

35AEC

ABSTRACTS BOOK

ORAL PRESENTATIONS

35th Alzheimer Europe Conference

06/10/2025 to 08/10/2025

Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 15:45-16:15 - K02. Keynote lecture: What next in dementia diagnosis and treatment

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K02 - What next in dementia diagnosis and treatment

Marco Trabucchi
Gruppo di Ricerca Geriatrica

The future of dementia care must characterized by an optimistic approach. Patient do not need pessimism, but a strong, generous engagement by researchers, doctors and psychosocial operators to improve the quality of their life, overcoming enormous amounts of interfering events.

The people affected by dementia and their families are waiting with anxiety and hope any possible new approach to their clinical, psychological and social needs, and observe with critical attention the rate of progress in the various fields. They are not willing to forgive any kind of delay due to inadequate concentration on the goals connected with a positive fall out on diagnostic procedure and therapeutic approaches.

The research must consider that the progress in dementia cannot be built on isolated pillars and that scientific breakthroughs must be translated in meaningful care. Communities must be strengthened by knowledge and support, while policies must ensure access and fairness. In particular, the

peculiar experiences of people affected by dementia must guide every step.

No a single aspect of dementia challenge must be neglect by the caring community. Biology, medicine, culture, policy, and lived experiences are all essential parts of a single response, having in mind the model of complexity as a way for the interpretation of health and diseases.

Finally, connecting science, medicine and communities is not just a theme, but a commitment to integration, collaboration and humanity.

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06/10/2025 to 08/10/2025

People - Family carers of people with dementia

06/10/2025 - 15:30-16:45 - P01. Family carers of people with dementia

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P01-01 - Ethical Dilemmas and Decision-Making Among Family Caregivers of People with Dementia: A Cross-Country Qualitative Study

Ana Morais[1], Krisztina Zajdó[2], Sigurd Lauridsen[3], Frederik Schou-Juul[3], Nadiye Barış Eren[4], Dulce Cruz[1], Veronika Csonka[2], Elona Gaxhja[5], Dervla M.kelly[6], Isaura Serra[1], Merle Varik[7], Gila Yakov[8], Daniel Sperling[9], Seda Guney[10]
[1]Universidade de Évora, [2]University of Szeged, [3]University of Southern Denmark, [4]Tarsus University, [5]University of Elbasan 'Aleksandër Xhuvani', [6]University of Limerick, [7]Tartu Applied Health Sciences University, [8]Max Stern Yezreel Valley College, [9]University of Haifa, [10]Koç University, Faculty of Nursing

As dementia prevalence continues to rise globally, family caregivers of people with dementia (PwD) are increasingly faced with ethical dilemmas in care provision. This study, which is part of an EU-funded COST Action CA21137 (EDEM), explores the ethical challenges and dementia care meanings experienced by family caregivers across eight countries—Albania, Estonia, Hungary, Ireland, Israel, Moldova, Portugal, and Turkey—highlighting the cultural and contextual dimensions of ethical decision-making.

Applying a qualitative cross-country comparative design and following the Person-centered Care Approach, we conducted in-depth semi-structured

interviews with 97 caregivers in the participating countries. Interviews were analyzed using Interpretative Phenomenological Analysis (for the local data) and meta-thematic synthesis (for the cross-cultural comparison). This allowed us to identify shared ethical tensions, caregiving challenges, and culturally embedded responses to moral dilemmas.

Four overarching meta-themes emerged:

(1) The moral significance of dementia care, including balancing autonomy and safety and emphasizing care that respects PwD's preferences, while also negotiating what "good care" looks like within the family;

(2) Giving and loving, describing caregiving as a meaningful, often reciprocal, family responsibility rooted in cultural and emotional bonds;

(3) Caregiving in the context of the system, exploring systemic and financial barriers to care as well as frustrations with formal care access;

(4) Opportunities, emphasizing caregivers' calls for support, training, and inclusive policies. Across contexts, caregivers expressed a commitment to person-centered care, while simultaneously experiencing emotional distress and isolation. Participants reported navigating conflicting values alone, often without adequate professional or institutional support.

Our findings provide new insights into how ethical principles—such as autonomy, dignity, and relational care—are interpreted and practiced by family caregivers in diverse socio-political and cultural contexts. They underscore the urgent need for culturally sensitive, rights-based support systems that empower family caregivers, incorporate their experiences into care planning, and strengthen ethical guidance and training frameworks.

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P01-03 - Negotiating Roles and Informal Care Concepts in Dementia Live-in Arrangements

Anna-Eva Nebowsky[1], Milena von Kutzleben[2]
[1]*University of Oldenburg,* [2]

Live-in care has become a worldwide response to the increasing demand for dementia care at home. In this arrangement, relatives—often spouses or adult children—employ migrant caregivers, who live in the household and provide both domestic and care-related support. While live-in care is often seen as a pragmatic solution, it is shaped by complex role negotiations, unspoken expectations, and conflicting care ideals.

This presentation draws on ethnographic data from the German DFG-funded project *TriaDe – Eastern European Live-in Care in Dementia Home Care Triads: Informal Care Concepts, Communicative Power, and Moral Responsibility* to examine the following questions: What role do relatives assign themselves in the context of live-in care? What role is attributed to the live-in caregiver—and which role does she take on? What informal care concepts do the involved parties hold, and how well do these fit within the structural and emotional realities of the arrangement?

Through narrative interviews and participant observation with family caregivers, live-in workers, and people with dementia, the study reveals how care arrangements are not only practical but also deeply moral and relational projects. Relatives often see themselves as coordinators, protectors, or

emotional anchors, while live-in workers may be positioned anywhere between 'helping hand', 'substitute family member' and 'professional caregiver'—roles they navigate and negotiate based on personal experience, cultural background, and working conditions.

These roles are embedded in informal care logics that frequently clash while family members often emphasize emotional closeness or individualized attention, live-in workers may stress boundaries, task orientation, or economic necessity. The resulting tensions shed light on the fragility and ambivalence of care in transnational domestic spaces and point to the need for more nuanced understandings of shared caregiving responsibilities.

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P01-05 - Communicating Through Touch to Support People Living with Dementia – Practical Tools for Family Carers

Anna Heino
Muistiliitto ry / Alzheimer Society of Finland

As cognitive decline progresses in dementia, nonverbal communication becomes increasingly important in daily life. Touch is a fundamental aspect of human nonverbal communication — something we learn at the dusk of life and retain until the end. It can convey comfort and affection, but it can also be used intentionally to support people living with dementia (PLWD) in perceiving and connecting with their environment. In this presentation, we introduce practical materials designed to help family carers and loved ones use touch as a means of enhancing communication with PLWD.

Within the Beyond Words project by the Alzheimer Society of Finland (2023–2025), we have developed and empirically tested communication support methods for PLWD. Among these are guidelines for the intentional use of touch, created in collaboration with loved ones of PLWD. The materials include an animated video and written instructions, both grounded in the principles of social-haptic communication and co-designed to meet the specific needs of PLWD and their family carers. Preliminary results from the ongoing final feedback round are promising: 89% of participating family members reported that they found the materials personally useful, and 97% considered them

generally helpful in communicating with PLWD (N=36, 4 or 5 on a 5-point Likert scale).

At Alzheimer Europe 2025, we will present the English-translated materials, along with key stages and outcomes of the development process. The materials will be made freely available online in 2025. Our goal is to offer new tools and ideas that will positively impact the everyday lives of PLWD and their loved ones.

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P01-04 - Co-developing an animation to support children who experience dementia through their grandparents

Jane Cross[1], Helen Morse[1], Lucy Clark[1], Jan Oyebode[2], Ellice Parkinson[3], Jen Dawe[4], Annabel Ditton[5], Chris Fox[5]
[1]University of East Anglia, [2]University of Bradford, [3]Health Innovation East, [4]University of East Angla, [5]University of Exeter

Background: Most studies focus on spousal dementia caring relationships, despite children and young people are also affected (Chirico et al., 2021). Grandchildren may play an important role in families approaches to support to improve quality of life, yet a lack of resources exist to support them. This study sought to understand how children experience having a grandparent with dementia and develop a resource to support children in similar situations.

Method: Photo-elicitation interviews were conducted remotely with seven children aged between 9-15 years old and their parent across the UK. Interviews were transcribed, and shared narratives were extracted and compared to develop preliminary themes regarding how children interact with grandparents living with dementia. Four children and their parent then joined a remote workshop to refine and develop preliminary themes. An animator was also present during the workshop who

collaborated with children to develop resources by illustrating stories, narratives, and themes promoting discussion, reflexivity, and creativity.

Results: Five themes were created which outline how children experience their grandparent living with dementia: 1). Sometimes my grandparent acts different to other people, 2). I help support and look after my grandparent, 3). Deep down my grandparent is still the same person, 4). My grandparent still enjoys being involved and spending time with me, 5). Making memories, and exploring our past are important.

Conclusion: Dementia impacts the entire family system, not just carers, and children play an important role in caring and supporting their grandparent. Children's ability to support is enhanced due to the deep emotional connections they share with grandparents which can ease carer tensions. Children wanted to share their experiences with other children by co-developing such an animation.

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P01-02 - We don't just want to survive, we want to live! The 'Flemish working group of informal caregivers for people with dementia' - our call to action

Daniel de Baeck[1], Lieve Pelgrims[2], Eric Fissette[2], Olivier Constant[2]
[1]Ligue Nationale - Alzheimer Liga (Belgium), [2]Member Flemish working group of informal caregivers for people with dementia

In June 2023 the first-ever 'Flemish working group of informal caregivers for people with dementia' was founded by Alzheimer Liga Vlaanderen, the Flemish Alzheimer's Association in Belgium. This is a crucial step towards validating informal caregivers as experts by experience. As a working group, we want to be the voice to translate our interests through a proactive strategy towards policy, media, research, education and society at large. We and no one else know what it means to be committed to the care and support of our loved ones with dementia 7 days a week, 24 hours a day, with heart and soul. That deserves much more than symbolic acts of appreciation or a pat on the back. We must be the quality benchmark in everything that concerns us. That is why we wrote and published our first manifesto in May 2024, just before the Flemish and Federal elections in Belgium.

The publication of the manifesto was the starting point for our lobby work in the field, online campaigning with audiovisual statements through social media and a second publication on how we see dementia-inclusive towns and cities following the recent local policy elections in Belgium. In this presentation members of the working group will launch the international version of their

manifesto, tell more about their following campaign targeted at local policy and they will give personal insights in their recent lobby work towards a first national dementia strategy in Belgium and a new dementia strategy in Flanders.

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INTERDEM - Dementia in underserved communities (P02) - (FOR INVITED SPEAKERS ONLY)

06/10/2025 - 15:30-16:45 - P02. Dementia in underserved communities

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P02-01 - Systemic barriers limit equitable access to effective post-diagnostic support and assistive technologies

David Neal[1], INTERDEM AI & Assistive Technology Members of the Taskforce[2], JPND INTEREST Members of the network[2], Chris Fox[2], Louise Hopper[2]
[1]Amsterdam UMC, [2]

Background

Not everyone finds it easy to access care, which can lead to systemic inequities. This is especially true for digital assistive technologies. However it is unclear whether professional dementia care guidelines recommend interventions, particularly assistive technologies, that are effective and easy to use, for people with diverse needs. Members of the INTERDEM AI and Assistive Technology Taskforce supported two recent studies to investigate this concern.

Methods

The first study was an umbrella review. Data were extracted on the development, usability, effectiveness, implementation and ethical challenges related to assistive technologies. The second study was a review of European dementia guidelines (n=47) from 12 European countries within the JPND INTEREST network. The extent to which social health, inequities and intersectional social positions were considered in recommendations of psychosocial interventions and assistive technologies were analysed by content analysis and relational concept mapping.

Results

The umbrella review included 112 systematic reviews. In development and usability testing, people with dementia were often considered a homogeneous group, despite variation in needs by dementia type (e.g., Alzheimer's Disease, Parkinson's dementia) and stage. Evaluation studies tended to include wealthier and more highly educated people. The guideline review found few recommendations of specific technologies. Around half of the guidelines considered individual characteristics that might impact accessibility or appropriateness of care. Thirteen of 47 guidelines (27%) referenced inequities in access to care or health outcomes.

Discussion

The results of these two studies highlight that the design of technology is disproportionately influenced by the needs of wealthier, more highly educated people living with mild Alzheimer's dementia. Technologies are therefore insufficiently accessible and tailored to the needs of less wealthy, less highly educated people with other dementia subtypes. Research that includes a more diverse demographic, and professional guidelines that translate this research into practice are needed for equitable care.

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INTERDEM - Dementia in underserved communities (P02) - (FOR INVITED SPEAKERS ONLY)

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P02-03 - Knowledge and awareness of subtypes of dementia and associated symptoms in the general population: A European survey

Megan Polden[1], Megan Readman[2], James Watson[2], Oladayo Bifarin[2], Jen Roberts[2], Gill Windle[2], Neil Chadborn[2], Andrea Zuelke[2], Rene Thyrian[2], Iris Blotenberg[2], Jurate Macijauskiene[2], Ilaria Chirico[2], Jan Steyaert[2], Awaale Fuad Rirash[2], Clarissa Giebel[2]
[1]University of Liverpool, [2]

Alzheimer's disease is the most common and widely recognised form of dementia. However, there are multiple subtypes of dementia, including vascular , Lewy Body, and frontotemporal dementia, each with distinct symptoms and underlying causes. Public awareness of these subtypes is essential for promoting early and accurate diagnosis, appropriate care, and improved outcomes for people with dementia. While research in the UK has shown high public recognition of Alzheimer's disease, awareness of rarer subtypes and knowledge of their associated symptoms remains low. A lack of awareness can disproportionately affect underserved

communities, leading to delays in diagnosis, mismanagement of symptoms, and limited access to services.

To date, research has not compared public awareness and knowledge of dementia subtypes across European countries. Cultural, educational, and healthcare system differences likely influence levels of awareness and knowledge of dementia and may contribute to disparities in diagnosis and care. This study forms part of the INTERDEM Taskforce on Inequalities and , aims to examine public knowledge and awareness of dementia subtypes and associated symptoms across six European countries: the UK, Germany, Belgium, Italy, Lithuania, and the Netherlands and a range of demographics.

An online survey will be distributed to the general public in each country, collecting data on awareness of dementia and its subtypes, knowledge of symptoms and risk factors. By analysing variations across countries and demographic groups, the study will identify gaps in knowledge and potential barriers to early diagnosis and equitable care. In this session, preliminary findings will be presented on overall awareness and knowledge of dementia subtypes and associated symptoms across European countries and participant demographics. By exploring these differences, the study aims to inform targeted educational initiatives and policy responses that improve public understanding, support early and accurate diagnosis, and promote equitable access to care particularly for underserved populations.

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P02-02 - The needs of people with Young Onset Dementia and families in rural communities

Calliandra Challis[1], Esther Loseto-Gerritzen[2]
[1]Lincolnshire Partnership NHS Foundation Trust (LPFT), [2]University of Nottingham

Dementia services are often designed for older adults and do not always meet the needs of people affected by Young Onset Dementia (YOD). Specialised YOD services are not available everywhere in the United Kingdom (UK) and are especially limited in rural areas. While technology could help improve access, there are growing concerns that this could exclude those who lack the skills, resources or infrastructure to access them, potentially putting people in rural communities at a higher risk of being excluded.

This project aims to explore (1) the unmet needs of people with YOD and their families in rural areas regarding access to post-diagnostic support and (2) whether technology could be helpful in improving access to post-diagnostic support services and identify potential challenges. This will be done through qualitative interviews with people with YOD, family members and professionals in rural and remote communities in the UK, in collaboration with patient and public involvement members who live in rural areas and have personal experience of YOD or supporting someone with YOD.

While data collection is currently ongoing, through consultations with people with YOD, carers and professionals in rural areas we found that large geographical distances to care and support services in combination with poor public transport links and poor internet infrastructure can be important barriers to accessing suitable care and support. Furthermore, the presence of co-morbidities, social isolation, stigma and a lack of awareness of YOD can be barriers in accessing appropriate care and support. There is an urgent need for inclusive, flexible and person-centred post-diagnostic services for people with YOD and family members that take into account their unique needs and adapt to their circumstances in rural areas.

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INTERDEM - Dementia in underserved communities (P02) - (FOR INVITED SPEAKERS ONLY)

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P02-04 - The power of football – engaging underserved communities through culturally appropriate dementia support

Marie Poole, Louise Robinson
Newcastle University

People living with dementia in communities facing socio-economic disadvantage are at higher risk of developing dementia and more likely to face challenges in accessing appropriate dementia support. Football clubs are often culturally and physically located in communities facing socio-economic disadvantage and are a much trusted and loved institution. With a growing emphasis on the delivery of community support through football clubs at a local, national and international level, these organisations may be well-placed to support people living with dementia and their families to better access services to enhance their social, cognitive and physical wellbeing.

Exploratory research of the provision of football-based dementia initiatives in the UK includes examples from a review of current dementia initiatives delivered through football clubs, charitable foundations and other organisations; and findings from a multi-stakeholder evaluation of

a dementia friendly walking football initiative delivered by an English Premier League club foundation.

Findings from the review indicate a diverse range of models of football-based dementia initiatives, with key components for clubs to consider as non-specialist providers of dementia support. The evaluation highlights the positive impact of attending dementia friendly walking football for people living with dementia and their families, whilst also showing how football has a unique way to reach into communities to enable better support for those less likely to access dementia support. Together, both pieces of research include recommendations to encourage football organisations to develop and expand their provision of support to help people living with communities facing disadvantage to access culturally appropriate support.

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Sponsored Session (P03) - REBALANCE

06/10/2025 - 15:30-16:45 - P03. REBALANCE: Connecting science with patients, nurses, and public voices in Alzheimer's care

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P03-01 - Nurses Attitudes Toward Innovative Alzheimer's Disease Therapies: Insights from REBALANCE project.

Jukka Jolkkonen[1], Sini Huopnen[2], Signe Mežinska[3], Ari Haaranen[2], Tarja Malm[2]
[1]University of Eastern Finland, [2], [3]University of Latvia

Focused ultrasound (FUS) is a non-invasive and promising technique proposed for the treatment of Alzheimer's disease (AD). It temporarily opens the blood–brain barrier (BBB) and enhances microglial clearance of beta-amyloid (Aβ). However, limited understanding of the underlying molecular mechanisms has slowed its clinical application.

The REBALANCE project funded by JPND hypothesizes that FUS activates mechanosensitive Piezo1 channels, promoting microglial phagocytosis of Aβ and facilitating waste removal through improved glymphatic flow and transient BBB permeability. This also enables targeted drug delivery, potentially enhancing therapeutic outcomes. In addition to its basic science aims, the project investigates the attitudes of patients, physicians, and nurses toward innovative AD therapies such as FUS, recognizing that stakeholder perspectives are critical to successful clinical translation.

To explore nurses' views, an electronic survey was conducted in autumn 2024 in the Wellbeing Services County of North Savo, Finland. A total of

132 nurses responded, the majority being practical nurses (n = 86) working in nursing homes (n = 117). Overall familiarity with innovative neurotherapies was low, with 43 respondents indicating they were not at all familiar. Opinions on their future role in treating memory disorders varied: 53 considered them significant, 59 moderate, 11 uncertain, 4 minor, and 5 not feasible. Many respondents expressed serious concerns about efficacy (n = 32) and potential side effects (n = 35).

In conclusion, although nurses currently have limited familiarity with innovative neurotherapies, there is cautious optimism about their future role in the treatment of memory disorders, including AD. These findings highlight the need for increased awareness and targeted education of nurses to support the integration of novel therapies into clinical practice. Concerns regarding safety and effectiveness should be carefully addressed.

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P03-02 - Public involvement in basic and translational research for Alzheimer's disease: needs, attitudes, and opportunities

Signe Mežinska, Signe Mežinska
University of Latvia

Public involvement in basic and translational research for Alzheimer's disease is increasingly recognized as essential for ensuring societal relevance and enhancing research outcomes. Drawing on qualitative data from eight focus group discussions and 20 interviews with researchers, individuals living with dementia, and their caregivers across Europe, this presentation explores both the opportunities and challenges of integrating public involvement into early-stage Alzheimer's research.

Researchers acknowledged that public involvement can significantly improve the relevance and acceptability of research by incorporating the perspectives of those directly affected by the disease. However, they also voiced concerns about the potential for raising unrealistic expectations and the difficulty of meaningfully involving non-experts in complex preclinical research. Many emphasized the need for clearer guidelines and practical tools to support effective public involvement without compromising scientific rigor or fostering false hope.

People living with dementia and their caregivers stressed the importance of including lived experience from the earliest stages of research. They

noted that their insights are often overlooked, despite being crucial for shaping research that is both relevant and compassionate. Participants highlighted the uniqueness of each dementia case, advocating for personalized approaches that reflect the diversity of experiences. They also called for clear, accessible communication, particularly regarding risks, benefits, and realistic expectations, and expressed a strong desire for follow-up and feedback on research outcomes. Above all, they prioritized quality of life and stability over mere life extension, urging researchers to design studies that support well-being.

While public involvement in Alzheimer's translational research holds great promise for aligning scientific goals with societal needs, its successful implementation requires thoughtful planning and appropriate training. Future efforts should focus on developing best practices that respect the complexity of basic translational science while empowering people living with dementia, their caregivers and the public as active partners in the research process.

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P03-03 - Public involvement in research: Perspectives from daily life with dementia

Anna Žabicka
University of Latvia

Drawing on 20 in-depth interviews conducted as part of the "Rebalance" project with people living with dementia and family carers across several European countries, this presentation explores how everyday experiences influence individuals' willingness, capacity, and motivation to engage in dementia research. Participants described "living with dementia" as a continuous process of adapting to change, maintaining daily routines, and preserving a sense of self.

Many reported having to develop their own coping strategies due to fragmented diagnostic pathways and limited post-diagnostic support. Carers often took on roles as coordinators, advocates, and interpreters of care, while simultaneously managing uncertainty, stigma, and shifting expectations for the future. These lived realities shaped how both carers and people with dementia perceived the relevance, feasibility, and value of participating in research.

While some saw participation in research, including preclinical research, as an opportunity to contribute to scientific progress or raise awareness, others declined, citing emotional fatigue, daily limitations to participate or

limited understanding of what participation in early-stage research entails. Concerns were raised about unmet expectations, lack of feedback, and the additional burden involvement might place on families already stretched thin. Across the interviews, there was a clear preference for research practices that were transparent, responsive, and grounded in people's lived contexts; the absence of the latter often contributed to limited understanding of preclinical research.

The findings illustrate how the everyday realities and individual priorities of people with dementia and their carers influence how they perceive and engage with (preclinical) research. Participants' accounts highlight the role of clear communication, contextual relevance, and resonance with lived experience in shaping whether, and under what conditions, research involvement is seen as meaningful or possible.

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From research to communities - Artificial intelligence

06/10/2025 - 15:30-16:45 - P04. Artificial Intelligence

P04-03 - Cognitive Rehabilitation Programs for Older Adults with dementia using Digital Voice Assistants

Paul Jansons[1], Helen Macpherson[2], Paul Jansons[1], David Scott[2], Tracy Yiannis[2]
[1]Deakin University, [2]

Background: To date, technology-based support for post diagnostic care for people with dementia has primarily focused on safety monitoring and memory aids, and has largely ignored the need to support people with dementia to better self-manage their condition. We recently developed and co-designed an innovative digital voice assistant program (Dementia Australia Research Foundation - Project Grant) that delivers personalised two-way conversational post-diagnostic care at home. It utilises natural language processing to interpret speech across all languages circumventing barriers using web-based, touch screens or other digital input applications for people with dementia.

Method: We conducted a 12-week co-designed feasibility and pilot randomised controlled trial of a digital voice assistant-delivered personalised rehabilitative program in men and women with early dementia. We recruited 30 community-based adults aged 60-85 years and their carers residing anywhere in Australia with a recent (≤6 months) clinical diagnosis of early dementia (any type). Using a person-centred approach to care, participants and carers consulted with a clinical psychologist to develop personally meaningful goals, in relation to improving cognition, function and/or activities of daily living delivered by our digital voice assistant program.

Result: (N=30/30) have shown mean±SD adherence to personalised, digital voice assistant program was 85±23% with no intervention-related adverse events. System usability was rated above average (80.4±16.9 out of 100). Compared with controls, the intervention group significantly improved the Illness Cognition Questionnaire and the Bayar Activities of Daily Living Scale.

Conclusion: A home-based rehabilitative intervention delivered and monitored by health professionals using digital voice assistants was feasible for improving memory, cognition and activities of daily living in older adults with dementia. Future large-scale, longer-term studies are warranted to explore the clinical- and cost effectiveness of this digital health approach to supporting self-management of dementia in older adults.

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From research to communities - Artificial intelligence

06/10/2025 - 15:30-16:45 - P04. Artificial Intelligence

P04-04 - Machine learning model for early dementia risk prediction in primary care

Jonas Radermacher[1], Anna-Katharine Brehm[2], Dag Aarsland[2], Holger Fröhlich[2]
[1]Fraunhofer SCAI, [2]

Background: Dementia poses an increasingly significant global health challenge, with projections indicating a dramatic rise in the number of affected individuals over the coming decades. This growing prevalence highlights the urgent need for early detection and intervention strategies. The 2024 Lancet Commission on dementia prevention, intervention, and care identified key risk factors for dementia, emphasizing the importance of early identification of high-risk individuals to facilitate timely interventions that could potentially alter the disease's trajectory.

Methods: We developed and compared various machine learning models, including Cox models, random survival forest, SurvivalBoost, and DeepHit, to predict the age-dependent risk of a future dementia diagnosis. Our models were adjusted for the competing risk of deaths and trained on retrospective data from the UK biobank, with external validation on data from the HUNT population study. All models incorporated common dementia risk factors as recommended by the Lancet Commission and were benchmarked against the previously published LIBRA score.

Results: Our findings suggest that machine learning-based risk models can accurately predict the likelihood of a future dementia diagnosis, achieving a 10-fold cross-validated area under the receiver operating characteristic curve (AUC) of 0.783 and 0.777 after 3 and 5 years, respectively, significantly outperforming the LIBRA score.

Conclusion: The models we developed can function as practical screening tools for estimating the risk of developing dementia, utilizing easily accessible features at the GP level. The strength of these models lies in their incorporation of common risk factors that are routinely collected or readily available during standard GP visits. This approach represents a practical and scalable method for the early detection and prevention of dementia. By leveraging readily available data, these models could serve as valuable resources in primary care settings, potentially alleviating the global burden of dementia through timely interventions and personalized risk management strategies.

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From research to communities - Artificial intelligence

06/10/2025 - 15:30-16:45 - P04. Artificial Intelligence

P04-05 - A natural language processing model for predicting young-onset dementia diagnosis based on general practitioners' data from the Netherlands

Charles David[1], Stevie Hendriks[2], Ralph Leijenaar[3], Maarten Homburg[3], Sebastian Köhler[3], Marjolein de Vugt[3]
[1]Alzheimer Centrum Limburg, Mental Health and Neuroscience Institute, Maastricht University, [2]Alzheimer Cetrum Limburg, Mental Health and Neuroscience Institute, Maastricht University, [3]

Background: Dementia occurring before the age of 65 is known as Young Onset Dementia (YOD) and often takes longer to diagnose compared to late-onset dementia. This diagnostic delay has several reasons, including heterogeneity in underlying causes and the variability in symptoms. The average time to diagnosis in YOD is 4.4 years, and even 6.4 years for frontotemporal dementia. Since general practitioners (GP's) are the first healthcare professionals people go to with their symptoms and worries, it is important for them to recognise the early signs or symptoms. The identified signs and symptoms can be used to predict YOD and prompt early referral to memory clinics for further investigation.

Aim: To predict the diagnosis of YOD based on these identified early signs or symptoms.

Method: We will use artificial intelligence (AI) to read through the GP data from the Regional Network Family Medicine (RNFM) database. Specifically, we will use natural language processing (NLP) to predict the diagnosis of YOD. The analysis will include training the medical version of the Dutch BERT model (MedRoBERTa.nl) using GP data from Maastricht, followed by validating the results using GP data from other Dutch cities. BERT, which stands for Bidirectional Encoder Representations from Transformers, is a machine learning algorithm designed for tasks such as prediction. The training dataset will comprise GP data for people with YOD, depression, burnout and controls. Control will include people with diagnoses other than YOD, depression and burnout. GP consultation data up to three years before the diagnosis will be used to train the medRoBERTa model.

Clinical relevance: Based on the consultation text, the model may be able to predict a diagnosis of dementia in future visits or consultations for people with YOD. This predictive capability could facilitate timely referrals to memory clinics and enable the early identification of YOD.

Keywords:Young-onset dementia,BERT,prediction

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06/10/2025 to 08/10/2025

From research to communities - Artificial intelligence

06/10/2025 - 15:30-16:45 - P04. Artificial Intelligence

P04-01 - AI and Co-Creation for Autonomy and Well-being in Dementia Care - Gerda Van Tongerloo, An Expert by Experience Perspective

Johannes Petrus Franciscus Arnold, Hans Arnold
JAIN Foundation

Background: The growing prevalence of dementia across Europe necessitates innovative, person-centered care. Aligned with Dröes' (1991) adaptation-coping model and the insights of Gerda Van Tongerloo (person living with dementia), this presentation introduces JAIN (Joint Artificial Intelligence Network), which develops supportive AI technologies for dementia care through co-creation, envisioning AI as an "invisible hand" fostering independence and quality of life.

Objective: This presentation demonstrates how JAIN's co-creation develops AI-based care technologies that promote key psychosocial adaptation areas in dementia (identity, social inclusion, control, emotional balance), with AI enhancing human connections, respecting individual choices, and promoting lifelong learning.

Methods: JAIN employs co-creation, actively involving people with dementia and caregivers in design and evaluation. This ensures ethical, relevant, and user-friendly technologies (including sensor-based detection, AI companions via user feedback), prioritizing user control and simplicity.

Results: Insights from Gerda Van Tongerloo and other participants show that AI fosters increased trust and comfort, leading to better integration into daily

routines. User involvement resulted in simplified interfaces and improved interaction patterns, aligning technology with personal values, autonomy, and emotional well-being.

Conclusion: This presentation offers an expert-by-experience perspective on AI's potential to improve dementia care by addressing psychosocial needs, informed by philosophical reflections on autonomy and ethics. Multidisciplinary collaboration, including user involvement, in participatory design is crucial to make AI a reliable, human-centered tool for improving the quality of life of people with dementia and their networks. "AI is everywhere for them as the invisible hand".

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From research to communities - Artificial intelligence

06/10/2025 - 15:30-16:45 - P04. Artificial Intelligence

P04-02 - Convolutional Neural Network based approach for Alzheimer's disease detection in Speech

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Background: Alzheimer's Disease (AD) affects speech in nuanced ways, which is often missed by conventional screening tools like MoCA, which rely mainly on fluency and repetition. Additionally, these tests are subject to the administrator's assessment. Research shows that subtle changes in speech appear in the early stages of disease progression, which are often overlooked. However, advances in AI enable the objective evaluation of subtle acoustic and linguistic variations in spontaneous speech, offering promising alternatives for cognitive screening tools.

Objective: This study aims to develop an Convolutional Neural Network based AI model capable of detecting Alzheimer's Disease by analyzing speech samples of a picture description task.

Method: Using the ADReSSo2021 dataset, which includes balanced recordings from cognitively healthy and AD-affected individuals describing the Cookie Theft image, a Convolutional Neural Network (CNN) model was trained to differentiate between the two groups. The dataset was controlled for age and gender to eliminate bias. The CNN model leveraged ASR models like Whisper to process phoneme-level, word-level, and sentence-level audio from the audio data and text models of LLMs to understand linguistic interactions and characterize the

speech samples. The training phase employed 5-fold cross-validation on 166 recordings, and performance was evaluated on 71 unseen test samples.

Results: On the test set, the model achieved an accuracy of 91.55%, sensitivity of 97.22%, specificity of 85.71%, and an unweighted average recall of 91.46%. The confusion matrix values were [True Negatives = 30, False Positives = 5, False Negatives = 1, True Positives = 35] and AUC-ROC of 96.43%, indicating high reliability in detecting both positive (affected with AD) and negative cases (Healthy cognition).

Conclusions: This study demonstrates the efficacy of CNN-based AI models in identifying cognitive decline from speech, offering an objective and scalable alternative to traditional cognitive assessments for Alzheimer's detection.

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Policy - Dementia strategies

06/10/2025 - 15:30-16:45 - P05. Dementia Strategies

P05-05 - Assessing the potential for dementia risk reduction across European countries – the Survey of Health, Ageing and Retirement in Europe (SHARE)

Lukas Duffner, Angela Bradshaw, Owen Miller, Jean Georges
Alzheimer Europe

Objective: A substantial proportion of dementia cases may be preventable by addressing modifiable risk factors. However, more detailed knowledge about the distribution of these factors is needed to effectively inform national and European-level risk reduction strategies. This study aimed to estimate the prevalence of modifiable dementia risk factors across 28 European countries: Austria, Germany, Sweden, The Netherlands, Spain, Italy, France, Denmark, Greece, Switzerland, Belgium, Israel, The Czech Republic, Poland, Luxembourg, Hungary, Portugal, Slovenia, Estonia, Croatia, Lithuania, Bulgaria, Cyprus, Finland, Latvia, Malta, Romania and Slovakia.

Methods: We analysed data from 69,447 participants of the Survey of Health, Ageing and Retirement in Europe (SHARE) to assess country-specific prevalence of the following risk factors: low education, hypertension, hypercholesterolemia, diabetes, physical inactivity, obesity, smoking, depression, loneliness, and sleep problems.

Results: Participants had a mean age of 69.3 years (SD = 9.9 years), and 57.4% were female. Across the total sample, prevalence ranged from 14.6% for low education to 35.2% for sleep problems. The prevalence of individual risk factors varied significantly between countries. Differences were particularly pronounced for low education, smoking and loneliness.

Conclusion: Our preliminary findings indicate a substantial potential for dementia risk reduction across Europe. The wide variation in modifiable risk factor prevalence highlights the importance of tailored, country-specific approaches to risk reduction, involving both individual- and population-level interventions. Population attributable fractions will be calculated per country to estimate the proportion of dementia cases linked to these risk factors, accounting for their overlap. Differences in the potential for risk reduction will be further explored in relation to demographic, socio-economic, and policy-level contexts. This will be complemented by results of an ongoing analysis of national dementia strategies with a focus on risk reduction.

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Policy - Dementia strategies

06/10/2025 - 15:30-16:45 - P05. Dementia Strategies

P05-02 - Public policy for People living with Dementia in Portugal. Where are we now?

Catarina Alvarez
Associação Alzheimer Portugal

The Portuguese Health Strategy for Dementia was launched in 2018, nine years after the first steps were taken towards creating a public policy.

Presently, it's based on the implementation of specific care pathways by 39 local health units under the supervision of 5 Regional Commissions that are accountable to the Executive Commission of the National Health Plan for Dementia. The strategy's principles and main objectives will be presented, as well as the governance and financing models.

In Portugal, it remains difficult to implement this policy and effectively improve the lives of People with Dementia and their families.

So far, changes to create qualified services have been driven mainly bottom-up. Good practices that already exist in various parts of the country have not yet been replicated into public and accessible clinical and social interventions all over the country.

On the other hand, at policy level, the work should be done in conjunction with other stakeholders, specially, the social sector but and effective coordination with the health sector remains problematic.

The main difficulties and challenges we have encountered will be described in the presentation, as well as the main goals we have already achieved, namely, the update of the Clinical Standard regarding the Diagnostic and Therapeutic Approach to Patients with Cognitive Impairment or Dementia published by our health authorities. We also have a set of activities already approved by the Ministry of Health, such as an awareness campaign and training for professionals.

Over the years, Alzheimer Portugal has made significant contributions to the Portuguese Health Strategy for Dementia and the Plan that operationalizes it. Furthermore, as a patient association, we have taken a critical stance and drawn up a Manifesto, which was presented to the political parties with seats in Parliament, that will also be briefly described.

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Policy - Dementia strategies

06/10/2025 - 15:30-16:45 - P05. Dementia Strategies

P05-04 - Ethical Principles in European National Dementia Strategies: A Framework Analysis

Frederik Schou-Juul[1], Rodrigo Serrat[2], Carsten Hinrichsen[2], Dorota Szczesniak[2], Valentina Cannella[2], Gabija Jarasiunaite-Fedosejeva[2], Lena Östlund[2], Rute Brites[2], Rastislav Ostríž[2], José Atienza Carrasco[2], Karina Palkova[2], Iva Holmerová[2], Nilufer Korkmaz-Yaylagul[2], Tânia Brandão[2], Rosa Silva[2], Sigurd Lauridsen[2]
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As Europe's population ages, ensuring that dementia care adheres to fundamental ethical principles has become a pressing societal challenge. The prevalence of dementia is steadily increasing worldwide, including across Europe, necessitating comprehensive national and international responses. National Dementia Strategies (NDSs) serve as key policy instruments, outlining priorities for dementia care in European countries. Central to these policy responses is the need for a strong ethical foundation to ensure that policies are not only effective but also fair, inclusive, and respectful of human dignity.

Although numerous organisations have proposed ethical principles to guide dementia policy, limited knowledge exists regarding the ethical priorities embedded in EU-level and national dementia policies. This study presents the first systematic comparative analysis of ethical principles articulated in European National Dementia Strategies, analysing their definitions, contexts of application, and relative emphasis. Using framework analysis, the study

systematically reviewed 17 European NDSs, identifying commonalities and variations in ethical priorities.

The analysis revealed a broad range of ethical principles across the strategies. However, the intensity with which ethical principles were advocated varied markedly between countries. While there was a shared commitment to principles such as person-centred care and the promotion of dignity and autonomy for people with dementia, significant differences emerged in how these principles were defined, interpreted, and prioritised.

These variations likely reflect broader cultural, political, and economic differences, highlighting a major challenge: the absence of a standardised ethical framework to guide dementia care across the EU. Understanding these differences is crucial, as they have direct implications for the quality of life, rights, and care experiences of people with dementia and relatives. The study's findings may inform the development of future national strategies and contribute to policy efforts aimed at establishing ethical standards in dementia care across Europe.

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Policy - Dementia strategies

06/10/2025 - 15:30-16:45 - P05. Dementia Strategies

P05-01 - A Decade of Dementia Strategy in Austria (2015–2025): Progress, Challenges, and the Road Ahead Based on the Dementia Report 2025

Lisa Mayer
Austrian National Public Health Institute

Background: Austria's national dementia strategy, "Living Well with Dementia", was launched in 2015 based on findings from the Austrian Dementia Report 2014. Ten years later, the Austrian Dementia Report 2025 offers a comprehensive, data-driven review of the country's response to dementia, highlighting developments in care structures, social support, legal frameworks, and inclusion of people with dementia and their caregivers. This presentation shares key findings from the report and provides a critical reflection on achievements, gaps, and future directions.

Methods: The Dementia Report 2025 uses a multi-source, interdisciplinary approach. It combines demographic projections with national data from Austria's social insurance system and regional indicators. The report is based on contributions from experts across academia, healthcare, long-term care, and social services, who provided articles and shared knowledge from their respective fields. Thematic areas include prevention, early detection, diagnosis, treatment, psychosocial support, informal caregiving, assistive technologies, and legal and policy frameworks, with particular attention to marginalised populations.

Results: Progress is evident in early diagnosis, public awareness, and care innovation, including several promising regional pilot projects. Interdisciplinary care and health promotion have also advanced. However, challenges persist

regional disparities, limited caregiver support, underused technology, and insufficient long-term funding. Vulnerable groups remain underserved. While development potential is visible, progress depends on supportive structural conditions.

