

of care provision, either “co-managed” or “carved-out” models are recommended with available community resources in mind.

P181: Outreach initiative to promote healthy ageing: Experiences from a Geriatric Psychiatry Unit in India

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Aim: To describe the experience, challenges and solutions in implementing an outreach initiative to promote healthy ageing

Background: Prevalence of mental health conditions in older adults is increasing rapidly in developing countries like India due to population ageing. UN Decade of Healthy Ageing (2021-2030) has been launched with focus on combatting ageism, promoting age friendly environment, integrated care and providing access to good quality long term care. Implementing interventions to promote healthy ageing in the Indian context has significant challenges in the background of limited availability dedicated elderly friendly health and social care systems.

Methods: Description of the outreach initiatives launched by the Geriatric Psychiatry Unit, Department of Psychiatry, National Institute of Mental Health and Neurosciences a tertiary care academic unit for old age psychiatry in India.

Results: A systematic and comprehensive outreach initiative for healthy ageing has been implemented over 2 years. The main objectives for the initiative includes promoting awareness about ageing and mental health, promoting age friendly environment, training of caregivers, volunteers and other stakeholders, psychosocial intervention in old age homes, promoting integrative medicine for healthy ageing and providing geriatric tele-psychiatry services. The important strengths of this initiative has been collaboration with non-governmental organizations, promoting active participation from older adults and volunteers, mobilizing resources through corporate social responsibility funding and effective use of technology.

Conclusion: The experience of implementing this outreach initiative has contributed to important learnings for the team. The proposed solutions to address the challenges in sustaining this initiative and scaling up to reach a larger population will be discussed.

P185: Comparison of social function in mild cognitive impairment and mild dementia using the Japanese version of the Social Functioning in Dementia scale (SF-DEM-J)

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Conflict of Interest and Disclosure Statement

The authors declare no conflicts of interest associated with this manuscript.

Objective: The present study aimed to compare the social function between mild cognitive impairment (MCI), mild Alzheimer's disease (AD) dementia, and mild dementia with Lewy bodies (DLB) using the Japanese version of Social Functioning in Dementia scale (SF-DEM-J).

Methods: We interviewed 103 patients and family caregivers from June 2020 to March 2021: 54 patients with MCI, 34 with mild AD dementia, and 15 with mild DLB. We compared the caregiver-rated SF-DEM-J, Clinical Dementia Rating (CDR), MMSE, age, length of education, Geriatric Depression Scale (GDS), the University of California, Los Angeles Loneliness Scale (UCLA-LS), Neuropsychiatric Inventory (NPI), and informant version of the Apathy Evaluation Scale (AES) between MCI, mild AD dementia, and mild DLB groups using Kruskal-Wallis test with Dunn-Bonferroni correction for post-hoc analyses. We compared sex, living situation, and caregiver demographics between three groups using chi-square test. We performed correlation analysis between the score of each psychological test and the scores of SF-DEM-J within group using Spearman's rank correlation coefficient.

Results: For SF-DEM-J, the score of section 2 (communicating with others) was significantly worse in mild AD dementia than in mild DLB. The scores of section 1 (spending with others) and section 3 (sensitivity to others) and the total score did not significantly differ between three groups. The score of section 1 was significantly associated with MMSE in MCI, with anxiety and disinhibition of NPI, and AES in mild AD dementia, and with GDS in mild DLB. The score of section 2 was significantly associated with AES in MCI and mild AD dementia, with UCLA-LS in MCI, and with the length of education in mild DLB. The score of section 3 was significantly associated with agitation and irritability of NPI in MCI and mild AD dementia. The total score was associated with UCLA-LS and AES in MCI, and with AES in mild AD dementia.

Conclusion: Factors affecting social functioning differed between MCI, mild AD dementia, and mild DLB. Apathy, agitation and irritability affected social functioning in MCI and mild AD dementia while depressive mood affected social functioning in mild DLB.

P194: A comparison study between AD8 and modified AD8 for dementia screening

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Objective: The 8-item Informant Interview to Differentiate Aging and Dementia (AD8) was developed as a screening tool for dementia with a cutoff of 2 suggested by the initial study. However, various studies found different cutoff values, and many suggested a cutoff of 2 might result in a high false positive rate. A higher false positive rate in Taiwan was repeatedly shown when AD8 was self-administered in local government screening