

an individually oriented Death Cafés with the intention of personal growth. When the motivation for starting the Death Cafés was dissatisfaction with a society that considered death a taboo subject, attitudes towards death tended to be neutral and the café tended to be socially oriented with the intention of community development. Where the motivation for starting the Death Cafés was to expand the possibilities of the Buddhist temple, which was one of the subcategories of "Community development", attitudes towards death were neutral and café tended to be both individual and socially oriented.

**Conclusion:** Death Cafés held in Buddhist temples may have the potential to contribute to the creation of a death-inclusive society in Japan and could be an ACP implementation strategy.

## **P101: Factors Associated with Psychotropic Use in People with Dementia Living in Their Own Homes in the Community: A Systematic Review and Meta-Analysis**

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**Background:** Most people living with dementia do so at home, comprising approximately 30 million people globally. Despite extensive research on psychotropic medication use in long-term care settings, there has been little comparative research looking at psychotropic use in people living with dementia at home.

**Objectives:** The study aim was to systematically review the literature to identify factors associated with psychotropic medication use in people living with dementia at home.

**Methods:** The PROSPERO-registered review was conducted using PRISMA guidelines. A comprehensive search of four databases (2010 to 2020) was undertaken for the systematic review to identify empirical studies. A combination of MESH search terms for dementia, community-dwelling, and psychotropic medications were used. Suitable data were subject to meta-analysis using Comprehensive Meta-Analysis to calculate raw data to event rates and pooled, adjusted event rates for different modifier sub-analyses. Thematic analysis was utilised to synthesise emergent factors and a meta-analysis undertaken on suitable data.

**Results:** The search identified 619 articles of which 39 met inclusion/exclusion criteria. Use of psychotropics ranged from 18.7% for anxiolytic/hypnotics, to 26.9% for antipsychotics and 33.1% for antidepressants. Thematic analysis suggested that psychotropic prescribing was associated with a range of patient and environmental factors, including, but not limited to: (i) age (<75yr; >90yr); (ii) gender (being male); (iii) more advanced functional decline; and (iv) living alone. There was a conspicuous absence of data pertaining to carer and prescriber factors. Significant associations were identified in the meta-analysis between psychotropic use and respite in full-time care or hospitalisation as well as co-morbid psychiatric illness.

**Conclusion:** The reasons for psychotropic prescribing in this population remain poorly understood. Significant associations and knowledge gaps identified here generate opportunities for further research and development of targeted interventions to improve care and meeting the needs of this population group. This includes cautionary trigger questions for prescribers including: What am I treating? Who am I treating? How will I measure response? How can I ensure that psychotropics initiated in respite/hospital are used short-term only?