Conclusion: The Austrian Dementia Report 2025 confirms that significant progress has been made — but also highlights continuing gaps. A sustainable and inclusive dementia care system requires stronger national coordination, better integration of services, and targeted support. The Austrian experience also shows the essential role of community-based dementia care and the structural foundations needed to sustain it.

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Policy - Dementia strategies

06/10/2025 - 15:30-16:45 - P05. Dementia Strategies

P05-03 - The Second Half of the Czech National Strategy: Revision and Implementation via Synergies

Hana Marie Broulíková[1], Markéta Švejdová Jandová[1], Matěj Kučera[2]
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The year 2025 marks the midpoint in the implementation of the National Action Plan for Alzheimer's Disease and Related Illnesses in Czechia (Plan). In the first half of the implementation period, several notable initiatives were launched, including the development of interdisciplinary guidelines for diagnosis and post-diagnostic support, and the adaptation of tools and recommendations from the World Health Organization—such as the iSupport program and the guidelines for dementia risk reduction—to the Czech context. Furthermore, criteria for dementia-friendly communities were established based on a regional pilot study, laying the groundwork for future initiatives.

The primary task for the second half of the implementation phase is to embed new services and activities into routine practice. Given existing funding constraints, implementation through synergies with ongoing, proven projects appears to be the most promising approach. In particular, the dementia-friendly communities project is currently expanding its reach from three to all fourteen regions in Czechia. Its ambition is to establish "Memory Centers" nationwide and to build regional platforms where key local stakeholders can convene regularly. These centers are well positioned to facilitate the dissemination of best practices in both health and social care, as well as to support destigmatization efforts.

Moreover, local stakeholders can help identify capacity gaps and communicate them to the national stakeholder platform and relevant ministries.

At present, the national stakeholder platform is revising the Plan to reflect both successes and challenges encountered thus far, as well as broader developments in the dementia field. These revisions aim to chart a clear and feasible path for the implementation of the Plan's key measures over the next five years on a national scale.

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Care services - Home care

06/10/2025 - 15:30-16:45 - P06. Home Care

P06-05 - Time from dementia diagnosis to nursing home transfer – results from a population register: digiDEM Bayern

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Background: About 70% of the people with dementia in Germany are cared for by family caregivers in their home environment. Due to disease progression and an increasing caregiver burden, the home care phase is often followed by a transfer to a nursing home. In previous studies, the median time from diagnosis to the transfer to a nursing home was 2.3 to 3.9 years. The aim of this study is to investigate the reasons for and the time from diagnosis to nursing home transfer for people with dementia.

Methods: The data basis is the multicenter, prospective register study "digiDEM Bayern". Diagnosis was made by medical staff. Socio-demographic data and information on the nursing home transfer were recorded based on validated questionnaires. Cognitive status was

assessed using the Mini-Mental State Examination (MMSE). The statistical basis of the study was descriptive analyses (mean, median).

Results: 66 people (81 years old on average, 60.6% female) moved to a nursing home over the course of the study. Most particpants had a diagnosis of Alzheimer's disease (47.0%). The median time from diagnosis to nursing home transfer was 32 months (2.7 years). The most common reason for transferring to a nursing home was a deterioration in the person's health (71.2%), followed by the desire for optimal care (34.8%) and that care had become too time-consuming (33.3%).

Conclusion: Early diagnosis and treatment can help to maintain health for as long as possible. Support services and case management can also help to relieve the burden on carers and relatives and ensure continuity of care throughout the course of the illness to delay the transfer to a nursing home.

Funding: The project is funded by the Bavarian State Ministry of Health, Care and Prevention (StMGP) as part of the funding initiative 'BAYERN DIGITAL II' (funding code: G42d-G8300-2017/1606-83).

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Care services - Home care

06/10/2025 - 15:30-16:45 - P06. Home Care

P06-01 - Navigating Familial Closeness in Home-Based Dementia Care: Eastern European Live-in Care Workers in Germany

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The home-based care of people with dementia in Germany increasingly relies on so-called live-in caregivers from Eastern Europe. Their entry into the household does not only address gaps in formal care provision but also reshapes the familial structure in profound ways. Our interdisciplinary ethnographic project *Triad – Eastern European Live-in Care in Dementia Home Care Triads: Informal Care Concepts, Communicative Power, and Moral Responsibility* explores how familial roles, relationships, and communicative hierarchies are reconfigured when a previously external person becomes a central figure in everyday caregiving.

Findings reveal that live-in caregivers are not solely treated as workers, but are often symbolically assigned family-like roles—such as a "surrogate daughter" or a "replacement wife." These symbolic integrations are rarely without conflict and unfold through ongoing negotiations of emotional closeness, authority, and responsibility. They involve not only the live-in caregivers and family members, but also rotating care workers and people with dementia themselves.

These relational shifts indicate that the presence of a live-in caregiver transforms more than just the mode of care—it reconfigures the entire household's affective and social order. Hybrid constellations emerge at the intersection of kinship, paid care work, and transnational migration, challenging dominant notions of what constitutes "family," "home," and "good care."

By examining how familial proximity and distance are negotiated in everyday interactions, the project sheds light on the ambivalent position of live-in caregivers—simultaneously intimate and peripheral, indispensable yet replaceable. The aim of this paper is to make visible the social and relational dynamics underlying these care arrangements and to contribute to a deeper understanding of how transnational live-in care reshapes dementia care in the private home.

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Care services - Home care

06/10/2025 - 15:30-16:45 - P06. Home Care

P06-03 - A Cross-Country Comparative Study of Ethical Challenges in Dementia Care: Health and social care professionals' Insights from seven countries

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Background: Despite advancements in dementia care policies, individuals living with dementia across Europe and Israel continue to experience significant unmet care needs. Health and social care professionals encounter complex ethical challenges shaped by variations in healthcare systems, cultural attitudes, and resource availability. To date, no comparative study has systematically explored and examined these challenges across diverse national contexts.

Methods: Conducted under the COST Action "Ethics in Dementia" (EDEM), this qualitative cross-country study involved 121 health and social care professionals, including doctors, nurses, and social workers, from Estonia, Ireland, Israel, Portugal, Albania, Turkey, and Moldova.

Focus group discussions were held using a unified semi-structured interview guide to explore professionals' experiences with ethical dilemmas in dementia care. Data analysis followed a two-stage approach, using interpretative phenomenological analysis at the national level and a cross-country meta-thematic analysis to identify common and divergent themes.

Results: Three main meta-themes were identified: (1) Providing Care Under System Constraints, (2) Conceptualizing Dementia Care, and (3) Good Care, Clinical Practice, and Legal Requirements. Findings highlight critical disparities in access to care, the emotional and financial burden on informal caregivers, tensions between medical compliance and respect for autonomy, and collaboration challenges among professional groups. Ethical dilemmas were most acute in resource-limited settings, where systemic constraints placed additional burdens on both caregivers and individuals living with dementia.

Conclusion: Healthcare system structures substantially shape the ethical challenges faced in dementia care and reported by health and social care professionals. Strengthening healthcare infrastructures, improving interdisciplinary collaboration, and developing dementia-specific ethical frameworks are essential to ensure dignified, equitable, and person-centered care for individuals living with dementia across Europe and Israel

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Care approaches - Assistive technologies

06/10/2025 - 15:30-16:45 - P07. Assistive technologies

P07-01 - An exploration of the lived experience of people living with dementia using digital technology to manage their finances

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Background: Financial capacity, skills and decision making by people with dementia has begun to be explored (Giannouli et al. 2023; Lichtenberg et al. 2024). However, there is limited understanding of the experiences of people with dementia use digital technology to manage their finances. The aim of this study was to explore the lived experience of people with dementia managing their finances through digital technology.

Methods: A phenomenological approach supported the exploration of the lived experiences of people living with dementia in their own words and through the eyes of their partners or family members. Data were collected in England in 2025 through semi-structured online and face-to-face interviews with people living with dementia (n=3) and partners or family members (n=5). Data were transcribed verbatim and thematic analysis completed (Braun and Clarke, 2022).

Findings: Two themes were identified 1) **barriers**, including a lack of familiarity with technology, fear of scamming or making a mistake, difficulty of engaging with numbers, and the pace of decision-making required. 2) **potential enablers**, including simplifying systems, access

through facial recognition, fingerprints, or pictorial choices, a tick-box to identify a customer has dementia, and requires dementia-friendly support, accepting a range of answers, presenting visual and auditory information, ability to safely transfer money, where money is 'held' in case of a scam, and staff who use inclusive communication and are supportive of a person's autonomy without being over-protective.

Conclusion: Current digital and technology finance systems are excluding people living dementia from engaging in these processes, creating dependence on others. Simple adjustments could facilitate continued engagement of people living with dementia to manage their finances through digital technology, promoting independence or supported financial autonomy. Research is required to establish underpinning principles to guide technological development, and to establish how specific innovations might assist money management for people living with dementia.

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Care approaches - Assistive technologies

06/10/2025 - 15:30-16:45 - P07. Assistive technologies

P07-02 - Adapting a digital tool (PALL0) for lifestyle intervention and support for people with dementia and a Moroccan background living at home

Franka Meiland[1], Ouafae Karimi[2], Henrik Terävä[3], Karolien Biesheuvel[4], George Middeldorp[5], Martin Smalbrugge[6]
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Background: Dementia rates will rise dramatically in the Netherlands, especially among migrants due to higher diabetes and cardiovascular disease rates. Lifestyle changes like healthy eating, exercise, socializing, and memory training can delay or lower the impact of dementia. E-health tools supporting this group often fail due to cultural differences, language barriers and limited digital skills. In this project, a recently developed revolutionary interactive device from Finland (PALL0), will be adapted into an intuitive, culturally tailored tool that potentially delays worsening of memory, mobility, and well-being for first-generation Moroccan migrants with dementia. To reach these goals PALL0 will offer gamified exercises and sensory feedback. PALL0 is a hand-hold ball with flexible software to enable easy programmability. It was developed in co-creation.

Methods: Mixed methods are used among community dwelling people with memory complaints or dementia and a Moroccan migration background living in

the Netherlands and/or their family. Group meetings, interviews and pilot testing at home will be organized.

Data will be collected on background characteristics and user requirements for adjusting PALL0. Endpoints are user friendliness, usefulness, satisfaction and perceived benefits.

Results: The first participants have been included and they preferred PALL0 to send reminders for prayer and medication intake. Furthermore, they wanted PALL0 to support them being activated and prevented from sleep during the day. Based on this PALL0's exercises and reminders were adapted and also translations were made in Darija. This month (April), more participants will be included and they will use PALL0 at home.

This project ends in June 2025, final results will be presented at the conference.

Conclusions: With input from the target group, PALL0 can be adapted into a culturally tailored eHealth tool to promote a healthy lifestyle. Perceived benefits will be discussed as well as challenges experienced in adapting the tool for this specific target group.

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Care approaches - Assistive technologies

06/10/2025 - 15:30-16:45 - P07. Assistive technologies

P07-05 - Navigation technology in dementia care: How is its use perceived by stakeholders? A focus group and interview study

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Background: Many persons with dementia (PwD) encounter deterioration of spatial orientation. The consequential limited ability to navigate hinders activities outside the home, resulting in decreased quality of life. There has been extensive discussion about the use of GPS-trackers to facilitate independent outdoor activities, while other technologies have been neglected. This study explores the potential value of navigation technology (NT) from the dementia care triad's perspective by examining their perceptions, needs, as well as ethical issues.

Method: Stakeholders were eligible for participation when they were part of a dementia care triad (PwD, informal caregiver or health care professional). Data was gathered in focus groups and semi-structured interviews with stakeholders (n=24). The sample consisted of healthcare professionals (n=11), PwD (n=8), and informal caregivers (n=5). Data was analyzed using a combined approach of deductive and inductive thematic analysis.

Results: Preliminary results show that stakeholders perceive NT to be potentially valuable but challenging in the context of dementia. For example, NT

requiring active use by PwD (e.g., comprehending and following navigational instructions) could hamper its adoption. Therefore, stakeholders advise fully automated devices that recognize situations warranting support (e.g., getting lost) and subsequently initiate navigational assistance for the user. To meet diverging needs of stakeholders, NT should address safety as well as autonomy needs by integrating a tracking function. Besides, the public use of NT could inadvertently contribute to stigmatization by signaling vulnerability as well as eliciting unwanted attention as a consequence.

Conclusions: Stakeholders perceive navigation technology as a potential facilitator of independence outdoor activities, given that certain conditions are met (e.g., strong social network, early phase of dementia). Then, navigation technology could increase the self-esteem of people with dementia by enabling activities in line with their values, increasing independence and expanding life-space.

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Care approaches - Assistive technologies

06/10/2025 - 15:30-16:45 - P07. Assistive technologies

P07-03 - Early Intervention Occupational Therapy: The successful use of assistive technology and memory strategies through Home Based Memory Rehabilitation:. Outcomes and learning

Jessica Moss[1], Lisa Taylor[2]
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Background: A service audit showed 85% of people referred to Occupational Therapy (OT) in Aneurin Bevan University Health Board (AB UHB) Memory Services, Wales (UK), were at moderate-to-later stages of dementia. The All-Wales Dementia Pathway of Standards states people should be offered interventions within 12 weeks of referral to Memory Services, ensuring support managing the effects of cognitive impairment on everyday living.

Methods: A Home Based Memory Rehabilitation (HBMR) programme (McGrath 2009) was delivered by specialist OTs. HBMR introduces self-managed memory strategies, memory aids/assistive technology at an early stage of dementia, or Mild Cognitive Impairment, whilst the individual can learn new habits and routines.

Results: People living with memory changes (N= 186) and carer (N=131) reported experience outcomes were collected, with average changes of 9.6 and 8.8 respectively (where 10= excellent). The average number of new self-management strategies post intervention has been 6.5 per person. The Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS) identified improvement range of between 8-10 of the 11 domains.

Quality Improvement was applied as waiting times peaked at 349 days in Newport and 180 days in Blaenau Gwent. As a result of the change plan,

waiting times have reduced to an average of 230 days in Newport and 90 days in Blaenau Gwent.

To spread the offer of HBMR across the health board, the Highly Specialist OTs (N=2) are coaching OTs in the other memory services (N=5) in the offer of HBMR. The coaching approach is proving to be highly effective in develop the offer compared to 'training' in HBMR alone.

Conclusion: The HBMR outcomes have been robust and consistent in demonstrating the benefits across three years. A HBMR coaching approach within the OT workforce in AB UHB is proving successful in ensuring a quality, equitable and timely offer.

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Types of dementia - Young onset dementia

06/10/2025 - 15:30-16:45 - P08.Young onset dementia

P08-01 - Understanding and Prioritizing Needs of people with Young-Onset Dementia and Family Carers: A Detailed Qualitative Exploration Across Different Disease Phases

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Introduction: People with young-onset dementia (YOD) and family carers face distinct needs compared to those with late-onset dementia. A detailed exploration of these unique YOD-needs is essential for the development of tailored psychosocial YOD-support. This qualitative study examines and prioritizes needs across different disease stages: before diagnosis, shortly after diagnosis, and long term, hereby providing a distinct perspective that adds to the current understanding of YOD-needs.

Methods: Focus groups were conducted in 2023 and 2024, including both people with YOD and family carers. First, six focus groups (n=40) explored needs of people with YOD and family carers across all three phases. Hereafter, three focus groups (n=18) were conducted, focusing on prioritizing needs identified in the initial focus groups. Data was analyzed inductively using open and axial coding.

Results: Before diagnosis, people with YOD and family carers shared similar needs, including acknowledgment of symptoms, a proactive attitude in healthcare professionals, feeling heard, and receiving a timely diagnosis. Shortly after diagnosis, both groups highlighted the need for security, social contact, a positive approach, and a tailored point of (professional) contact. People with YOD specifically reported a need for autonomy. In the longer term,

family carers emphasized social contact and a positive approach, acknowledgement from others for their caregiving role, practical support, and support in navigating regulations. People with YOD also highlighted the importance of a positive approach, alongside meaningful activities, and staying involved with others. Prioritization results are expected in July 2025.

Discussion: This study provides a detailed exploration of YOD-needs across three important disease phases. By examining how needs evolve and change over time and identifying which are needs seen as most important, this research adds new insights to existing literature. Additionally, these results help shaping the further refinement of a psychosocial intervention for people with YOD and family carers.

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Types of dementia - Young onset dementia

06/10/2025 - 15:30-16:45 - P08.Young onset dementia

P08-04 - Rethinking Dementia and Inclusive Work Environments – Giving voice to those it concerns

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Introduction: As dementia prevalence rises globally, more people experience symptoms while still employed. However, fear of stigma and job loss often forces them into premature retirement. Research suggests that engaging in brain-stimulating activities like work tasks may reduce cognitive decline and slow disease progression. Continued employment not only benefits individual´s well-being but also supports economic productivity and reduces healthcare costs. Despite this, vocational rehabilitation for people with dementia remains underdeveloped, and knowledge is limited on how to best support work retention from various perspectives, including those of workers and employers.

Aim: This study aimed to identify key initiatives to support people with dementia regain or maintain employment, drawing on insights from people with dementia and relevant stakeholders.

Methods: As part of the Danish research project *Meaningful And Dignified Employment for People with Dementia (MADE)*, this qualitative study explored employment support needs through two World Café Workshops. Participants included 18 individuals: people with dementia, relatives, employers, job consultants, and dementia specialists. Thematic analysis revealed three core themes: 1) Challenging stigma, 2) Promoting workplace inclusion, and 3) Rethinking vocational rehabilitation.

Findings: The study underscores the need for a paradigm shift in workplace support for people with dementia. Participants emphasized the importance of inclusive employment practices, structural changes, and a reconsideration of vocational rehabilitation. The findings point to the complexity of retaining employment and the need for flexible, individualized support models.

Implications: Inclusive employment requires addressing systemic barriers, reducing stigma, and fostering open dialogue. A shift from deficit-focused to integration-focused strategies is essential. These insights can guide workplaces, rehabilitation programs, and policy efforts toward enabling people with dementia to stay active and included in the workforce.

Key words: Alzheimer's disease, inclusive employment, Individualized approach, Person-entered support, Vocational Rehabilitation

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Types of dementia - Young onset dementia

06/10/2025 - 15:30-16:45 - P08.Young onset dementia

P08-05 - Addressing anxiety, stress, and sleep problems in Young Onset Dementia: Empowering care through innovative non-pharmacological interventions

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Background: The "Young-D" project aimed to address anxiety, stress, and sleep problems faced by individuals with young onset dementia (YOD). Traditional treatments are predominantly pharmacological, with a notable gap in non-pharmacological options. This project sought to equip professional caregivers and students in health and welfare domains with tools for non-pharmacological interventions to improve knowledge about emotional well-being, anxiety, stress and sleep in individuals with YOD.

Methods: The project was carried out in collaboration with seven organizations across Europe and was co-funded by EU Erasmus+. Key activities included the development and teaching of a train-the-trainer module, the implementation of a six-week psychosocial program and the creation of a blended learning course comprising lectures, workshops, and e-learning modules which included effective methods such as breathing exercises, mindfulness, Cognitive Behavioral Therapy for insomnia (CBT-i), sleep hygiene, and Acceptance and Commitment Therapy (ACT) and group discussions.

Results: The project successfully developed and taught the train-the-trainer syllabus, implemented the YOUNG-D program across partner organizations, and created educational materials and a practical toolbox for future health care

providers. The blended learning course was published in multiple languages, including English, Dutch, Danish, and German. In addition, the project organized several transnational partner meetings and events, including the international conference on young onset dementia, held in Brussels in September 2024.

Discussion: The collaborative efforts fostered innovative learning and teaching practices, contributing to the broader goal of improving care for individuals with YOD. The inclusion of a variety of exercises provided a comprehensive approach to address these psychosocial needs of individuals with YOD.

Conclusion: By developing and disseminating comprehensive training and educational materials, the project enhanced the capacity of health care providers and students to implement these interventions. The sustainability of the project is ensured through open access to all materials and continued research.

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Types of dementia - Young onset dementia

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P08-02 - Suitability of the Job Demands and Accommodation Planning Tool for people working with dementia or MCI

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Increasing numbers of individuals living with dementia or Mild Cognitive Impairment are working when cognitive decline emerges. Problems at work may be among the first to emerge and present challenges to individuals meeting the demands of their job roles. Loss of employment has multiple impacts on individuals, including their sense of self, loss of social networks and financial implications. The Job Demands and Accommodation Planning Tool (JDAPT) was developed to identify workplace supports for individuals with episodic disabilities. The JDAPT contains four domains of physical, cognitive, interpersonal, and working conditions where difficulties may arise. The aim of this study was to explore the suitability of the Job Demands and Accommodation Planning Tool for individuals working with dementia or Mild Cognitive Impairment.

Semi-structured interviews were conducted with 23 individuals: 11 in Canada, 7 in Finland and 5 in Sweden relating to their experiences of developing cognitive impairment whilst working. The participants described workplace challenges carrying out their job roles in a wide range

of workplaces. They also discussed their experiences with employer-provided accommodations and self-developed strategies to maintain work. A content analysis of the interviews was carried out using a framework approach to code, categorize, and examine if their needs overlap with the four domains of the JDAPT. Results demonstrated good alignment of the experiences of individuals working with dementia or Mild Cognitive Impairment with the JDAPT domains. This presentation will demonstrate how the Job Demands and Accommodation Planning Tool framework could inform workplace supports for people with dementia or Mild Cognitive Impairment to maintain their presence in the workforce.

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Sessioni ITALIANE: Il percorso della ricerca: dalla scienza di base agli aspetti etici (Federazione Alzheimer Italia)

06/10/2025 - 15:30-16:45 - P09. Il percorso della ricerca: dalla scienza di base agli aspetti etici

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P09-01 - Lo stigma sociale nella demenza: validazione italiana della Dementia Public Stigma Scale (DEPSS)

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Introduzione: La demenza è in costante crescita con oltre 55 milioni di casi nel mondo. Lo stigma sociale legato alla demenza rappresenta una barriera significativa per il supporto e l'inclusione delle persone con questa malattia. La Dementia Public Stigma Scale (DePSS) è uno strumento che misura lo stigma sociale legato alla demenza e che può orientare gli interventi informativi e formativi.

Obiettivo: Validare in lingua italiana la DePSS.

Metodo: Lo studio si è articolato in due fasi: traduzione e adattamento culturale, e validazione psicometrica. La scala è stata tradotta secondo le linee guida di Beaton, con una valutazione di chiarezza e rilevanza mediante pre-test su 5 esperti e 41 laici. Successivamente, è stata testata su un campione di 1.329 partecipanti (età 14-93 anni). Sono state eseguite correlazioni item-totale (r), affidabilità (Omega di McDonald), test-retest (r) e analisi fattoriale confermativa (CFA).

Risultati: La versione italiana della DePSS è risultata soddisfacente per equivalenza semantica e concettuale, ha mostrato buona consistenza interna (omega = 0,776) e stabilità nel tempo (r=0,725, p<0,001). Tutte le correlazioni item-totale erano comprese tra 0.3 e 0.7. La CFA ha confermato la struttura originale a cinque fattori (paura e disagio, incapacità e perdita, riconoscimento della personalità, burden ed esclusione) con buoni indici di adattamento (CFI = 0,941, TLI = 0,923, RMSEA = 0,050 e SRMR = 0,045).

Discussione e conclusioni: La DePSS è una scala di rapida compilazione con soli 16 item che esplora tutte le componenti dello stigma: stereotipi, pregiudizio e discriminazione, a differenza di altre che valutano solo gli atteggiamenti positivi nei confronti delle persone con demenza, ma non quelli negativi. La DePSS italiana è uno strumento valido e affidabile per misurare lo stigma legato alla demenza che può essere utile per coloro che si occupano di politiche sanitarie.

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P09-02 - Brain banking per esplorare il cervello umano: nuovi percorsi di ricerca tra neuroscienze ed etica

Tino Emanuele Poloni[1], Vittorio Bolcato[2], Giulia Negro[3], Riccardo Rocco Ferrari[3], Davin Annalisa[3], Mauro Colombo[3], Arcangelo Ceretti[3], Antonio Guaita[3], Livio Pietro Tronconi[4]
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Considerando l'epidemiologia dell'Alzheimer e delle malattie neurodegenerative legate all'età, e l'insufficienza dei modelli di studio animali, l'esame diretto del cervello umano è fondamentale per il progresso neuroscientifico e per orientare decisioni di salute pubblica. La possibilità di avere tessuto cerebrale autoptico utilizzabile ai fini di ricerca dipende dall'adeguatezza delle leggi e dall'efficacia dei protocolli operativi.

Lo studio analizza opportunità e limiti delle normative italiane, in confronto con altri paesi. Emergono tre aspetti cruciali per la donazione del cervello a fini di ricerca: 1) consapevolezza di ciò che implica la donazione del cervello (prelievo tempestivo dopo accertamento strumentale di morte cardiaca), ben distinta dalla donazione di organi per trapianto (prelievo dopo accertamento di morte cerebrale); 2) volontà consapevole di donare, espressa dal soggetto mediante consenso informato o direttive anticipate; 3) possibilità di donare il cervello senza

necessariamente donare l'intero corpo; per l'impatto emotivo e operativo che comporta, la donazione del corpo dev'essere considerata separatamente.

La legge italiana, assai cautelativa, presenta aspetti d'inadeguatezza rispetto ad altri paesi, rispondendo solo parzialmente alle questioni poste; sinteticamente: 1) decreto agosto 1994, n. 582 ed emendamento aprile 2008 (accertamento della morte cardiaca mediante tanatografia - ECG piatto di 20 minuti), consente la riduzione dell'intervallo *post-mortem* e l'ottenimento di tessuti non deteriorati; 2) legge febbraio 2020 n. 10 consente l'espressione della volontà individuale di donare. Pur importante, quest'ultima legge è ancora inadeguata poiché prevede solo la possibilità di donazione dell'intero corpo e non è adeguata alle attività di brain banking. Infatti, la gestione del cervello richiede protocolli operativi specifici e i centri che se ne occupano devono possedere esperienza nella gestione del tessuto nervoso, senza doversi necessariamente occupare dell'onerosa gestione dell'intero corpo. È necessario che queste istanze siano colte dalla politica e trasferite a livello giuridico, pena una ridotta efficacia delle ricerche sull'Alzheimer in Italia.

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P09-03 - Exploring peripheral markers for identifying predictive trajectories of dementia development and their longitudinal evolution.

Cristina Lanni[1], Nicola Opallo[2], Chiara Gualtieri[2], Edoardo Pedrini[3], Francesca Fagiani[3], Annalisa Davin[3], Chiara Calatozzolo[3], Emanuele Poloni[3], Stefano Govoni[3]
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I limitati risultati clinici con gli anticorpi anti-amiloide rivelano la necessità di approcci innovativi alla malattia di Alzheimer (AD). È importante affrontare la malattia studiando determinanti indipendenti dall'accumulo di amiloide e tau, nuovi meccanismi e la loro sequenza temporale.

Basandoci sui progressi delle tecniche di genomica a singola cellula, abbiamo analizzato l'ippocampo umano nella fase iniziale della malattia, prima dell'insorgenza del deterioramento cognitivo (CI), al fine di stabilire un gradiente di suscettibilità alla degenerazione delle diverse cellule del sistema nervoso centrale. Abbiamo applicato il sequenziamento dell'RNA a singolo nucleo (snRNAseq) sul giro dentato

(DG) dell'ippocampo ottenuto da cervelli umani post-mortem di soggetti con un quadro neuropatologico di AD lieve con CI moderato (MCI, n=6) rispetto a soggetti senza CI (NOLD, n=4), entrambi confrontati con controlli non-neurologici e non-dementi di pari età (CTRL, n=3).

Non abbiamo osservato alcuna differenza in termini di geni sottoregolati e sovraregolati nell'ippocampo tra MCI e NOLD, ad indicare che alterazioni critiche precoci a livello cellulare e molecolare possono verificarsi prima dell'insorgenza del CI. Al contrario, abbiamo osservato una significativa sovraregolazione nelle vie regolanti il potenziamento a lungo termine (LTP) e, la regolazione circadiana nelle cellule granulari del DG sia in MCI che in NOLD rispetto ai CTRL.

La sovraregolazione di queste vie nelle cellule granulari del DG sia nei soggetti MCI che NOLD è in linea con l'evidenza che l'alterazione circadiana può essere un segno prodromico di demenza incipiente, e che la modulazione dell'LTP, come elemento sottostante nella formazione e nel mantenimento di una vasta gamma di processi di memoria, può essere associata a cambiamenti nell'orologio circadiano. Queste osservazioni preliminari suggeriscono di esplorare i potenziali impatti reciproci dell'alterazione dello stato cognitivo e del controllo circadiano della plasticità sinaptica.

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P09-04 - Accelerated long-term forgetting come marcatore neuropsicologico precoce della fase pre-clinica della malattia di Alzheimer: Una revisione sistematica e meta-analisi

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Introduzione
L'Accelerated Long-Term Forgetting (ALF) è un fenomeno neuropsicologico caratterizzato da un'anomala perdita di informazioni a lungo termine, nonostante una ritenzione iniziale nella norma, che si manifesta esclusivamente dopo intervalli di tempo prolungati (≥ 1 ora). Questo fenomeno non è rilevabile tramite i test neuropsicologici standard, che prevedono solitamente richiami differiti entro i 30 minuti, ma potrebbe rappresentare un marcatore neuropsicologico precoce di neurodegenerazione nella fase preclinica della Malattia di Alzheimer (AD). Questa revisione sistematica e meta-analisi ha l'obiettivo di sintetizzare criticamente le attuali evidenze sull'ALF nella fase preclinica dell'AD.
Metodi
È stata condotta una revisione sistematica secondo le linee guida PRISMA (aggiornata a maggio 2025), includendo studi osservazionali su popolazioni neurologiche in cui venivano somministrati test di memoria

con richiami differiti ≥ 30 minuti, confrontando le prestazioni con gruppi di controllo. Dei 74 studi inclusi, 11 hanno indagato l'ALF in soggetti nella fase preclinica di AD, definita sulla base di fattori genetici (APOE ε4), biomarcatori (Aβ42, T-tau e P-tau) o della presenza di Disturbo Soggettivo di Memoria (SCD). Di questi studi, 5 riportavano dati quantitativi completi su test di memoria verbale con richiamo differito a 1 settimana, e sono stati inclusi in una meta-analisi a effetti casuali (Cohen's d, IC95%, p, I^2).

Risultati

La meta-analisi (n =107) ha evidenziato un effetto moderato a favore dei controlli (Cohen's d = 0.53, IC95% [0.07, 0.98], p = .032), suggerendo un oblio accelerato delle informazioni nei soggetti in fase preclinica di AD. L'eterogeneità tra gli studi è risultata bassa (I^2 = 21.2%).

Conclusioni

I risultati della presente revisione sistematica e meta-analisi supportano l'ALF come potenziale marcatore neuropsicologico precoce della fase preclinica di AD. L'inclusione sistematica di test di memoria con richiami differiti ad intervalli prolungati, come quelli a 1 settimana, potrebbe potenziare l'identificazione precoce dei soggetti a rischio.

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P10-04 - INTELLICA: Una Tecnologia Assistiva Digitale per la Stimolazione Cognitiva in Persone con Demenza. Risultati di uno Studio di utilizzo in Residenza Protetta

Cristiano Lucini
COOSS MARCHE

INTELLICA è una piattaforma di Tecnologia Assistiva Digitale sviluppata da COOSS Marche, progettata per stimolare e mantenere le funzioni cognitive degli utenti. La piattaforma include una varietà di esercizi cognitivi organizzati in sette aree, ispirate alla classificazione ICF e che si fonda sulle teorie del modello dell'intelligenza CHC, insieme a strumenti per promuovere l'autonomia e l'autodeterminazione.

Nel 2024 è stata effettuata una ricerca volta ha esaminare l'efficacia di INTELLICA nella stimolazione cognitiva di anziani in Residenza Protetta, molti dei quali con demenza. Gli esercizi di INTELLICA sono personalizzabili per adattarsi alle esigenze individuali, facilitando il coinvolgimento degli utenti e promuovendo la neuro-plasticità e la riserva cognitiva. La piattaforma si propone di migliorare competenze come l'attenzione, la memoria, le funzioni esecutive, l'orientamento e la gestione emotiva.

L'uso di INTELLICA ha dimostrato di avere un impatto positivo sul benessere degli anziani, i risultati hanno evidenziato che l'uso di INTELLICA ha contribuito

a migliorare i livelli cognitivi del gruppo sperimentale, con un incremento significativo nei valori del Mini-Mental State Examination (MMSE), svolti ad inizio ricerca, rispetto al gruppo di controllo. Inoltre, la piattaforma ha favorito la socializzazione e ha offerto agli anziani un'opportunità di svago e la possibilità di mettersi in gioco, contrastando la monotonia della vita in Residenza Protetta. La flessibilità della piattaforma consente l'utilizzo in diversi contesti e posizioni, adattandosi alle esigenze fisiche degli utenti. Nonostante le sfide iniziali legate all'adozione della tecnologia e alla presenza di demenza, INTELLICA si è rivelata uno strumento prezioso per stimolare le capacità cognitive, promuovere l'autonomia e migliorare la qualità della vita degli anziani.

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P10-05 - Intelligenza artificiale e linguaggio: uno strumento per la diagnosi precoce della demenza di Alzheimer

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Introduzione: La valutazione del linguaggio ha un ruolo importante per caratterizzare individui affetti da demenza di Alzheimer (AD). Recentemente l'intelligenza artificiale (AI), applicata all' elaborazione del linguaggio naturale, ha permesso di identificare marcatori diagnostici rapidi, accessibili e poco invasivi. Questo studio, per la prima volta, applica l'AI all'analisi del linguaggio in pazienti italiani per catturare

automaticamente disturbi di linguaggio che supportano la diagnosi clinica di AD.

Materiali e Metodi: 19 pazienti con variante amnestica (aMCI) e 20 con variante logopenica di Afasia Primaria Progressiva (lvPPA), con biomarcatori positivi per AD, insieme a due gruppi di controllo (HC) bilanciati per età/sesso/scolarità hanno completato un compito di descrizione di figura. La produzione orale è stata trascritta ed analizzata utilizzando CLAN, da cui sono state estratte 24 features (fonetico-fonologiche, lessico-semantiche, morfo-sintattiche, discorso). È stata implementata una pipeline di Machine Learning (SVM con nested cross-validation e feature selection) per distinguere MCI-vs-HC, lvPPA-vs-HC e lvPPA-vs-MCI. L'analisi dei predittori ottimali è stata condotta tramite Shapley values.

Risultati: I modelli hanno raggiunto una sensibilità/specificità di 85/90% per MCI-vs-HC, 95/75% per lvPPA-vs-HC, e 85/70% per lvPPA-vs MCI. Nel confronto MCI-vs-HC è emerso che l'aumento di autocorrezioni, verbi, false partenze, frasi sintatticamente scorrette ed errori semantici aumenta la probabilità di classificazione come MCI. Nel confronto lvPPA-vs-HC, un maggior numero di auto-interruzioni, verbi, errori fonologici, frasi agrammatiche, disfluenze, e un minor numero di preposizioni aumenta la probabilità di classificazione come lvPPA. Infine, in lvPPA-vs-MCI, la produzione di più congiunzioni, ripetizioni, pause piene, meno nomi e verbi, aumenta la probabilità di classificazione come lvPPA.

Discussione: L'AI ha consentito di individuare marcatori linguistici digitali specifici per la lingua italiana indicativi di processi degenerativi precoci. Difficoltà fonologiche e di accesso lessicale caratterizzano i pazienti lvPPA, mentre un profilo disfluente ed esitante i pazienti MCI.

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P10-01 - Intelligenza artificiale: tra curiosità, entusiasmo e preoccupazione

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Sono un medico e ho avuto la straordinaria occasione di lavorare in prima linea nella pandemia e nelle narrazioni di storie umane di dolore, perdita, speranza e ripresa. Ho potuto documentare personalmente che nella pandemia meno tristezza, solitudine e alienazione venivano trovate nelle famiglie dove la solidarietà intergenerazionale proteggeva nella sofferenza, più delle macchine, dei dispositivi di comunicazione come internet.

Ci si poteva ammalare, morire, guarire, ma la speranza era portata da camici e casacche bianche che in un ospedale isolato rappresentavano il contatto con il mondo. Del resto non bisogna andare troppo lontano dalle proprie sensazioni per scoprire cos'è la contentezza, il benessere o il barlume della felicità momentanea, quando pensiamo alla nostra vita reale: solo le persone ci possono rendere felici pienamente, farci soffrire, mentre l'intelligenza artificiale magari ci rende dipendenti, ma non accontenta nessun nostro desiderio.

Niente paura quando Bard scrive in bengalese apparentemente senza che nessuno gliel'abbia insegnato… una motivazione scientifica senz'altro ci sarà, ma quello che è certo è che non c'è nessuna intelligenza artificiale separata da un corpo, come dice il New York Times.

In medicina ci si chiede se si sia pronti per AI, se nuovi farmaci arriveranno per lo sviluppo dell'intelligenza artificiale, se le tecnologie robotiche arriveranno a curare con precisione patologie complesse, se le conoscenze informatiche consentiranno di prevenire le malattie con maggiore accuratezza nel futuro sarà perché le scienze biomediche avranno gli strumenti delle tecniche e l'entusiasmo delle componenti umane per migliorare il mondo, affidandosi ad entrambi, come pubblica l'Economist nel 2021.

Il futuro va vissuto senza paura, ma con consapevolezza e fiducia: nessun interruttore da spegnere per macchine incontrollabili… in fin dei conti siamo stati abituati all'idea che gli unici cattivi nella storia siano stati gli uomini.

Ma ritengo che l'uomo non potrà mai essere reso superfluo dalla macchina.

35th Alzheimer Europe Conference

06/10/2025 to 08/10/2025

Sessioni ITALIANE: Intelligenza Artificiale, Tecnologia Applicativa e Demenza (Alzheimer Uniti Italia)

06/10/2025 - 15:30-16:45 - P10. Intelligenza Artificiale - Tecnologia Applicative e Demenza

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P10-02 - Progetti europei per prevenire il declino cognitivo e supportare soggetti con MCI

Maria Manuela Berardinelli[1], Oscar Zanutto[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]ISRAA

L'intelligenza artificiale offre nuove opportunità per persone e sistemi di welfare. È essenziale integrarla nella vita quotidiana, garantendo usabilità, utilità e sostenibilità. Il relatore illustrerà tre progetti europei per prevenire il declino cognitivo e supportare soggetti con MCI.

35th Alzheimer Europe Conference

06/10/2025 to 08/10/2025

Sessioni ITALIANE: Intelligenza Artificiale, Tecnologia Applicativa e Demenza (Alzheimer Uniti Italia)

06/10/2025 - 15:30-16:45 - P10. Intelligenza Artificiale - Tecnologia Applicative e Demenza

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P10-03 - Programma d'intervento sullo stile di vita, supportato digitalmente, per promuovere la salute del cervello tra gli anziani: risultati preliminari dello studio LETHE

Maria Manuela Berardinelli[1], Patrizia Mecocci[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]UNIVERSITA' DI PERUGIA

Background: lo studio FINGER ha dimostrato che un programma multimodale, che combina diversi interventi sullo stile di stile di vita, ha avuto benefici sulle funzioni cognitive e sulla qualità della vita di persone adulte o anziane con fattori di rischio per la demenza. L'utilizzo di tecnologie digitali può aumentare l'accessibilità, la personalizzazione e la sostenibilità di tali interventi, favorendo l'autonomia e la raccolta di dati longitudinali. Il progetto LETHE mira a valutare la fattibilità di un programma di stile di vita fornito digitalmente per supportare l'invecchiamento attivo e in buona salute.

