Preliminary results of the ongoing study:
After treatment, both samples improved in depression (t = 4.56, p < .05), the COVID group improved in MMSE (t = -3.40, p < .05) and clock-test (t= -3.78, p < .05), the rest of the changes were not significant. Between group effect sizes favoured the COVID group intervention for MMSE (d_c = 0.74) and the clock test (d_c = 0.48). No between group differences were found for depression (d_c = -0.48).

Conclusions:
Older people participating of CS during the pandemic benefited more from the treatment than those participating before the pandemic. This apparently contradictory result might be explained by the context of lack of social, emotional and cognitive stimulation associated to the restrictions inherent to social confinement. The continuity of CS care to PCI is essential in the context of generalised restrictions in daily life associated to COVID-19 pandemic and might play an important role in preventing cognitive loss and associated disabilities.
Key words. Cognitive Stimulation. Cognitive impairment. COVID-19. Older people.

537 - Reported and observed task performance in dementia and the role of the carer management style

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Background: Consistency between carers' report of the people with dementia's (PwD) performance of activities of daily living (ADLs) and observed performance has been an important topic in the literature, but most studies have investigated whether carer's burden and depression affect this report.

Objectives: To (1) investigate if carer's report of PwD's performance of ADLs is consistent with PwD's observed performance; and to (2) evaluate if carer management style has an effect on this discrepancy.

Methods: Sixty-four PwD completed a performance-based ADL assessment (Assessment of Motor and Process Skills-AMPS) which entails the observation of ADL performance; their carers were interviewed using an informant-based ADL assessment (DAD), which records ADL performance as reported by the carer. Carers completed a dementia management-style scale (DMSS) that categorises the carer's style in: criticism, active-management and encouragement. To investigate whether there was consistency between the DAD and the AMPS, a new continuous variable was created: the *comparative ADL score*. Cohen's kappa was used to compare agreement/disagreement between the DAD and the AMPS. Multiple regression analysis explored whether carer styles could explain the discrepancy between the reported and observed performance of ADLs.

Results: The majority of carers underestimated (71.9%) or overestimated (17.2%) (disagreement) the PwD's ADL performance; only 10.9% of carers reached an agreement between reported and observed performance. Cohen's kappa [k= -0.025 (95%CI -0.123 – 0.073)] indicated poor level of agreement between the DAD and the AMPS. Criticism, active-management and encouragement styles were included in the regression model: the *comparative ADL score* was used as the dependent variable. This combined model explained 18% (R^2=0.178,$F_{(3, 59)}$=4.26,p=<0.01) of the variance of the dependent variable. Active-management (β =0.037, $t_{(62)}$=3.554, p=0.001) and encouragement (β =-0.024, $t_{(62)}$=-2.086, p=0.05) styles were the two factors that made the largest and statistically significant contribution to the model.

Conclusions: the disagreement between the reported and the observed performance proved to be high in this group. The styles that carers use when dealing with dementia-related problems affected their report of ADL performance, which means that the strategies applied by carers to support ADL performance can be targeted to reduce the gap between reported and observed performance.

https://doi.org/10.1017/S1041610221002325 Published online by Cambridge University Press