

Results: Analyses revealed ‘creating a safe environment’ as a core phenomenon. This relates to encouragement and the created anchor points of the environment to compensate for the inevitable feelings of loss of control that persons with dementia experience. The ways safety is created include active acts of involvement and participation, trust, humor, reciprocity, appreciation and shared experiences. Suspicion, loss of initiative by the person with dementia and the inability to act and correcting by the environment were identified as major challenges to creating a safe environment.

Conclusions: A safe and supporting environment enables persons with dementia to use their remaining capacities. Active participation, trust, humor and reciprocity are key elements to create such a safe environment. These findings show that basic needs of persons with dementia for daily functioning and well-being are similar to these of all humans.

S2: Social functioning in people with dementia and its cognitive and psychiatric consequences

Symposium Overview:

Authors: Andrew Sommerlad, Gill Livingston (University College London, UK), Hideki Kanemoto (Osaka University, Japan), Jennifer Bethell (University Health Network, Toronto, Canada)

Social functioning is fundamental to human experience. The profound social functioning impairments affecting people with dementia are distressing to them and their families and account for significant individual, family and societal burden. There are no effective treatments that improve this major aspect of dementia, so there is urgent need to characterise social functioning decline in dementia and its consequences to inform future therapeutic approaches. In this symposium, an international panel will present perspectives on social functioning in dementia from across the disease course.

Social participation and dementia risk

Authors: Professor Gill Livingston, University College London

In this presentation, we will summarise the observational and interventional evidence linking social participation with dementia risk, the potential mechanisms, and consider what this evidence means for future clinical and policy interventions.

Social participation encompasses several concepts including social activity, contact and support. International observational study evidence finds people who participate less socially in mid or late-life have increased risk of developing dementia. More social contact and less loneliness are consistently associated with less dementia risk in studies with long and short follow-up. However, this is not true of perceived social support.

People who participate socially in late life may be able to do so because they are cognitively intact, so some studies limit their analyses to those without dementia over 10 years before follow-up or consider social participation trajectories. Within social activities, studies use heterogeneous definitions, some including individual activities such as crosswords as social activity, and others requiring group activities and some cognitively stimulating activities. Those with shorter follow-up periods find social activity is more protective, suggesting part of the effect is reverse causality.

The postulated mechanisms for social participation’s effects include increasing cognitive reserve, which provides resilience to neuropathological damage, and improved brain maintenance related to a healthier lifestyle, lower stress response, reduced cellular ageing and inflammatory response. The relationship between social participation, depression and hearing is complex with each reinforcing the other and each being associated with dementia.