Metodi: LETHE è uno studio multicentrico condotto in quattro centri europei (Austria, Finlandia, Italia e Svezia), randomizzato (in rapporto 1:1) e controllato, della durata di due anni. Il gruppo di intervento ha seguito un programma multidimensionale supportato da app (LETHE App) su alimentazione, attività fisica e cognitiva, gestione dei fattori di rischio cardiovascolare, sonno, rilassamento e interazione sociale. Il

gruppo di controllo ha ricevuto indicazioni generiche sullo stile di vita, tramite una versione semplificata della stessa app. Sono stati eseguiti follow-up a 6, 12 e 24 mesi. I dati sono in fase di analisi, saranno utilizzati modelli misti lineari per confrontare gli effetti dell'intervento tra i due gruppi di studio.

Risultati: sono stati arruolati 156 partecipanti (età media: 68,8 anni; [DS: 4.5], donne 101 [64,7%]). Il tasso di abbandono è contenuto: 5 (3,2%) dei quali 3 nel gruppo di intervento (3,8%) e 2 nel gruppo di controllo (2,6%). Nei primi sei mesi l'app è stata utilizzata quotidianamente dal 50,5% dei partecipanti del gruppo di intervento e dal 27,5% del gruppo di controllo. I risultati di efficacia saranno presentati alla conferenza.

Conclusioni: un intervento sullo stile di vita supportato digitalmente risulta gradito e potenzialmente implementabile nella popolazione anziana. I risultati preliminari indicano buona fattibilità e adesione.

Trial Registration: ClinicalTrials.gov (NCT05565170)

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People - People with dementia

06/10/2025 - 17:00-18:15 - P11. People with dementia

P11-05 - As a person with dementia, this is the society I would love for me and my loved ones.

Věra Ryšavá
Alzheimer Europe - European Working Group People with Dementia

My name is Věra Ryšava, I am from the Czech Republic, and I am 70 years old. I have been coping with the diagnosis of Alzheimer's disease for 5 years. After the initial unfortunate and unkind disclosure of the disease and the depression that followed, things have improved a bit.

I can and want - if my health condition allows -to try to maintain my self-sufficiency, whether through diet, physical, mental or social activity. However, I realize that there will come a time when I will no longer be able to manage on my own and will be dependent on my loved ones, at best.

For my loved ones, I would like a society that does not create any obstacles for them when the time comes that they have to take care of me. This hope gives me the strength to keep on fighting the adversity of a system that does not always help us but also be grateful to those who work to improve the situation and make life better for people with dementia.

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People - People with dementia

06/10/2025 - 17:00-18:15 - P11. People with dementia

P11-01 - Exploring Dementia Through the Lens of Everyday Life

Jacoba Huizenga[1], Sascha Bolt[2], Gerda Van Tongerloo (on behalf of Brain Power)[2], Jean Pierre Wilken[2], John Keady[3], Nienke Bleijenberg[2], Herma Tigchelaar[2], Tine Van Regenmortel[4]
[1]HU, [2], [3]University of Manchester, [4]KU Leuven

Research into the needs of people with dementia and their family carers is crucial for developing tailored care and support. This interdisciplinary five-year project adopted a sociological approach to focus on "everyday life" as an overarching frame to broaden understandings about living with dementia, providing insight into what is important for living well at home. Conducted in the Netherlands, the PhD project used a literature review and three qualitative studies to capture perspectives on everyday life from people with dementia, family carers, and case managers. At the center of the project was a group of co-researchers with dementia, called Brain Power who collaborated with the academic researchers, to ensure the research reflected their voices and experiences.

These four studies together identified five key themes that provided a more in-depth understanding of the significance of the lens of everyday life for people with dementia. Firstly, the research emphasizes the importance of enabling participation and maintaining social connections. Secondly, it highlights the need for practical solutions and support that focus on adjusting to the continuously changing nature of dementia in everyday life. Thirdly, the research underscores the value of the neighborhood and the home environment to "feel at home". Fourthly, the research identifies the crucial role of a key professional in providing support to address the everyday challenges faced by people with dementia and their families. Lastly, the research advocates centering the voice

and everyday life of people with dementia to develop dementia-friendly communities and promote social inclusion. Moreover, this is exemplified by the efforts of the Brain Power group in advocating for change in how we approach dementia care.

In the presentation, the lead researcher and a co-researcher with dementia will elaborate on the development and application of the everyday life lens.

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People - People with dementia

06/10/2025 - 17:00-18:15 - P11. People with dementia

P11-03 - The good, the bad and the beautiful

Gerry Paley, Saoirse Kelly
The Alzheimer Society of Ireland

Gerry Paley received a diagnosis of Alzheimer's Disease in 2017. Once Gerry accepted his diagnosis, he decided he was going to do all he could to live his life to the best of his ability. Gerry joined the Irish Dementia Working Group and decided to use his voice.

A diagnosis of dementia is life changing and very often it can destroy a person's confidence, but Gerry did not let this happen. Gerry has worked tirelessly to ensure the voice of those living with dementia is always heard.

Gerry has appeared in numerous national newspapers, taken part in several interviews, spoken at policy events, participated in national events with the Irish Health Service as well as sitting on the Steering Committee of the Irish Dementia Working Group.

Gerry is passionate that people understand that people living with dementia are still an important part of society and this has been at the core of all his advocacy work.

In this presentation Gerry, with support of advocacy officer Saoirse Kelly will share with everyone how he has achieved this.

Gerry will share that while living with dementia can be extremely challenging there are also moments of happiness and joy.

Gerry will demonstrate how he has managed to find the laughter amidst some of his lowest days.

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People - People with dementia

06/10/2025 - 17:00-18:15 - P11. People with dementia

P11-04 - Empowering people with Young Onset dementia

Jan Runar Eliassen
EWGPWD

The presentation will be around my involvement, as a person who received a diagnosis of Alzheimer's at the age of 45, on a health literacy course in Norway. When I received this diagnosis 5 years ago, this was a big shock for me, my wife and five children. The heath literacy course which I will be presenting is for people with young onset dementia as well as their next of kin.

The course provides knowledge and tools in the early stage of the disease when it is so much needed. The goal of the course is empowerment, education and help in the critical early stage after diagnosis. We work for a paradigm-shift, from care to empowerment and education.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

06/10/2025 - 17:00-18:15 - P11. People with dementia

P11-02 - Advocacy as Resistance: Challenging Systems, Restoring Agency

Eloisa Stella[1], Eloisa Stella[1], Cristian Leorin[2], Giovanni Nicoli[3], Simona Ferrari[1]
[1]Novilunio APS, [2]University of Padua, [3]Nottingham Trent University

In a system that marginalizes those who fail to conform to dominant models of productivity and autonomy, advocacy by people with dementia in Italy represents a radical act of resistance. For over 10 years, the Padua-based association Novilunio has challenged this exclusion by amplifying the voices of individuals living with a diagnosis often burdened by stigma. The issue is not merely cultural—it is systemic. Despite having one of the highest rates of dementia diagnoses in Europe, Italy remains stuck in a care model that reduces individuals to passive recipients, denying them the right to be active agents in their own lives.

Novilunio's program goes beyond raising awareness; it openly confronts the infrastructure of silence and invisibility. Through initiatives co-created with people with dementia, the association overturns dominant narratives, proving that living well after a diagnosis is not only possible but essential to dismantling stigma. In 2024, Novilunio's advocates living with dementia took concrete action by training healthcare professionals and university students, participating in national and international conferences and webinars, and publishing first-

hand accounts. Each intervention contributes to a broader fight against systemic exclusion.

However, addressing dignity alone is insufficient; structural inequality must be tackled. Dementia becomes a lens through which to examine the deep fractures in our socio-health systems. Advocacy transforms not only through workshops or conferences but by recognizing the power of people with dementia as agents of change. This is not just an invitation to empathy—it is a call to action against a system that prefers to hide what it cannot control.

This abstract introduces a presentation that will be delivered by members of Novilunio who are living with dementia themselves. Their participation exemplifies the organization's commitment to elevating lived experiences as vital expertise in challenging stigma and advocating for systemic change.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

06/10/2025 - 17:00-18:15 - P12. Breaking down barriers: promoting inclusive research participation and data sharing in dementia

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P12 - Breaking down barriers: promoting inclusive research participation and data sharing in dementia

Angela Bradshaw[1], Patrick Crosbie[2], Michael Schöll[3], Matt Clement[4], Lukas Duffner[1]
[1]Alzheimer Europe, [2]Member of the European Dementia Carers Working Group, [3]University of Gothenburg, [4]Gates Ventures

Wider participation in dementia research and responsible data sharing are key drivers of scientific progress and ensuring findings are relevant to all affected communities.

This symposium will examine what encourages or discourages people from taking part in dementia research studies, with particular attention to groups that are typically underrepresented, including those from minority ethnic backgrounds. Understanding these barriers and motivators is key to developing more inclusive research practices.

The session will also explore how the reuse of large, well-curated datasets can generate new insights and improve the efficiency of research, drawing on examples from global initiatives. Findings from a recent public poll and scoping review on attitudes toward research participation and data sharing will provide a basis for discussion.

The session will conclude with a panel discussion focused on identifying practical actions to build trust, support meaningful engagement, and promote equity in research participation and data sharing in dementia.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

06/10/2025 - 17:00-18:15 - P13. Exploring the Possibility of Community between Innovation and Long-Term Care in Alzheimer Village

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P13 - Exploring the Possibility of Community between Innovation and Long-Term Care in Alzheimer Village

Maria Letizia Villa[1], Marco Fumagalli[1], Mariella Zanetti[1], Marta Consonni[2]
[1]Cooperativa La Meridiana, [2]

The Paese Ritrovato (English translation "The country found again") remained born as a project shared by some specialist within the cooperative company La Meridiana early 2015 but its realization token place during 2017. Opening occured on February 2018, the first resident was accepted on June 2018 and on September 2019 the Paese was at full capacity of 64 residents.

We were inspired by cities designed on the concept of memory of social relationship, like Hogeweyk, the dutch dementia village. Our care model is the Kitwood's Person Centred Care

Actually we think that the Paese Ritrovato is a place of **care and life** created to accommodate people with cognitive decline in a mild to moderate phase. A place where people with dementia can live in a safe setting without environmental limitations either in their life rhythm or in their personal choices.

A place where the best possible functional level can be maintained depending on the cognitive pathology while minimizing signs of discomfort. But overall it's an incubator of social relationship.

In the session, after a short presentation of the La Meridiana Cooperative, which for 40 years is working with frail elderly we would like to introduce the model of care and life adopted at the Paese Ritrovato for people with dementia. The oral presentation will be supported by a video in which the inhabitants of the country will tell their days, their lives.

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From research to communities - Brain health and prevention

06/10/2025 - 17:00-18:15 - P14. Brain health & prevention

P14-02 - Population attributable fractions of modifiable risk factors for dementia: A nationwide study from the Netherlands

Tessa Lin van Baal[1], Niels Janssen[2], Sebastian Köhler[2], Kay Deckers[2]
[1]Maastricht University, [2]

Study objectives: An estimated 300,000 individuals in the Netherlands are currently living with dementia, a number that is projected to double by 2050 due to ongoing ageing and population growth. Identifying modifiable risk and protective factors is essential for developing effective strategies to reduce the risk of dementia. This study aimed to estimate the population attributable fractions (PAFs) of several modifiable risk factors for dementia in the Netherlands and to examine their temporal trajectories from 2012 to 2022.

Methods: The study utilised data from four independent waves of the nationwide Dutch Municipal Health Service (GGD) Monitor survey, conducted in 2012 (n = 387,195), 2016 (n = 457,153), 2020 (n = 539,902), and 2022 (n = 367,557), including adults aged 18 years and older. PAFs were calculated for seven modifiable risk factors: low educational attainment, obesity, smoking, high alcohol consumption, low social contact, depression, and physical inactivity. Relative risks for these factors were drawn from previously published meta-analyses. Subgroup analyses were performed by age group, sex, socio-economic position, migration background, and GGD regions across the Netherlands.

Results: The PAFs for dementia showed a slight decline over the years, with low social contact consistently contributing the most to the total PAF. Subgroup

analyses revealed higher PAFs among females, individuals in mid-life (45–64 years) and late life (65 years and older), those with a lower socio-economic position, and individuals with a migration background—particularly first-generation migrants. Regional differences in PAFs were also observed. Further analyses are ongoing, and estimates will be presented at the conference.

Conclusion: This study is the first to summarise the potential for dementia risk reduction across the Netherlands over time by eliminating modifiable risk factors. The findings highlight the potential for risk reduction and emphasise the need for targeted, inclusive prevention strategies considering social and demographic diversity.



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From research to communities - Brain health and prevention

06/10/2025 - 17:00-18:15 - P14. Brain health & prevention

P14-03 - Association Of Sleep-Wake Cycle Clusters With Cognitive Ageing In Older Adults: Results From The Whitehall II Accelerometer Sub-Study

Sam Vidil[1], Aline Dugravot[2], Ian Meneghel-Danilevicz[2], Séverine Sabia[2]
[1]Inserm DR Paris IDF CN - U1153, [2]Inserm U1153

Objective: The sleep-wake cycle (SWC) is altered at older ages, more particularly among those with dementia, including in the preclinical phase. We aim to examine the association between SWC clusters of older adults with a) incident dementia and b) 10-year cognitive trajectories in the Whitehall II cohort.

Methods: Accelerometer-derived 36 metrics related to rest-activity rhythm (RAR), daytime physical activity (PA), sleep, and chronotype were introduced in a principal component analysis, and the eight first principal components selected to derive the SWC clusters using k-means clustering algorithm. These clusters were: 1. RAR++/PA++; 2. RAR+/light intensity PA (LIPA)+/Sleep-; 3. RAR+/LIPA+/Sleep+; 4. Moderate to vigorous PA (MVPA)++; 5. RAR-/Late chronotype; 6. RAR-/Sedentary behaviour (SB)+/Sleep+; 7. RAR-/SB+/Sleep-; 8. RAR-/Restless sleep; 9. RAR++/SB++. The association of these clusters with dementia was examined using Cox regression models and with cognitive trajectories using mixed models. All analyses were adjusted for sociodemographics, behavioural, and health-related factors.

Results: among the 3,973 participants (median follow-up=10.5y), 329 dementia cases were recorded (mean age at dementia=81.3y). Clusters 7 (RAR+/SB+/Sleep-, hazard ratio (HR)=1.90 (95%CI=1.25-2.88)), and 8 (RAR-/Restless sleep, HR=2.00 (1.26-3.18)) were associated with a higher risk of incident dementia as compared to cluster 3 (RAR+/LIPA+/ Sleep+, used as reference). HR for cluster 9 (RAR--, SB++) was 1.49 (0.96-2.33) but did not reach significance (p-value=0.08). In the trajectories analyses (N=3,862), clusters 7, 8 and 9 were associated with poorer cognitive trajectory (p-value<0.031), and cluster 4 (MVPA++) with borderline better cognitive trajectory (p-value=0.069).

Conclusion: Clusters of disturbed SWC were associated with important aspects of cognitive ageing, dementia and cognitive trajectories. These findings suggest SWC alterations to be part of the hallmark of dementia preclinical symptoms that could be used as early marker for identification of preclinical cases and intervention to delay onset of dementia.

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From research to communities - Brain health and prevention

06/10/2025 - 17:00-18:15 - P14. Brain health & prevention

P14-05 - Cognitive Reserve and Cognitive Functioning over 25-year follow-up: Results from the Maastricht Aging Study

Merve Çebi[1], Niels Janssen[2], Kay Deckers[2], Sebastian Köhler[2]
[1]Mimar Sinan Fine Arts University, Faculty of Arts and Sciences, Psychology Department, Istanbul, Türkiye, [2]Department of Psychiatry and Neuropsychology, Alzheimer Centrum Limburg, Mental Health and Neuroscience Research Institute (MHeNs), Maastricht University

Introduction: Literature consistently highlights the effect of lifestyle on cognition in the aging population. Studies suggest that lifelong mental experiences create a compensatory mechanism, called cognitive reserve (CR), against age-related brain pathology. Among these experiences, high education, increased occupational complexity and intellectually stimulating leisure activities are generally accepted to be the major proxies of CR. In this study, we aimed to investigate the role of CR on cognitive performance on a longitudinal basis.

Method: Data from the Maastricht Aging Study (MAAS), a longitudinal cohort study investigating cognitive aging among Dutch community-dwelling adults, was used. A total of 964 participants between the age of 40-75 years (57.3±10.6; 46,7%females) were included for this study. Education level, mental work and mentally stimulating leisure time activities were used to create CR level (range between 3-8, higher level indicates stronger CR) for each participant. Verbal Learning Test, Concept Shifting Test and Letter-Digit Substitution Test were used to evaluate cognition at baseline, 6, 12- and 25-

years follow-up in multiple linear and mixed-effects models for longitudinal change over time, adjusted for age and gender.

Results: Regression analyses showed that CR level was significantly associated with cognition in all cognitive tests at baseline ($p<.001$, for all). The preliminary findings of the mixed model analyses including time, on the other hand, indicated no significant association of CR level on change in cognitive scores ($p>.05$, for all).

Conclusion: Participants with higher levels of CR consistently demonstrated better cognitive performance across all measurement points, but rate of cognitive decline was generally not affected by CR level. Therefore, our findings support the notion that a stronger CR is associated with better cognition.

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From research to communities - Brain health and prevention

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P14-04 - Lifestyle for Brain Health (LIBRA) and cognitive functioning across adulthood - Results of the German National Cohort (NAKO)

Susanne Röhr[1], Felix Wittmann[2], Melanie Luppa[2], Sebastian Köhler[3], Kay Deckers[3], Colin Rosenau[3], Luca Kleineidam[4], Michael Wagner[4], Klaus Berger[5], Alexander Pabst[2], Steffi Riedel-Heller[2]
[1]Centre for Healthy Brain Ageing (CHeBA), School of Clinical Medicine, UNSW Sydney, [2]Institute of Social Medicine, Occupational Health and Public Health (ISAP); Medical Faculty of University of Leipzig, [3]Alzheimer Centrum Limburg, Mental Health and Neuroscience Research Institute (MHeNs), Maastricht University, [4]Department of Neurodegenerative Diseases and Geriatric Psychiatry, University of Bonn Medical Center, [5]Institute of Epidemiology and Social Medicine, University of Münster

Background: The LIfestyle for BRAin Health (LIBRA) index is a well-established index to assess risk and protective factors of dementia. While the index is well validated for midlife and older adults, its applicability in younger age groups remains unclear. We aimed to examine the prevalence of LIBRA factors and their associations with cognitive functioning across the adult lifespan (ages 20-75) with a focus on differences by age decades, sex and socioeconomic status (SES).

Methods: We used data of the German National Cohort (NAKO). Proportions and trend tests were calculated for ten LIBRA factors: coronary heart disease, diabetes, hypercholesterolemia, hypertension, depression, obesity, smoking, physical inactivity, chronic kidney disease, alcohol consumption, adjusting for age, sex, education, SES, employment status, marital status, household size, migration status and German language proficiency. Analyses were conducted for the total sample and stratified subsamples.

Results: The analytical sample included 149,948 participants (mean age 50.1 [13.6] years, 50.4% women). Behavioral risk factors (e.g. smoking, physical inactivity, depression) were more common in younger adults, while cardio-metabolic factors (e.g. hypertension, obesity, coronary heart disease, and diabetes) were more frequent with increasing age. Higher LIBRA scores, indicating higher dementia risk, were associated with lower cognitive functioning across the lifespan. A gradient in LIBRA scores was observed for SES, varying across age decades and between sexes. Although men had lower LIBRA scores overall, the association with cognitive functioning was more pronounced in women.

Conclusion: Findings support the relevance of the LIBRA index in younger adults (20–39 years), a group often overlooked in dementia risk research. The results underscore the importance of early, tailored interventions targeting modifiable behavioral risks—particularly for socioeconomically disadvantaged groups and women.

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From research to communities - Brain health and prevention

06/10/2025 - 17:00-18:15 - P14. Brain health & prevention

P14-01 - Attitudes Toward Brain Health and Dementia Risk Reduction Among Minoritised Ethnic Communities in the United Kingdom: A Cross-Sectional Survey Analysis

Golnaz Atefi[1], Charles R Marshal[2], Claudia Cooper[2], Sube Banerjee[2], Naaheed Mukadam[2]
[1]Radboud University, [2]

Background: While dementia prevention targeting modifiable risk factors is gaining attention, sociodemographic disparities in dementia knowledge, stigma, and awareness of risk factors remain underexplored. This study investigates these differences among minoritized ethnic communities in the UK.

Methods: In a secondary analysis of data from two 2023 national surveys by Alzheimer's Research UK, we assessed dementia knowledge, stigma, and risk factor awareness in 3,500 participants. Linear regression models examined associations between ethnicity and these factors, adjusting for age, sex, education, social grade, chronic conditions, and knowing someone with dementia.

Results: South Asian (Coef. = -0.45, $p < 0.001$) and Black participants (Coef. = -0.17, $p < 0.005$) had lower dementia knowledge compared to White participants. Stigma was higher among Black (Coef. = 0.45, $p < 0.001$) and South Asian participants (Coef. = 0.23, $p < 0.001$). Black

participants also had lower awareness of dementia risk factors (Coef. = -0.655, p = 0.005). Profession, education, chronic conditions, gender, and knowing someone with dementia also influenced attitudes and dementia literacy.

Conclusion: Ethnic disparities exist in dementia knowledge, stigma, and risk awareness. Public information campaigns on dementia risk reduction should be culturally competent and specifically target minoritized ethnic communities. Policymakers should consider promoting dementia prevention across all health and social care encounters, as individuals with chronic conditions who may not receive primary health checks had lower dementia knowledge.

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Policy - Preparing for new AD treatments

06/10/2025 - 17:00-18:15 - P15. Preparing for new AD treatments

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P15-01 - Cost offsets from slowing progression of Alzheimer's disease: estimates from Swedish national registries

Linus Jönsson[1], Sandar Aye[1], Tobias Skillbäck[2], Diego Novick[3], Antje Tockhorn-Heidenreich[4], Antony Zagar[4], Henrik Zetterberg[5], Maria Eriksdotter[6]
[1]Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, [2]University of Gothenburg, Institute of Neuroscience and Physiology, [3]Eli Lilly and Company, Bracknell, Surrey, [4]Eli Lilly and Company, Indianapolis, IN, [5]Institute of Neuroscience and Physiology Department of Psychiatry and Neurochemistry The Sahlgrenska Academy, University of Gothenburg, [6]Department of Neurobiology, Care Sciences and Society, Karolinska Institutet and Theme Inflammation and Aging, Karolinska University hospital, Huddinge

Introduction: Novel disease-modifying therapies for Alzheimer's disease (AD) are being introduced in Europe, however their long-term effects on care needs and costs are uncertain. We aim to estimate the long-term cost offsets from hypothetical delays in disease progression by 20-45%.

Methods: The Swedish registry for cognitive disorders and dementia (SveDem) is a national quality register following newly diagnosed persons with dementia with annual cognitive assessments and other parameters. SveDem data (2010 – 2021) was linked to the neurochemistry database at Sahlgrenska University

Hospital, containing available routine care results from cerebrospinal fluid tests for amyloid beta and tau. Data was linked from national databases, capturing formal resource utilization and costs in inpatient, specialist outpatient and municipal care. Linear mixed effects regression models were used to estimate the relationship between longitudinal changes in Mini-Mental State Examination (MMSE) scores and changes in costs. Multiple imputation was utilized to correct for missing observations.

Results: 20,709 persons with dementia were included, 4,327 with positive biomarkers for AD and 16,382 with clinical diagnosis but no biomarker data. Mean age was 79 years, 62% were female. Annual costs increased from SEK59,000 (€5,400) to SEK386,000 (€35,100) over the first four years since diagnosis in clinical + biomarker patients, and from SEK107,000 (€9,700) to SEK544,000 (€49,500) in clinical-only AD patients. The increase in annual cost from baseline was higher in female patients and older age groups. For each additional MMSE-point reduction, annual costs increased by SEK23,000 (€2,100) and SEK29,000 (€2,900) in biomarker-positive and clinical AD patients, respectively. A 30% reduction in MMSE-related disease progression would be associated with cumulative cost offsets of approximately 66,000 SEK (€6,000) per patient over three years follow-up.

Conclusions: Care costs in newly diagnosed AD patients are high and increase rapidly over time with increasing disease severity. Delaying disease progression is associated with meaningful cost offsets.

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Policy - Preparing for new AD treatments

06/10/2025 - 17:00-18:15 - P15. Preparing for new AD treatments

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P15-02 - Preparing for new AD treatments - digiDEM Bavaria Mobile Community Dementia Screenings in rural areas

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Background: Early detection of dementia is crucial for people with mild cognitive impairment (MCI) and mild dementia in order to enter the incoming therapeutic options. However, the path to a timely diagnosis is often difficult and delayed. Access to dementia specialists can be hindered by estimated waiting times of 20 months or more [1].Therefore, the Digital Dementia Register Bavaria (digiDEM Bayern) offers Mobile Community Dementia Screenings (MCDS) in all Bavarian administrative districts with special focus on rural areas.

Method: MCDS are organized as one-day-events in all administrative districts of Bavaria. During MCDS participants are tested using the Mini-Mental Status Examination (MMSE) and the Montreal Cognitive

Assessment (MoCA). If necessary, participants are referred to specialists for further diagnostic management.

Results: Between 2022 and 2024, 2,971 citizens participated in 111 regional digiDEM Bavaria MCDS. In the course of 2024, 52 MCDS took place across all administrative districts of Bavaria. Overall 1,829 people were screened, 26 % (n= 469) of whom had a positive test result.

Conclusion: The MCDS offers people in the community the opportunity to assess their cognitive function, in particular in rural areas. Therefore, the MCDS represents an important initial step to a guided pathway, ensuring timely diagnosis and access to adequate treatment options. As anti-amyloid drugs become available, the MCDS offers a solution to overcome the anticipated bottlenecks in diagnostic capacity and facilitating a coordinated patient pathway.

Funding: The project is funded by the Bavarian State Ministry of Health and Care (StMGP) as part of the funding initiative 'BAYERN DIGITAL II' (funding code: G42d-G8300-2017/1606-83).

[1] Mattke, S. et.al. (2024). Current Capacity for Diagnosing Alzheimer's Disease in Germany and Implications for Wait Times. Journal of Alzheimer's disease : JAD, 101(4), 1249–1259. https://doi.org/10.3233/JAD-240728

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Policy - Preparing for new AD treatments

06/10/2025 - 17:00-18:15 - P15. Preparing for new AD treatments

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P15-05 - The role of patient organisations in preparing for new Alzheimer's disease modifying treatments

Jo Baxter
Alzheimer's Society

Patient organisations have an important role to play in the changing landscape of diagnosing and treating dementia in an era of new Alzheimer's disease modifying treatments. This presentation explains this role, with the example of Alzheimer's Society, the leading dementia charity in the UK.

As new treatments began to emerge, Alzheimer's Society responded by recognising this as a priority and developing new policy calls including for national systems leaders to prepare for implementing new treatments. The Society also recognised the opportunity to highlight the wider challenges of dementia diagnosis and to call for new treatments to be a catalyst for fundamental change to diagnosis to benefit everyone with dementia.

Alzheimer's Society engaged with UK regulatory body the National Institute for Health and Care Excellence (NICE) in their appraisals of lecanemab and donanemab, including through responding to consultations. Evidence submissions included the voices of people living with dementia and evidence on the wider context of dementia and its impact on individuals and society, drawing on the organisation's experience across policy, influencing, research, involvement, and service delivery.

The charity has helped shape the public narrative including through media statements and interviews, balancing being realistic about the challenges faced

with communicating a message of excitement of research breakthroughs and milestones and hope for the future of treatments.

Underpinning the Society's work and ongoing policy development has been continuing to build its own knowledge and understanding in this fast moving and complex research and policy area, to enable the charity to continue to play its vital role.

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Policy - Preparing for new AD treatments

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P15-03 - Hope, Choice, Fairness: Lived Experience and the Accessibility of New Dementia Treatments in Scotland

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As advances in dementia treatments emerge, ensuring equitable access remains a critical challenge. This presentation explores Alzheimer Scotland's lived experience engagement approach, highlighting how the voices of people living with dementia, their families and carers are being used to inform and influence the discussions and decisions shaping access to new dementia drugs in Scotland, now and in the future.

Through structured engagement, Alzheimer Scotland has enabled those directly affected by dementia to share their experiences and insights and has worked to identify and understand their priorities. This approach identified critical concerns, including the need for equitable access to new treatment options regardless of postcode or socio-economic background, improved communication and information about new treatments, as well as the ongoing need to tackle the stigma and discrimination experienced by people living with dementia. By placing lived experience at the heart of advocacy and policy discussions, Alzheimer Scotland aims to influence national decision-making and ensure that emerging treatments reach those who may benefit most.

This presentation will explore key themes emerging from this work, emphasising the importance of **hope**- ensuring that people can look to the future with

optimism, **choice-** empowering individuals with the information and support needed to make decisions about their care, and **fairness-** advocating for an equitable system where access to treatment is based on need, not circumstance or cost.

By embedding lived experience into Scotland's approach to dementia care and treatment, we can work towards a future where every person affected by dementia has access to the best possible care, treatment and support, underpinned by their rights, will and preferences. This session will provide practical insights into Alzheimer Scotland's work, the experience of participation from people with lived experience and highlight how lived experience-led engagement can drive progress towards meaningful change in treatment accessibility.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

06/10/2025 - 17:00-18:15 - P15. Preparing for new AD treatments

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P15-04 - Early Diagnosis of Alzheimer's Disease: Challenges in clinical practice of five European countries

Jenny Presto[1], David Pérez-Martínez[2], Anne-Charlotte Jarry[1], Gabriel Martino[1], Giancarlo Pesce[3], Izabela Pieniazek[3], Jenny Presto[1], Kristian Frederiksen[4]
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Introduction: With the emergence of disease-modifying treatments (DMTs) for Alzheimer's disease (AD), it is increasingly important to understand healthcare professionals (HCPs) perceptions to assess their readiness to adopt new diagnostic and therapeutic approaches.

Methods: A double-blind survey was conducted among HCPs (N=127) across Denmark, Spain, Sweden, Switzerland, and Netherlands between 25-October-2024 and 29-February-2025. Eligible general practitioners (GPs; n=52) and AD specialists (neurologists/psychiatrists/geriatricians/etc.; n=75) had: ≥10 and ≥5 years of clinical experience and managed ≥4 and ≥20 patients/month with confirmed or suspected mild cognitive impairment (MCI) or dementia due to AD, respectively. The survey covered all stages of AD, from pre-diagnosis to management.

Results: Overall, the number of GPs and AD specialists was similar across countries. HCPs in Denmark and Sweden managed a higher proportion of patients with advanced stages of AD, while those in Netherlands managed more patients with MCI or mild AD dementia. Higher proportion (25%-55%) of patients in Denmark and Spain received a formal diagnosis of AD compared to those in Switzerland and Netherlands (27%-35%). Wait times for referral to an AD specialist after initial GP visit were generally longer in Switzerland (6.9 months *vs*. ≤5 months in other countries), whereas visit to specialists after referral was more delayed in Denmark (6.3 months *vs*. ≤4.5months). Although, there was a shorter wait time for referral to specialists in Netherlands (2.9 months), treatment rates across all stages of AD were the lowest compared to other countries (≤30% *vs*. ≤67%). The overall time from initial primary care visit to AD diagnosis was 13 months.

Conclusion: Timely and accurate early diagnosis of AD remains challenging, primarily due to extended referral times and prolonged diagnostic process. This highlights the need for improved strategies to facilitate early diagnosis of AD, enabling access to emerging DMTs for timely intervention and improved patient outcomes.

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Care services - Residential care

06/10/2025 - 17:00-18:15 - P16. Residential care I

P16-05 - Reframing 'wandering' in care homes: how do staff balance safety and independence to support well-being of residents with dementia?

Bryony Waters-Harvey[1], Emily Fisher[1], Tamara Backhouse[2], Sion Scott[3], Reena Devi[4], Iria Cunha[4], Gemma Cherry[5], Emma Hock[1], Clarissa Giebel[5], Liz Jones[1], Steph Bates[1], Jignasa Mehta[5], Karen Spilsbury[4], Andrew Booth[1], Alys Griffiths[1]
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Background: 'Wandering' is common among people living with dementia in care homes and is often viewed as a risky activity, without purpose. In response, staff frequently implement preventative strategies to limit residents' movement and ensure safety. However, such approaches may unintentionally reduce residents' autonomy and restrict the physical and psychological benefits of walking. This study explored how wandering is understood and managed in care homes, considering how person-centred approaches might support safe wandering.

Aims: To explore daily practice, understanding and attitudes towards wandering with residents, relatives and staff in care homes.

Methods: This focused ethnographic study was conducted in six care homes in England. Residents who frequently walk or wander were observed for 12-16 hours each, across varied times, including days, nights, and weekends. Observations were complemented by reviews of care plans, semi-structured interviews with staff and management informed by the Theoretical Domains

Framework (TDF), and in-situ conversations with residents and relatives about their experiences. Data was analysed using an ethnographically-informed framework and mapped to the TDF.

Results: Approaches to 'wandering' varied. While restrictive practices, such as redirecting residents to a seat, were observed, enabling and person-centred strategies also emerged. Nutrition and hydration were integrated into residents' walking routines, and staff used touch to support residents to move safely. Assistive equipment, including glasses and walking frames, were proactively provided. Relatives often spent visits walking with residents rather than encouraging them to sit.

Discussion: 'Wandering' in care homes is complex. While independence is often valued, a fear of falls can lead to restrictive measures. The current practices in care homes may result from staff anxiety, poor knowledge, training, and guidance. This study sought to bridge the gap by providing evidence-based strategies to balance safety with independence and identified a wealth of simple, low-cost strategies for implementation in care homes.

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Care services - Residential care

06/10/2025 - 17:00-18:15 - P16. Residential care I

P16-03 - Supporting care home residents living with dementia with their spiritual needs

Olivia Luijnenburg
King's College London

The needs of older people with a 'diverse' cultural or faith background are not well represented in social care research in general, and particularly of those living in care homes where an estimated 70% of UK residents are living with dementia. Additionally, the spiritual needs of care home residents are often overlooked or misunderstood by care workers, resulting in a double lack of recognition. It is common for care workers to relate spirituality primarily to religion. This can be the case, but spirituality mainly reflects (the need for) a purpose and meaning in life. Evidence demonstrates that spirituality and religion can help reduce or stabilise cognitive disorders or enable people to develop coping strategies to help accept a cognitive disorder, maintain relationships, hope, and find meaning in their lives, thus improving their sense of wellbeing. Recent studies have highlighted the importance of creating dementia-specific spiritual assessment tools and stakeholder training. This proposed study helps fill that gap.

Pre-liminary findings will be presented on a Reflective Spirituality Tool (RST) that is tested in care homes in England. Through interviews with care home residents living with dementia, their relatives/friends, care home staff, and faith leaders, the RST is developed to ensure it reflects the diversity of people living in residential care. Furthermore, care home residents were asked to bring something to the interview that represents a sense of peace, safety, or wellbeing to them. These possessions were photographed and are part of the RST. The RST aims to inform people involved in dementia care and helps reflect

upon the diverse spiritual needs that care home residents have. Furthermore, the tool helps inform care home managements, care home staff, nursing students and policy makers on how to improve spiritual care for people living with dementia in residential care.

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Care services - Residential care

06/10/2025 - 17:00-18:15 - P16. Residential care I

P16-04 - Factors affecting well-being and quality of life from the perspective of people with moderate to severe dementia in residential care: a qualitative evidence synthesis

Claire Pentecost, Anna Hunt, Linda Clare
University of Exeter

Background: Dementia care should meet the mental, physical, and daily care needs of people who are less able to take care of themselves. There is extensive evidence about how people with mild-to-moderate dementia perceive their own well-being and quality of life, but less clarity about what people with moderate-to-severe dementia think is important for their well-being and quality of life. We aimed to understand what is important for well-being or quality of life from the perspective of people with moderate-to-severe dementia.

Methods: We searched published literature and conducted a systematic review and qualitative thematic synthesis. We included qualitative studies that presented views on and experiences of well-being or quality of life from the perspectives of people with moderate-to-severe dementia and analysed the verbatim quotes from people with moderate-to-severe dementia.

Findings: We included five studies. All were conducted in residential care homes, and data collection was carried out using face-to-face semi-structured conversational interviews with people with moderate-to-severe dementia. Three themes were identified: how people felt about their lives in the care home, how they felt about the care home itself, and how they felt about themselves. The overarching aspect of these three themes was the ability and opportunity to experience positive associations with their past and present personal identity.

Conclusions: People with moderate to severe dementia can communicate their preferences and wishes and need help to spend their time in ways that support their quality of life. Opportunities for positive reminiscence, daily activities that can enhance moments of pleasure, and positive reinforcement of identity can help maintain well-being and quality of life. Care home staff and visiting family members may benefit from education and training in these aspects of care.

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Care services - Residential care

06/10/2025 - 17:00-18:15 - P16. Residential care I

P16-01 - An implementation program to promote hydration among older people in healthcare settings

Anna Castaldo[1], Giulia Giacomel[2], Maria Matarese[3], Cinzia Bonomo[4], Lorenzo Cammelli[5], Simona Nicolai[6], Emanuele Liaci[4], Giovanni Muttillo[1], Antonello Valerio Caserta[7], Pasquale Giametta[8], Rossana Giove[1], Luigi Campanino[7], Francesca Arenare[6], Letteria Consolo[9], Valeria Tenace[6], Maura Lusignani[10]
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Older people, particularly those with cognitive impairment, are at high risk of dehydration, which can lead to serious health consequences, including confusion, weakness, constipation, infections, and worsening of cognitive status. Despite its significance, dehydration prevention is often overlooked and not considered a care priority by healthcare professionals, largely due to limited awareness and training.

In 2016, a research team from the University of East Anglia developedDrinKit, a four-part guide designed to promote hydration in residential care facilities. The guide includes: 1) a hydration activity and resource toolkit "Making drinking a fun experience"; 2) a hydration diary; 3) a one-hour hydration training program for care staff; and 4) a training manual for a Hydration Team Promoter. The

DrinKit guide was translated and adapted for the Italian context and piloted in a nursing home and a rehabilitation unit.

The first phase of implementation involved an assessment of the context, the training of 43 healthcare personnel (coordinators, nurses and social-health workers), a baseline assessment of the older patients' hydration status, daily monitoring using the hydration diary, and the reorganization of additional drink provision during medication administration, social activities, and individual care. In the second phase, a multidisciplinary team promoter, the "Hydration Champions", was trained in each facility to support sustained improvements in daily hydration practices and serve as peer trainers for colleagues.

The results highlighted increased staff awareness regarding hydration among staff and improved fluid intake among older patients. The Promoter Team played a key role in promoting good practices and fostering a culture of hydration care. Overall, DrinKit proved to be a practical, adaptable, and effective toolkit for raising awareness and improving hydration, particularly among vulnerable populations such as people with cognitive impairment.



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Care services - Residential care

06/10/2025 - 17:00-18:15 - P16. Residential care I

P16-02 - Going outside with dementia: understanding environmental and organisational barriers in Portuguese long-term care facilities

Miguel Padeiro[1], Flávia Borges-Machado[2], Óscar Ribeiro[2], Liliana Sousa[2], Clarissa Giebel[3], Ricardo Almendra[1], Paula Santana[1]
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While the benefits of outdoor spaces for people living with dementia are widely recognised, access to such spaces within long-term residential care facilities (LTCFs) remains highly uneven. This study investigates the structural, organisational, and environmental conditions influencing access to and use of outdoor areas by residents with dementia in Portugal. Using a cross-sectional design, we surveyed 424 LTCFs, accounting for over 16% of the national total. The questionnaire assessed the physical characteristics of outdoor spaces, staff-resident ratios, policies regarding autonomy and access, and broader spatial variables including urban density, material deprivation, and local environmental features.

