

## FC32: Neuropsychiatric symptoms: Disentangling the role of unmet needs using the Camberwell Assessment of Need for the Elderly (CANE) interview

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**Objective:** As the world's population ages, the number of people with dementia is expected to increase. In addition to progressive cognitive and functional deterioration, dementia comprises neuropsychiatric symptoms (NPS). NPS present significant management challenges based on their high frequency and disruptive nature. Against the prevailing guidelines, their treatment is often over-reliant on psychotropic drugs and other restrictive care approaches, frequently without a thorough assessment of underlying and potentially modifiable causes, such as over- and under-stimulating environments, untreated medical illnesses, drug interactions, or unidentified unmet needs. Consistent with the latter, the unmet needs model proposes that these neuropsychiatric phenomena are needs-driven and constitute indicators of identifiable unmet physical, psychological, emotional, or social needs. Despite this backdrop, few studies have investigated this association using standardized and replicable measures. In this context, the present study aims to put the unmet needs model into a practical context in order to disentangle the contribution of the unmet needs, assessed with the Camberwell Assessment of Need for the Elderly (CANE), to the presence of NPS.

**Methods:** A cross-sectional study was conducted. Participants were assessed with validated, accessible, and replicable measures, including the CANE interview and the Neuropsychiatric Inventory (NPI). Other variables collected included residents' demographic characteristics, cognitive and functional impairment, and daily medication. Multivariate models were used to explore potential risk factors for NPS.

**Results:** Residents from four nursing homes entered the study. Results found that those with unmet needs assessed using CANE and those taking hypnotic/sedative medications had a higher risk of presenting at least one NPS, even after adjusting for other demographic and clinical-functional covariates.

**Conclusion:** Built on the main finding that unmet needs assessed with CANE can independently contribute to explaining the presence of NPS, a working model is proposed to find solutions for these symptoms based on uncovering unmet needs. The CANE, as a practical, low-cost, yet clinically relevant assessment of met and unmet needs may be used to signal need areas that can be useful for formulation and intervention purposes and may offer the first step towards individually-tailored non-pharmacological interventions for NPS.