

P95: Caregiver Perspectives on the Meaningful Change in Agitation Behaviors Measured by the Cohen-Mansfield Agitation Inventory

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Objective: Agitation is a common neuropsychiatric symptom in patients with Alzheimer's dementia, resulting in significant burden to patients and caregivers. This study was conducted to better understand caregiver perspectives on the frequency and severity of agitation behaviors, captured by the Cohen-Mansfield Agitation Inventory, and to assess what constitutes a meaningful change in these behaviors.

Methods: This was a qualitative, non-interventional, descriptive study conducted in the United States. Semi-structured 1:1 interviews were completed with non-professional caregivers of patients with Alzheimer's disease (AD) (i.e., family caregivers providing unpaid, informal care) who met the following inclusion criteria: ≥ 21 years old; caring for an individual with clinically confirmed AD; noticed agitation behaviors including emotional distress, excessive movements, verbal aggression, physical aggression; spent ≥ 4 days a week for ≥ 2 hours with the person with AD; and willing to participate in the virtual interview in English. Interview transcripts were analyzed thematically through detailed line-by-line inductive and deductive coding approaches using the ATLAS.ti software.

Results: Thirty caregivers participated. Participants' mean age was 64 (± 13) years. Most participants were Caucasian/white (77%), non-Hispanic or Latinx (97%), and female (70%). Approximately half were providing care to their spouse (53%), and the remainder for a parent or parent-in-law. Several key themes on what constitutes 'meaningful change' emerged. All caregivers tied a meaningful change in agitation behaviors to a change in behavior frequency (becoming less frequent or stopping entirely). Beyond frequency, themes describing meaningful change included: change in behavior intensity; apparent intent to disturb or cause harm to self or others; potential to cause serious harm; amount of harm caused; more "normal" behavior; shorter episode duration; and less worry, frustration, or isolation. Additionally, a shift from verbally aggressive behavior to physically aggressive behavior was considered an escalation in agitation severity and meaningful worsening. Thus, unique to physical aggression, a meaningful change was described as a de-escalation to verbal aggression.

Conclusion: Caregivers report several themes on what constitutes meaningful improvement or worsening of agitation behaviors in individuals with AD. A change in the frequency of agitation behaviors was consistently reported by caregivers as important, with decreased frequency perceived as a meaningful improvement.

P96: Efficacy of Brexpiprazole for the Treatment of Agitation in Alzheimer's Dementia: Post Hoc Line Item Analysis of the Cohen-Mansfield Agitation Inventory

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Objective: Agitation is a common neuropsychiatric symptom in Alzheimer's dementia. The Cohen-Mansfield Agitation Inventory (CMAI) assesses the frequency of 29 agitation behaviors in elderly persons. The frequency of each behavior is rated from 1–7 (1=never, 2=less than once a week, 3=once or twice a week, 4=several times a week, 5=once or twice a day, 6=several times a day, 7=several times an hour), typically reported as a single total score. This post hoc analysis explored the efficacy of brexpiprazole on the frequency of individual agitation behaviors.

Methods: Post hoc analyses were conducted for two 12-week, randomized, double-blind, placebo-controlled, parallel-arm, fixed-dose trials of brexpiprazole in patients with agitation in Alzheimer's dementia (NCT01862640,

NCT03548584). Data are reported using descriptive statistics for brexpiprazole (2 or 3 mg/day) and placebo, for patients who completed 12 weeks of treatment.

Results: In the first fixed-dose trial (brexpiprazole 2 mg/day, n=120; placebo, n=118), baseline behavior frequency was similar between groups (range 1.12 to 4.92). At baseline, the most frequently observed behavior was “general restlessness” (brexpiprazole, 4.92; placebo, 4.82; approximately “once or twice a day”), and the least frequently observed behaviors were “biting” (brexpiprazole, 1.12) and “making physical sexual advances” (placebo, 1.14). At Week 12, the average reduction in mean frequency was -0.73 (brexpiprazole) and -0.60 (placebo), with a greater numerical reduction for 21/29 behaviors with brexpiprazole versus placebo. In the second fixed-dose trial (brexpiprazole 2 or 3 mg/day, n=192; placebo, n=103), baseline behavior frequency was similar between groups (range 1.12 to 5.22), and higher than in the first trial due to study inclusion criteria. At baseline, the most frequently observed behavior was “general restlessness” (brexpiprazole, 5.22; placebo, 5.09; approximately “once or twice a day”), and the least frequently observed behaviors were “making physical sexual advances” (brexpiprazole, 1.13) and “intentional falling” (placebo, 1.12). At Week 12, the average reduction in mean frequency was -0.78 (brexpiprazole) and -0.54 (placebo), with a greater numerical reduction for 26/29 behaviors with brexpiprazole versus placebo.

Conclusion: In this post hoc analysis, brexpiprazole was associated with numerically greater reduction in the frequency of most individual agitation behaviors versus placebo.

P98: Effects of A Brief Intensive Home-based Discharge Support Program on Older Patients’ Recovery and Family Carers’ Psychological Wellbeing

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Background: Seamless transition to the community and a shorter Length of Stay (LOS) at hospitals are considered priorities in many health care systems. In Hong Kong, Hospital Admission Risk Reduction Program for the Elderly (HARRPE)¹ - a risk prediction tool has been used by hospitals to facilitate discharge of older patients and minimize the need for hospital or emergency re-admission. Older patients score > 0.2 and present greater social-care needs than medical issues will be followed up by a community NGO, in service partnership with the hospital, through an 8-week, home-based, Intensive Discharge Support Program (IDSP)². Apart from evaluating the success in admission risk reduction, this study was also to assess the program’s effects on patients’ health status and well-being for both discharged patients and family carers, and to understand the underlying supportive mechanism of IDSP.

Methods: A mixed-method approached was used, as establishing control groups was not feasible due to both ethical and practical concerns. Structured interviews integrating standardized instruments were employed to evaluate changes in outcome variables pre-and-post IDSP intervention for both the discharged patients and their carers. To complement the quantitative data, two focus groups involving 9 carers were organized to explore the essential and critical service elements of the discharge program, including their effects on promoting patients’ wellbeing or alleviating caregiver burden.