Findings reveal that although 98.6% of facilities report having outdoor areas, only 33.3% grant people with dementia independent access. Frequent or very frequent use of outdoor areas by these residents was observed in just 58.7% of facilities. Key determinants include not only person-centred care practices (as measured by the P-CAT score) but also the existence of gardens or productive green areas, region-specific factors, and indicators of environmental security

and accessibility. Logistic regression models highlight the interplay between institutional know-how, material conditions (e.g., benches, shaded areas), and neighbourhood-level deprivation in shaping outdoor access.

Our results underscore the persistence of environmental restraints in dementia care—an often-overlooked form of restriction that operates through omission rather than coercion. In contrast with clinical or chemical restraints, these environmental constraints are seldom problematised. We argue that the equitable design and governance of outdoor environments within LTCFs should be integrated into national care regulations. Enhancing such environments is not merely an architectural or therapeutic issue but one of spatial justice and dignity in later life.

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Care approaches - Nature and animal programmes

06/10/2025 - 17:00-18:15 - P17. Nature & Animal programmes

P17-02 - A special project for the residents of the residential nursing home „Beim Goldknapp"

Michèle Halsdorf
Association Luxembourg Alzheimer

Since September 2023, a new opportunity for animal-assisted intervention has been introduced as part of the activities of the Association Luxembourg Alzheimer.

In partnership with volunteers from the Rotary Club Diekirch Ettelbruck, the owner of a stable where ponies and horses live, offers residents a warm and captivating experience in contact with horses. These moments of discovery not only include grooming and caring for the horses but also provide the opportunity to observe and interact in a meaningful way. Residents can participate in lunge sessions or, for the more adventurous, even try horseback riding. For some residents - sometimes as old as 80 years - it is their first equestrian adventure, bringing an immense sense of pride and joy!

Visits to the stable have a profound impact. The bond created with the horses helps alleviate symptoms of dementia, fostering genuine interactions and shared happiness. These regular encounters stimulate their cognitive, physical, and emotional well-being, creating precious memories and moments of renewed joy.

It quickly became evident that these regular visits to the stable have an extremely positive effect on the residents on multiple levels - cognitively, physically and emotionally.

This innovative project offers residents an enriching and uplifting experience in the presence of horses. It helps them step out of their "dementia bubble," encouraging natural interactions where the disease takes a backseat in favor of authentic moments of connection. The focus lies on the joy of shared experiences, building bonds, and collaborating in the care and attention given to the horses.

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Care approaches - Nature and animal programmes

06/10/2025 - 17:00-18:15 - P17. Nature & Animal programmes

P17-04 - Wilderness pedagogy – Dare to experience the great outdoors

Sam Grüneisen
Association Luxembourg Alzheimer

Since 2024, the Association Luxembourg Alzheimer has been working on a pilot project in which people with dementia can experience nature in all its facets through wilderness pedagogical activities.

Off the beaten track, the local flora and fauna are explored, bird sightings are recorded and food is cooked on the fire.

Wilderness education, often referred to as "Coyote Teaching" in English-speaking countries, includes nature, forest and experiential educational concepts.

"Coyote Teaching" has its roots in the teachings of the forefather "Stalking Wolf", a Lipan Apache Native American. The main focus here is on being a role model. Your own passion is essential for Coyote Teaching. To better understand this method, we have to look at the languages of indigenous people around the world. They often use a less complicated way of expressing themselves, with fewer words and letters. It is precisely this simple way of expressing oneself that is suitable for working with people with dementia. Less talking, more doing.

The practical application of wilderness education is not limited to children or teenagers, but can also be used with people with dementia, as we have experienced ourselves.

In concrete terms, this means in our practical implementation:

- Hikes of various difficulty levels
- Identifying, collecting and tasting wild herbs
- Tracking
- Cooking on the fire
- Birdwatching
- Creating a herbarium
- Carving
- Knot knowledge
- Bushcrafting (working with materials found in nature)

Each of these activities can be adapted to the participants. Today a 7 km hike through the local forest. Tomorrow a search for fox footprints and the day after birdwatching from the balcony.

It is undisputed that nature, especially the forest, has a positive effect on people. Therefore, it is important to use this resource and make it accessible to people with dementia.

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Care approaches - Nature and animal programmes

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P17-01 - Farm-Based Horticultural Therapy: A Nature-Oriented Intervention to Support People with Young Onset Dementia

Leonardo Dalla Costa
Azienda Agricola Ca' dell'Agata

Horticultural therapy is increasingly recognised as a valuable non-pharmacological intervention in dementia care. Working with plants and soil in natural settings supports cognitive stimulation, emotional regulation, and physical activity, while reinforcing identity and purpose. For people living with young onset dementia (YOD), who are often still physically active and socially engaged, nature-based programmes offer a particularly meaningful form of support.

In the province of Vicenza, Italy, a network of four local associations has co-created a farm-based horticultural therapy project across four social farms. Now in its second year, the initiative responds to the lack of suitable services for people with YOD, offering them a dynamic, inclusive space to reconnect with nature, themselves, and others.

Participants take part in weekly sessions that follow the rhythm of the seasons, engaging in gardening, harvesting, and land-based tasks adapted to individual abilities. Activities are guided by trained volunteers and a psychologist specialising in dementia, ensuring a balance of emotional support, structure, and flexibility.

The working farm environment promotes a sense of agency, movement, and social contribution—qualities that are often diminished by more passive care settings. Participants report feeling "useful again," while caregivers notice improvements in mood, alertness, and overall engagement.

A key feature of the project is the "Feste in Fattoria" (Farm Celebrations), joyful events that welcome families to share the experience, strengthening bonds and community awareness.

The initiative received regional funding from the Veneto Region and was nationally awarded by Confagricoltura, one of Italy's leading agricultural organisations, for innovation in social and therapeutic farming. This recognition underscores the project's impact not only in dementia care but also in promoting inclusive rural development.

By integrating nature, community, and person-centred care, the programme offers a replicable model where the natural environment becomes a therapeutic partner in supporting people with young onset dementia.

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Care approaches - Nature and animal programmes

06/10/2025 - 17:00-18:15 - P17. Nature & Animal programmes

P17-05 - Outdoor, nature-based program for community-dwelling people living with dementia and care partners: findings from a one-year co-designed project

Vanina Dal Bello-Haas[1], Anthea Innes[2], Constance Dupuis[3], Yvonne LeBlanc[3], Mason McLeod[3], David Marcuzzi[3]
[1]McMaster University, [2]Gilbrea Centre for Studies in Aging, Faculty of Social Sciences, McMaster University, [3]Gilbrea Centre for Studies in Aging, Faculty of Social Sciences, McMaster University, Ontario, Canada

Aim: This paper will share the findings from a one-year, co-designed, nature-based project in Ontario, Canada (funded by the Alzheimer Society, local branch).

Methods: Twenty-two people were recruited and 16 participated - 7 community-dwelling adults living with dementia (2 females, 5 males) and 9 current or former care partners or support individuals (8 females, 1 male) e.g., friend, relative. Monthly 2-hour nature-based group activities were created and facilitated at different locations over a 9-month period (April to December 2024). Pre-project individual and dyad interviews were conducted to understand participants' previous experience with nature-based activities and expectations. Session data were collected through mood questionnaires, ethnographic-style participant observations, and documentation of fieldnotes from each of the nine sessions. After the final session, interviews were held with participants individually or in dyads or triads to gain a deeper understanding of perceptions.

Descriptive statistics and inductive thematic analysis, using NVIVO and following Braun and Clarke's (2021) steps, were conducted.

Findings: Primary thematic areas emerging from our data reflect: 1) participant motivations for joining a group focused on outdoor and nature-based activities designed with and for community-based people living with dementia and their care partners/supports; 2) positive impact on social, physical and mental health and well-being 3) practical considerations and learnings derived from facilitating such a group; and 4) the potential of nature and the outdoors to support people living with dementia and their care partners/supports.

Conclusion: The value of involving individuals with lived experience in the development and evaluation of nature-based research was immense. Insights gained contribute to the evidence base about applying participatory approaches to project and program plans. Findings highlight the importance, for people living with dementia and for research design, of incorporating the perspectives of individuals living with dementia and their care partners/supports, to achieve inclusive and meaningful research and practice.

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Care approaches - Nature and animal programmes

06/10/2025 - 17:00-18:15 - P17. Nature & Animal programmes

P17-03 - From Innovation to Excellence: Award-Winning Model of Full-Time Zootherapy and Interprofessional Collaboration to Enhance the Quality of Long-term Care

Johana Krizova, Muriel Frénois
Groupe Roy Santé

This abstract presents a unique, structured program from Quebec, Canada, where zootherapy has been fully integrated into the rehabilitation teams of long-term care homes for people living with dementia. Unlike occasional animal visits, this initiative embeds full-time zootherapists—professionals with specialized training in gerontology and dementia care—into the interprofessional care team.

The program's primary goal is to enhance residents' quality of life through consistent, non-pharmacological therapeutic interventions involving animals. These personalized individual, one on one sessions support emotional comfort, cognitive stimulation, physical activity, and social engagement. They also contribute to reducing resistance to care, promoting autonomy, and improving well-being.

The core strength of the program is its collaborative approach. Zootherapists actively participate in interdisciplinary planning and daily communication, ensuring alignment with each resident's individualized care plans. They collaborate closely with care teams to support the achievement of clinical goals that enhance the physical and psychological

well-being and overall quality of life of long-term care residents. The continuous, full-time presence of zootherapists allows for both scheduled interventions and immediate responses to acute situations, such as agitation or end-of-life care needs.

In May 2024, the program received the AEPC Excellence in Care and Services Award. This recognition highlighted its innovative model, which goes beyond recreational animal visits by integrating trained zootherapists into the clinical team. The program demonstrated measurable improvements in quality of life, reduced anxiety and agitation, and decreased reliance on neuroleptic medications.

By humanizing care environments and embedding animal-assisted therapy into daily practice, this model offers a replicable framework for improving outcomes and interprofessional collaboration in dementia care.

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Types of dementia - Rarer forms of dementia

06/10/2025 - 17:00-18:15 - P18. Rare forms of dementia

P18-05 - Impaired Awareness in People with Dementia, Huntington's Disease and Korsakoff's Syndrome: Experiences of Professional Caregivers

Hester Fidder, Esther de Groot, Marike de Boer, Ruth Veenhuizen, Martin Smalbrugge, Anouk van Loon
Amsterdam University Medical Center

Background: Impaired awareness is common among people with Alzheimer's disease (AD) and the related disorders Huntington's disease (HD), and Korsakoff's syndrome (KS). Individuals with impaired awareness have an altered perception of their situation or functioning, which may result in symptoms such as a denial of diagnosis or an underestimation of their care needs. This may pose challenges for care staff in nursing home settings. Yet, little is known about the experiences of care staff with impaired awareness.

Objective: Exploring the experiences of professional caregivers of residents with AD, HD, or KS who exhibit impairedawareness.

Methods: We conducted five focus groups with professional caregivers (N=28) of nursing home residents with AD, HD and KS about their experiences with impaired awareness (two AD, one HD, one KS and one mixed focus group). Participants were cerified nursing assistants, vocationally trained nurses and social workers. Conversations were audio-taped and transcribed ad verbatim. Data were analyzed using thematic analysis. The COREQ-checklist

(Consolidated Criteria for Reporting Qualitative Research) was used to report findings.

Results: We identified three main themes: (1) Manifestations of impaired awareness, such as observed expressions of impaired awareness and impact on resident interactions. These manifestations were consistent across all three disease groups. (2) Reflections and emotions on these manifestations (characterized by compassion, astonishment and uncertainty). Impaired awareness increased the overall emotional burden for professional caregivers. Additionally, they sometimes felt uncertain about whether impaired awareness was intentional or disease related. (3) Dealing with impaired awareness, by balancing between moving along and setting boundaries. Caregivers had difficulties determining the most effective approach to deal with impaired awareness.

Conclusion: Impaired awareness impacts the work of caregivers of residents with AD, HD and KS. Gaining a better understanding of how impaired awareness affects residents' emotions and behaviors can inform the development of effective care approaches for caregivers.

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Types of dementia - Rarer forms of dementia

06/10/2025 - 17:00-18:15 - P18. Rare forms of dementia

P18-04 - Childhood dementia – a call to action raising awareness across Europe

Chris Knifton[1], Gail Hilton[2]
[1]De Montfort University, [2]Childhood Dementia Initiative

Over 100 neurogenerative conditions, most, if not all genetic, cause childhood dementia. Dementia awareness campaigns, medical/health/social care literature, national and local policy, workforce education and training, and national / international dementia conferences however pay this important area little if any recognition when compared to adult-onset dementia. This dementia focused conference may be one of the very few where a presentation specifically focusing on childhood dementia is given.

The aim of this presentation is to highlight awareness and improve recognition of this important area, perhaps the most Cinderella of them all, and use of our collective European voice to actively heed its inclusion in policy, practice, care, treatment, education and furthering research. Children with dementia, and their families and the people/organizations who support them need our help too. Like adult-onset dementia, it is a chronic life-limiting condition that causes memory loss, communication /understanding/learning challenges, behavioral and emotional challenges, and the ability to perform skills previously learnt – to walk, read, and even to play. Some children will progress into early adulthood and may be known to young-onset dementia services, but sadly most will die in childhood, half by the age of 10 years.

This presentation aims to set the scene for these discussions. It will discuss the term childhood dementia and give examples of some of the more commonly associated phenotypes, problems with terminology and the need to adopt an umbrella term of childhood dementia. It will center stage the trail-blazing work done already by the Australian Childhood Dementia Initiatives and other organizations such as Alzheimer Scotland, and the work they do to advocate for the children affected and their families. Importantly, it will also ask, as a dementia community, what are we going to do?

35th Alzheimer Europe Conference

06/10/2025 to 08/10/2025

Types of dementia - Rarer forms of dementia

06/10/2025 - 17:00-18:15 - P18. Rare forms of dementia

P18-01 - Changed relationships: experiences of people with Alzheimer's disease, Huntington's disease, Korsakoff's syndrome and their informal caregiver.

Esther de Groot[1], Anouk van Loon[1], Hester Fidder[1], Ruth Veenhuizen[2], Martin Smalbrugge[1], Marike de Boer[1]
[1]Amsterdamumc, [2]Atlant, Amsterdamumc

Cognitive and behavioral changes in people with brain diseases such as Alzheimer's Disease (AD), Huntington's Disease (HD), and Korsakoff's Syndrome (KS) can impact relationships. Although relationship effects have been studied in AD, little is known about how people with HD or KS and their informal caregivers experience these changes. This study addresses the gap in research by including people with HD and KS alongside AD.

In this study, fourteen people with a brain disease (4AD, 5HD, 5KS) and their caregivers were interviewed separately about perceptions of their relationship. Thematic analyses revealed three main themes and eight subthemes.

Theme 1: The influence of changed behavior; initiative (1.1), agitation and negativity (1.2) and empathy (1.3) on the relationship. According to the caregivers, these behavioral changes primarily had a negative impact on the relationship, while people with a brain disease often did not share this perception.

Theme 2: Shifting dynamics. Shifting tasks (2.1) and (shared) decision making (2.2) were experienced as sometimes burdening by caregivers. Caregivers

sought ways to foster participation of the person with a brain disease in activities and struggled with the additional tasks, while people with a brain disease felt patronized or relieved from responsibilities.

Theme 3: Adaptations to a changed relationship. Caregivers used several communication strategies to cope with the changed relationship confronting, avoiding and/or withholding (3.1), and expressed how they were accepting reality (3.2). All these intertwined changes led to caregivers redefining the relationship (3.3) with focus on the caregiving aspect, whereas people with a brain disease perceived the relationship as fundamentally unchanged or even improved.

These findings highlight shared experiences of relationship changes across these brain diseases, offering a basis for generalizable interventions to support both people with AD, HD and KS and their caregivers in maintaining their relationship.

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Types of dementia - Rarer forms of dementia

06/10/2025 - 17:00-18:15 - P18. Rare forms of dementia

P18-02 - BrainClocks-DS: The impact of genetically determined AD on the Brain Age Gap

Carlos Coronel[1], Eimear McGlinchey[1], Juan Fortea[2], Agustin Ibanez[1]
[1]Global Brain Health Institute, Trinity College Dublin, [2]Memory Unit, Hospital Sant Pau

Brain clocks quantify the difference between predicted brain age and chronological age, known as the brain age gap (BAG)and serve as a promising model to understand brain aging. Down syndrome (DS), a genetically determined form of Alzheimer's disease (AD), is also characterized by systemic accelerated aging, making it a powerful model to investigate AD-related brain changes.

We applied generative whole-brain modeling to multimodal neuroimaging (structural MRI, resting-state fMRI, EEG) in a transdiagnostic sample that included individuals with DS across the AD continuum (asymptomatic, prodromal, and dementia stages), sporadic MCI and AD, and healthy controls (HCs), as well as a newly added cohort of individuals with autosomal dominant AD (ADAD) carrying the PSEN1 mutation from Colombia. Using SVM-based brain age prediction from structural and functional data and dynamic mean-field modeling, we estimated individual BAGs and associated biophysical parameters.

BAGs progressively increased across the DSAD spectrum (asymptomatic < prodromal < dementia), with the largest BAGs observed in dementia-stage DS. Across all groups, BAGs were greater in genetically determined forms of AD

(DSAD, ADAD) compared to sporadic AD and HCs. Notably, BAGs were significantly larger in DSAD than in ADAD, suggesting a greater burden of accelerated brain aging in DS. Biophysical modeling showed specific patterns of E/I imbalance, linking larger BAGs to frontal hyperexcitability and central and posterior hypoexcitability. BAGs correlated with EEG-derived excitability metrics, AB40, p-tau217, and NF-L, and neuropsychological outcomes.

These findings support the use of brain clocks and biophysical modeling as sensitive markers of disease progression and neural mechanisms in genetically determined AD. Ongoing work will further disentangle shared and unique features of accelerated brain aging in DSAD and ADAD to better understand genetic contributions to AD pathophysiology.

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Types of dementia - Rarer forms of dementia

06/10/2025 - 17:00-18:15 - P18. Rare forms of dementia

P18-03 - International Primary Progressive Aphasia Awareness Day

Anna Volkmer[1], Philip Robinson[2], Rosemary Townsend[2], Peter Just[2]
[1]Anna Volkmer, [2]

Primary Progressive Aphasia (PPA) describes a group of language led dementias associated with frontotemporal dementia and Alzheimer's disease. Speech and language therapy is the main intervention for PPA. Yet there remains little guidance on the care requirements at the six stages of PPA (identified by Hardy et al, 2024a, 2024b). This co-produced study aimed to understand the opinions and perspectives of people affected by PPA (both people with PPA and their care partners). Informed by the People with Aphasia and Other Layperson Involvement (PAOLI) framework for guiding patient and public involvement (PPI) in aphasia research, this study employed World Café methods to gather opinions and perspectives of people affected by PPA about a care pathway for PPA.

Developing awareness of PPA, and the role of the speech and language therapist, was identified as the main priority for a care pathway. The first International PPA Awareness day was held via webinars hosted on 4th April in the UK, Canada, USA, Greece, Italy and France. 750 people registered for the UK event, news articles were published across countries worldwide including Norway, Italy and New Zealand. Feedback from the events was positive, and attendees identified increased knowledge of the role of speech and language in supported family

members. Future events will aim to be held across more countries internationally and will continue to address the care needs of people affected by PPA.

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Sessioni ITALIANE: Cure di Fine Vita (Federazione Alzheimer Italia)

06/10/2025 - 17:00-18:15 - P19. Cure di Fine Vita (End of life care)

P19-01 - Demenza in fase terminale e cure di fine vita. L'esperienza di Fondazione Casa di Dio Onlus - Brescia

Alberto Ranzenigo, Eisa Bigoloni, Valentina Bondì, Alda Brunelli, Paola Cagna, Nadejda Eni, Paola Gregorini, Ilaria Shermadhi, Chiara Uboldi
Fondazione Casa di Dio ONLUS

Tra luglio 2023 e marzo 2025 nelle RSA di Fondazione Casa di Dio, 460 posti letto, sono morte 280 persone, 62 uomini e 218 donne, dell'età media di 89 (+/- 7.7) anni, il più giovane 68, la più vecchia 107. Di questi 248 (88.6%) avevano una diagnosi di demenza, 127 allo stadio terminale (Clinica Dementia Rating 5/5). In 115 (41%) la demenza è stata riconosciuta come principale causa di morte, risultando così la prima causa di morte nelle nostre RSA. In questi la raccolta della storia di vita e la condivisione con i familiari ha consentito nella totalità dei casi di affrontare il fine vita in RSA. In 84 (73.9%) è stata effettuata la sospensione di tutti i farmaci futili negli ultimi mesi e, negli ultimi giorni di vita, 85 (73.9%) hanno ricevuto terapia di comfort, compresa morfina.

Dodici persone, affette da demenza terminale, sono state trattate intensivamente per patologie acute, per lo più infettive, ricorrendo a 6 ospedalizzazioni, 5 sono decedute entro 48 ore dall'accesso in Pronto Soccorso, una è morta 36 ore dopo la dimissione. Altri 6 casi, nonostante la terapia aggressiva dell'acuzie, sono morte in RSA. Solo 2 (16.7%) su 12 hanno ricevuto adeguate cure di fine vita in quanto la ricerca di un'improbabile guarigione ha

prevalso sull'attenzione alla sofferenza. La valutazione multidimensionale, la formazione dell'equipe alla gestione del fine vita, l'attenzione alle volontà e ai desideri del malato, la condivisione delle scelte con i familiari, l'attiva ricerca e l'adeguato trattamento del dolore, accanto alla consapevolezza che la demenza è una sindrome la cui evoluzione porta a morte, consentono di tutelare la qualità della vita e la dignità delle persone affette da demenza in fase terminale alleviando la loro sofferenza e quella dei loro congiunti

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06/10/2025 - 17:00-18:15 - P19. Cure di Fine Vita (End of life care)

P19-02 - Pensi mai alla morte? La mediazione delle tecnologie per esplorare accettazione, cordoglio e comunità nella vita con demenza.

Francesca Toso, Lonneke Lenferink, Cristina Zaga
University of Twente

Con questo abstract riportiamo i risultati di un workshop condotto con ricercatori che si occupano di tecnologie e interazioni umani-computer (human-computer interaction, HCI) con e per persone che vivono con demenza. Il workshop si focalizzava sul processo di accettazione e cordoglio alla ricezione della diagnosi, analizzando come diverse persone ne vengono affette in modo diverso (persone con demenza, familiari, amici, etc) e di come rispondano e indirizzino la malattia. Nella sessione abbiamo esplorato lo spazio intorno alla diagnosi e il ruolo che le tecnologie possono avere nel supportare le diverse figure nel processo di accettazione, cordoglio, preparazione e lutto.

Coinvolgendo ricercatori il cui focus é orientato al design di prodotti che agiscono come mediatori tra persone con demenza e le figure di cura, miravamo ad esplorare come il design, le interazioni e l'estetica di prodotti, servizi e ambienti possano offrire opportunità per iniziare conversazioni difficili, relative ad argomenti sensibili, collegati a preconcetti e stereotipi connessi alla demenza. Le attività sono state condotte seguendo le direttive etiche per la ricerca con soggetti umani, nel rispetto di valori e rappresentazione dei gruppi di riferimento. Nel corso del workshop, sono stati affrontati i taboo che accompagnano il processo di accettazione connesso alla diagnosi e agli stadi

successivi della demenza (eg. cordoglio per la perdita di socialità, per la perdita della propria identità, etc.).

Nel contesto di questa conferenza riportiamo alcuni risultati e conversazioni emersi durante il workshop, risultando in un estensiva mappatura delle figure coinvolte nelle diverse fasi della vita con demenza, evidenziando gli aspetti relazionali e relative modifiche in ciascuna fase. Infine, proponiamo delle linee guida per il design di tecnologie che possano supportare le fasi di accettazione e cordoglio della persona con demenza in un processo comunitario di preparazione verso una processazione del lutto piú sostenibile e condivisa.

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06/10/2025 - 17:00-18:15 - P19. Cure di Fine Vita (End of life care)

P19-03 - Il bisogno di cure palliative nel paziente anziano ospedalizzato in un'unità operativa di geriatria per acuti

Cassandra Tutino[1], Chiara Morichetti[1], Marianna Marinelli[1], Francesca Di Giambattista[1], Andrea Maria Maresca[2]
[1]UOC Geriatria - ASST Lariana, [2]UOC Geriatria - ASST Lariana, Dipartimento di Medicina e Chirurgia Università degli Studi dell'Insubria - Varese

La letteratura fornisce dati limitati sul reale bisogno di Cure Palliative (CP) nei pazienti ricoverati in Unità di Geriatria per acuti e sui criteri per identificarli precocemente. Questo studio prospettico osservazionale valuta la correlazione tra fragilità, mortalità a breve termine e necessità di CP specialistiche in pazienti anziani ospedalizzati.

Sono stati arruolati 590 pazienti consecutivi (età media 85±6.2 anni, 53.6% donne) ricoverati presso la U.O. di Geriatria dell'Ospedale Sant'Anna di Como (marzo-agosto 2024). Tutti sono stati sottoposti a Valutazione Multidimensionale (VMD) e screening NECPal. Endpoint primario: mortalità a 3 mesi; secondario: mortalità intraospedaliera.

Alla VMD i valori mediani sono stati: scala di Brass 15 (IQR 8-21), Barthel 60 (IQR 35-90), Charlson 7 (IQR 6-9), Conley 2 (IQR 0-4), Braden 17 (IQR 13-20), PPS 60 (IQR 50-80), MNA 17 (IQR 11.6-21.4). Il

41% presentava demenza. Il grado di fragilità era 6 (IQR 5-7) alla Clinical Frailty Scale (CFS).

Il NECPal è risultato positivo nel 71% dei pazienti (419/590), di cui, solo nel 22.9% (96/419) è stata richiesta l'attivazione delle CP. Di questi, la valutazione è avvenuta nel 79.2% (76/96), dei casi, mentre il 20.8% (20/96) è deceduto prima della presa in carico.

Nei pazienti con NECPal positivo, la candidabilità alle CP è risultata associata a punteggi peggiori di Barthel (p=0.016), PPS (p=0.021), Charlson (p=0.008), Braden (p=0.010), MNA (p= 0.002) e della CFS (p<0.001).

La mortalità intraospedaliera è stata dell'8.5%, quella a 3 mesi del 23.1% di cui sono emersi come fattori associati l'età (p=0.002), patologia oncologica attiva (p<0.001), demenza (p<0.001), delirium (p<0.001) e alla VMD la scala di Brass (p<0.001), Barthel (p<0.001), Charlson (p<0.001), Conley (p=0.013), Braden (p<0.001), PPS (p<0.001), NECPal positivo (p<0.001) e CFS (p<0.001).

Alla regressione lineare, NECPal positivo, CFS elevata e patologia oncologica attiva sono risultati predittori indipendenti di mortalità a 3 mesi.

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Sessioni ITALIANE: Cure di Fine Vita (Federazione Alzheimer Italia)

06/10/2025 - 17:00-18:15 - P19. Cure di Fine Vita (End of life care)

P19-05 - Un'analisi dei servizi offerti nelle RSA per le persone con demenza

Ilaria Bacigalupo[1], Patrizia Lorenzini[2], Roberta Vaccaro[3], Francesco Giaquinto[4], Emanuela Salvi[5], Giulia Carnevale[6], Fabio Matascioli[7], Nicoletta Locuratolo[2], Nicola Vanacore[2]
[1]Italian National Institute of Health, [2]Centro Nazionale per la Prevenzione delle Malattie e la Promozione della Salute, Istituto Superiore di Sanità,, [3]Laboratori scientifico-culturali, Centro di terapia cognitiva, [4]Laboratorio di Psicologia Applicata e Intervento, Dipartimento di Scienze Umane e Sociali, Università del Salento, [5]Centro Nazionale per la Ricerca e la Valutazione preclinica e clinica dei Farmaci, Istituto Superiore di Sanità, [6]Psicologa, [7]Cooperativa Sociale TAM Onlus, San Giorgio a Cremano

Nel 2023, l'Istituto Superiore di Sanità ha condotto, tra le attività del progetto "Fondo per l'Alzheimer e le demenze", un'indagine nazionale sulle residenze sanitarie assistenziali (RSA), con l'obiettivo di aggiornare i dati relativi alla loro infrastruttura e organizzazione.

Metodi: Un elenco di tutte le RSA per anziani è stato fornito da ciascuna regione. Ogni struttura è stata invitata a compilare un questionario online

tra gennaio e ottobre 2023, riguardante la localizzazione, la tipologia e le caratteristiche fisiche della struttura, insieme a una scheda per la raccolta dati riguardanti procedure di accesso, caratteristiche dell'utenza, aspetti organizzativi, servizi e trattamenti erogati.

Risultati: All'indagine hanno partecipato 1.671 strutture che ospitano persone con demenza (PwD), con un tasso di risposta del 46,3% (46% nel Nord, 52,4% nel Centro e 37,2% nel Sud e Isole). La maggior parte delle strutture era privata convenzionata con il Servizio Sanitario Nazionale (94,7%) e localizzata prevalentemente nelle regioni settentrionali. Le strutture classificate con livello R2D rappresentavano meno di un settimo del totale ed erano significativamente più frequenti nell'area macro del Sud. La metà delle strutture ha riportato tempi di attesa inferiori a 3 mesi. Un quarto offriva un servizio di RSA aperta e la metà prevedeva ricoveri di sollievo. Nell'Italia centrale, spazi come teatro, sala da tè o bar, palestra e giardino Alzheimer erano meno frequentemente presenti. In metà delle strutture era presente un case manager, solitamente un infermiere. Gli strumenti di valutazione multidimensionale più utilizzati erano il Sosia e lo Svama.

Conclusioni: I risultati evidenziano una sostanziale eterogeneità nell'assistenza alle persone con demenza tra macro-aree e regioni. Questi dati possono orientare iniziative volte a ridurre la frammentazione, garantendo la disponibilità di risorse e infrastrutture adeguate a supporto delle persone con demenza e dei loro caregiver.

Progetto realizzato con il supporto tecnico e finanziario del Ministero della Salute

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

06/10/2025 - 17:00-18:15 - P19. Cure di Fine Vita (End of life care)

P19-04 - La pianificazione anticipata delle cure nella demenza in fase precoce ha senso per le persone anziane, i caregiver e i professionisti?

Barbara D'Avanzo[1], Oscar Corli[1], Silvia De Giorgi[1], Simona Ciccone[2], Andrea Arighi[2], Maurzio Gallucci[3]
[1]Istituto di Ricerche Farmacologiche Mario Negri IRCCS, [2]Ospedale Policlinico, [3]Presidio Ospedaliero Giovanni XXIII

In Italia, il Piano di Cure Anticipate (ACP - Advanced Care Planning) è uno strumento legalmente riconosciuto per favorire la pianificazione condivisa delle cure, ma la sua applicazione nella pratica clinica resta limitata. Questo lavoro riunisce i risultati di due studi complementari supportati economicamente dalla Federazione Alzheimer volti a esplorare la fattibilità, l'accettabilità e le modalità più efficaci per proporre l'ACP in pazienti anziani con una diagnosi recente di demenza o lieve compromissione cognitiva (MCI).

Il primo studio ha approfondito, attraverso due focus group, le percezioni di anziani, caregiver e professionisti sanitari. L'analisi tematica ha evidenziato la necessità di ricevere precocemente la diagnosi, colmare il vuoto decisionale, e integrare l'ACP come processo relazionale e continuo. Sono emerse anche difficoltà legate all'incertezza del futuro e alla tensione tra desiderio di controllo e senso di impotenza. La presenza di una figura

terza, neutrale rispetto alle dinamiche familiari, è stata considerata essenziale.

Il secondo studio, condotto in tre centri del Nord Italia, ha coinvolto 78 pazienti con diagnosi di demenza o MCI da ≤12 mesi. Solo 27 (345%) hanno completato il percorso di ACP, documentato tramite un opuscolo sviluppato ad hoc. I pazienti hanno mostrato un buon livello di soddisfazione. Tuttavia, sono emerse criticità legate all'impatto emotivo della discussione sulla malattia e alla lunghezza del materiale informativo. I professionisti sanitari hanno riconosciuto che l'ACP possa inserito nella pratica clinica di routine, ma con i necessari cambiamenti organizzativi e culturali.

In conclusione, entrambi gli studi confermano la rilevanza della PCC nel percorso di cura delle persone con demenza o MCI, ma anche la necessità di superare ostacoli culturali, emotivi e organizzativi. Promuovere un approccio centrato sulle relazioni e sul vissuto presente può favorire una maggiore adesione e utilità dell'ACP come strumento di espressione delle volontà e di preparazione al futuro.

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Sessioni ITALIANE (solo relatori invitati) - Prospettive e rappresentazioni della malattia di Alzheimer e della demenza da parte dei caregiver formali e informali in Italia: un approccio fenomenologico (Alzheimer Uniti Italia)

06/10/2025 - 17:00-18:15 - P20. Prospettive e rappresentazioni di Alzheimer e della demenza

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P20-06 - Sente-Mente Laboratorio: Un Percorso Basato Sulle Neuroscienze E Sulla Psicologia Positiva Volto Ad Aumentare Il Capitale Psicologico Nei Familiari Di Persone Con Demenza

Giusi Perna[1], Alessandra Gorini[2], Mabel Martelli[3], Malvina Mazzotta[4], Massimo Menetti[5], Mariangela Bianconcini[6], Lucia Valtancoli[7]
[1]CDCD AUSL Imola, Alzheimer ODV, [2]Dipartimento di Scienze Cliniche e di Comunità, Università degli Studi di Milano, Istituti Clinici Scientifici Maugeri IRCCS, [3]Referente CDCD AUSL di Imola, UO Geriatria AUSL di Imola, [4]Referente programma di psicologia clinica e di comunità AUSL di Imola, UO psicologia ospedaliera AUSL di Imola, [5]Referente UO di Geriatria AUSL di Imola, [6]AUSL di Imola, [7]Alzheimer Imola ODV

INTRODUZIONE: Essere un familiare di una persona con demenza è dirompente. La malattia prende il sopravvento sulla quotidianità e affatica la relazione aumentando il senso di impotenza e frustrazione.

SCOPO: Il Sente-mente® laboratorio, costruito sulla base di evidenze e strumenti tratti dalle Neuroscienze e dalla Psicologia positiva, supporta i familiari tentando di aumentare quattro dimensioni del capitale psicologico (Resilienza, Autoefficacia, Ottimismo e Speranza).

METODO: Il Sente-mente® laboratorio prevede tredici incontri settimanali di gruppo, di due ore, condotti da un professionista. Ogni incontro mette il focus, in chiave Neuroscientifica e Positiva, su un argomento donando evidenze e strumenti per attraversare le sfide della malattia. Per misurare l'efficacia, è prevista la compilazione, pre e post laboratorio, di strumenti che misurano i costrutti del capitale psicologico: General Self Efficacy Scale, The Trait Hope Scale, Dispositional Resilience Scale, Subjective Happiness Scale. Questo studio preliminare analizza i dati ricavati da 6 di 7 laboratori condotti in tre regioni di Italia a cui hanno partecipato 79 familiari.

RISULTATI: Si evidenziano differenze significative, pre e post-intervento, nelle seguenti scale: General Self Efficacy Scale ($p<0,01$), Dispositional Resilience Scale ($p<0,01$), Subjective Happiness Scale ($p<0,01$) e nelle quattro sottoscale della Trait Hope Scale: Futuro ($p<0,05$), Agency ($p<0,01$), Percorso ($p<0,05$) e Speranza ($p<0,01$).

DISCUSSIONE: Dai risultati emerge un impatto positivo dell'intervento rispetto ad Autoefficacia, Speranza, Resilienza e Felicità percepite dai partecipanti.

CONCLUSIONE: Tali risultati incoraggiano a proseguire l'esperienza a sostegno della quotidianità dei familiari per andare oltre il senso di frustrazione ed impotenza e allenare il capitale psicologico nella cura.

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06/10/2025 - 17:00-18:15 - P20. Prospettive e rappresentazioni di Alzheimer e della demenza

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P20-02 - La Malattia di Alzheimer vista dalla parte dei Caregiver

Maria Manuela Berardinelli[1], Stefano Govoni[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]Università di Pavia

Chi scrive ha molto lavorato sulle basi biologiche della malattia di Alzheimer e sugli psicofarmaci. A che titolo parlare del punto di vista dei caregiver? É mia convinzione che se non si capisce la malattia, avvicinando le persone che ne sono afflitte e coloro che se ne prendono cura, le ricerche stesse perdono di incisività perché il curarsi di tutti i dettagli della malattia, ignora la complessità della persona ammalata. Per questo, grazie al privilegio di amicizie e conoscenze di lunga data con persone che fanno parte associazioni che si occupano dei malati di demenza e dei loro caregiver, ho potuto negli ultimi anni frequentare non più e non solo laboratori di ricerca e reparti clinici, ma anche gruppi di malati e di caregiver.

Si scoprono molte cose! Lo stupore quando a fianco di un malato con il quale siamo in gita vediamo il suo sguardo rifocalizzarsi e riusciamo a

cogliere quella luce che ci racconta molte cose, pur non espresse verbalmente! E allora il dubbio (scientifico): forse esistono modalità di comunicazione diverse (oggettivabili) e forse dobbiamo studiare e capire come usarle al meglio e come sviluppare le nostre capacità piuttosto che pensare solo a "riparare" quelle "guastate" dalla malattia. È un cambiamento di prospettiva per il ricercatore e per il caregiver. Si impara, ma si può anche insegnare. È quello che faccio nei corsi dedicati ai caregiver nell'ambito delle domande sui farmaci, su tutti i farmaci non solo su quelli per le demenze, perché le persone (ammalati e caregiver) curiosità ne hanno tante e devono commisurare rischi e attese di beneficio su tanti fronti. Tra gli altri aspetti, la comprensione della malattia e il perimetrare bene il campo d'azione dei farmaci aiutano il caregiver a valorizzare le terapie non farmacologiche e le strategie di coping emotivo.

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06/10/2025 - 17:00-18:15 - P20. Prospettive e rappresentazioni di Alzheimer e della demenza

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P20-05 - Dall'analisi fenomenologica alla prassi operativa per il sostegno ai Caregiver: esperienza dell'Ausl di Bologna

Maria Manuela Berardinelli[1], Rosangela Ciarrocchi[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]AUSL BOLOGNA

L'approccio fenomenologico permette di esplorare il passaggio cruciale tra la comprensione profonda dell'esperienza vissuta dai caregiver, formali ed informali, e la traduzione di tale comprensione in azioni concrete di supporto ed accompagnamento.

Cogliere il vissuto esistenziale dei caregiver, emozioni, frustrazioni, senso di isolamento, ma anche momenti di resilienza e significato, diventa essenziale nella programmazione e strutturazione del sistema servizi socio sanitari.

Dall'ascolto, analisi e descrizione delle esperienze soggettive di chi *si prende cura* delle persone affette da Alzheimer emergono necessità di

riconoscimento, supporto concreto e nuove modalità di interazione con i servizi socio-sanitari.

