-term care insurance in Japan. They are divided into three groups: A) For 6 months, send monthly report and conduct telephone intervention; B) For the first 3 months is same intervention as A, then for the next 3 months. only send monthly report; C) For 6 months, send monthly report. A sleep monitoring device: Active Sleep Analyzer is a non-wearable actigraphy device and was used to evaluate Objectives sleep, such as total sleep time, sleep latency, sleep efficiency, wake after sleep onset, number of awakenings. The primary outcome was the subjective sleep quality from Athens Insomnia Scale (AIS). We mainly conducted three analyses. 1) Basic characteristics at baseline 2）Paired t-tests within groups to examine differences in AIS after the intervention from baseline. 3) Repeated measurements to examine differences in AIS between the three groups depending on time. All significance levels were set at $p < 0.05$. The study was conducted with the approval of the Osaka University Hospital Ethics ReviewCommittee.