520 - Benefits of Assertive Community Treatment for Persons with Severe Mental Illness and Cancer

Monica Taylor-Desir

Breast cancer, the most commonly diagnosed cancer in women worldwide, is responsible for one in six cancer deaths (Sung, H. et al., 2021). Women with schizophrenia have an associated increased incidence of breast cancer compared to the general population (Grassi & Riba, 2020). Patients with severe mental illness are noted to have disparities in accessing and initiating cancer treatment especially among those who are older (Iglay et al., 2017). A case vignette will be presented to illustrate the care and interventions provided by an American Assertive Community Treatment team which fostered supportive treatment engagement and improved the quality of life for a patient that chose to forgo recommended cancer treatment. This presentation will highlight the essential nature of the Assertive Community

Treatment team in supporting decisional capacity, facilitation of a patient's grief and acknowledgement of one's own mortality as well as incorporation of medical and palliative care. The attendee will appreciate the importance of the multidisciplinary approach for persons with chronic mental illness and co-morbid cancer diagnoses.

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521 - The link between olfactory dysfunction and dementia: the road so far.

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Dementia is characterized by the presence of progressive cognitive impairment losses in the individual's social and occupational activities. Its etiological diagnosis has therapeutic and prognostic implications. Although its definitive diagnosis depends on neuropathological analysis, detailed anamnesis, physical and neuropsychological tests; biochemical and neuroimaging exams may enable a greater accuracy. Technological innovations using structural and functional neuroimaging methods, as well as biology and molecular genetics techniques, have presented perspectives for the early diagnosis of dementias, particularly Alzheimer's disease (AD). However, such techniques burden the diagnostic investigation, making its practice unfeasible most the times. The probable link between neurodegenerative diseases and impaired olfactory dysfunction has long been studied. It is suggested that smell tests can be used in dementia's early detection and differential diagnosis, reducing costs and facilitating the establishment of appropriate treatment. In order to verify the validity of this information, a medical literature search was carried out in may 2021 using PubMed and Cochrane Library, including the terms "olfaction" and "olfactory dysfunction" combined individually with "neurodegenerative disorder", "dementia" and "Alzheimer's disease". Only systematic reviews and meta-analyses written in English from 1991 to 2021 were included. Results show that olfactory impairment in neurodegenerative diseases worsens progressively as patients progress from mild cognitive impairment to AD. It suggests that odor tests could potentially identify AD in the preclinical stages. Although, rigorously designed longitudinal cohort

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studies are necessary to clarify the value of olfactory identification testing in predicting the onset of AD and its value as an early marker of cognitive decline. In addition, AD patients are more impaired on odor identification and recognition tasks and Parkinson's Disease (PD) patients on odor detection thresholds tasks, what suggests that PD patients are more impaired on low-level perceptual olfactory tasks whereas AD patients are more strongly impaired on higher-order olfactory tasks involving specific cognitive processes. The results suggest smell tests are a cheaper, simpler to apply and a promising weapon for detecting individuals at risk of dementia.

522 - Role of Physical Environment on Quality of Life among Older Adults with Dementia in Long-Term Care Facilities in Canada and Sweden: A Longitudinal Study

Sook Young Lee, Lillian Hung, Habib Chaudhury

Reduction in competence makes older adults with dementia more sensitive to the influence of the physical environment. The aim of the longitudinal study was to examine whether residents with dementia in long-term facilities with variability in physical environmental characteristics in Vancouver (N=11), Canada and Stockholm (N=13), Sweden had a difference in their quality of life (QoL). QoL was assessed using Dementia Care Mapping (DCM) tool three times over one year for the reliability of data. DCM is a technique and observational framework devised to systematically investigate QoL from the perspective of the older adults with dementia. The results of the study demonstrated that the residents with dementia living in a homelike and positive stimulating setting showed a higher level of potential positive engagement, and less agitated and withdrawn behaviors compared to those in the large-scale institutional setting. Residents living in a large-scale institutional setting in Canada showed so far as five times more agitated/distressed behaviors and twice more withdrawal compared to the ones living in a small-scale homelike setting in Sweden. The study supports that the large-scale institutional environment was considerably associated with levels of lower quality of life among the residents with dementia.

523 - The design and implementation of Comprehensive Resilience-building psychosocial Intervention (CREST) for people with memory problems/dementia in the community: a pilot study

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Background: In Ireland, approximately 65,000 people live with memory problems/dementia (PWMP). Most live in the community, supported by informal caregivers such as relatives. A comprehensive resilience-building psychosocial intervention (CREST) to strengthen intra- and interpersonal resources was piloted by PWMP and caregiver dyads, local GPs, and the community.

Methodology: An advisory forum of PWMP, caregivers, and dementia advocacy representatives provided guidance on the intervention design and materials (e.g., interview guides), to ensure they addressed the needs of PWMP and caregivers. The 15-week CREST intervention comprised three components: cognitive stimulation therapy for PWMP (*CST*; 7 weeks), physical exercise for PWMP and partners from the community (8 weeks), and dementia education for key supporters of PWMP: caregivers (6 weeks), GPs, and the community (one-off events). Intervention processes (e.g.,

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