Nel triennio 2022-2024, il Distretto Sanitario di Bologna, con 18 Associazioni del territorio, ha realizzato 25 progetti finalizzati a costruire percorsi di sostegno, ascolto e azione concreta a favore dei caregiver: formazione empatica rivolta ai caregiver, creazione di spazi di parola e gruppi di auto-mutuo aiuto per restituire senso e riconoscimento, interventi di sollievo temporaneo integrati in modelli di cura personalizzati (yoga, tecniche di respirazione), utilizzo di tecnologie digitali per mantenere il contatto anche in contesti isolati, offrendo strumenti e reti di supporto per non lasciare soli i caregiver nel loro percorso.

I partecipanti, mediamente 180 all'anno, hanno espresso un alto livello di soddisfazione, sottolineando come tali percorsi abbiano offerto uno spazio non giudicante per l'elaborazione emotiva dei loro vissuti e per la condivisione di strategie efficaci per gestire le difficoltà quotidiane, comprendendo l'importanza di prendersi cura di sé stessi e di ritrovare il proprio tempo libero, riconoscendosi come individui al di là del ruolo di caregiver.

Nei tre anni di progettualità, il carico assistenziale è prevalentemente a carico delle donne (75%), soprattutto madri e figlie, ed il livello di stress rilevato nei caregiver si colloca tra i 41 e i 60 punti, configurando un carico di lavoro moderato-grave che richiede approfondimenti e interventi di supporto continuativi.

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06/10/2025 to 08/10/2025

Sessioni ITALIANE (solo relatori invitati) - Prospettive e rappresentazioni della malattia di Alzheimer e della demenza da parte dei caregiver formali e informali in Italia: un approccio fenomenologico (Alzheimer Uniti Italia)

06/10/2025 - 17:00-18:15 - P20. Prospettive e rappresentazioni di Alzheimer e della demenza

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P20-01 - Dal dolore alla cura: il mio percorso di caregiver insieme ad AFAM

Maria Manuela Berardinelli[1], Fabiola Lambertucci[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]AFAM

Mi chiamo Fabiola e in questo intervento racconterò la mia esperienza personale di figlia e caregiver di una madre affetta da demenza. Quando è iniziato il nostro percorso, mi sono trovata completamente impreparata ad affrontare la malattia. Mi sentivo sola, travolta da emozioni forti, e priva degli strumenti per capire come aiutare davvero mia madre senza annullare me stessa. Il cambiamento è arrivato quando ho incontrato l'Associazione AFAM Alzheimer Uniti Marche ODV. Grazie a loro ho avuto accesso a corsi di formazione specifici, gruppi di Auto Mutuo Aiuto, supporto psicologico e momenti di condivisione con altri familiari. Ho imparato non solo a gestire gli aspetti pratici della quotidianità, ma anche a riconoscere i miei bisogni, i miei limiti e le mie risorse. Nel tempo, il rapporto con mia madre è cambiato profondamente. Dove prima c'erano

solo fatica e frustrazione, sono riuscita a riscoprire affetto e momenti di condivisione. Ho smesso di sentirmi sola, perché ho trovato una famiglia, una rete di cura, fatta di persone, ascolto e comprensione. Questa esperienza mi ha insegnato che prendersi cura non è solo un compito difficile, ma può diventare un cammino di trasformazione, dignità e relazione.

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06/10/2025 - 17:00-18:15 - P20. Prospettive e rappresentazioni di Alzheimer e della demenza

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P20-03 - Istituto Superiore di Sanità (ISS): le attività a diretto supporto dei caregivers nell'ambito del Fondo Nazionale per l'Alzheimer e le Demenze

Maria Manuela Berardinelli[1], Teresa Di Fiandra[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]Istituto Superiore di Sanità

Introduzione: Con l'istituzione del primo Fondo Nazionale per l'Alzheimer e le Demenze (triennio 2021-2023, confermato e rifinanziato per il periodo 2024-2026) sono state avviate una serie di attività contemplate da programmi regionali modellati in base alle specifiche priorità dei diversi territori e supportate scientificamente dalla progettualità dell'ISS. Il presente lavoro descrive il percorso di formazione dei caregivers elaborato a partire da una indagine quali-quantitativa sulle loro caratteristiche e sui bisogni correlati.

Metodi: In prima battuta è stato elaborato un questionario autosomministrato per la raccolta dei dati di interesse, puntando sulla

collaborazione delle Associazioni nazionali per diffonderlo tra i loro iscritti (e la risposta più sollecita e significativa è stata proprio quella di Alzheimer Uniti). Contestualmente all' analisi dei dati raccolti, sono stati condotti focus group in tutte le regioni per approfondimenti descrittivo-qualitativi, propedeutici alla definizione e avvio di un programma di formazione per caregivers e per professionisti.

Risultati: L'indagine ha permesso di individuare il profilo prevalente della persona con demenza e le caratteristiche salienti di chi lo assiste, nonché le modalità e le criticità dei percorsi di cura nelle diverse fasi di malattia. I risultati sono stati pubblicati in un report nazionale, corredato da 21 approfondimenti per i livelli delle Regioni e delle Province autonome, e sono disponibili sul sito dell'Osservatorio Demenze dell'ISS.

Conclusioni: Conoscere le caratteristiche ed aspettative delle persone direttamente coinvolte nel problema della demenza, rappresenta uno strumento indispensabile per la costruzione di strategie di risposta istituzionale, integrata ed efficiente, ai reali bisogni di chi quotidianamente deve affrontarne le sfide. Consente inoltre un approccio rispettoso dei diritti di ciascuno e promuove l'ottica del loro pieno e tempestivo coinvolgimento in tutti i percorsi di cura, al fine di favorire una migliore qualità di vita.

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P20-04 - Il ruolo del caregiver formale e informale: una risorsa essenziale

Maria Manuela Berardinelli[1], Samantha Pradelli[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]Az. ULSS 2 - Marca Trevigiana - Distretto Pieve di Soligo

In una società che spesso misura il valore in termini di efficienza e produttività, il lavoro di cura rischia di passare in secondo piano. Raramente visibile, poco riconosciuto, talvolta non retribuito o sottovalutato, il prendersi cura dell'altro viene ancora oggi relegato ai margini del dibattito pubblico. Eppure, sono proprio i gesti quotidiani e discreti dei caregiver (familiari, operatori, vicini che si fanno prossimi) a custodire quella dignità silenziosa che tiene insieme il tessuto più profondo della nostra convivenza.

Questo intervento vuole offrire uno sguardo sul ruolo fondamentale che i caregiver, formali e informali, svolgono accanto alle persone con

demenza. Un ruolo spesso complesso, esercitato in condizioni che possono essere faticose e fragili: isolamento, incertezza, mancanza di supporti adeguati, disuguaglianze di accesso alle risorse. La demenza, con le sue domande impreviste e continue, diventa allora anche una lente per leggere le fragilità di un sistema di cura che fatica a rispondere alla complessità della vita reale.

Prendersi cura non è solo una questione individuale. È anche una scelta collettiva, un gesto che interpella tutti noi. Riconoscere chi si prende cura, dentro e fuori le istituzioni, significa dar valore a una forma di competenza spesso silenziosa, ma essenziale. Significa dire che la fragilità non è un problema da nascondere, ma una parte della vita da accogliere e sostenere insieme.

È importante ascoltare le voci dei caregiver, farle emergere, intrecciarle con quelle dei professionisti e delle istituzioni. Solo così possiamo immaginare percorsi di cura più giusti, e riumanizzare un mondo che rischia di diventare tecnicamente perfetto e affettivamente deserto.

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People - Minority ethnic groups

07/10/2025 - 10:30-11:45 - P21. Minority ethnic groups I

P21-05 - "Enhancing Dementia Care for CALD Communities: Culturally Sensitive Approaches through Inclusion and Intersectionality for Ethnic Minorities"

Sunny Traverse
Bene

This submission examines Bene's successful implementation, Phase One Specialist Dementia Care Program (SDCP), funded by the Australian Department of Health and Aged Care.
The program, designed to address the unique challenges faced by individuals with severe Behavioural and Psychological Symptoms of Dementia (BPSD), incorporates a culturally sensitive framework, particularly for culturally and linguistically diverse (CALD) communities. Bene's approach emphasizes intersectionality, inclusion, and personalised care tailored to the needs of ethnic minorities within residential aged care settings.

The SDCP focuses on individuals with severe BPSD who often encounter significant barriers to receiving adequate care in mainstream aged care facilities. Bene's specialist dementia care model effectively tackles these challenges through a multidisciplinary team of healthcare professionals and targeted therapeutic interventions designed to stabilize symptoms over an approximately 12-month period preparing individuals for transition to less intensive care settings while improving quality of life. Integral to Bene's model is the inclusion of cultural sensitivity, ensuring that care practices align with the traditions, preferences, and values of CALD communities.

Key strategies involve fostering strong partnerships with ethnic community organisations, cultural liaisons, and healthcare professionals from diverse backgrounds enhancing the delivery of culturally competent care. Regular training, communication, and collaborative care planning between multidisciplinary teams and external stakeholders ensure integration of cultural considerations into care practices. Bene's model emphasizes person-centered communication, supported decision-making, and ongoing staff development in dementia care and behavioural management, particularly in addressing severe BPSD.

Through this culturally inclusive framework, Bene's approach exemplifies best-practice dementia care, enhancing outcomes for CALD populations by respecting cultural diversity and promoting intersectionality. This submission focuses on the critical importance of cultural competence in dementia care and highlights the potential for similar models to improve dementia care for ethnic minorities across Australia.

This submission follows from the previous successful paper and awarded Grant presented in 2024.

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People - Minority ethnic groups

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P21-02 - Experiences of support seeking from the perspectives of African and Caribbean people living with dementia and their care partners: a qualitative evidence synthesis

Shabana Roscoe[1], Deborah Edwards[2], Shadreck Mwale[1], Katie Featherstone[1]
[1]The Geller Institute of Ageing and Memory, University of West London, [2]Wales Centre for Evidence Based Care, Cardiff University

Background: People living with dementia from African and African Caribbean communities are a population most likely to be identified by, and to access services late, often when they have reached a point of crisis. Late recognition by services is associated with unscheduled urgent care and social care intervention. This review explores the experiences of support-seeking from the perspectives of people who are living with dementia from African and African Caribbean Communities, their care partners, and families.

Methods: The review follows JBI guidance for qualitative evidence synthesis and PRISMA reporting guidance; the protocol is registered with PROSPERO (CRD420250651295). Databases (MEDLINE, Embase, PsycINFO, OVID Emcare, CINAHL and SCOPUS) were searched (inception to February 2025). Supplementary searches for grey literature were conducted. The JBI qualitative critical appraisal tools will assess methodological quality of included publications. Meta-aggregation will be used to assemble findings, with reflections from people with lived experience (n=20) before these are finalised for reporting.

Results: The presentation will discuss findings from 12 papers included in the review, from screening a total of 2,332. Studies were published between 2005 and 2025, include participants aged 32 to 89 years and significantly more females than males. Emerging findings include the role of stigma, reciprocity and duty of care, cultural factors, in sickness and in health, representation, and information seeking, in shaping support seeking.

Conclusions: The synthesised findings will be useful to those seeking to improve access to, and service provision for, African and African Caribbean people living with dementia. It will support refining data collection methods for an NIHR HSDR funded study, and will inform the development of a conceptual model of help seeking and culturally sensitive health interventions and services to improve care for this community.

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People - Minority ethnic groups

07/10/2025 - 10:30-11:45 - P21. Minority ethnic groups I

P21-03 - "We are too secretive - we need to talk about dementia": a Caribbean co-researcher's vital contributions to dementia care research

Orii McDermott, Bettina Wallace
University of Nottingham

Background: Dementia is not widely or openly discussed amongst typical African and Caribbean communities in the UK. Even though African and Caribbean people have higher risks of developing dementia than the white population, they are often reluctant to use the mainstream dementia services.

Method: A Jamaican community member (BW), who cared for her late mother with dementia, was appointed as a co-researcher to work with a dementia researcher (OM). Over 18 months, they held series of informal 'dementia talks' at local Caribbean elders' clubs. Their sessions aimed to normalise discussing dementia, and to obtain better insights into dementia care support that will be accepted by Caribbean communities.

Results: *Community responses* Even though BW is a respected community member, it took several visits for Caribbean community members to start sharing their concerns and opinions with OM. Several members explicitly expressed their reservations in engaging with researchers. Others expressed frustrations of not having culturally appropriate dementia day services in the area.

Challenges Getting Caribbean older adults, particularly men, to have an in-depth conversation about dementia remains a challenge. Long-standing stigma

attached to mental health is a difficult cultural barrier to overcome within the community where independence and resilience are praised.

Benefits for the co-researcher A long-term collaboration opportunity enabled BW to share her personal experiences with academics, as well as broadening BW's understanding on dementia, and obtaining new knowledge of evidence-based interventions (e.g., attending Cognitive Stimulation (CST) Training).

Future work plans They include a) collaboration with a local church to plan dementia talks targeting Caribbean men and b) developing Caribbean-specific resources for evidence-based psychosocial interventions (CST, Liv-Dem programme).

Conclusion: Long-term engagement of community members as research partners is essential for any researchers working with diverse ethnic groups. 'Skilling-up' community co-researchers can directly benefit diverse communities.

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People - Minority ethnic groups

07/10/2025 - 10:30-11:45 - P21. Minority ethnic groups I

P21-01 - Improving awareness and reducing stigma of dementia in minority ethnic communities: a scoping review and consultation

Jan Oyebode[1], Maria Caulfield[1], Sahdia Parveen[1], Gary Fry[1], Matthew Prina[2], Catherine Charlwood[3], Karen Windle[4], Adelina Comas-Herras[5], Catherine Quinn[1], Linda Clare[3]
[1]University of Bradford, [2]University of Newcastle, [3]University of Exeter, [4]University of Ulster, [5]London School of Economics and Political Science

The changing ethnic composition of Europe presents challenges for health and social care systems to provide effective, equitable care. As minority ethnic populations age, the numbers living with dementia are projected to increase steeply but people may not seek help due to lack of awareness and stigma. Community-based campaigns to raise awareness and reduce stigma are essential to addressing ethnic inequalities in access to care and outcomes for minority ethnic people with dementia.

In this talk, we will present findings from a scoping review and consultations that:

- summarised awareness-raising/stigma-reducing campaigns focused on dementia in minority ethnic communities
- summarised research that designed or evaluated such campaigns

- gained the perspectives of minority ethnic people with lived experience and providers from charitable/statutory services

We identified 21 relevant sources. A range of campaign formats were identified, including videos, podcasts, online guides, posters, webinars, and community-led initiatives. Campaigns that resonated most with communities featured personal stories, information delivered by professionals, the use of community languages, and discussions on culturally-relevant topics. Research evidence suggests these campaigns have potential to improve knowledge and encourage help-seeking.

Consultations highlighted that: campaigns should be inclusive of all generations, building trusting, sustainable relationships is key to changing attitudes, a culturally-competent workforce is crucial, and gaps in ethnicity data and a lack of long-term funding undermine impactful campaigns.

Our talk will summarise key points on evidence-based ways to raise awareness and reduce stigma of dementia in minority ethnic groups.

This work is part of a wider project, *Reducing inequalities across the care pathway for minority ethnic communities Inequalities*.

It is funded through the NIHR Policy Research Unit in Dementia and Neurodegeneration University of Exeter, reference NIHR206120. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

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People - Minority ethnic groups

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P21-04 - Implementing Transcultural Geriatric Assessment in a Migrant Population at the Modena Memory Clinic

Valentina Guerzoni[1], Marco Canevelli[2], Elisa Crocetti[3], Rossella Tozzi[1], Andrea Fabbo[4]
[1]UOC Geriatria Territoriale, AUSL Modena, [2]National Center for Disease Prevention and Health Promotion, Italian National Institute of Health, Rome, [3]Dipartimento di Cure Intermedie, AUSL Bologna, [4]Direttore Sanitario Asl Asti, già direttore UOC Geriatria Territoriale Ausl di Modena

Introduction: In coming years, a growing proportion of older adults in Western countries will have a migration background. As migrant populations age, they face increasing health challenges, particularly age-related conditions like dementia. However, many commonly used cognitive assessment tools are culturally biased and difficult to apply in ethnically diverse groups. This study responds to the need for culturally sensitive tools like the RUDAS scale to better assess cognitive function in migrant populations and understand their care profiles.

Methods: A prospective observational study began in February 2024 at the Cognitive Disorders and Dementia Center (CDCD) in Modena. Included patients were aged >65, born abroad to non-Italian parents, and referred for a multidimensional geriatric or cognitive assessment. When possible, assessments were conducted with cultural mediators and included the RUDAS scale.

Results: The sample includes 44 patients, 77.3% female, with a mean age of 78.3 ± 6.7 years. Most have permanent residence permits but are not Italian citizens. The main nationalities are Albanian (22.7%), Moroccan (20.5%), and Ukrainian (11.4%). Dementia is the most common diagnosis. The mean MMSE score is 18.13 ± 7.43, and the mean RUDAS score is 17.39 ± 7.81, with no statistically significant difference ($p = 0.6514$). Patients are mostly supported by children or spouses and show intermediate autonomy levels (ADL: 3.95 ± 1.68; IADL: 2.75 ± 2.75). Frequent behavioral symptoms include sleep disturbances, irritability, and depression. Comorbidity levels are moderate (median CIRS-c: 2).

Conclusions: Migrant patients referred to our CDCD often already show clear signs of dementia while maintaining moderate functional autonomy. The MMSE and RUDAS screening tools yielded comparable results in this population.

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INTERDEM - INTERDEM Academy (P22) - Impactful communication & collaboration: what can we learn from challenges? (FOR INVITED SPEAKERS ONLY)

07/10/2025 - 10:30-11:45 - P22. Impactful communication facilitating collaboration: Lessons-learned across career stages

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P22-01 - Impactful communication facilitating collaboration: Lessons-learned across career stages

Fania Dassen[1], Sara Laureen Bartels[1], Esther Loseto-Gerritzen[2], Ajda Flisar[3], Felix Wittmann[4], Bryony Waters-Harvey[5], Michael Craven[2], Simone de Bruin[6], Frans Verhey[1]
[1]Maastricht University - Alzheimer Centrum Limburg, [2]University of Nottingham, [3]KU Leuven, [4]Leipzig University, [5]University of Sheffield, [6]Windesheim University of Applied Sciences

'Effective' communication is crucial in inter-disciplinary and -sectoral settings for advancing dementia research and addressing complex societal challenges. Moreover, communication is a key skill to advance your career as an early- and mid-career researcher. However, the path to establish and maintain partnerships is not always straightforward. This session, organized by INTERDEM Academy, focuses on adapting to and learning from both successes and failures in communication and collaboration.

The session dives into strategies for initiating and maintaining collaborations through impactful and effective communication. First, Ajda Flisar and Felix Wittmann (PhD students) will share experiences and tips when communicating at conferences and events. Second, Bryony Waters-Harvey (postdoctoral

researcher) will reflect on how to maintain connections when moving institutions. Third, Michael Craven (research fellow) will discuss insights from interactions with industry partners. Finally, Simone de Bruin will highlight her lessons-learned when working with stakeholders from practice and education. By sharing experiences and real-world examples, this session seeks to provide a roadmap for fostering enduring, impactful partnerships in research and beyond.

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Sponsored session (P23) - CombiDiag

07/10/2025 - 10:30-11:45 - P23. Combidiag

P23-06 - Leveraging Digital Speech Features for Early Identification of Alzheimer's Disease risk: Associations with structural and functional brain changes over time

Qingyue Li[1], Stefanie Köhler[2], Alexandra König[3], Martin Dyrba[2], Zampeta-Sofia Alexopoulou[4], Annika Spottke[2], Nicklas Linz[3], Jens Wiltfang[2], Christoph Laske[2], Frank Jessen[2], Inga Zerr[5], Emrah Düzel[2], Josef Priller[2], Gabor Petzold[5], Fedor Levin[2], Stefan Teipel[1]
[1]Rostock University Medical Center, [2]German Center for Neurodegenerative Diseases (DZNE), [3]ki:elements GmbH, [4]Cognition-Behavior-Technology group (Cobtek), Université Côte d'Azur, [5]

Background: Speech features extracted from automated remote cognitive assessments correlate with performance on traditional cognitive tasks in individuals at risk of Alzheimer's Disease (AD), demonstrating their potential to support early diagnosis. However, the capability of these features to signal AD-related brain changes, such as early neuroimaging markers, remains less explored.

Methods: Within the PROSPECT-AD study, participants ranging from cognitively normal to mild cognitive impairment were recruited from the German DZNE longitudinal cohorts DELCODE and DESCRIBE. At home, all participants completed the phonebot-guided Semantic Verbal Fluency task (SVF) and the Verbal Learning task (VLT). Linguistic and acoustic features were automatically extracted from recordings, and the speech-

based composite cognitive (SB-C) score was computationally derived. Structural and resting state functional MRI (rs-fMRI) were collected during annual cohort visits. We employed multiple linear regression, mixed-effects models, seed-based functional connectivity (FC) analyses, followed by voxel-wise post hoc analyses, to examine associations between speech-based indicators and: (1) regional brain volumes (n=141), (2) brain atrophy rate (n=102), (3) cross-sectional resting state FC (n=132).

Results: Higher SB-C scores and SVF correct counts were associated with greater gray matter volume in hippocampus and left middle temporal gyrus, and with slower atrophy in the hippocampus, parahippocampal gyrus, and left middle temporal and inferior frontal gyri. Higher VLT delayed recall scores were similarly associated with slower atrophy rate in these regions. In rs-fMRI analyses, SB-C scores and several semantic and temporal speech features were associated with activity within the hippocampus-based FC network ($p_{uncorr.} < 0.01$).

Conclusions: Automated phone-based cognitive assessments hold promise as a remote and scalable tool for identifying AD-related structural and functional brain changes. With further longitudinal studies, this approach could aid in identifying individuals at risk of AD progression and those in need of timely evaluation and care, broadening their utility beyond just cognitive screening.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

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P23-03 - Developing a blood-based test for the early diagnosis of Parkinson's disease (PD)

Meryem Benmarce, Kim Henriksen, Signe Holm Nielsen, Morten Karsdal
Nordic Bioscience

Funding: The study was supported by Innovation Fund Denmark and the Danish Research Foundation. Funding was received from the European Union's Horizon 2020 research and innovation program under grant agreement No 101071485

Objectives: Parkinson's disease (PD) is the most common neurodegenerative disease after Alzheimer's disease. Even though it is a movement disorder, the yearly incidence of dementia in PD patients is 10%. However, there's no cure, existing treatments only manage symptoms. Therefore, biomarkers and advanced diagnostic tools are needed. Our aim is to develop a blood-based test for the early diagnosis of PD. It has been previously established that α-synuclein fragments contribute to the formation of aggregates, which are associated with the early onset of the disease

Methods: An antibody was generated to specifically target α-synuclein fragments to develop the blood test. Serum samples from clinical PD cohorts with a mean age of 64.2 years were analyzed. These cohorts exhibited movement disorders having been diagnosed for one and a half

years. Additionally, an in vitro neuronal cell model was used to bridge brain pathology to peripheral biomarkers and further validate the blood-based test.

Results: The developed antibody demonstrated specificity for α-synuclein fragments. A blood test was validated for measurements in serum, it can significantly distinguish between healthy and PD serum samples. Moreover, α-synuclein fragments were detected in the apoptotic neuronal cells.

Conclusions: α-Synuclein fragments represent key early drivers of PD pathology. This blood-based biomarker holds promise for early diagnosis and may provide crucial insights into patient eligibility for targeted therapeutic interventions in PD and PD with dementia.

Keywords: α-synuclein, calpain I, blood biomarker, dementia, Parkinson's Disease (PD)

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

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P23-04 - Development of Graphene-Based Electrochemical Biosensor for Ultrasensitive Detection of Alzheimer's Disease Blood Biomarkers

Sophia Nazir, Muhsin Dogan, Yinghui Wei, Genhua Pan
University of Plymouth

Early diagnosis of Alzheimer's disease (AD) is critical for effective treatment of the disease; however, current diagnostic methods are often invasive, expensive, and unsuitable for point-of-care testing. Graphene-based biosensors offer a promising alternative due to their exceptional electrical properties, cost-effectiveness, and potential for miniaturization. In this study we present the development of an ultrasensitive electrochemical immunosensor for the detection of AD biomarkers, specifically tau-441 and tau-217, in phosphate-buffered saline. The sensor utilizes a 3D graphene foam platform, which provides a high surface area and low nonspecific binding, enhancing sensitivity and reliability.

The immunosensor operates through a printed graphene biosensor designed for the detection of body fluid biomarkers in the context of early-stage dementia. The immunosensor detects tau-441 and tau-217, an AD biomarker, using differential pulse voltammetry (DPV), achieving a detection range of 1 fM-1 nM, with a limit of detection (LOD) of 0.14 fM and 0.18 fM. The calibration curves showed strong linearity ($R^2 > 0.99$).

It demonstrates high selectivity against other AD-related proteins such as tau-217, tau-181, and amyloid beta proteins. These findings underscore its potential as a highly sensitive, coste-ffective tool for early AD diagnosis. The high sensitivity of the developed biosensor enables the detection of AD biomarkers at low concentrations in various body fluids. This makes it applicable for monitoring biomarkers in different stages of disease progression and could be a valuable tool for early-stage diagnosis and inclusion in clinical drug trials for AD.

The high sensitivity of the developed biosensor enables the detection of AD biomarkers at low concentrations in various body fluids. This makes it applicable for monitoring biomarkers in different stages of disease progression and could be a valuable tool for early-stage diagnosis and inclusion in clinical drug trials for AD.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 10:30-11:45 - P23. Combidiag

P23-02 - Oral Dysbiosis and Salivary Lactoferrin as Early Biomarkers in Alzheimer's Disease

Deborah Romualdi[1], Laura Carrero[1], Desirée Antequera[1], Elena Buetas[2], José Luis Cantero[3], Alex Mira[2], Cristina Municio[1], Eva Carro[1]
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Salivary biomarkers embody a promising non-invasive, accessible, and cost-effective alternative to traditional cerebrospinal fluid markers for the early diagnosis of Alzheimer's Disease (AD). Salivary lactoferrin – a key antimicrobial protein – was found to be significantly reduced levels in patients with mild cognitive impairment (MCI) and AD compared to age-matched healthy individuals. Notably, this reduction appears specific to AD and is not observed in other dementias such as frontotemporal dementia (FTD). Recent findings suggest a link between decreased salivary lactoferrin and oral dysbiosis, implicating alterations in the oral microbiome as a potential contributor to AD pathogenesis. Salivary lactoferrin imbalances may foster microbial overgrowth and chronic inflammation, further supporting a role for peripheral factors in modulating neuroinflammation.

Building on these findings, our investigation focused on the relationships between salivary lactoferrin, the periodontal pathogen Porphyromonas gingivalis, and salivary markers of inflammation and stress. This study analyzed salivary samples from patients diagnosed with AD and mild cognitive impairment (MCI) compared to age-matched cognitively healthy controls.

Salivary levels of Porphyromonas gingivalis, and its virulence factor gingipain, were increased in MCI patients, and exhibited an inverse correlation with cognitive decline in patients suffering from prodromal and AD dementia. In these patients a marked reduction of salivary lactoferrin was observed and it matched a clear imbalance in salivary levels of pro- and anti-inflammatory cytokines. Accordingly, correlative analyses revealed an inverse relationship between lactoferrin levels and both bacterial load and cytokine concentrations.

In conclusion our work pointed to a validation of salivary lactoferrin not only as a diagnostic biomarker but also as a biomolecule tightly involved in oral microbiome health and systemic immune status in AD. This approach could open new avenues for early detection and preventive strategies focused on oral health and inflammation control.

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P23-10 - The cost-effectiveness study of early diagnositc test of Alziemer's disease

Yi Sun
University of Reading

Timely and accurate diagnosis of Alzheimer's disease (AD) is increasingly critical with the emergence of disease-modifying treatments (DMTs), yet existing diagnostic pathways remain limited by delays, high costs, and insufficient specialist capacity. This study evaluates the cost-effectiveness of incorporating digital tests and blood biomarkers into the standard diagnostic pathway for individuals presenting with memory complaints in primary care.

We constructed a decision-analytic model combining a decision tree and long-term Markov simulation to compare the standard of care (SoC) against diagnostic strategies augmented with new tests. The model simulates transitions from cognitive normality to mild cognitive impairment (MCI) and dementia, incorporating test accuracy, health outcomes (QALYs), costs, and eligibility for DMTs. Clinical scenarios include syndrome diagnosis (CN/MCI/Dementia) and etiological confirmation via amyloid biomarkers, reflecting NICE's evolving criteria and treatment guidelines (e.g., lecanemab, donanemab).

Our preliminary analysis suggests that the addition of the addordable digital test offers a non-invasive triaging tool that can reduce

unnecessary specialist referrals, accelerate diagnosis, and improve allocation of limited resources. By tailoring diagnostic pathways to individual risk profiles, especially in light of heterogeneity in risk preferences across disease stages, the proposed approach improves value for money and access to care. This research contributes to the growing evidence base on digital and multimodal AD diagnostics and provides policy-relevant insights for optimizing diagnostic capacity and enhancing early treatment initiation within health systems.

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P23-09 - We are Swimming in Data — Now What? From Terabytes to Consumable Knowledge

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The limited availability of research-ready clinical data remains a major obstacle for Alzheimer's disease (AD) research. Although clinical centers generate terabytes of electronic health records, neuroimages, biosignals and laboratory findings each day, an estimated 90% of these data stay locked in unstructured clinical silos, inaccessible to researchers. Initiatives such as ADNI or AddNeuroMed address parts of this challenge, yet large volumes of biomedical data are difficult to collect, manage and analyze. To do that, scientists need both domain knowledge and programming skills, yet one of these is often lacking. In the case of biosignal data, several hours are required to reliably and coherently process large cohorts using currently available software tools, leading to challenges in comparing results across research groups and contributing to a reproducibility crisis. To address these bottlenecks, we propose a modular framework to extend and unify existing efforts and show exemplary tools we have designed for this framework.

First, we have been developing algorithms to help clinicians use and share clinical-origin data for research by automatically generating structured metadata (demographics, diagnoses, comorbidities, medications, signs and symptoms, etc.) from discharge letters and other clinical notes. Second, we are developing a system to automate the design and validation of reliable and reproducible biosignal processing pipelines. Both of these systems are powered by offline and private large language models (LLMs). Third, we focus on algorithms for data standardization, such as COMBAT, which are essential for harmonizing biomedical data from multiple subjects and clinics, in order to derive insights into AD pathology from international, diverse, and representative cohorts. These tools aim to streamline clinical data processing, enhance transparency, and support cross-cohort-studies without programming skills. This framework's ultimate goal is to make data research-ready, accelerate hypothesis-driven AD research, and ensure findings are reliable, reproducible, and applicable to early detection across diverse populations.

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P23-07 - Speech-Derived Markers of Neuropsychiatric Symptoms and Brain Structure in Early-Stage Cognitive Impairment

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Introduction: Advancements in automatic speech analysis offer objectivity and granularity in assessing neuropsychiatric symptoms (NPS), while related brain morphometry can reveal their underlying mechanisms. This study explored

associations between speech-based markers, NPS severity and regional brain volumes.

Methods: Within the PROSPECT-AD study, we used data from the German DELCODE/DESCRIBE cohorts. N = 31 healthy participants (HC), N = 103 with Subjective Cognitive Decline (SCD) and N = 60 with Mild Cognitive Impairment (MCI) answered a free-speech question ("Describe a positive life event"). Ninety-one acoustic and linguistic features were automatically extracted. Principal Components Analysis with oblique rotation was used for dimensionality reduction, retaining factors with eigenvalues > 1 and loadings > |0.3|.

We computed partial correlations -adjusted for age, sex, cognition and time-gap between assessments- between NPS severity measured by clinical scales and speech-based factors, in a subset including all HC and SCD/MCI individuals with reported presence of NPS (N = 45). Within this SCD/MCI subgroup, partial correlations were calculated between factor scores and brain volumes in selected regions of interest (ROIs). Mediation models explored whether ROI volumes mediated the associations between NPS severity and speech-based factors.

Results: 11 factors were deemed sufficient with an overall strong model fit (Root Mean Square of Residuals = 0.04, Fit = 0.96) and moderate item complexity. Factors captured diverse speech characteristics (i.e. linguistic complexity, voice microinstabilities, articulation). Apathy severity was negatively correlated with an articulatory/affective factor ($r = -0.254$, $p_{uncorr} = 0.040$), while anxiety was positively correlated with a linguistic factor ($r = 0.251$, $p\ p_{uncorr} = 0.045$). Several factors correlated with brain volumes in ROIs implicated in emotion/sensorimotor regulation (precentral gyrus, insular cortex, thalamus). No significant mediation effects were found.

Conclusions: Results suggest that specific voice and language markers are related to NPS severity and related ROI volumetric measures, likely through independent pathways

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P23-05 - Hybrid Gold-Decorated MWCNT-Graphene Screen-Printed Electrodes for Ultrasensitive Detection of Alzheimer's Biomarkers via Cyclic Voltammetry

Sidra Rashid, Thorsten Knoll, Sylvia Wagner, Heiko Zimmermann
Fraunhofer IBMT

Authors: Sidra Rashid, Thorsten Knoll, Sylvia Wagner, Heiko Zimmermann

Abstract: Screen printed electrodes (SPE) have emerged as a promising platform for the development of fast and minimally invasive electrochemical biosensors aiming at Alzheimer biomarkers detection. Here, we present the development of a highly sensitive electrochemical biosensor based on a graphene hybrid system in combination with multiwalled carbon nanotubes (MWCNTs) decorated with gold nanoparticles (AuNPs). This material combination provides a highly conductive basal layer with enhanced surface area and improved electron transfer kinetics for ultrasensitive detection of Aβ42, a hallmark biomarker of Alzheimer's pathology. Electrodes were generated by screen printing on 250 µm thick polycarbonate (PC) sheets as substrate material. Several pretreatment methods, including ethanol cleaning and oxygen plasma activation were evaluated whereas post-printing gradual drying process, ranging from room temperature to 65 ºC was implemented. The printing process was followed by the functionalisation

process that involved the immobilisation of Aβ42-antibody via a linker suitable for thiol-gold click chemistry. Fully developed and modified electrodes were then tested concerning their applicability for the electrochemical detection of Aβ42 biomarker by cyclic voltammetry (CV) with a redox probe solution of potassium ferro and ferri cyanide. The CV signals showed comparable results to commercially available pure graphene electrodes. This work underscores the promising potential of advanced carbon-based nanocomposites in electrochemical biosensing for the use in early-stage Alzheimer's disease screening.

Keywords: Amyloid-beta, graphene, gold nanoparticles, MWCNTs, screen-printed electrodes, cyclic voltammetry, electrochemical biosensor, point-of-care diagnostics

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P23-08 - Abnormal Rseeg Alpha Rhythms Unveil Vigilance Dysfunctions In Patients With Mild Cognitive Impairment Due To Alzheimer's Disease And Cognitively Unimpaired Seniors

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Background: Vigilance dysfunctions in Alzheimer's Disease (AD) are known to manifest as symptoms such as excessive daytime naps in the morning even after a regular night's sleep. A useful neurophysiological assessment of these dysfunctions is the measurement of the reduction in the amplitude ("reactivity") of prominent, posterior resting-state EEG (rsEEG) alpha rhythms from eyes-closed to eyes-open conditions. Previous studies have shown that this reactivity is abnormal even in AD patients with Mild Cognitive Impairment (ADMCI) when compared to those of matched healthy elderly subjects (NOLD). In this study, we aim to investigate the individual frequency and topography of this effect.

Methods: The rsEEG data from 47 ADMCI and 41 NOLD subjects were analyzed. ADMCI and NOLD subjects were arbitrarily classified into two groups: 'alpha-reactive' and 'alpha-unreactive', based on reactivity from

eyes-closed to eyes-open conditions defined as a reduction in the parietal-occipital alpha power of ≤−10% at the individual alpha frequency peak (IAFp). Topographic maps of alpha frequency, power, and reactivity showed the spatial features of this phenomenon.

Results: Alpha-reactive ADMCI subjects showed significantly higher mean IAFp in the occipital region than alpha-unreactive ADMCI subjects ($p<0.05$), who exhibited the lowest IAFp overall. In the NOLD group, alpha-reactive subjects had higher IAFp than unreactive ones across posterior electrodes ($p<0.05$). Regarding alpha power, alpha-unreactive ADMCI subjects showed a diffuse reduction in alpha power across regions, with the lowest overall power values. In contrast, alpha-reactive NOLD subjects showed the highest alpha power, especially in occipital electrodes ($p<0.05$).

Conclusion: The present study showed that alpha frequency, power, and their topographies can support the detection of vigilance dysfunctions. Alpha-unreactive ADMCI subjects had lower values than reactive ones, supporting the use of both metrics in their assessment. Similarly, alpha-unreactive NOLDs showed reduced posterior alpha activity, suggesting that even healthy elderly subjects may benefit from early monitoring.

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P23-01 - Integrating APOE Genotyping and Serum Metabolomics with Machine Learning to Distinguish Alzheimer's Disease and Dementia with Lewy Bodies

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Objectives:
Alzheimer's Disease (AD) and Dementia with Lewy Bodies (DLB) are difficult to distinguish clinically due to overlapping symptoms, resulting in delayed or incorrect diagnoses. This study uses metabolomic profiles from serum samples and machine learning models to identify key biomarkers that distinguish these conditions, with a particular focus on the role of *APOE* genotyping as a critical genetic risk factor influencing these profiles.

Methods:
Serum samples from 55 AD, 14 DLB, and 52 healthy control (HC) individuals from the ADDIA cohort were analyzed using a

targeted metabolomics approach. Metabolites were quantified with the AbsoluteIDQ® p400 HR kit (Biocrates Life Sciences AG) and analyzed via high-resolution liquid chromatography-mass spectrometry (LC-HR-MS). Machine learning models, including Lasso, Random Forest, and XGBoost, were trained for classification. *APOE* genotyping was performed using the CE-IVDR APOEasy® kit and incorporated into the models.

Results:
AD patients exhibited a significantly higher prevalence of *APOE* e3/e4 and e4/e4 genotypes compared to DLB and HC ($p<0.001$). Lipid dysregulations, particularly in phosphatidylcholines, triglycerides, and sphingomyelins, were observed across all groups, consistent with prior metabolomic studies. Lasso identified 63 key metabolites, improving the AUC for distinguishing AD from DLB from 0.78 to 0.81 with *APOE* inclusion. Similarly, the AUC for AD vs HC increased from 0.78 to 0.83 with *APOE*, while no improvement was seen for DLB vs HC (AUC=0.78).

Conclusions:
This study demonstrates the potential of metabolomic biomarkers in differentiating AD from DLB, with *APOE* genotyping enhancing classification accuracy. Future efforts will focus on validating findings in larger cohorts and translating these findings into non-invasive, cost-effective tool set to reduce AD and DLB misdiagnosis.

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From research to communities - Detection and diagnosis

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P24-04 - Associations Between CDR Functional Subitems and a Speech-Based Cognitive Biomarker in the H70 Cohort

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Background: While speech-based cognitive assessments are increasingly used to detect cognitive impairment, their relationship to everyday functional ability remains underexplored. Functional decline, as captured by Clinical Dementia Rating (CDR) subitems such as Judgment and Problem Solving (Jap), Community Affairs (CA), and Home and Hobbies (HaH), is often the most meaningful aspect for patients and crucial in diagnosing mild cognitive impairment (MCI).

Objective: This study investigates how a speech-based cognitive biomarker (SB-C), comprising global cognition, executive function, memory, and processing speed scores, relates to functional abilities assessed via CDR subitems in the H70 population-based cohort.

