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Objective: Dementia is currently the seventh leading cause of death and one of the major causes of disability and dependency among elderly. In Taiwan, there are at least 300,000 people live with dementia. However, only 1.64% of people with dementia received palliative care. In this paper, we describe a real-world experience of palliative care for people with advanced dementia.

Method: Case report.

Result: Mrs. H, A 90-year-old illiterate woman, was referred to Home Care team after several admissions for urinary tract infection. Her past medical history included cerebral infarction with left hemiparesis 4 years ago. Over one year prior our first visit, her family had begun to notice a problem with her recent memory. Thorough investigation for dementia was arranged. She scored 11/30 on the Mini-Mental State Examination. Mixed Alzheimer's and vascular dementia was impressed.

The Home Care service consisted of a once-monthly visit by physician and nurse. In the first year of service, we delivered active directed treatment for dementia. We also discussed nonpharmacological approaches for dealing with physical and behavior symptoms in each visit.

Then Mrs. H was hospitalized again due to fever and abdominal pain. Abdominal aortic aneurysm was diagnosed along with urinary tract infection. She had hypoactive delirium for two months after discharge. Meanwhile, Home Care team arranged a family meeting to discuss prognosis and appropriateness of palliative care. In the following two years, we focused on deprescribing and interventions for pain, dyspnea, eating problem, infection, and agitation to promote Mrs. H's comfort and quality of life. Psychological support was crucial to facilitate continuity in carer and care setting. Mrs.H did not have burdensome transition anymore and passed away peacefully at home as her preference.

Conclusion: The need for palliative care in dementia is anticipated to increase over the next decades in Taiwan. In the patient presented, Home Care team acknowledged and offered palliative care to help her to live as comfortably as possible until death and to help carers cope during the course. A multidisciplinary health care is highly recommended for complex needs in dementia.

P123: Cognitive Disorders and Impact on Caregivers: The COGCARE Study protocol

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Introduction and objectives: Dementia is associated with a high burden of disease, impacting patients, families and society. Nevertheless, related epidemiological data is becoming outdated, given the difficulties of implementing costly and laborious fieldwork surveys. Data is also difficult to retrieve from health and social services' information systems. Overall, we must improve the feasibility and validity of case definition regarding dementia and the assessment of caregivers' consequences.

The 10/66 Dementia Research Group diagnostic algorithm is a cross-culturally valid method(1). A 'short 10/66' was also validated(2), but not in Portugal. We intend to assess its feasibility and validity in Portuguese samples, using REDcap (a browser-based, metadata-driven software) in mobile devices. Additionally, we aim to assess dementia family caregivers' subjective burden and psychological distress, contrasting primary care and hospital outpatient settings.

Methods: A multicentre mixed-methods study will be conducted on fifty dyads of older people with dementia and their caregivers, plus 150 dyads of 'controls' and their close family members, as informants. The 'short 10/66' will be administered. Dementia caregivers' assessments include the Zarit Burden Interview and Self-report Questionnaire. Quantitative analyses will estimate the sensitivity and specificity of the 'short 10/66' dementia case definition. Semi-structured qualitative interviews will be conducted with participants and research assistants, exploring their experiences with the assessment process; thematic analysis will then be used.

Implications: We expect this study to facilitate the diagnosis of dementia and data collection in health/social services on a routine basis, which will potentially improve the feasibility and decrease the costs of epidemiological surveys and allow for prevalence monitoring in Portugal.

References: 1. Gonçalves-Pereira, Cardoso, Verdelho, et al. The prevalence of dementia in a Portuguese community sample: a 10/66 Dementia Research Group study. *BMC Geriatr.* 2017;17(1):261. 2. Ibnidris, Piumatti, Carlevaro, et al. Italian version of the short 10/66 dementia diagnostic schedule: a validation study. *BMJ Open.* 2021;11(6):e045867.

P126: Older adults' psychological distress: exploring the role of implicit age stereotypes

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Objective: Self-perceptions of aging seem to be a key variable to understand physical and mental health (see the systematic review conducted by Tully-Wilson et al., 2021). Following Levy's (2003) stereotype embodiment theory, negative attitudes towards aging originate as aging stereotypes (e.g., "older people are frail"; Warmoth et al., 2016) during childhood. They are internalized and reinforced in adulthood, both consciously and below conscious awareness, becoming aging self-stereotypes in old age and affecting self-perceptions of aging (Levy, 2003). Kordnat et al. (2016) developed an implicit association test (IAT; Greenwald et al., 1998) to assess implicit age stereotypes for specific life domains (health and family domains) across the life span and found positive stereotypes towards older people for family domain and negative for health domain. However, the associations between implicit age stereotypes and adults' psychological distress have been scarcely analyzed. The aims of this communication are: a) to present the preliminary data of the validation of the implicit association test (IAT, Greenwald et al., 1998) to measure implicit aging stereotypes and b) to explore the relationship between implicit aging stereotypes and older adults' psychological distress (loneliness, guilt associated with self-perception as a burden, and anxiety and depressive symptoms).