Methods: Data were drawn from the H70 Gothenburg Birth Cohort Study, including 696 cognitively heterogeneous 75-year-olds with complete CDR and speech data. Functional ability was operationalized using three CDR subitems (Jap, CA, HaH), dichotomized as no impairment (CDR = 0) versus some impairment (CDR > 0). The ki:e SB-C, a remote, automated speech-based cognitive assessment, generates domain scores from structured verbal tasks using AI-driven natural language processing. Kruskal-Wallis tests were used to compare SB-C scores between functional groups, given the non-parametric nature of both input and outcome variables.

Results: SB-C scores significantly differentiated between individuals with and without impairments across all subitems ($p < 0.001$). Executive function and processing speed showed the strongest associations with impaired Jap scores ($\chi^2 = 25.94$ and 35.65, respectively; both $p < 0.001$). Memory and global cognition scores were consistently lower in functionally impaired groups.

Conclusion: Speech-based biomarkers, beyond detecting cognitive decline, are sensitive to real-life functional impairments. These findings highlight the potential of speech biomarkers to support holistic, scalable dementia assessments that reflect both cognitive status and daily functioning.

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From research to communities - Detection and diagnosis

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P24-01 - Diagnostic timing matters: Longitudinal data from DETERMIND

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Background: Supporting early or 'timely' dementia diagnosis is a key policy directive although the benefits of such an approach are predominantly derived from academic consensus or small-scale qualitative studies. Little longitudinal quantitative evidence explores the impact of diagnostic timing on people's on-going life quality.

Methods: This presentation draws on DETERMIND data collected at baseline and one year follow-up. DETERMIND is a prospective longitudinal cohort consisting of 940 newly diagnosed people with dementia, and their 698 carers, across three diverse areas of England. We created study-designed indices of early vs late diagnosis based on severity of dementia at diagnosis. 'Timely' diagnosis indices used self-report items comparing diagnosis 'made at the right time' to those who believed it was 'too early' or 'too late.' Change in quality of life (QoL), assessed using dementia specific QoL measures, adjusting for baseline and accounting for correlation between these measures, enabled examination of the impact of diagnostic timing on the on-going life quality of people with dementia and their carers.

Result: More advanced dementia at time of diagnosis (i.e. 'late diagnosis') was associated with significantly lower patient-reported, proxy-rated and caregiver baseline QoL. Late diagnosis was also associated with lower Carer

Responsibilities and Personal Needs QoL sub-scores at follow-up. Carers who reported 'untimely' diagnosis had significantly lower QoL at baseline, driven by lower Carer Responsibilities and Personal Needs, Carer Wellbeing, and Feelings About Future sub-scores, and had greater worsening in Feelings About Future at follow-up.

Conclusion: Our findings suggest that severity of dementia at the point of diagnosis, and caregiver satisfaction with timeliness, are independently associated with QoL at the point of diagnosis, and with change over time. This research provides the first longitudinal quantitative evidence on the impact of diagnostic timing on QoL and has implications for policy advocating an early and timely dementia diagnosis.

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From research to communities - Detection and diagnosis

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P24-05 - Using blood biomarkers to improve the diagnostic accuracy in dementia: a cross-sectional predictive analysis

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Background: The recommended dementia diagnostic pathway comprises assessment in non-specialist settings followed by specialist differential diagnosis. Given increasing resource constraints and existing inequalities in accessing specialist care, more accurate assessment in non-specialist settings may improve dementia management. This study aimed to evaluate the accuracy of blood biomarkers of Alzheimer's disease (AD) for detecting probable AD (PAD) and mild cognitive impairment (MCI) with amyloid positivity (AP).

Methods: We accessed data of 1,001 individuals through the Bio-Hermes study: cognitively normal (n=417), mild cognitive impairment (MCI; n=312), and PAD (n=272). AP was assessed by positron emission tomography/cerebrospinal fluid and diagnostic outcomes were PAD with AP and MCI or PAD (MCI-PAD) with AP. Assessment by Mini-Mental State

Examination (MMSE) represented current diagnostic practice. Alternative strategies involved adding the following biomarkers to MMSE individually or in panel: amyloid-beta 42/40 (Aβ42/40); phosphorylated-tau 181 (p-tau181); p-tau217; glial fibrillary acidic protein (GFAP); and neurofilament light (NfL). Diagnostic accuracy was assessed using receiver operating characteristic (ROC) curve and area under the ROC curve (AUC) following logistic regression. Statistically significant differences in AUC were estimated by DeLong test. Subgroup analyses were conducted by age and race/ethnicity.

Results: MMSE plus individual biomarkers or biomarker panels significantly improved the diagnostic accuracy versus MMSE alone: for instance, MMSE plus p-tau217, adjusted for covariates, to detect MCI-PAD with AP was 0.928 versus 0.844 for MMSE alone (DeLong $P<0.001$); MMSE plus optimal panel comprising all five biomarkers achieved AUC of 0.939 (DeLong $P<0.001$ versus MMSE alone). There were variations in the composition of optimal biomarker panel across subgroups: e.g., p-tau217 was included in optimal panels for non-Hispanic White subgroup, while p-tau181 was included instead for other race/ethnicity.

Conclusion: Using blood biomarkers alongside MMSE substantially increases the accuracy of detecting amyloid-positive MCI and dementia. This potentially supports an efficient and equitable diagnostic pathway for AD pathology.

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From research to communities - Detection and diagnosis

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P24-03 - Measurement of everyday functioning in primary care: validation of the Amsterdam-IADL-Questionnaire

Sophie van der Landen[1], Ayesha Fawad[2], Angela van der Putten-Toorenburg[2], Elke Butterbrod[2], Pontus Tideman[2], Oskar Hansson[2], Erik Stomrud[2], Sietske Sikkes[2], Sebastian Palmqvist[2]
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Background: The Amsterdam-Instrumental Activities of Daily Living-Questionnaire (A-IADL-Q) was developed and validated to measure functional impairment in secondary and tertiary care. Due to its brief and user-friendly design, it is promising for assessment in primary care as well, yet this population is typically older and has more comorbidities. Here, we aim to investigate the clinical and psychometric properties of the A-IADL-Q in a Swedish primary care population.

Methods: We included 476 participants (mean age±SD = 77±7 years (range 48.5-91.5); 49.8% female; mean education 11 years) from the BioFINDER-Primary Care study of which 32% had dementia, 44% mild cognitive impairment (MCI), and 24% subjective cognitive decline (SCD). Of these, 83% had a history of vascular disease, 51% of psychiatric disease, and 42% of metabolic disease. Using multinomial regression models, we predicted cognitive stage based on the A-IADL-Q, adjusted for covariates (age, sex and education). Odds ratios (OR) and 95% confidence intervals (CI) were calculated for MCI and for dementia with SCD as reference group. Linear regression analysis was used

to identify the degree of variability in A-IADL-Q scores explained by covariates and comorbidities.

Results: Lower A-IADL-Q scores, reflecting greater difficulties in everyday functioning, were associated with higher odds of having MCI (*B* = -0.20, *SE* = 0.03, OR = 1.22, 95%CI [1.16–1.28]) or dementia (*B* = -0.38, *SE* = 0.03, OR = 1.47, 95%CI [1.37–1.56]), compared to SCD. Overall accuracy of the model was 71% (95%CI [66-75], κ=0.54, p<0.0001) for differentiating MCI and dementia from SCD. We found a small effect of age (*B* = -0.41, *SE* = 0.07, 95%CI [-0.55 – -0.27]), but not of other covariates or comorbidities.

Conclusion: In primary care, the A-IADL-Q differentiates MCI and dementia from SCD, largely independent from covariates and comorbidities. Ultimately, the A-IADL-Q may support primary care physicians with diagnosis and follow-up.

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From research to communities - Detection and diagnosis

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P24-02 - How do cognitive screening outcomes translate to everyday functioning impairments in biomarker-defined Alzheimer's disease?

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Objective: It remains unclear to what extent global cognition translates to everyday functioning, although this is essential to interpreting the clinical meaningfulness of cognitive deficits for patient's daily lives. We investigated the

translation between common cognitive screening tasks to everyday functioning in Alzheimer's disease (AD).

Methods: 1,228 amyloid-positive participants (age=64±7yrs; 51.1%F), were included from the memory clinic-based Amsterdam Dementia Cohort. Multiple linear regressions assessed the relationship between the Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA) and everyday functioning (Amsterdam Instrument Activities of Daily Living Questionnaire; A-IADL-Q-30). For each MMSE and MoCA quartile, we explored the proportion of reported problems on the A-IADL-Q-30 total score and each A-IADL-Q-30 item. Item-level IADL activities were described across MMSE and MoCA quartiles.

Results: Both MMSE (B=0.96, 95%CI [0.87-1.04]) and MoCA (B=0.79, 95%CI [0.68-0.89]) scores were associated with A-IADL-Q-30. In the highest MMSE quartile (28-30) 35% of participants experienced 'no problems', while 47%, 17%, and 1% experienced 'mild,' 'moderate,' and 'severe problems' respectively. In the lowest quartile (0-20), 5% reported 'no problems', with 22%, 44%, and 29% experiencing 'mild,' 'moderate,' and 'severe problems'. For MoCA we found comparable results. In the highest quartiles (MMSE 28-30/MoCA 25-30) working (both 74%) and using a computer (52%-50%) were mostly affected, compared to filling in forms (both 96%) and managing the household budget (95%-93% in the lowest MMSE (0-20) and MoCA quartiles (0-16).

Conclusion: This study offers valuable insights into the translation of performance based global cognitive screening tools to everyday functioning in amyloid-positive individuals in a memory clinic setting. Even individuals with highest cognitive performance face difficulties in specific daily tasks, underscoring the complexity of real-world functioning. Understanding how different daily activities are affected by cognitive decline at various stages is essential for evaluating clinical meaningfulness of treatment effects and facilitates personalized care and communication.

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Policy - Consent, legal capacity and decision making

07/10/2025 - 10:30-11:45 - P25. Consent, legal capacity & decision making

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P25-03 - Involuntary care and admission of PWD in the Netherlands

Kees Blankman
Vrije Universiteit Amsterdam, Faculty of Law

Since 2020, a new law applies in the Netherlands that allows people with an intellectual disability or dementia to receive care and be admitted to a residential facility without having consented to it. The main requirements of this new law, the Care and Compulsion Act, are an established diagnosis and the prevention or elimination of serious harm caused by the person's behavior as a result of the disability or dementia. There are several safeguards in this law that must be met before involuntary care or involuntary admission may take place, but the scope for the disabled person to resist care or admission is very limited.

In my presentation, I outline the main features of this law, the main findings of the recently conducted law review and my personal experiences as a deputy judge in applying this law. I will also discuss the extent to which this law and its application relate to international human rights requirements with regard to limiting the right to physical integrity and the right to liberty.

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P25-01 - Planning ahead not in reality: A qualitative inquiry about end-of-life care for people with advanced dementia

Yun-Hee Jeon, Heather McKenzie
University of Sydney

Objective(s): This qualitative study aimed to explore issues and challenges to quality end-of-life care for people with advanced dementia living at home, from the perspectives of family carers, health care professionals, aged care staff and service providers.

Method: We conducted in-depth, semi-structured interviews with 33 bereaved and current family carers and focus groups with 20 health care professionals and service providers working with older people with dementia across various health and aged care settings in Australia. Thematic analysis was used.

Results: Six key themes were identified: Inadequate preparation, guidance and access to appropriate resources, Taboo and misunderstanding: talking about death, Dementia as a terminal illness and the role of palliative care, Key time points, critical events and decisions, Planning not in reality, Family issues and dynamics. We found that conversations about death and care home admission were "too confronting" for many, hampering planning in advance. Difficulties were often associated with the intersection of health and social service provision and personal and family priorities and capabilities, especially at a time of crisis, and particularly if there were no plans in place to assist with decision making. A lack of public, community and health professional awareness led to suboptimal

end-of-life planning, signalling the need for all health professionals, especially community and primary care practitioners to be knowledgeable in dementia care.

Conclusion(s): Addressing unique challenges that people with advanced dementia and their family carers experience requires the coordination of multidisciplinary care services. Further research is needed to identify dementia-appropriate policies, for example adaptation of current models of advance care planning to meet the needs of this population. Societal change is also needed to enable and normalise early discussions between health care practitioners and families and communities about planning ahead for potential future care needs.

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P25-04 - Attitudes and experiences of professional proxies and representatives in the Netherlands in enhancing the autonomy of adults with dementia

Rieneke Stelma-Roorda, Freya Augusteijn
Vrije Universiteit Amsterdam, Faculty of Law

A decline of cognitive abilities can make it increasingly difficult for adults with dementia to manage their financial, medical and personal interests. In the Netherlands, adults can make their own provisions for such a future period of incapacity through a so-called *levenstestament*, which includes the appointment of a proxy. When this is no longer possible, the court can appoint a representative through a full, financial or personal guardianship measure.

Although most adults choose a family member as their proxy and the courts also prefer the appointment of a family member, circumstances such as the absence of family members, conflicts between family members or abuse or mistreatment by family members may lead to the appointment of a professional as proxy or representative. When it comes to enhancing the adult's autonomy through support in the exercise of legal capacity (article 12 UNCRPD), the appointment of professionals presents certain challenges. For example, professionals generally do not share a common history with the adult and may be less familiar with the adult's values, wishes and preferences.

This paper presents the results of two studies in the Netherlands on the attitudes and experiences of professional proxies and professional

representatives in enhancing the adult's autonomy by providing support that enables the adult to make his own decisions and by respecting the adult's wishes and preferences. Through interviews, the attitudes and experiences of professional proxies were explored, looking among other at the tools used by this yet small group of professionals to get a sense of the adult's (changing) wishes and preferences. Through a survey study, the attitudes and experiences of professional court-appointed representatives were explored, looking among other at how these representatives perceive adult's abilities to exercise their autonomy and how they assess their own abilities in promoting the adult's autonomy.

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P25-05 - Health care professionals' perceptions on 'inclusive decision-making' with residents with decision-making disabilities in long-term care for older people

Martijn van Dompseler[1], Marike de Boer[2], Eefje Sizoo[2], Katrien Luijkx[3], Martin Smalbrugge[2], Meriam Janssen[3]
[1]Amsterdam UMC, [2]Amsterdam UMC, Location Vrije Universiteit Amsterdam, department of Medicine for Older People, [3]Tranzo, Tilburg University, School of Social and Behavioral Sciences

Introduction: Up to three-quarters of older people residing in long-term care, further referred to as residents, have cognitive impairments. These impairments can lead to decision-making disabilities (DMD) and ask for decisional support that is tailored to the preferences and needs of residents. The perspectives of residents and the healthcare professionals (HCPs) that support them are essential for understanding how an inclusive approach to decision-making should look like. This study aims to describe health care professionals' perceptions of current and preferred decision-making with residents with DMD.

Methods: In two Dutch long-term care facilities, 18 HCPs were interviewed using open-ended questions. Purposive sampling was used to include the perspectives of welfare staff, nursing staff, medical staff, and allied health professionals. Interviewees were asked about their perceptions, ideals and needs regarding decision-making with residents about wellbeing, care and treatment. The interviews were audiotaped, transcribed verbatim, and coded

and thematically analyzed using the method of Braun and Clarke. Data collection and analysis followed an iterative process.

Results: HCPs considered it important to involve residents in decision-making. They mentioned various strategies to do so, such as explaining and proposing choice options, or bringing residents into a context in which a choice is easier to make. For optimal use of these strategies, HCPs considered knowledge of the preferences, values, life history and medical history of residents essential. In addition, they noticed that contextual factors could limit the possibilities to involve residents, such as a lack of time or staff, or specific organizational policies like residents not being allowed to use their own tableware.

Conclusion: HCPs emphasize the importance of understanding residents' preferences and values for inclusive decision-making. They employ various strategies to involve residents, contingent on the strategies' characteristics and available time and resources. Further research should focus on structurally embedding these strategies in healthcare.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

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P25-02 - Understanding the barriers and facilitators to implementation of mental capacity legislation in care homes for older adults in the United Kingdom

Louis Stokes[1], Michelle Maden[2], Nefyn Williams[2], Nina Jacob[3], Sion Scott[4], Victoria Shepherd[5], Cara Gates[6], Liz Jones[7], Sandra Barker[7], Marie-Clare Hunter[7], Grahame Smith[8], Hayley Prout[3], Mishel Ingle[1], Ffion Curtis[9], Ruaraidh Hill[9], Alys Wyn Griffiths[1]
[1]University of Sheffield, [2]University of Liverpool, [3]Cardiff University Centre for Trials Research, [4]University of Leicester - School of Allied Health Professions, [5]Cardiff University - Centre for Trials Research, [6]Leeds Beckett University, [7]PPI representative, The University of Sheffield, [8]Liverpool John Moores University, [9]University of Liverpool Liverpool Reviews and Implementation Group

Background: People living with dementia may find it difficult to make decisions as their condition progresses. Mental capacity legislation, which differs between UK countries, defines when a person lacks capacity to make decisions. Care home staff need training to develop their knowledge of mental capacity legislation and, importantly, develop their understanding of applying this knowledge in practice.
Aims: To identify barriers to and facilitators of implementing mental capacity legislation in care homes for older adults in the United Kingdom.

Methods: Data were extracted and synthesised using thematic synthesis and mapped to relevant Capability-Opportunity-Motivation model of behaviour (COM-B) and Theoretical Domains Framework domains. PROGRESS-Plus was used to identify the reporting of equity characteristics. Equality and quality assessments were also conducted.
Results: Conducted following PRISMA guidance, the review identified 3041 potentially relevant studies, with 13 eligible for inclusion. 11 studies focused on Mental Capacity Act (2005) and two on Adults with Incapacity (Scotland) Act 2000. Poor provision of training, low staff confidence, and insufficient knowledge to practically apply legislation were key barriers. Key facilitators were in-person training incorporating real-life scenarios, robust organisational policies and processes, and embedding person-centred care approaches. Sense-checking workshops with care home staff (n=18) interpreted findings within current practice, providing insight into training preferences, support needs and attitudes towards legislation. Overall, studies reported participants' protected characteristics (e.g. sex, ethnicity) poorly, which may have implications regarding generalisability.

Next steps: Whilst care home staff acknowledged the importance of capacity legislation, having insufficient time and resources and the inability to monitor staff understanding was a barrier to effective implementation. This review identifies meaningful opportunities to develop and adapt training for the social care workforce, enabling more person-centred care. Future research should explore how staff are trained about capacity legislation and implement their learning, and use insights to develop best practice guidance.

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Care services - Day care

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P26-04 - From Hospital to Community: A Comprehensive Support Model for People with Dementia and Their Families

Yu-chuen Chen[1], Chia-wei Hung[2], Hsin-yi Lin[2], Hung-hsiu Lin[2]
[1]TAIPEI CITY HOSPITAL, [2]Taipei City Hospital

Background: In Nangang District, Taipei City, an estimated 1,862 people aged 65 and older are living with dementia, increasing the demand for care services. In Taiwan, most people with dementia and their families prefer to remain in their local communities, which enhances their sense of security and reduces caregiver stress. In response, Taipei City Hospital Zhongxiao Branch established the Support Center for People with Dementia and Their Families (SPDF), integrating medical and community resources to promote aging in place through daytime community-based services.

Objective: The SPDF integrates medical and community resources to provide dementia services within the local community, enabling people with dementia to participate in activities while offering respite opportunities for their caregivers. The program supports aging in place and enhances the well-being of both people with dementia and their families.

Methods: Taipei City Hospital Zhongxiao Branch partnered with Taipei Nangang Community College to establish the SPDF, located on the campus. The center operates as a daytime service five mornings a week, combining the strengths of the hospital and the community college's clubs and volunteers to provide non-pharmacological interventions, including cognitive training, art-based activities, physical exercise, and community engagement. These programs aim to slow

cognitive decline, enhance well-being, and alleviate caregiver stress through respite and peer support.

Results: Now in its sixth year, the SPDF has served nearly 100 families. Satisfaction surveys indicate that over 90% of participants are highly satisfied, and more than 90% of caregivers report that the SPDF's services have been beneficial for the person with dementia.

Conclusion: By integrating healthcare and community resources, the SPDF provides daytime dementia services within the local community, fostering social engagement, delaying cognitive decline, and supporting caregivers. This collaborative model strengthens dementia-friendly communities and enhances the quality of life for both people with dementia and their caregivers.

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Care services - Day care

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P26-05 - A Neurobehavioral Theory-Guided Model of Dementia Daycare in Taipei: Ten Years of Implementation and Outcomes

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[1]Taipei City Hospital, [2]Department of Nursing, Taipei City Hospital, [3]Department of Neurology, Taipei City Hospital

Background: The establishment of dementia daycare services requires a theoretical foundation to enhance the well-being of people with dementia (PwD). This report presents the ten-year outcomes of a neurobehavioral theory-guided daycare center implemented in Taipei.

Methods: In 2014, our daycare model was developed based on neurobehavioral theory, emphasizing autonoetic awareness and the need-driven dementia-compromised behavior model to understand better PwD their behavioral and symptoms. Staff training prioritized interpreting through this lens. Using person-centered principles, recognizing each individual as unique with specific histories, preferences, and emotional needs. Based on neuro-degenerative sequencing and cognitive reserve theories, we designed structured recreational cognitive interventions, including memory games, art and music therapy. Our care program also incorporated care networks by engaging family members, migrant caregivers, and community volunteers.

Results: Over the past decade, we served a total of 280 old adults. The average age of participants was 80.0 ± 8.2 years (range: 52–98), with women comprising 58.6% of the cohort. At one-year follow-up, significant clinical improvements were observed. Mini-Mental State Examination scores improved in 5.3% of participants and remained stable in 52.6%. Clinical Dementia Rating scores improved in 5.3% and stabilized in 68.4%. Activities of Daily Living

scores improved in 5.3% and remained stable in 57.9%. Notably, psychotropic medication use decreased. Antipsychotic prescriptions declined from 36.8% to 26.3%, hypnotic use decreased from 47.4% to 36.8%, and the average number of medications per participant dropped by 1.52. Caregiver burden showed marked improvement in 57.9% of cases. Overall satisfaction with services reached 92%, while 94.7% reported improved quality of life. The average duration of service utilization was 504.2 days (range: 4–2,820 days).

Conclusions: Our daycare model guided by neurobehavioral theory yielded sustained benefits over ten years, including cognitive stabilization, reduced psychotropic medication use, and improved functional outcomes among PwD.

Keywords: daycare; neurobehavioral approach; non-pharmacological interventions; caregiver support

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Care services - Day care

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P26-01 - Long-Term Benefits of Cognitive and Physical Interventions in Day-Care Centers for People with Dementia: A 10-Year Retrospective Study from Alzheimer Athens

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[1]Athens Alzheimer's Association, Columbia University, [2], [3]Sakka

Background: Alzheimer Athens is a non-profit organization providing cognitive and physical interventions to individuals with dementia through specialized day-care centers. This study aimed to evaluate the long-term effects of regular participation in these programs on cognitive function and daily functionality.

Methods: Data were collected over a 10-year period (2015–2025) from 900 participants attending day-care centers 2–3 times per week, depending on disease severity. Participants were stratified into five cognitive status groups: Mild Cognitive Impairment (MCI), Moderate Dementia 1,2, and Severe Dementia (stages 1 and 2).

Results: Overall, cognitive performance as measured by MMSE remained stable for the first three years of program participation. Notably, language fluency was preserved for up to seven years before significant decline. Functional ability, as measured by Instrumental Activities of Daily Living (IADL), improved during the first year of participation and was maintained prior to subsequent decline. Subgroup analyses revealed that these positive effects were more pronounced among individuals in the early stages of dementia.

Conclusions: Regular engagement in structured cognitive and physical interventions at dementia-specific day-care centers may contribute to the preservation of cognitive functions and improvement in daily functional abilities,

particularly in individuals with early-stage dementia. These findings support the implementation of comprehensive, stage-tailored intervention programs to promote quality of life in people living with dementia.

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Care services - Day care

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P26-03 - Enhancing Quality of Life in dementia care: Evaluating the Impact of Age UK Wirral's Dementia Village

Megan Rose Readman[1], Frankii Collins[2], Mark Gabbay[3], Clarissa Giebel[3]
[1]University of Liverpool, [2]Age UK Wirral, [3]The University of Liverpool

Aims: Across the UK, there are a multitude of social care provisions for people living with dementia. However, many of these services have been criticised for being unfamiliar, clinical and in certain circumstances distressing for people living with dementia. In partial response to such criticisms, the Hogeweyk dementia village was developed in the Netherlands in 2009. This pioneering facility functions as a regular village where service users can access local amenities that are filled with items that evoke memories and help with mobility and cognitive behaviour. In 2023, Age UK Wirral worked with Challenge Anneka to develop the UK's first dementia village. However, the impact of engagement with such facility has not yet been systematically evaluated. Therefore, the aim of this project is to explore the impact that engagement with the Age UK Wirral dementia village has on people living with dementia.

Methods: A series of semi-structured interviews with 15 people living with dementia, 5 unpaid family carers and 10 Age UK Wirral staff will be conducted. The interview topic guide was co-produced with our public advisor researcher and focuses on experiences and impact of engaging with the dementia village and barriers and facilitators to engagement with the dementia village.

Results: Interviews are ongoing, due to be completed by May 2025. Therefore, these findings will be presented at Alzheimer's Europe for the first time. The resulting data will be analysed using inductive reflexive thematic analysis informed by a social constructivist approach.

Conclusions: This study may have important implications for dementia care. Specifically, our findings will provide further insight as to the benefit of dementia village initiatives, which may inform considerations to integrate this type of facility more widely in dementia care across the UK. Moreover, identification of the potential barriers to engagement may highlight ways current facilities can be improved.

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Care services - Day care

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P26-02 - Measuring impact and maintaining standards: Evaluation of the provided services of the Dementia Day Care Center in Serres, Greece

Thanos Chatzikostopoulos[1], Georgia Manafi[2], Maria Tsakni[2], Vasiliki Genitzeli[2], Vasogianna Xanthopoulou[2], Dimitrios Kokkinos[2]
[1]Panhellenic Federation of Alzheimer's Disease and Related Disorders, [2]Association of Families/Caregivers and Friends for Mental Health, Alzheimer's Disease and Related Disorders

As known, holistic care for dementia requires both pharmacological and non-pharmacological interventions. The Dementia Day Care Center "Anaplous" offers these services to people with dementia, their caregivers, and individuals with Mild Cognitive Impairment (MCI). The interdisciplinary scientific team organizes and runs multiple personalized cognitive and physical training programs, aiming to maintain daily functionality and enhance cognitive functions. The cognitive training programs include memory, executive function, and language exercises, which will be thoroughly presented.

To measure the impact and participants' satisfaction with the offered services, the Patient Experience Questionnaire was used alongside a short self- reported questionnaire completed by 52 participants with MCI to rate the quality of each program. Moreover, an extensive neuropsychological assessment was used to measure the benefits in cognitive functions. The results showed that approximately 85% of the MCI participants were very satisfied with the services. Using the results

of the neuropsychological assessment as an objective criterion, 19 people with dementia showed statistically significant improvements in cognitive functions, as measured by the Mini Mental State Examination ($p < .05$) and ADAS-Cog ($p < .05$) after one year of treatment.

In conclusion, there is a necessity for the establishment of Day Care Centers that offer holistic services and help individuals prevent further cognitive decline. The standards of these services should be strictly evaluated yearly by the participants, caregivers, and through objective neuropsychological tools.

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Care approaches - Psychosocial interventions

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P27-03 - Understanding support marshalling and provision within a dementia-related asynchronous peer discussion forum.

Neil Coulson[1], Catherine Talbot[2]
[1]University of Nottingham, [2]Bournemouth University

With dementia on the rise, access to effective post-diagnostic support is critical. Online peer support forums offer individuals affected by dementia a space for connection, shared experiences, and emotional and informational support. This presentation synthesizes findings from two studies examining an asynchronous online discussion forum for people living with or affected by dementia.

The first study analyzed 100 conversation threads (863 messages) to explore support-seeking strategies and response patterns. Users employed both direct and indirect strategies, with informational support most frequently requested, followed by network, emotional, and esteem support. Most posts received timely responses, typically the same day, with support closely matching requests.

The second study applied reflexive thematic analysis to the same dataset, identifying three key themes: (1) Journeying through dementia, where users shared experiences of diagnosis, symptom progression, and future planning; (2) Reciprocal peer support, highlighting exchanges of emotional encouragement, experiential advice, and companionship; and (3) Therapeutic creativity, showcasing self-expression as a coping mechanism. The forum was

valued as a safe, inclusive space, particularly for those with rare dementia subtypes or limited access to in-person peer support.

These studies highlight the role of digital peer support in complementing traditional healthcare services. Online forums provide timely, relevant guidance and foster belonging, yet challenges remain, including accessibility barriers and misinformation risks. Crucially, these findings should not justify diverting resources from in-person services, which remain essential. Future research should explore optimizing dementia-friendly forum design to enhance engagement and usability. Additionally, integrating online peer support more effectively into broader dementia care strategies may help bridge gaps in post-diagnostic services, ensuring individuals receive the support they need.

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Care approaches - Psychosocial interventions

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P27-04 - Developing an outcome measure for psychosocial interventions

Susanne van den Buuse, Miriam Groenhof, Susanne van den Buuse
Alzheimer Nederland

Introduction: Alzheimer Nederland aims to assess the effectiveness of its psychosocial interventions for individuals living with dementia at home. We can only know the true value of psychosocial interventions by measuring their worth. Various quality of life measurements have been developed for people with dementia. These are not always suitable for understanding the value of an intervention as they may include physical health, may not use a capability approach, may be too long and/or are only suitable for subgroup of the population. At the same time, general outcome measures may miss items which are essential to people with dementia.

Objectives: This study seeks to determine if the existing outcome measures are appropriate for measuring the changes in quality of life for people with dementia after the use of a psychosocial intervention, and if not possible, to develop a new outcome measure.

Methods: We investigated various dementia-specific and general quality of life outcome measures. We then consulted with product owners to identify which key outcomes of interventions are valued by people with dementia.

Results: No existing dementia-specific outcome measure adequately addressed psychosocial interventions for home-dwelling individuals. Initial steps were taken to develop a new measure, focusing on significant relationships, preparedness for the future, enjoyment, personal control, and social participation.

Conclusion: Current validated methodologies are unsuitable for self-assessment of psychosocial intervention value by individuals with dementia. Preliminary development of a new methodology has begun, with future steps involving validation and item weighting.

Keywords: methodology, outcome measure, quality of life, psychosocial intervention

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Care approaches - Psychosocial interventions

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P27-02 - Enhancing Relational Attunement in Dementia Care Triads: Preliminary insights from the CONTACT Study

Gili Yaron[1], Ans Vrerink[1], Marjan Sliepenbeek[2], Simone de Bruin[2]
[1]Windesheim University of Applied Sciences, [2]Windesheim University of Applied Sciences, Research Group Living Well with Dementia, Department of Health and Well-being

Background: Dementia care and support at home involves close collaborations between people living with dementia, informal caregivers, and health and social care professionals. However, such 'care triads' do not necessarily work together well: participants may experience various tensions. Such tensions undermine relationships and therefore collaboration.

Aim: The CONTACT study seeks to develop methods for addressing tensions in dementia care triads, thereby improving relationships and collaboration.

Method: CONTACT is a participatory action research project encompassing four phases. Phase 1 set out to identify 1) tensions participants in dementia care triads experience, and 2) how they manage these tensions. To this end, we conducted qualitative interviews and focus group discussions with 40 triad participants. These participants were people with dementia, informal care partners, and health and social care professionals.

Results: We identified five types of tensions in dementia care triads: 1) clashing truths, 2) clashing values, 3) clashing needs, 4) clashing time frames, and 5) clashing circumstances. Participants worked to prevent tensions by building mutual trust and personal connection. When tensions nevertheless

arose, they used two strategies to maintain the relationship: 1) following the other's lead, and 2) subtly encouraging the other towards following their own lead.

Conclusions: Participants' efforts to prevent and manage tensions can be understood as forms of affective labor geared towards 'relational attunement'. Relational attunement helps foster mutual recognition in situations of dependency—a necessary precondition for practical care and support (e.g. administering medication, undertaking social activities). However, relational attunement is often not seen as 'real work'. As a result, triad participants' efforts to attune remain unsupported, unconscious and variably competent. In the next phases of CONTACT, we will collaborate with people with dementia, informal caregivers, and professionals to develop tools for supporting consciously competent relational attunement in daily practice.

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Care approaches - Psychosocial interventions

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P27-05 - Reframing case management around everyday life for people with dementia: a collaborative approach

Jacoba Huizenga[1], Aukelien Scheffelaar[2], Sascha Bolt[2], Jean Pierre Wilken[2], John Keady[3], Nienke Bleijenberg[2], Tine Van Regenmortel[4], members of Brain Power[1]
[1]HU, [2], [3]University of Manchester, [4]KU Leuven

In the Netherlands, where this study was conducted, there are around 300,000 people with dementia and 800,000 family carers. Tailored care and meaningful support are crucial for them. However, current research has not adequately examined how this support aligns with their everyday needs and priorities. This study focused on the role of dementia case managers, who are key care coordinators in the Netherlands. The research question addressed how case managers currently approach and support the everyday life of people with dementia living at home. Using a qualitative design and a participative action research approach, the study involved open interviews with eight case managers and four collaborative learning groups with 15 case managers and Brain Power, a group of six co-researchers living with dementia.

Thematic analysis identified five themes reflecting important aspects of case managers' support: 1) Dealing with grief about a life-changing diagnosis; 2) Finding and keeping the routines that work; 3) Rebalancing changing relationships; 4) Thinking ahead; 5) Advocating for an inclusive society. The action research phase produced a practical map for case managers and recommendations for improvement: 1) More frequent support, especially after diagnosis, to build trust; 2) Greater attention to the complexity of family

relationships; 3) Extended availability of the case manager during the transition to a nursing home; 4) Collaboration with a platform for people with dementia to access peer support and advocacy.

This presentation, in collaboration with one of the co-researchers from Brain Power, will highlight the significance of case management in navigating everyday life for people with dementia and their family carers, addressing both practical needs and emotional and social challenges.

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Care approaches - Psychosocial interventions

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P27-01 - Dementia friendly tourism: a theoretical framework for a more inclusive and accessible tourism and hospitality

Paola Ossola[1], Caterina Pacenza[2]
[1]Progetto Rughe ODV, [2]Rete Alzheimer Milano

With an increase in the ageing population, more older individuals will be willing to join tourism activities. Although several authors underline the importance of this segment for the future of tourism and its power in shaping the demand for tourism, very often older individuals are excluded from thoroughly enjoying its benefits. This is due to constraints, usually associated with disabilities, including those caused by non-communicable diseases (such as Alzheimer's Disease and other forms of dementia).

Older individuals and their family caregivers are increasingly willing to travel, no matter their cognitive impairments. However, limited accessibility to tourism and hospitality is a barrier for them. This research aims to develop a theoretical framework to support a more dementia-friendly tourism capable of increasing inclusion and accessibility for segments of the older population who are often excluded from it.

This theoretical framework will help destinations and organisations to be more dementia friendly and equipped to cater to older individuals and family caregivers while travelling, and get ready to manage the ageing with more confidence. The research methodology used to achieve the goal is based on the systematic review of existing academic and field-related publications to identify common traits and recommend, based on the findings, a Universal

Approach Model to Dementia Fiendly Tourism, based on the work of Buhalis & Darcy (2011), and the broader context of Universal Design for Accessible Tourism.

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Types of dementia - Vascular dementia

07/10/2025 - 10:30-11:45 - P28. Vascular dementia

P28-02 - Investigating the Interrelated Roles of Pain and Cultural Factors on Cognitive Task Performance Among Patients Living with Vascular Dementia

Rimsha Taqdees[1], Tom Mercer[1], Abigail Taiwo[2]
[1]university of wolverhampton, [2]university of hertfordshire

This study explores the interrelationship between chronic pain, cultural factors, and cognitive performance in individuals with Vascular Dementia. Vascular Dementia, a neurodegenerative disorder caused by reduced blood flow to the brain, is characterised by cognitive decline. Many individuals with Vascular Dementia also experience chronic pain, which may exacerbate cognitive impairments. This research investigates how chronic pain and cultural influences impact cognitive performance in this population, with a particular focus on cognitive task performance.

A correlational study was conducted with individuals diagnosed with Vascular Dementia residing in the West Midlands. Data were collected through self-report questionnaires, observational pain assessments, and cognitive tests, including the Trail Making Test (TMT) and N-Back task. The findings indicated that sensory pain was associated with poorer cognitive performance, particularly on the more complex parts of the TMT, where individuals with higher sensory pain exhibited slower reaction times and more errors. Conversely, VAS pain scores showed a mixed effect on cognitive task performance, with higher pain levels linked to faster reaction times on certain tasks, suggesting a compensatory effect of pain on attentional engagement in specific contexts. These results highlight the nuanced relationship between pain and cognitive task

performance, with pain impairing performance on more complex tasks while potentially enhancing performance on other tasks.

Cultural factors were also considered. individualism influenced how pain was perceived and communicated; Participants with higher individualism scores exhibited increased anxiety in intercultural communication, but these cultural factors did not directly impact cognitive task performance.

These findings emphasise the need for integrated, culturally informed pain management strategies tailored to cognitive needs in individuals with Vascular Dementia. Future research should explore a broader range of cognitive tasks and employ more comprehensive pain measurement tools to further investigate the complex interrelations between pain, culture, and cognitive performance in Vascular Dementia.

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Types of dementia - Vascular dementia

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P28-05 - The efficacy of Cognitive Stimulation Therapy for people with Alzheimer's disease and vascular dementia

Elena Carbone[1], Federica Piras[2], Riccardo Domenicucci[1], Enrico Sella[1], Erika Borella[1]
[1]Department of General Psychology University of Padova, [2]IRCCS Santa Lucia Foundation, Neuropsychiatry Laboratory, Clinical and Behavioral Neurology Department

This study aimed to newly compare the efficacy of the Cognitive Stimulation Therapy (CST), an evidence-based psychosocial intervention for people with mild-to-moderate dementia, across two distinct cohorts of individuals clinically diagnosed with Alzheimer's Disease (AD) and vascular dementia (VaD).

Data from AD (N=30) and VaD (N=27) individuals with mild-to-moderate dementia receiving the Italian adaptation of the CST protocol (CST-IT) in a previous controlled clinical trial were considered. The effect of dementia subtype (AD vs VaD) on short-term (at intervention completion) and -exploratorily- long-term (three months after intervention) benefits of CST-IT in general cognitive functioning, communicative abilities, mood, behavior and perceived quality of life was evaluated through linear mixed effects models, adding the frequency and severity of neuropsychiatric symptoms at baseline as a covariate due to the different behavioral profile in the two groups.

At short-term, results showed comparable, significant improvements in general cognition and communicative abilities for both AD and VaD patients. Dementia subtype influenced short-term benefits in depressive symptoms (with a greater decrease in AD patients) and quality of life (no significant impact in AD, and a small improvement in VaD), which depended on diagnosis-related differences in neuropsychiatric symptoms. At long-term, benefits persisted in general cognition, though depending on the outcome considered. Improvements in language skills were seen in VaD, whereas communicative abilities returned to baseline in AD. Gains in depressive symptoms persisted in AD, but not in VaD, whereas benefits in quality of life remained stable in the latter.

These findings highlight how CST provides comparable benefits in the most prevalent types of dementia when general cognitive functioning, but also holds the potential to prompt nuanced benefits in outcomes targeting specific cognitive domains, mood and quality of life depending on the dementia etiology, with implications toward the delivery of such psychosocial intervention in clinical contexts.

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Types of dementia - Vascular dementia

07/10/2025 - 10:30-11:45 - P28. Vascular dementia

P28-04 - Predicting Cognitive Impairment Post-Stroke: An Updated Systematic Review

Eugene Tang[1], Jacob Brain[2], Rhiannon De Ivey[2], Serena Sabatini[2], Felicity Mills[2], Emma Jackson[2], Linda Errington[2], Claire Burley[2], Jennifer Dunne[2], Leanne Greene[2], Christopher Price[2], Louise Robinson[2], Nele Demeyere[2], Blossom Stephan[2], Terry Quinn[2]
[1]Newcastle University, [2]

Background: Stroke-survivors are at significantly increased risk of cognitive syndromes including dementia and delirium. Timely identification of those at the greatest risk will ensure better clinical management and implementation of risk reduction strategies. This study updates and appraises current evidence on prognostic accuracy of multicomponent risk models for post-stroke cognitive syndromes

Methods: We searched multidisciplinary electronic databases from November 2019 to October 2024. Studies were included if they described a multicomponent risk prediction tool developed in a stroke population, free of cognitive impairment/dementia at baseline with no exclusions on language. Risk of bias was assessed using the Prediction model Risk of Bias Assessment Tool (PROBAST) and certainty of evidence by GRADE. Our study was preregistered with PROSPERO (CRD42024601845).

Results: From 16,259 articles, 20 new studies contributed 31 models for post-stroke cognitive impairment and/or dementia and six models for post-stroke delirium. Most were developed in Asia (n=12) and the majority of models

(n=10) used logistic regression, with some using machine learning methods (n=5). Development cohorts were small (mean n=677). Discriminative accuracy of the models ranged from poor (AUC of 0.58 (0.45-0.67) to excellent (AUC 0.97) for PSCI, dementia and delirium. Only three models externally validated (C-statistic: 0.72–0.91); two models underwent temporal validation (AUC 0.81-0.82). Eight studies included measures of calibration which all demonstrated good calibration. Most studies (n=17) were deemed to have low risk of bias and applicability concerns but overall certainty of evidence by GRADE was low.

Discussion: There has been significant developments in risk modelling to predict cognitive syndromes post-stroke has increased. Unfortunately, development cohorts generally remain small, largely developed in Asia with very few assessing model transportability. Future studies should consider pooling data to utilise the potential of routinely collected large datasets. Stakeholder engagement and cost-effectiveness of risk-stratified interventions are needed prior to clinical implementation.

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Types of dementia - Vascular dementia

07/10/2025 - 10:30-11:45 - P28. Vascular dementia

P28-03 - Updated LIfestyle for BRAin health (LIBRA2) Score, Genetics, and Risk of Alzheimer's Disease, Vascular Dementia, and Stroke in Older Adults

Colin Rosenau[1], Jeanne Neuffer[2], Sebastian Köhler[3], Catherine Helmer[2], Quentin Le Grand[2], Aniket Mishra[2], Stéphanie Debette[2], David-Alexandre Trégouët[2], Kay Deckers[3], Cécilia Samieri[2]
[1]Maastricht University / Alzheimer Centre Limburg, [2]University of Bordeaux / Bordeaux Population Health, [3]Maastricht University / Alzheimer Centrum Limburg

Background: Dementia and stroke are major global causes of disability, with modifiable factors playing a significant role in their development. The updated LIfestyle for BRAin health (LIBRA2) score integrates 15 modifiable risk and protective factors to quantify lifestyle-based dementia risk, but its relationship with stroke and dementia subtypes remains unexplored. We investigated LIBRA2's association with stroke and dementia subtypes, while also assessing potential interactions with genetic susceptibility.

Methods: We studied subsets of 4731 (stroke analysis) and 4737 (dementia analysis) participants from the French multicentre Three-City Study (3C) cohort followed for up to 17 years. Cox proportional hazards models were used to study the association of LIBRA2, based on all 15 factors assessed at baseline, with incident dementia (and subtypes) and stroke, adjudicated by expert neurologist panels. Genetic susceptibility to dementia and stroke was assessed using APOE ε4 carriership and disease-specific genetic risk scores.

Results: One-point increases in LIBRA2 scores (theoretical range: –6.1 to

+25.7) were associated with increased dementia risk (HR = 1.08; 1.06-1.11), with a stronger association for vascular and mixed dementia (HR = 1.13; 1.08-1.18) compared to Alzheimer's disease (AD) dementia (HR = 1.06; 1.03-1.09). LIBRA2 was not significantly associated with incident stroke risk (HR = 1.03; 0.99-1.07). No significant interaction was found between LIBRA2 and APOE ε4 carriership or disease-specific genetic risk scores for either dementia subtypes or stroke.

Conclusion: LIBRA2 serves as a valuable tool for assessing lifestyle-related dementia risk and its subtypes but showed no association with stroke, highlighting the potential for a stroke-specific risk reduction model. These associations were independent of genetic disease susceptibility, reinforcing the universal benefits of lifestyle modifications on dementia risk reduction. The stronger association between LIBRA2 and vascular or mixed dementia, compared to AD dementia, highlights the pivotal role of vascular mechanisms in the relationship between lifestyle and brain health.

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Types of dementia - Vascular dementia

07/10/2025 - 10:30-11:45 - P28. Vascular dementia

P28-01 - Biochemical markers for early diagnosis of vascular cognitive impairment

Irena Dreharova[1], Shima Mehrabian[1], Ivo Popivanov[2], Mariya Petrova[2], Diana Belejanska[2], Antoniya Stoyanova[2], Yavor Zhelev[2], Elena Krachmarova[2], Genoveva Nacheva[2], Katya Stoyanova[2], Margarita Raycheva[2], Julieta Hristova[2], Dobrin Svinarov[2], Latchezar Traykov[2]
[1]Clinic of Neurology, UH "Alexandrovska", Medical University-Sofia, Sofia, Bulgaria, [2]

Background: There is increasing evidence that cerebrovascular disease (CVD) often accompanies various spectrums of neurodegenerative diseases and contributes significantly to the development and progression of the dementia syndrome. This reflects the difficulties encountered in differentiating dementia syndromes in vascular cognitive impairment (VCI) and neurodegenerative disorders, due to clinical overlap in their presentation and creates significant challenges in their differential diagnosis.

Objectives: The aim of the study is to identify sensitive serum biochemical markers for early differential diagnosis of VCI from Alzheimer's diasease (AD) and mixed dementia (MD).

Methods: We study 57 patients at the stage of mild cognitive impairment (MCI) with clinical diagnosis of VCI (n=19), AD (n=19), and MD (n=19). All participants undergo detailed clinical, neuropsychological and neuroimaging

examinations. Additionally, serum levels of neurofilament light chain (NF-l), interleukin 6 (IL-6), asymmetric dimethylarginine (ADMA), brain-derived neurotrophic factor (BDNF) and serum N-terminal pro-type B-type natriuretic peptide (NT pro BNP) were examined.

Results: Our result show significant higher serum BDNF levels in patient with VCI compared to AD and MD ($p<0.0004$) and marginally significant higher NT pro BNP levels in patients with VCI compared to the other groups ($p<0.06$). The other tested biochemical markers (ADMA, IL-6, NF-l) did not reveal any statistically significant differences between the groups.

Conclusion: We reveal that BDNF and NT pro BNP levels are significantly higher in patient with VCI compared to patient with AD and MD. The BDNF and NT pro BNP test, along with detailed clinical, neuropsychological and neuroimaging examinations, can be a reliable way to distinguish patients with VCI from those with MD and AD, yet more studies are needed.

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Sessioni ITALIANE (solo relatori invitati) - Comunità Amiche delle Persone con Demenza (Federazione Alzheimer Italia)

07/10/2025 - 10:30-11:45 - P29. Comunità Amiche delle Persone con Demenza

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P29-05 - A Trieste l'inclusione passa da cinema e teatri

Simona Mascellaro[1], Rosanna Palmeri[2]
[1]Federazione Alzheimer Italia, [2]Dementia Friendly Community Muggia

Uno degli obiettivi delle Comunità Amiche delle Persone con Demenza è creare contesti in cui chi convive con un disturbo neurocognitivo possa continuare a coltivare passioni e interessi in modo sicuro, gratificante e libero da stigma. La realtà quotidiana spesso ostacola questa possibilità: luoghi inaccessibili o ambienti poco attenti a bisogni specifici costringono molte persone a rinunciare a esperienze culturali e sociali che erano parte integrante della loro vita.

Il cinema e il teatro, fonti di piacere e stimolo per molti, rischiano così di diventare spazi di esclusione. Eppure, proprio questi luoghi possono avere un ruolo cruciale nel preservare abilità cognitive, sociali ed emotive.

A partire dal desiderio di "restituire" all'arte e alla cultura chi ne era stato escluso non per propria volontà, l'Associazione de Banfield, in collaborazione con la Cappella Underground e la Casa del Cinema di Trieste, ha avviato, nel 2023, il progetto "Un cinema per Amico": un ciclo

di proiezioni morbide presso il Cinema Ariston, ispirato alle linee guida promosse da Alzheimer Society.

L'iniziativa si propone tre obiettivi:

1. Stimolare la reminiscenza e il piacere attraverso film scelti con cura;
2. Favorire la socializzazione in un contesto accogliente e privo di giudizio;
3. Offrire ai caregiver un'occasione per condividere momenti di relazione autentica, centrati sull^"esserci" più che sul "fare".

"Un Cinema per Amico" è un esempio concreto di come la cultura possa diventare leva di inclusione, benessere e dignità, anche per chi vive una fragilità cognitiva.

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Sessioni ITALIANE (solo relatori invitati) - Comunità Amiche delle Persone con Demenza (Federazione Alzheimer Italia)

07/10/2025 - 10:30-11:45 - P29. Comunità Amiche delle Persone con Demenza

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P29-02 - Un fumetto per aiutare a riconoscere i primi sintomi distribuito nelle farmacie della Comunità di Bisceglie

Simona Mascellaro[1], Michele Massimo Laforgia[2]
[1]Federazione Alzheimer Italia, [2]Dementia Friendly Community Bisceglie

Essere comune amico della demenza significa coinvolgere tutti, a partire dalle fasce più giovani. Confrontandoci all'interno delle scuole di Bisceglie abbiamo compreso quanto possa essere importante provare ad utilizzare linguaggi diversi all'interno di questo processo. Si è deciso, così, di provare a "contagiare" il mondo del teatro e, attraverso la partecipazione di un illustratore, quello dell'arte, mettendola in connessione con farmacie, medici di famiglia e presidi sanitari territoriali.
Nasce così il progetto di sensibilizzazione attraverso un **fumetto** distribuito nelle farmacie di **Bisceglie** (BAT).

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07/10/2025 - 10:30-11:45 - P29. Comunità Amiche delle Persone con Demenza

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P29-01 - La formazione ai medici di medicina generale

Simona Mascellaro[1], Stefano Boggi[2]
[1]Federazione Alzheimer Italia, [2]Dementia Friendly Community Codogno

Analizzando i dati relativi alle domande/ricoveri in RSA nella Provincia di Lodi emerge la necessità di ripensare il processo di **governo della domanda** partendo dal bisogno delle persone e promuovendo modelli di presa in carico fondati sull'appropriatezza e adeguatezza della risposta. Ci troviamo spesso a gestire richieste di servizi o ricoveri non del tutto appropriati: un'**indagine conoscitiva tra MMG**, attraverso la somministrazione di un questionario strutturato, ha evidenziato il riconoscimento della competenza e della specificità degli enti sociosanitari, la scarsa conoscenza dei MMG rispetto ai servizi sociali e sociosanitari offerti nel territorio e un grande **bisogno di confronto e di raccordo tra MMG e enti gestori di RSA, CDI e C-DOM** (RSA APERTA).

Durante la relazione verrà spiegato il percorso intrapreso e i **risultati preliminari raggiunti nel raccordo con i MMG, proponendo un focus specifico sull'andamento della domanda dei servizi sociosanitari e su come sinergie virtuose, possano modificare e migliorare la presa in carico** della non autosufficienza.

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07/10/2025 - 10:30-11:45 - P29. Comunità Amiche delle Persone con Demenza

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P29-03 - La Comunità Amica all'interno delle scuole

Simona Mascellaro[1], Daniela Gariselli[2]
[1]Federazione Alzheimer Italia, [2]Dementia Friendly Community Formigine

Il Progetto "Dare vita a una Generazione Amica delle Persone con Demenza" coinvolge studenti delle scuole superiori dei comuni di Formigine, Maranello e Sassuolo con lo scopo di creare consapevolezza sulla demenza nelle giovani generazioni. Attraverso lezioni, kit didattici, e progetti, si promuove una cultura inclusiva e intergenerazionale nei comuni del Distretto Ceramico

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P29-04 - Progetto di miglioramento dei percorsi di prevenzione e dei servizi nell'ambito di migrazione e demenza

Simona Mascellaro[1], Rossella Tozzi[2]
[1]*Federazione Alzheimer Italia,* [2]

Le evidenze più recenti hanno dimostrato come il numero di persone provenienti da realtà linguistiche e culturali differenti che accede ai Centri per i Disturbi Cognitivi e le Demenze (CDCD) è in progressivo aumento a fronte, tuttavia, di sistemi sanitari nazionali e locali ancora impreparati nella valutazione clinica e nell'intercettazione di specifici bisogni. Il progetto Immidem-Modena vuole promuovere lo sviluppo di un contesto capace di caratterizzare il fenomeno della demenza nella popolazione migrante, favorendo un approccio socio-sanitario culturalmente sensibile e consapevole.

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Sessioni ITALIANE (solo relatori invitati) - Una vacanza da non dimenticare: un modello di turismo e di vacanza sostenibili e inclusive per le persone con demenza (Alzheimer Uniti Italia)

07/10/2025 - 10:30-11:45 - P30. Una vacanza da non dimenticare

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P30-03 - ADRINCLUSIVE ed il ruolo delle pubbliche amministrazioni nel turismo inclusivo

Maria Manuela Berardinelli[1], Francesca Andriulo[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]COMUNE DI BRINDISI

Il turismo inclusivo rappresenta una delle sfide più urgenti e strategiche per i territori che vogliono rendere l'accoglienza una leva di sviluppo equo, sostenibile e innovativo. In questo scenario, le pubbliche amministrazioni non possono più limitarsi a svolgere un ruolo regolativo, ma devono assumere una funzione di regia territoriale, abilitando processi trasformativi e generativi: da enti che gestiscono, a istituzioni che generano possibilità, costruiscono equità, abilitano cittadinanza.

Il progetto ADRINCLUSIVE, finanziato dal Programma Interreg Italia-Croazia, nasce da questa consapevolezza. Con il Comune di Brindisi come capofila e un partenariato transfrontaliero composto da enti pubblici e soggetti del welfare e del turismo, il progetto mira a sviluppare un'offerta

turistica innovativa e sostenibile, accessibile in particolare a persone affette da demenza e declino cognitivo.

Attraverso un approccio di co-creazione e innovazione sociale, ADRINCLUSIVE promuove:

- analizzare lo stato dell'arte e i bisogni emergenti nel turismo accessibile;
- rafforzare le competenze di operatori turistici e del welfare attraverso percorsi formativi condivisi;
- sviluppare una strategia integrata di turismo inclusivo, in grado di connettere settore turistico e sociale;
- costruire una piattaforma digitale per raccogliere e valorizzare risorse, esperienze e soluzioni accessibili;
- realizzare vacanze pilota su misura per persone con demenza e i loro caregiver, testando sul campo quanto co-progettato;
- lanciare una campagna di sensibilizzazione transfrontaliera e redigere linee guida replicabili per le destinazioni adriatiche.

Nel contesto locale, il Comune di Brindisi si pone come laboratorio istituzionale, attivando tavoli partecipativi, azioni pilota e processi di coprogettazione con la società civile. L'obiettivo è duplice: rispondere ai bisogni specifici delle persone fragili e generare un impatto sistemico, capace di influenzare le politiche pubbliche regionali e nazionali.

ADRINCLUSIVE mostra come l'inclusione, se pienamente assunta nella programmazione pubblica, possa diventare infrastruttura invisibile ma fondamentale del turismo di domani. Un turismo che accoglie tutti, e nel farlo, cambia il volto delle nostre città.

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Sessioni ITALIANE (solo relatori invitati) - Una vacanza da non dimenticare: un modello di turismo e di vacanza sostenibili e inclusive per le persone con demenza (Alzheimer Uniti Italia)

07/10/2025 - 10:30-11:45 - P30. Una vacanza da non dimenticare

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P30-04 - "Una vacanza indimenticabile": riflessioni ed esiti da un'esperienza sul campo

Maria Manuela Berardinelli[1], Natalia Zarzycka[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]

Questo contributo riporta le **osservazioni empiriche** emerse durante il progetto "Una vacanza indimenticabile", un'iniziativa volta a promuovere il **benessere sociale** e supportare un'esperienza di vita più inclusiva e piena. Sebbene non sia una ricerca sperimentale, offre una **descrizione qualitativa** dell'impatto di un approccio centrato sulla persona.

Le sfide incontrate, come i **momenti di disorientamento**, sono state gestite con un approccio empatico e personalizzato, che ha sottolineato l'importanza cruciale della conoscenza individuale per un'assistenza efficace. Questa attenzione ha permesso di trasformare le difficoltà in opportunità per rafforzare la cura individualizzata.

Nonostante queste difficoltà, sono stati osservati **benefici multisistemici**. A livello **cognitivo**, si è notata una spontanea

riattivazione di ricordi autobiografici, con impatti positivi su linguaggio e orientamento temporale. Sul piano **sociale**, c'è stato un significativo aumento dell'interazione e della ricerca reciproca tra i partecipanti, che ha favorito un clima di gruppo positivo. Il **benessere emotivo** si è manifestato con una riduzione dell'agitazione e un incremento di serenità e rilassamento. Infine, sono stati registrati **piccoli ma rilevanti gesti di autonomia**, che hanno rafforzato la dignità personale dei partecipanti, spesso limitati nella quotidianità.

Questi risultati si allineano con i principi della **Person-Centered Care**, che enfatizza l'importanza di un ambiente relazionale accogliente per il mantenimento dell'identità e il benessere. L'esperienza della vacanza si configura così come un **modello di inclusione ed empowerment**, dimostrando come momenti di vita "ordinaria" possano avere un impatto straordinario sulla qualità della vita delle persone con disturbo neurocognitivo e offrire sollievo ai caregiver.

"Una vacanza indimenticabile" si è rivelata un'esperienza trasformativa, ricca di benefici sociali e relazionali, **uno spazio abilitante dove la persona nella sua interezza è emersa, consolidando relazioni e testimoniando come la cura vada oltre la patologia, abbracciando la ricchezza della vita e della dignità umana.**

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07/10/2025 - 10:30-11:45 - P30. Una vacanza da non dimenticare

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P30-01 - "Una vacanza indimenticabile": il modello AFAM di turismo inclusivo per persone con demenza e caregiver

Maria Manuela Berardinelli[1], Susanna Cipollari[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]AFAM

L'idea che una persona con demenza possa andare in vacanza appare ancora oggi, per molti, una provocazione. Eppure, è proprio dalla constatazione dell'assenza quasi totale di occasioni di socialità e normalità dopo la diagnosi che nasce, nel 2021, il progetto di una vacanza indimenticabile promossa da AFAM Alzheimer Uniti Marche ODV. Il soggiorno, svoltosi la prima volta Cesenatico e poi replicato negli anni successivi nella Regione Marche, ha previsto la presenza di una équipe multidisciplinare composta da psicologi, educatori, infermieri, OSS e volontari formati, che ha supportato le persone con demenza in una routine quotidiana fatta di giochi, passeggiate, sole, relazioni.
Obiettivi principali del progetto:
Offrire a persone con demenza e familiari una settimana di svago, perché la malattia non deve cancellare la vita.
Studiare e promuovere un approccio edonico e di stimolazione cognitivo-

sensoriale-emozionale per persone con demenza lieve-moderata.
Garantire ai caregiver momenti di formazione, condivisione e sollievo.
Sensibilizzare gli stakeholder locali sulle tematiche dell'invecchiamento e del turismo inclusivo.
Aumentare le competenze della cittadinanza sul tema demenza e ridurre lo stigma.
Formare operatori turistici in ottica dementia friendly.
L'esperienza ha avuto un forte impatto anche a livello istituzionale: è stata oggetto di studio e confronto presso il Tavolo Nazionale Demenze del Ministero della Salute ed è candidata a divenire modello replicabile in altre parti d'Italia ed anche a livello europeo.

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07/10/2025 - 10:30-11:45 - P30. Una vacanza da non dimenticare

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P30-02 - Un'esperienza indimenticabile: la vacanza come spazio di benessere ed inclusione

Maria Manuela Berardinelli[1], Emma Marinelli[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]AFAM

Questa presentazione offre uno sguardo diretto e toccante sull'esperienza di una persona con demenza che ha partecipato alla "Vacanza indimenticabile". Attraverso la sua testimonianza viva e personale, si delinea un percorso emotivo e relazionale in cui la vacanza non è solo svago, ma occasione concreta di benessere, riconoscimento identitario e inclusione sociale.

La voce della protagonista ci restituisce il senso di una serenità ritrovata: "Era tanto che non ridevo così", racconta, evidenziando come la partecipazione a un'esperienza ludica, in un contesto protetto ma non medicalizzato, abbia rappresentato una rottura positiva con la routine quotidiana spesso segnata dalla malattia. La vacanza, strutturata con attività pensate per stimolare la socializzazione, la memoria emotiva e il senso di appartenenza, ha permesso alla partecipante di sentirsi parte di

un gruppo, accolta e valorizzata per ciò che è e non per ciò che ha perduto.

Questa testimonianza diretta rappresenta un valore aggiunto nel panorama degli interventi non farmacologici: mostra, con semplicità ed efficacia, l'importanza di progettare esperienze inclusive che mettano al centro la persona, i suoi desideri e le sue emozioni.

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People - Minority ethnic groups

07/10/2025 - 14:00-15:15 - P31. Minority ethnic groups II

P31-04 - Migration and culture as a care asset: insights from an intersectional sensitive reminiscence intervention with older migrants with dementia in Belgium

Saloua Berdai Chaouni[1], Nadia Babazia[2]
[1]Karel de Grote University College, [2]Red Star Line Museum

Belgium, like other Western European countries, faces a rising number of older adults with dementia with migration backgrounds. Reminiscence is a commonly used psycho-social intervention to ensure the quality of life for people with dementia. However, there is a lack of migration- and cultural-sensitive reminiscence approaches that consider the specific needs of older migrants with dementia.

Our study aims to identify the criteria necessary for developing and implementing an intersectional, migration- and cultural-sensitive reminiscence intervention. Drawing on decolonial perspectives, we conducted a longitudinal participatory action research project involving five families and three professional care settings. Over a six-month period, family and professional caregivers conducted as co-researchers three reminiscence sessions with older Moroccans with dementia. In addition, a community-based approach was implemented, involving three intergenerational focus groups and advisory board meetings with first-generation older Moroccans, to co-create a 'reminiscence case' and to explore its potential as a meaningful activity beyond dementia care.

The findings reveal that an intersectional migration and culturally sensitive reminiscence approach mainly leads to meaningful interactions with positive emotional responses for both older Moroccans with dementia and their

caregivers. This experience set in motion various processes among the participants, including reassessing older adults with dementia as whole individuals and encouraging them to embrace their migration history and cultural heritage as sources of well-being through storytelling and intergenerational transmission. However, the study also identifies concerns, such as the stage of dementia, care burden, grief and the effects of migration trauma, which must be thoughtfully addressed when preparing reminiscence activities.

While migration and cultural differences are often viewed as challenges in care, our explorative study underscores the importance of recognizing migration and cultural heritage as resources for developing accessible, inclusive care approaches for older migrants. More research is needed to elaborate on this promising path.

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People - Minority ethnic groups

07/10/2025 - 14:00-15:15 - P31. Minority ethnic groups II

P31-01 - InvolveD: Involving South Asian, Black African and African Caribbean Communities in Designing Better Dementia Support

Karan Jutlla[1], Michael Clark[2]
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Estimates suggest that there are 25,000 people living with dementia from ethnic minority communities in the United Kingdom, and this is expected to double by 2026. Such change means an increased need for appropriate dementia support and yet people from these communities are under-represented in dementia services. The importance of 'place' is increasingly recognized in local governance and policymaking, drawing attention to the social and physical fabric of people's communities and their collective experience of their environments. Developing 'place-based' support involves partnership working to align the commissioning of statutory services with communities, local assets and shared understanding. Funded by the National Institute for Health and Care Research, the "InvolveD" study explores an approach to coproducing a place-based model to improve dementia care for people from ethnic minority communities.

This paper will present findings from a series of community-based participatory research (CBPR) workshops with South Asian, Black African and African Caribbean Communities in two councils of the UK: Sandwell and Wolverhampton. Sandwell and Wolverhampton are localities vibrant with ethnic minority communities and yet, they remain underrepresented in local dementia support. The CBPR workshops supported communities to articulate their sense of place and dementia support needs via a series of drawing and mapping

exercises. This participatory approach revealed important lessons for not only what constitutes good place-based dementia support for these communities but also positive benefits for creative approaches to research with people affected by dementia. Whilst communities are thriving with assets and social capital, there remains a disconnect with dementia services, local governance and policymaking.

35th Alzheimer Europe Conference

06/10/2025 to 08/10/2025

People - Minority ethnic groups

07/10/2025 - 14:00-15:15 - P31. Minority ethnic groups II

P31-05 - Methodological Challenges in Recruitment and Translation: Research with Post-Migrants and Minorities – Turkey-Origin People with Dementia and Caregivers in Germany

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Background: Dementia care research has recognized the importance of including underrepresented post-migrants and minority populations. Conducting research (e.g. to gain insights in care preferences) with this diverse group with dementia involves complex methodological challenges such as participant recruitment and translation.

Objective: Our study explored the methodological challenges encountered during qualitative data collection with ten Turkish post-migrants with dementia and their family caregivers in Germany. The focus lies on two core methodological areas: recruitment and translation.

Preliminary results: Recruiting the participants proved challenging due to cultural stigma, limited awareness about dementia, and mistrust toward healthcare and research institutions. Many potential participants were hesitant because of fear of shame or unfamiliarity with research. Email outreach and flyer distribution to institutions resulted with very low response rates, indicating the limitations of remote recruitment. In contrast, consistent in-person engagement—through community

networks, self-help groups, and local events—proved more effective. Translation of qualitative data was a challenge, especially in capturing the cultural and emotional meaning behind participants' input. The participants switched between languages depending on the topic or emotional context, requiring culturally sensitive and flexible translation approaches. Literal translations often missed deeper meanings, especially when preparing coded quotes for English-language publication.

Discussion: Effective recruitment strategies were mostly working with trusted community intermediaries, offering interviews in the preferred language, and involving researchers with similar cultural backgrounds. When translating narrative qualitative data (for example to identify preferences of post-migrants and minority populations) we anticipate challenges, where cultural nuances in expressing daily preferences will require better adaptation to maintain relevance for the group.

Conclusion: Our study emphasizes the need for flexible methods considering the diversity and intersectionality in dementia research with post-migrants and minority groups. The findings contribute to ongoing discussions about recruitment strategies and translation approaches, and offer concrete strategies for future work in similarly diverse contexts.

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People - Minority ethnic groups

07/10/2025 - 14:00-15:15 - P31. Minority ethnic groups II

P31-02 - Cultural and linguistic disparities in diagnostic wait times for dementia and mild cognitive impairment: findings from the Australian Dementia Network (ADNeT) Registry

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Background: Australia is multicultural, with one in three Australians living with dementia born overseas and one in four from non-English-speaking backgrounds. However, there are limited national data on dementia among Culturally and Linguistically Diverse (CALD) communities to inform policy and clinical practice. This cross-sectional study examined cultural and linguistic disparities in diagnostic wait times for dementia and mild cognitive impairment (MCI) in Australia.

Methods: We used the most recent data (2020 – 2023) from the Australian Dementia Network Registry and included patients who were not First Nations people. CALD status was derived based on country of birth and preferred spoken language and included: non-English-speaking CALD (n=422, 10.1%), English-speaking CALD (n=530, 12.6%), and non-CALD (n=3238, 77.3%). Univariate and multivariate quantile regression analyses were conducted to explore cultural and linguistic disparities in three diagnostic wait times: referral to initial appointment, initial appointment to diagnosis, and referral to diagnosis.

Results: Compared to the non-CALD group, English-speaking and non-English-speaking CALD groups had longer median wait times from 1) initial appointment to diagnosis (46 and 70 vs 21 days in the non-CALD group) and 2) referral to diagnosis (147 and 160 vs 122 days in the non-CALD group), both $p<0.001$. These differences remained significant after adjusting for demographic and health factors. No difference was observed among the three groups in wait times from referral to initial appointment, $p=.663$.

Discussion/Conclusion: This large Australian study found that after referral to a memory or cognition clinic, people from CALD backgrounds wait substantially longer for a dementia or MCI diagnosis, and the difference persists after adjusting for demographic and health factors. These findings have important implications for equity of dementia care and highlight the need for programs that help patients from CALD backgrounds to navigate the dementia and MCI diagnostic pathway post referral.

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People - Minority ethnic groups

07/10/2025 - 14:00-15:15 - P31. Minority ethnic groups II

P31-03 - Culturally Sensitive Dementia Support in Finland: Engaging Volunteers from Minority Ethnic Communities

Sven Claes, Ida Mitchell, Nina Forsström
Muistiliitto ry

The Alzheimer Society of Finland and its regional memory associations are working to make dementia care more inclusive through culturally sensitive, volunteer-driven models. This nationwide project promotes dementia awareness and well-being among minority ethnic communities by training volunteers to deliver support and information in their native languages.

Focusing on German- and Russian-speaking communities—two of the largest non-Finnish language groups over age 65—the project addresses a key need: many people with dementia revert to their first language, making mother tongue support essential. More than 200 volunteers have been trained, serving as peer supporters, advocates, and educators. Many are personally connected to dementia and motivated to strengthen their communities.

A major insight from the project is that meaningful engagement thrives when people can participate in their native language. This has empowered volunteers, reinforced cultural identity, and increased overall well-being. For instance, using German in all stages—from recruitment to activities—has yielded strong results: 70% expressed interest in volunteering, and 91% reported enhanced confidence and well-being.

Despite challenges such as building trust, addressing stigma, and engaging regional organizations, significant progress has been made. Memory associations now include migrant volunteers, who help connecting people with

dementia and their families with available support services. Culturally sensitive practices are embedded in strategic plans. New networks and multilingual materials are supporting lasting change. Community partners report a 92% increase in dementia awareness.

This initiative demonstrates a model where diverse communities actively shape the care they receive. It highlights how volunteerism, language access, and cultural inclusion can transform dementia support—placing trust, identity, and community at the center of care.

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Sponsored Session (P32) - INTEREST

07/10/2025 - 14:00-15:15 - P32. Towards Inclusive Dementia Care: Policy, Practice, and Research Innovations

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P32-01 - What are the unmet needs of people affected by dementia? A scoping review of reviews

Wei Qi Koh[1], Martina Roes[2], Marjolein de Vugt[3], Louise Hopper[4], on behalf of the INTEREST Working Group (jpnd)[5]
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Background: The needs of people with dementia and their caregivers are complex, wide ranging and diverse. "Needs" can be defined as whether interventions are available and/or used to alleviate problems that people with dementia or their caregivers may be facing, and accordingly, these needs can be met, or unmet. Given the body of research that has been conducted to examine unmet needs in people with dementia and their caregivers, there is a need to synthesise the information to gather a comprehensive overview of existing evidence and gaps.

Objectives: This review examined the unmet needs of people affected by dementia, which includes people with dementia, their formal and informal caregivers, particularly from a social health lens.

Method: A scoping review of reviews was conducted. Five electronic databases were searched, and a two-stage screening process was undertaken. Data were extracted onto a standardised data sheet comprising study characteristics and domains from the Camberwell

Assessment of Needs for the Elderly (CANE). Extracted data were narratively synthesised, and the unmet needs of people with dementia were mapped onto a social health framework.

Results: Eighty-five reviews were included. The most frequently reported unmet needs of people with dementia were psychological distress, daytime activities and company, all which contribute to impaired social health. Caregivers most frequently reported a lack of information about the disease trajectory, post-diagnostic care, and practical support for caregiving. Their psychological distress stemmed from a range of sources, and were influenced by context.

Conclusion: This review provides a high-level synthesis of the unmet needs in people affected by dementia. It underscored fundamental knowledge gaps and shortcomings in existing interventions and services to address needs, particularly in formal and informal caregivers.

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Sponsored Session (P32) - INTEREST

07/10/2025 - 14:00-15:15 - P32. Towards Inclusive Dementia Care: Policy, Practice, and Research Innovations

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P32-02 - Towards personalized, equitable and effective technology and psycho-social care for people living with dementia: recommendations for policy, practice and research

David Neal[1], Rose-Marie Droes[1], Louise Hopper[2], on behalf of the INTEREST Working Group (jpnd)[3]
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Background: Systemic inequities can arise from variation in how easily individuals can access care and, in the case of digital assistive technologies, in individual digital health literacy. It is unclear whether recommendations in dementia care guidelines account for factors shaping individual needs and access. The availability of assistive technologies that are accessible for people with diverse needs is also uncertain. Two studies addressed these knowledge gaps.

Methods: Study 1 was a review of 47 dementia guidelines from 12 European countries. Whether and how concepts of social health, inequities and intersectional social positions were integrated in recommendations were analyzed by content analysis and relational concept mapping. Study 2 was an explorative review of reviews, of studies of assistive technology to support aspects of social health for people with dementia. Data extraction focused on personalisability, usability, effectiveness, and recommendations of authors with respect to specific technologies.

Results: Study 1 found that individual characteristics that may impact accessibility of care were considered in around half of included guidelines. Inequities were mentioned in 13 of 47 guidelines (27%) but many social positions were overlooked as actual sources of inequity. Study 2 included 28 reviews addressing technologies including: smart home & monitoring; tablet, web and app-based interventions; exergaming; and VR. Of 329 mentions of technology, 158 (48%) were personalisable. Of those, 59% reported on usability and 23% were demonstrated to be effective in at least one randomized controlled trial.

Discussion: These results highlight important limitations of current guidelines for supporting personalized, equitable and effective care. Whilst personalisable, usable and effective assistive technologies are available, these must be implemented and technology developers should focus more on personalisable technologies. Translational psychosocial research is needed to ensure that effective care supported by technology is supplied across Europe, and especially to those facing inequalities in access.

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P32-03 - INTEREST dissemination activities, future directions, and concluding remarks

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Research can only generate lasting and meaningful impact if scientific findings are disseminated widely. As such, the INTEREST dissemination strategies targeted academic, lay, and specific audiences. Due to the international and interdisciplinary structure of this Working Group, activities took place in several languages, utilizing both online and offline channels. For instance, INTEREST members joined numerous conferences, wrote blog posts, talked to governmental ministers, contributed to/organized webinars, and wrote a report for the Dementia in Europe – The Alzheimer Europe Magazine. We will present our dissemination plan and activities in detail, and share lessons learned. Finally, future direction and concluding remarks will be discussed to inspire research, practice, and policy, prospectively.

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Sponsored Session (P33) - YOD Included

07/10/2025 - 14:00-15:15 - P33. Diagnosis and post-diagnostic care in young-onset dementia

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P33-05 - Use of formal, post-diagnostic care in people with young-onset dementia: a nationwide health register study from the Netherlands

Merwin Mortier[1], Rianne de Heus[2], Britt Appelhof[2], Raymond Koopmans[2], Pieter Bakx[3], Christian Bakker[2]
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Objective: People with young-onset dementia (YOD) experience a discrepancy between their needs and the availability of post-diagnostic care and support. To address this mismatch, the current use of formal care should be assessed. Therefore, our objective was to investigate the use of formal, post-diagnostic care in the Netherlands and to explore differences by age, sex, household composition, migration background and income.

Methods: We conducted a retrospective cohort study using data from Statistics Netherlands, the national statistical agency, responsible for collecting, analysing, and disseminating data on numerous topics. People with a dementia diagnosis before the age of 70, established at a neurology department in the year 2017, were included. Information regarding their use of homecare and residential care during six

consecutive years was extracted, together with baseline characteristics. These data were analysed using generalised estimating equations.

Results: Data from 1178 individuals (median age at diagnosis 63 years; 43.8% female) were assessed, of which 269 (22.8%) people died during follow-up. Preliminary findings show that homecare was used by 40.2% of people in the year of diagnosis, by 53.3% three years after diagnosis, and by 46.3% five years after diagnosis. Residential care was used by 4.5% in the year of diagnosis, which gradually increased to 30.8% six years after diagnosis. Both types of care were used more by women, people with low income, people with a one person household, and people with an older age at diagnosis. Statistical analyses between subgroups are ongoing.

Conclusion: This is the first study investigating the trajectory of formal care use in people with YOD in the Netherlands. These findings offer valuable insights and may inform the development and improvement of tailored care and support in the Netherlands and across other European countries facing similar challenges.

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P33-04 - Bridging the gap: Examining post-diagnostic care directly following the diagnosis of young-onset dementia at memory clinics in the Netherlands

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Background: For people with young-onset dementia (YOD), the period immediately following the diagnosis offers the opportunity for tailored psychoeducation, proactive YOD care planning, interventions and support. However, international research indicates that approximately 40% of individuals with YOD receive no care during this phase (World Alzheimer Report, 2022). In the Netherlands, memory clinics (MCs) play a central and well-established role in the timely diagnosis of YOD. Yet, post-diagnostic support (PDS) varies widely across memory clinics. This

study explores the current role as well as the potential role of Dutch MCs in the care directly following a diagnosis of YOD.

Methods: We applied a mixed-methods approach. Questionnaires were sent to all MCs across the Netherlands (complete data from n = 74 memory clinics). We used semi-structured interviews with MC professionals (preliminary data from n = 11 MC). We analyzed data using descriptive statistics and thematic analysis.

Results: Results showed that 60% of MCs offered PDS to individuals with YOD within two months after diagnosis. Of which 44% offered PDS that differed from care for individuals with late-onset dementia (LOD). These differences included additional consultations with a psychologist, tailored psychoeducation, and involvement of YOD casemanagers. PDS was considered more essential in regions with extended waiting-lists for YOD casemanagement. Main barriers for PDS included limited time, funding, and staff. Key facilitators were the vision of MC professionals and their commitment to PDS as part of their professional responsibility. While individuals with YOD were seen as needing more intensive support than those with LOD, neurologists paradoxically had less time for PDS than geriatricians.

Conclusion: Memory clinics can play a crucial role in PDS for people with YOD. The absence of good practices or PDS guidelines for Dutch MCs results in scattered care procedures that rely on the vision and commitment of individual MC staff members.

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P33-02 - Preliminary insights into gene-environment interactions in young-onset dementia risk: A UK Biobank study

Caitlin Hibbs, Stevie Hendriks, Sinan Gülöksüz, Dorothee Horstkötter, Marjolein de Vugt, Sebastian Köhler
Maastricht University

Background: Young-onset dementia (YOD) refers to dementia with symptom onset before age 65. A proportion of YOD cases can be attributed to genetic predisposition, particularly in young-onset Alzheimer's disease, where Apolipoprotein E (APOE) plays a key role. The APOE ε4 allele increases risk, while ε2 appears protective. Recent research has identified several modifiable environmental risk factors for YOD. However, interactions between these factors and genetic susceptibility remain poorly understood. Gaining insight into gene–environment interactions is crucial for understanding YOD etiology and improving risk prediction.

Methods: This study uses data from the UK Biobank, a large prospective population-based cohort of approximately 500,000 individuals aged 40–69 at baseline (2006–2010). Individuals with dementia at baseline are excluded. This study will include persons with a dementia diagnosis before age 70, to account for

an average 4.4 year time to diagnosis. We will analyse interactions between APOE genotype and environmental risk factors previously associated with YOD, including education level, socioeconomic status, alcohol use, alcohol use disorder, social isolation, handgrip strength, orthostatic hypotension, stroke, diabetes, heart disease, depression, vitamin D deficiency, and C-reactive protein. In addition, LDL cholesterol and vision loss, recently linked to general dementia risk, will be explored. These analyses will be conducted using Cox proportional hazards models to explore the relationships between these factors and YOD risk.

Expected Results: This study includes data from 1,483 individuals who received a dementia diagnosis before age 70. Data analysis is ongoing. Preliminary findings will be available at the Alzheimer Europe Conference and may offer valuable insights into gene–environment interactions in YOD.

Conclusion: By examining gene–environment interactions, this study aims to deepen our understanding of YOD aetiology and contribute to ethical discussions on the use of genetic and modifiable risk information in preventive care and patient communication.

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P33-01 - YOD-COHORT: design and first results of a national cohort on young-onset dementia

Flora Duits[1], Louise van den Berg[2], Joan Groeneveld[3], Judith Mellendijk[4], Paula Vanneste[2], Rianne de Heus[5], Jeroen Vermazeren[4], Stevie Hendriks[6], Carola Renders[7], Harro Seelaar[8], Joke Spikman[9], Sven van der Lee[10], Marjolein de Vugt[6], Raymond Koopmans[4], Christian Bakker[4], Yolande Pijnenburg[2]
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Background: Young-onset dementia (YOD) is heterogeneous in terms of symptoms and underlying etiology. Knowledge gaps range from earliest disease mechanisms to care needs. The Dutch YOD-COHORT aims to serve as national YOD registry to facilitate a broad range of research questions focused on YOD.

Methods: YOD-COHORT, part of the YOD-INCLUDED consortium, is a national prospective cohort study, with participant-initiated online registration. Individuals with a dementia diagnosis <70 or symptom onset <65 years of age can participate, irrespective of current disease stage or age. Informal carers can co-register. The study core consists of annual questionnaires, information from medical records and from Statistics Netherlands. Participants are invited for optional modules, such as the DemenTREE biobank, qualitative interviews or additional questionnaires. There is also a possibility for brain donation.

Results: Recruitment started in January 2024. To date over 320 participants have registered. Here we report the results of the first year of recruitment. Two hundred sixty-eight persons registered (172 persons with YOD and 96 carers). Age at symptom onset was (mean±SD) 60±6, age at diagnosis 63±6. Cause of dementia was most often Alzheimer's disease (59%), followed by frontotemporal dementia (12%), and dementia with Lewy bodies (7%). Most participants (62%) were recruited after visiting a memory clinic. Sixty-five percent of participants with YOD and >80% of carers completed the questionnaires. Fifty-three percent of individuals with YOD participated in at least one optional module. Recruitment is ongoing, and we are currently completing information from medical records of all participants.

Conclusion: With YOD-COHORT we established a unique national research registry for people with YOD and their informal carers. More than half of individuals with YOD participated in optional modules, which shows their willingness to participate in research. Ongoing recruitment will ensure growth of the cohort, allowing us to focus on rare etiologies and underserved populations.

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P33-03 - Cognitive Profiles in Young-Onset Dementia: A Systematic Review and Meta-Analysis

Marie-Christine van de Glind[1], Marit Stolte[2], Floor Gelmers[1], Sara Khosdelazad[1], Yolande Pijnenburg[3], Marjolein de Vugt[2], Inez Ramakers[2], Joke Spikman[1], Esther van den Berg[4]
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Introduction: Young-onset dementia (YOD) can present with heterogeneous and atypical cognitive profiles, causing diagnostic delays. By establishing these cognitive profiles, recognition of YOD can be improved and differential diagnostics can be supported.

Method: This systematic review and meta-analysis aimed to include all articles investigating YOD and cognition. Cognitive profiles of thirteen types of YOD from the spectra of Alzheimer's disease, frontotemporal dementia, Parkinson-plus, vascular disease, and Lewy Body dementia were established, compared to healthy control participants. Concerning cognition, we searched for performance-based neuropsychological tests in ten cognitive domains, divided into their respective subprocesses. A meta-analysis was performed on articles with sufficient quantitative information.

Results: The search yielded 16258 articles. Cohen's kappa for interrater reliability based on a random 10% subsample indicated substantial agreement in screening (observed agreement = 0.94, κ = 0.70). 890 articles (5.5%) were included for full-text screening, comprising 1688 patient groups. Representing more than half of all patient groups were behavioural variant frontotemporal dementia, Alzheimer's disease dementia, and semantic variant primary progressive aphasia. Following were nonfluent variant primary progressive aphasia, logopenic variant primary progressive aphasia, and progressive supranuclear palsy, making up a quarter of all patient groups. The least research has been performed on atypical Alzheimer's disease dementia, vascular dementia, Parkinson-plus dementia, and Lewy Body dementia. Additionally, certain cognitive domains were selectively assessed in particular patient groups. Social cognition was, for example, relatively frequently measured in behavioural variant frontotemporal dementia compared to other types of YOD.

Discussion: We have established distinct cognitive profiles of common neurodegenerative types of YOD. The scientific literature was found to be unevenly distributed across various types of YOD, partly reflecting differences in prevalence, and cognitive domains. Nonetheless, these cognitive profiles can support earlier recognition of YOD and the neuropsychological assessment in clinical settings, thereby reducing the time between symptom onset and diagnosis.

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From research to communities - Public involvement in dementia research

07/10/2025 - 14:00-15:15 - P34. Public involvement in dementia research

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P34-01 - James Lind Alliance Priority Setting Partnership in coexisting dementia and hearing conditions: engaging people with lived experience and professionals

Tom Dening[1], Eithne Heffernan[1], Sian Calvert[1], Emma Broome[1], Ruth Spriggs[1], Nahid Ahmad[2], Helen Henshaw[1]
[1]University of Nottingham, [2]James Lind Alliance

Background: Dementia and hearing conditions are both major public health concerns. Most people living with dementia also live with hearing conditions (e.g. hearing loss, vestibular disorders). Furthermore, hearing loss may be a risk factor for dementia. There is a critical need for research to explain the association between dementia and hearing conditions and to optimise assessments and treatments for this co-morbidity.

Objectives: This James Lind Alliance Priority Setting Partnership (JLA PSP) aimed to develop a national agenda for research about dementia and hearing conditions. It systematically identified unanswered research questions that are prioritised by people living with these conditions and professionals from healthcare and social care.

Methods: Participants were people living with hearing conditions and/or dementia, supporters (e.g. carers, relatives), clinicians, and social care professionals. A survey (N=404) gathered 47 research questions proposed by participants. An evidence-checking process confirmed that these questions were

unanswered. A second survey (N=560) produced a shortlist of 16 questions. At a final workshop (N=19), the top ten questions were prioritised.

Results: The prioritised research questions spanned diverse topics, including training for clinicians about this co-morbidity, routine health checks that incorporate hearing and cognition, dementia risk reduction strategies for people living with hearing loss, and potential mechanisms underlying the link between hearing loss and dementia.

Conclusions: This novel JLA PSP was the first to identify research priorities for two different, yet co-morbid, health conditions. It has important implications for researchers, funders, commissioners, and clinicians, particularly those working with older adults who have multiple long-term conditions.

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From research to communities - Public involvement in dementia research

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P34-02 - Exploring the Perceptions and Needs of Deaf Communities in Austria, Germany, and Greece for Developing Culturally and Linguistically Appropriate Dementia Training Courses

Ioanna Antigoni Angelidou[1], Tarsitsa Ntova[1], Marianna Tsatali[2], Ege Karar[1], Florian Melchior[1], Doris Hoffmann-Lamplmair[3], Romeo Seifert[3], Marie Luise Burgstaller[3], Patrick Martinez[3], Thomas Ströbele[3], Lukas Nerat[3], Kiriaki Chatziavannidou[4], Birgit Teichmann[1]
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Introduction: Deaf individuals continue to face complex challenges in both accessing healthcare and obtaining information about dementia. Despite this, research into their perceptions of dementia and the need of tailored awareness programs remains limited. In response, a dementia awareness program specially designed for Deaf communities is being developed as part of the Erasmus+ project 'Design'. This study provides the groundwork for that initiative by exploring (a) what Deaf individuals in Austria, Germany, and Greece know and how they perceive dementia, (b) the current challenges in accessing information and healthcare, and (c)

their preferences for the design of specialised, accessible dementia awareness courses.

Method: Six semi-structured focus group interviews were conducted in the respective national sign languages with 4-8 Deaf participants per group. Two interviews were held in each country. Participants included Deaf dementia experts and non-experts (family caregivers and the general Deaf population). Data were analyzed using inductive content analysis.

Results: Deaf participants from the general population demonstrated significant gaps in dementia knowledge, including misconceptions about early signs, causes, and risk factors. Dementia-related information in sign language was described as nearly non-existent. Participants highlighted the need for tailored awareness courses, covering dementia basics (e.g. causes, risk factors, early signs), as well as information on available specialized healthcare services and resources in their country. The preferred format for such a course should be delivered in sign language and incorporate culturally appropriate methods of information sharing (e.g. interactive formats, discussions, and visual materials).

Conclusion: Tailored awareness courses in sign language are crucial to address knowledge gaps and improve access to information for Deaf communities. This study provides the groundwork for developing such courses within the Erasmus+ project.

*DeSign: Raising Awareness for Dementia in Deaf Older Adults in Europe

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From research to communities - Public involvement in dementia research

07/10/2025 - 14:00-15:15 - P34. Public involvement in dementia research

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P34-03 - GetBrainHealthy: Co-designing to communicate brain health knowledge beyond scientific audiences

Laure Pauly[1], Laure Pauly[2], Melissa Chan[3], Anja K. Leist[2]
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GetBrainHealthy, developed by scientists at the University of Luxembourg, promotes brain health among diverse audiences aged 18 to 50 years, including students and professionals. The program aims to understand brain health beliefs in Luxembourg, educate the public based on scientific evidence on brain health and dementia risk reduction, raise awareness, and provide resources for adopting brain-healthy habits.

The project develops workshops co-designed with employee and student representatives from partner companies and organizations across various sectors in Luxembourg, such as consulting, manufacturing, and healthcare providers. During these co-design sessions, we conducted semi-structured interviews, incorporating needs assessments and utilizing mini-scenarios. This co-design approach helped us identify target workshop attendees, establish key objectives and ensure that workshops address each partner's unique challenges and requirements, making brain health education relevant and impactful. We prioritized brain health modules based on identified needs. In the workshop

development, we also continuously incorporate information from our survey on brain health beliefs.

Seven co-design sessions have been conducted so far. Besides the default module on Brain Basics, the most popular modules were i) Brain Health, Cognitive Ageing and Preventive Measures; ii) Cognitive Health Strategies; iii) Digital Age and Brain Health; and iv) Link Between Mental and Brain Health. Modules that received less prioritization included i) First Aid Kit for Neurological Emergencies, ii) Dementia at the Workplace, iii) Critically Assessing Neuroscience Information and iv) Neurodiversity. One third of the co-design groups highlighted that fear of stigmatization surrounding brain health may be a concern within their organizations.

The co-design sessions have been instrumental in shaping workshop development and tailoring communication strategies to diverse populations within partner companies. Lessons learned involve the need for 'brain health champions' to share responsibility in the co-design process. The adoption of science communication principles relevant to brain health has also proven useful in engaging with companies.

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From research to communities - Public involvement in dementia research

07/10/2025 - 14:00-15:15 - P34. Public involvement in dementia research

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P34-04 - Exploring the Social and Human Impact of Return Discussions for People with Dementia Who Go Missing: A Qualitative Evaluation

Nadine Dougall[1], Andrew Tatnell[1], Inga Heyman[1], Jennifer Murray[1], Jill Stavert[1], Fiona Maclean[1], Lydia Emerson[2], Jan Savinc[1]
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When people living with dementia go missing, the experience can be distressing and potentially life-threatening, with significant emotional, social, and logistical impacts on individuals, families, carers, and emergency services. It requires balancing rights related to autonomy and dignity with those related to protection from harm and life. In response to these challenges, Police Scotland and Alzheimer Scotland introduced a change in how 'Return Discussions' (RDs) are delivered. Previously conducted by police officers, RDs are now led by specialist dementia advisors from Alzheimer Scotland in three areas of Scotland, UK.

This presentation reports on the qualitative strand of a wider mixed-methods evaluation, focusing on how people with lived experience—including those living with dementia, their carers, police officers, and dementia advisors—perceive and experience this change in RD delivery.

A case study approach was used, with each case study involving interviews with Police Scotland officers, Alzheimer Scotland dementia advisors, and carers of people living with dementia who had experienced a missing episode. Where possible, dyadic interviews with both the person living with dementia and their carer were conducted to capture shared and individual perspectives. The development of interview materials was shaped by an advisory group that included people living with dementia and a carer, ensuring that lived experience and ethical sensitivity were embedded throughout the research process.

The findings revealed nuanced and sometimes unexpected perspectives on the impact of the new approach, offering valuable insights into how Return Discussions are experienced in practice. The presentation will share key findings and discuss their implications for future policy and practice.

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P34-05 - Free from Fear: Communicating Dementia through Co-Created Animated Narratives

Anna Messina[1], Rebecca Amati[2], Anna Maria Annoni[2], Maddalena Fiordelli[2]
[1]Università della Svizzera Italiana, [2]Institute of Public health, Università della Svizzera Italiana

Background: This contribution presents one of the main output of Free from Fear, an Agora project funded by the Swiss National Science Foundation. The project aims to raise public awareness about dementia by combining the evidence-based content of the WHO's iSupport training program with the lived experiences of family caregivers. The central dissemination tool consists of short co-created animated videos developed with family caregivers through a community based participatory approach.

Methods: Five focus groups, each based on an iSupport module, were conducted with family caregivers (from five to eight for each group) to explore personal experiences across key challenges: early symptoms and diagnosis, seeking help, self-care, daily assistance, and behavioural changes. Sessions were guided by prompt materials based on iSupport and aimed at eliciting personal anecdotes and emotional responses. Transcripts were thematically analysed. Researchers then developed narrative briefs, ensuring representativeness and emotional depth. These were transformed into

animations in collaboration with a professional illustrator through an iterative storyboard-review process.

Results: Five animated videos (2–3 minutes each) were produced and publicly launched during five community events where each topic was discussed by a team of professionals and informal caregivers, recognized as experts in the field. Each video was accompanied by a final key message and is freely available online, serving as educational tools grounded in both scientific evidence and authentic caregiver narratives.

Discussion: The project stems on the potential of visual storytelling in translating health knowledge into emotionally resonant narratives. By merging scientific content with the lived experiences of caregivers, it reflects the complexity of dementia and may contribute to reshape public understanding and attitudes toward the condition. Thanks to their accessible format, the videos can be easily translated and adapted, making them suitable for global use in the general public education and training.

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Policy - National Alzheimer's associations

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P35-03 - Serbian Alzheimer's Society and barriers to National Dementia Strategy

Sladana Pavkovic[1], Nada Sataric[2]
[1]Serbian Association for Alzheimer Disease, [2]Serbian Society for Alzheimer's Disease

The Serbian Association for Alzheimer’s Disease was established in 2020 with the primary objectives of developing dementia support services, reducing stigma, promoting the establishment of day centres for people with dementia, and educating healthcare and aged care professionals. Despite its efforts, the Association has received minimal support from the Serbian government and healthcare system.

Over the past four years, the Association has maintained a strong media presence; however, this has not translated into governmental financial support or the endorsement of proposed initiatives such as Alzheimer’s Cafés or the development of dementia day centres. Structural challenges within the Association, combined with Serbia's current political status regarding European Union integration, have hindered access to international and European funding opportunities. The organisation is entirely volunteer-driven, with dedicated members running support groups across several Serbian cities and leading media advocacy campaigns.

Although the need for a National Dementia Strategy is evident in both video and print media, progress has been severely limited by a lack of engagement from government and health policy institutions, and the absence of partnerships with healthcare organisations. The Serbian Association for Alzheimer's Disease requires national recognition; however, given the lack of advancement over the past five years, support from European and international dementia and Alzheimer's organisations is essential. People living with dementia and their carers in Serbia are entitled to the same human rights and access to support as these people worldwide.

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P35-05 - Public affairs in troubled water in the Netherlands

Anne de Boer
Alzheimer Nederland

The Netherlands is dealing with a rapidly aging population. Since aging is a risk factor for dementia, there will be more people with dementia living in the Netherlands. In 2040 this will be over half a million people living with dementia. Simultaneously, the number of healthcare professionals and caregivers will not increase.

On one hand you would say that there is much at stake and the challenges are quite big. Which means that impactful policy is needed more than ever. But on the other hand we see a trend with less focus on people with dementia and more on the elderly in general. With our new cabinet, we've found ourselves in a new situation where things that were once obvious and certain, no longer are. This means that, on national level, we are working very hard to maintain our National Dementia Strategy.

Simultaneously, the municipalities have elections in March 2026, which means another defining moment. This feels more important because of the clear shift in direction in policy on national level. However, the municipalities will face a financial crisis in 2026, so their main focus is to secure sufficient revenue. Luckily, thanks to our local advocates who are

working together with 80% of the municipalities, we see improvements locally which also helps in the push toward the national policy.

In the session, I would like to give an overview of the current challenges on the public affairs in The Netherlands that we are facing now with real threats for people with dementia and their carers. And I want to give more insights in the approach of Alzheimer Nederland in times with an unpredictable government.

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P35-04 - Political movements in Denmark- how a patient organization can create change

Anja Bihl-Nielsen
Alzheimerforeningen

Background: This oral presentation will focus on the conflicting political currents in Denmark the recent years and the approach of the Danish Alzheimer's association to this. In 2015 Denmark adopted a national dementia action plan which expires in 2025. There have been no political intentions to prolong the plan despite none of the goals being met. Simultaneously there has been a process to adopt a new elderly law. This law regulates the care of people with dementia. A comprehensive health system reform was also introduced, that focused on patient pathways for some of the large NCDs. First dementia was not addressed but in the final agreement dementia was prioritized.

The political process: These currents have been the focal point of our policy work. It is worrying that dementia is understood as related to old age and hence regulated by an elderly law whilst simultaneously there is no will to reinforce the national action plan. Through dialogue with politicians, debate posts, we argued that dementia is not a matter of old age. Therefore, it is problematic that it is regulated in an elderly law.

Results and the future work: The health system reform now contains means to improve the process of diagnosis and means to develop and implement a model of patient-oriented prevention for all with dementia. We managed to highlight the need for specialised dementia competencies in daily care and psychosocial

treatment of dementia regulated by the elderly law. We continue pushing for extension of the action plan.

We used our role as patient-organisation to influence what would be included in the laws and challenge politicians. The presentation will be made by Policy Director, Anja Bihl-Nielsen, and will showcase the value of dedicated political work as a patient organization.

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P35-01 - The Norwegian Registry of Persons Assessed for Cognitive Symptoms (NorCog) includes variables stating lived experience related to dementia diagnostics

Anne Rita Herzog Øksengård[1], Marit Nåvik[2], Kari-Ann Baarlid[3], Geir Selbæk[2], Marianne Næss[1], Karin Persson[2]
[1]Norwegian Health Association, [2]The Norwegian National Centre for Ageing and Health, [3]Nasjonalforeningen for folkehelsen

Background: To collect feedback from persons with dementia about the quality of the dementia work-up and diagnostic procedures in Norway to enhance the quality of services. NorCog is a national quality and research registry, with 27,256 patients (51% women, mean age 73,8 years), and biobank data from 6431 subjects, included since 2008. The Norwegian authorities require to highlight patient-reported outcome measures (PREMs). During 2020-24, the Norwegian Health Association, the national patient organisation for persons with dementia and their carers, was involved in the development of variables stating lived experience related to going through dementia work-up.

Method: The peers support group, the Dementia Helpline callers, and the working group of people with dementia, in addition to a relative user group having dementia work-up experience, collaborated in developing PREMs as indicators to evaluate the quality of the dementia assessments in Norway. Participants in NorCog have varying degrees of cognitive decline, so a tailor-made participant adaptation was made possible to achieve a questionnaire opt for the target group. Knowledge of communication with people with dementia was crucial in the process so patients, even with advanced dementia, were able

to participate. A questionnaire with an adapted number of questions and answer was piloted at the two main Memory Clinics in Norway before inclusion in the registry's mandatory variable list.

Results: The overall quality of the assessment was rated satisfactory, but the responders reported a lack of information about how to cope with the diagnosis, what to do after the assessment, and information about follow-up, and requested more involvement of the relatives.

Conclusion: The results are in line with the input we get from our members and affirms that quality approvement is necessary. This will be communicated in the work with the 4th Norwegian Dementia Plan.

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Policy - National Alzheimer's associations

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P35-02 - Spominčica Expands the Network of Dementia-Friendly Points and Creates Inclusive Local Communities and Cities Across Slovenia

Štefanija Lukič Zlobec
Spominčica - Alzheimer Slovenija

In 2025, Spominčica – Alzheimer Slovenia continues implementing the goals of Strategy for dementia in Slovenia till 2030 by establishing the Dementia-Friendly Local Communities and Cities with the aim to raise public awareness, reduce stigma, improve access to information, and offer support at the community level. This programme is co-funded by the Ministry of Health of the Republic of Slovenia and connects the national network of our Dementia-Friendly Points into Dementia-Friendly Local Communities.

Since 2017 Spominčica has established nearly 500 Dementia-Friendly Points in various settings, including ministries, municipalities, hospitals, community health centers, libraries, pharmacies, supermarket chains, police, cultural venues etc. Before opening we train employees about dementia to provide compassionate assistance and information. These points, marked with our logo, serve as accessible community hubs offering informational materials, practical assistance, and welcoming environment where people with dementia and their caregivers can find guidance and understanding.

Driven by the rising needs of an aging population, local communities across Slovenia are actively engaging in the creation of inclusive and supportive local environments. At the core of these efforts is Spominčica's collaboration with municipal governments, resulting in the formation of Dementia-Friendly Local Communities and Cities. Initiated in 2024 by Spominčica mayors of municipalities are establishing local committees in urban and rural environments, which include their representative, a healthcare professional, a clergy member and a family caregiver of a person with dementia. Committees with the help of Spominčica prepare annual work programs and ensure that their activities are communicated to the public through media channels.

As more municipalities join this transformative initiative, the continued growth shows a significant shift in how Slovenian society approaches dementia—not as an individual struggle, but as a shared social responsibility.

The vision remains clear: to ensure that every person with dementia is understood, supported and stays active participant in community.

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Care services - Residential care

07/10/2025 - 14:00-15:15 - P36. Residential care II

P36-05 - Designing for dementia: Utilising a multiple case study to establish how environmental features in care homes support wandering and wayfinding

Rosie Bamber[1], Emily Fisher[2], Bryony Waters-Harvey[2], Tamara Backhouse[2], Liz Jones[2], Iria Cunha[2], Alys Griffiths[2]
[1]University of Sheffield, [2]

Background: 'Wandering' or 'walking with purpose' is experienced by up to 60% of people with dementia in care homes. Although previously perceived as challenging behaviour, wandering is increasingly recognised as a meaningful activity, driven by enjoyment, routine, and social connection. Care home environments can support both wandering and orientation, promoting autonomy and well-being. This study explores care home environments in England to identify features that support wandering and orientation. This research was conducted as part of a broader project exploring how care homes support people to orient themselves and wander safely.

Aims: To describe care home environments to develop an understanding of their influence on wandering and orientation in people with dementia.

Methods: An 80-item environmental mapping tool was developed to capture rich descriptions of care homes environments including lighting, signage, layout and access to communal areas. Visual floor plans were also created to contextualise findings and guide future ethnographic observations.

Results: There was large variation in size, layout, and design across purpose-built and adapted care homes. Some homes closely resembled domestic settings, while others had a more clinical appearance. Domestic qualities were shaped by modifiable (e.g., furnishings) and non-modifiable (e.g., architecture) features. In some homes, residents could independently access areas like kitchens, laundry rooms, and gardens, supporting

engagement in home-making activities. Others used locked doors and keypads to restrict access. Clear signage, natural lighting, seating, fixed and non-fixed supports for wandering, and visible routes were observed and have the potential to support safe wandering and orientation.

Discussion: Identifying modifiable environmental features can inform supportive design principles for people with dementia, particularly in older or non-purpose built homes. Understanding the interaction between care home residents and the environment can help develop environmental and person-centred strategies to support wandering and orientation, ultimately promoting independence, wellbeing and safety.

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Care services - Residential care

07/10/2025 - 14:00-15:15 - P36. Residential care II

P36-01 - Facilitating End-of-Life Decision-Making for Late-Stage Dementia Residents: A Nursing Home Experience

Yun Chen Ko
Taipei City Hospital, Yangming Branch

Background: Facilitating end-of-life decision-making for residents with late-stage dementia presents significant challenges in long-term care settings. Effective communication with families is critical to ensure that care aligns with residents' best interests and to promote natural death without unnecessary interventions.

Methods: In our nursing home, when a new resident with dementia is admitted, or when an existing resident progresses to the late stage, cognitive function is evaluated by two visiting physicians—a family medicine doctor and a neurologist—prior to a structured family meeting. During the meeting, families are encouraged to share their understanding of the resident’s condition, after which the typical progression of dementia and end-of-life expectations are discussed. The presence of Do Not Resuscitate (DNR) orders or Advance Directives (AD) is verified, and families are consulted regarding the initiation of institutional palliative care.

Results: Between January 1, 2020, and April 4, 2025, a total of 51 residents died in our facility; 27 (52.9%) received institutional palliative care, including 6 residents diagnosed with dementia. Among the 14 deceased residents with dementia (27.5%), 8 (57.1%) accepted palliative care; however, only 5 (35.7%) remained in the facility until death. Three residents were transferred to

the emergency room: one due to COVID-19 infection protocols, and two due to family members reversing prior care decisions.

Conclusion: Despite systematic efforts to facilitate natural death for residents with late-stage dementia, achieving this goal remains challenging. Current efforts to cultivate death literacy within the community appear insufficient, highlighting the need for broader societal engagement and education to support end-of-life care decisions.

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Care services - Residential care

07/10/2025 - 14:00-15:15 - P36. Residential care II

P36-02 - Development of the multidisciplinary BRAVE method to improve delirium recognition in long-term care: a co-creation approach

Karin Van Os[1], Hendrika Luijendijk[2], Henriëtte Van der Kloet[2], Marike Schokker[2]
[1]UMCG, [2]

Background: Delirium is often missed, and in long-term care settings, its recognition is further complicated by the overlap with dementia. Delirium is also a common illness in persons with dementia and has a high burden. We aimed to design a targeted intervention to improve the recognition of delirium through a co-creation process involving key stakeholders.

Methods: We employed a mixed-methods, iterative design process consisting of four phases. In phase 1, focus group interviews and a literature review were conducted to explore the current challenges in delirium recognition. Phase 2 focused on formulating potential intervention strategies, based on the insights gathered in phase 1. In phase 3 a prototype intervention was designed. In phase 4, the prototype was iteratively refined through feedback loops from direct stakeholders (healthcare professionals) and implementation experts to enhance the contextual relevance and practical applicability.

Results: Key outcomes included the need for a shared language, tools to recognize delirium, improved knowledge of delirium, and a clear overview of responsibilities. The BRAVE method incorporated these needs into a multicomponent, multidisciplinary approach, balancing strategies such as education, enablement and persuasion. Feedback from healthcare professionals

and experts further tailored the method to the specific needs of long-term care settings.

Conclusion: The BRAVE method is a multicomponent, multidisciplinary, contextually adapted intervention aimed at improving delirium recognition in persons with dementia receiving long-term care. The co-creation process played a critical role in the design and will be employed during implementation to adapt the intervention to the unique needs of different organizations.

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Care services - Residential care

07/10/2025 - 14:00-15:15 - P36. Residential care II

P36-03 - Perspectives of nursing home residents, relatives, and care staff on what matters for high-quality relationships in the dementia care triad: A group concept mapping study

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[1]Radboud University Medical Center, [2]University Knowledge network for Older adult care Nijmegen (UKON), Department of Primary and Community care, Research Institute for Medical Innovation, Radboudumc Alzheimer Center, Radboud university medical center; Faculty of Psychology, Open University of the Netherlands, [3]Faculty of Psychology, Open University of the Netherlands; Department of Creative Arts Therapies, Zuyd University of Applied Science, [4]Department of Psychiatry and Neuropsychology, Alzheimer Center Limburg, Mental Health and Neuroscience Research Institute, Maastricht University, [5]University Knowledge network for Older adult care Nijmegen (UKON), Department of Primary and Community care, Research Institute for Medical Innovation, Radboudumc Alzheimer Center, Radboud university medical center

Introduction: In nursing homes, the quality of relationships within the care triad (residents with dementia, their relatives, and care staff) plays a crucial role in delivering high-quality care and supporting psychological wellbeing for all involved.

Objective: This study, part of the SPREAD+ consortium, aimed to deepen the understanding of what matters for high-quality relationships within the care triad, as perceived by all three groups.

Methods: A participatory mixed-methods Group Concept Mapping study was conducted with residents (n = 13), relatives (n = 50), and care staff (n = 63). Participants contributed to one or more GCM phases: brainstorming, sorting, and rating ideas on importance (scale 1–7). Data were analysed using GroupWisdom® software, applying multidimensional scaling and hierarchical cluster analysis. Bridging values were calculated and considered. Results were collaboratively interpreted by the research team and in stakeholder workshops, resulting in a concept map.

Results: The brainstorming phase generated 84 ideas, which, after sorting and rating by participating relatives and staff, were grouped into six clusters: (1) acknowledging the resident as a unique and valued person, (2) a warm and caring approach, (3) appreciation and openness, (4) activities and facilities, (5) a sense of belonging, and (6) effective communication between relatives and staff. All clusters were rated as highly important (mean > 5.1), with the first cluster receiving the highest score (6.2). Ratings were largely consistent across groups, except for cluster 3, which staff rated slightly higher. Cluster 4 showed a high bridging value (0.95), indicating its statements were conceptually linked to many other statements on the map.

Conclusion: This study identified six key areas considered important for high-quality relationships within the care triad. These insights offer guidance for (further) developing psychosocial interventions in nursing homes. Future research should prioritise these clusters and evaluate existing interventions in light of these findings.

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Care services - Residential care

07/10/2025 - 14:00-15:15 - P36. Residential care II

P36-04 - Facilitating Enriching Interactions Between Professional Health Caregivers and People with Dementia in Nursing Homes: A Qualitative Study Mapping the Influencing Factors

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Introduction : Person-centered care is widely recognized as the gold standard in dementia care, particularly within nursing homes (NHs), where meaningful interactions between professional healthcare caregivers (PHC) and residents are essential. These interactions not only enhance the well-being and quality of life of residents but also contribute to caregiver job satisfaction. Despite existing research, there is still limited empirical understanding of how PHC engage with people living with dementia in NHs. This study seeks to identify the key factors that influence these interactions.

Methods: This qualitative study involved 15 participatory observations (106.35 hours) and 24 semi-structured in-depth interviews (26.1 hours) with PHC and staff from seven nursing homes in Flanders, Belgium. Thematic content analysis was employed to identify both facilitators and barriers to effective communication and interactions between PHC and residents with dementia.

Results: PHC describe their interactions with residents as generally rewarding and meaningful, yet also challenging due to issues like heavy workloads, lack of

specialized knowledge, and insufficient team communication. Environmental factors such as noise, unmet personal needs, emotional distress, and physical discomfort further complicate these interactions. However, strategies like maintaining a predictable routine, demonstrating empathy, fostering interpersonal trust, and offering emotional support, alongside adapting caregiving practices creatively and ensuring a familiar environment, were found to significantly improve the quality of these interactions.

Key Conclusions: This study highlights the critical factors that promote positive and effective interactions between PHC and people with dementia. The findings emphasize the need to support PHC in enhancing their caregiving relationships through targeted interventions. Ensuring ongoing training, fostering teamwork, and creating an environment conducive to meaningful interactions are essential to improving dementia care practices and outcomes.

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Care approaches - Telehealth and remote care

07/10/2025 - 14:00-15:15 - P37. Telehealth & remote care

P37-02 - Evaluating the effects of an e-health intervention 'iSupport' for dementia carers: A multi-centre randomised controlled trial in the UK

Gill Windle[1], Greg Flynn[1], Zoe Hoare[1], Nia Goulden[1], Patricia Masterson Algar[1], Rhiannon Tudor Edwards[1], Bethany Anthony[1], Suman Kurana[2], Aimee Spector[2], Gwenllian Hughes[1], Danielle Proctor[2], Kieren Egan[3], Joshua Stott[2]
[1]Bangor University, [2]UCL, [3]Strathclyde University

Background: 'iSupport' is a self-guided online intervention designed by the World Health Organization for adult dementia carers. This study tested the effectiveness of iSupport to reduce distress and depression in a randomised controlled trial, economic analysis and process evaluation.

Methods: Adult carers (18+) living in the community were recruited in England, Wales and Scotland and randomly assigned (1:1) to iSupport or usual care. The primary outcomes assessed differences in distress and depression between baseline and six-months. The target sample size was 350 to enable 90% power, significance at 2·5% including 25% attrition (262 completers) on either outcome.

Results: 177 carers (50·3%) were randomised to usual care and 175 (49·7%) to iSupport. 263 (74·7%) completed the trial. Mean distress scores at six-months were 20·0 (SD=8·3) for usual care and 20·6 (SD=8·6) for iSupport. The mean difference was 0·16 (95% CI -1·17 to 1·49, p=0·29) after adjusting for

covariates. Mean depression scores at six-months were 9·5 (SD=7·0) for usual care and 9·8 (SD=6·5) for iSupport. The mean difference at six-months was -0·54 (95% CI=-1·70 to 0·62, p=0·44). No serious adverse events were linked to the study. Despite good trial retention, engagement with iSupport was low. iSupport use was associated with reduced health and social care resource-use costs for carers vs usual care.

Conclusion: To our knowledge this is the largest trial evaluating a self-guided online intervention in UK dementia carers. The low use of iSupport and null results indicate wider limitations in self-guided online health resources. These may be unsuccessful in high-income countries where carers can access a range of services. Our results suggest personal contact from a care professional for therapeutic support is needed alongside self-guided resources. In low and middle-income countries where carer resources are limited, substantive cultural and linguistic adaptations of iSupport could be an important resource for carers.

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Care approaches - Telehealth and remote care

07/10/2025 - 14:00-15:15 - P37. Telehealth & remote care

P37-04 - Tele-Neuropsychology in Remote Greek Islands: Feasibility, Satisfaction, and Future Directions

Kalliopi Vourou[1], Efthalia Angelopoulou[1], Ioannis Stamelos[1], Evangelia Smaragdaki[1], Dionisia Kontaxopoulou[1], Evangelia Romanopoulou[2], Vasiliki Zilidou[2], Evangelia Stanitsa[1], Sokratis Papageorgiou[1]
[1]Athens Medical School, NKUA, Eginiteion Hospital, [2]ARISTOTLE UNIVERSITY OF THESSALONIKI

Background: The COVID-19 pandemic highlighted the urgent need for telemedicine, particularly in remote and underserved regions such as the Aegean islands. In response, Outpatient Clinic for Memory ; Dementia and Parkinson's disease through the National Telemedicine Network, pioneered remote neurological and neuropsychological evaluations for patients with dementia, mild cognitive impairment, and Parkinson's disease.

Methods: Neuropsychological assessments were conducted via high-resolution teleconferencing using telemedicine stations at remote clinics. They provided secure, standardized communication with dementia specialists based at major hospital. Trained clinical neuropsychologists administered a comprehensive cognitive battery assessing memory, attention, executive functioning, processing speed, verbal fluency, and visuospatial skills. Validated tools adapted for remote administration were utilized, with a focus on maintaining testing integrity.

Results: To date a total of 205 **screening tools and 120 detailed assessments have been conducted.** Approximately 85% of sessions were completed without major technical disruptions. Challenges such as occasional network instability, caregiver interference, or limited access to materials(pen/paper) obstruct the process. Satisfaction questionnaires completed by 64 participants (patients, caregivers, healthcare professionals) over a two-year period revealed high levels of satisfaction with telemedicine service, including the neuropsychological evaluation component. Patients reported a mean general satisfaction score of 4.8 (±0.4), caregivers 4.7 (±0.5), and healthcare professionals 4.5 (±0.6). Key domains such as improved access to specialized care (4.7–4.9), effective communication (4.4–4.7), and future willingness to select telemedicine (mean score: 4.8) received consistently high ratings. Notably, healthcare professionals rated reliable medical assessment (4.3±0.6) slightly lower than patients and caregivers, highlighting areas for future refinement.

Discussion: Remote neuropsychological assessments proved feasible and clinically useful, enabling comprehensive cognitive evaluation. Challenges were addressed through structured protocols, caregiver preparation, and pre-session checks. Future efforts should refine existing frameworks, develop remote-specific tools, and promote international standards to ensure methodological consistency, reliability, and clinical applicability across diverse settings.

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Care approaches - Telehealth and remote care

07/10/2025 - 14:00-15:15 - P37. Telehealth & remote care

P37-05 - Commercially available apps for people with dementia and Mild Cognitive Impairment: a Systematic Review

Francesco Sciancalepore[1], Alice Paggetti[1], Antonio Ancidoni[1], Elisa Fabrizi[1], Sandra Morelli[2], Ilaria Bacigalupo[1], Eleonora Lacorte[1], Nicola Vanacore[1]
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Introduction: Cognitive stimulation and cognitive training are increasingly recognized as valuable non-pharmacological interventions for individuals with neurocognitive disorders. Recently, there has been notable growth in digital applications and online platforms offering these treatments. However, the scientific quality of studies evaluating their effectiveness remains uncertain. Currently, no comprehensive systematic review has assessed both clinical trials and commercially available applications. This study aims to bridge this gap by providing a concise evaluation of the effectiveness and quality of these digital interventions available in commerce.

Methods: A systematic review was conducted using specific inclusion criteria: i) randomized controlled trials (RCTs) examining commercially available applications or websites; ii) platforms providing cognitive stimulation, cognitive training, or cognitive rehabilitation; iii) RCTs focused on individuals with mild cognitive impairment (MCI) or dementia. Other types of studies assessing apps

with the specified characteristics were excluded from the main analysis, although they were collected separately for further examination. Data on the apps and their corresponding RCTs were extracted.

Results: Initially, a total of 3,244 records were screened, leading to the exclusion of 3,098 entries. Subsequently, 146 full-text articles were assessed for eligibility, resulting in the exclusion of an additional 106. Ultimately, 40 RCTs were included, covering a total of 19 distinct apps. The quality of the RCTs was evaluated using the Risk of Bias (RoB) tool. A preliminary analysis revealed a generally low quality across the studies. Additionally, 9 apps available in commerce were identified that had not undergone evaluation with an RCT.

Conclusions: This systematic review points out considerable limitations regarding the quality of the evidence that supports these applications. These findings highlight the necessity for more methodologically complete studies and stricter evaluation standards to validate the clinical effectiveness and reliability of these tools.

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Care approaches - Telehealth and remote care

07/10/2025 - 14:00-15:15 - P37. Telehealth & remote care

P37-01 - A Digital Lifestyle Intervention System Enhancing Adherence in At-Risk Populations for Cognitive Decline: Preliminary Results from the LETHE Clinical Trial

Vasileios Loukas[1], Thomas Kassiotis[2], Hannes Hilberger[3], Jeroen Bruinsma[4], Markus Bodenler[3], Anna Rosenberg[5], Helena Untersteiner[6], Anna Giulia Guazzarini[7], Elisabeth Stögmann[6], Patricia Mecocci[7], Fransesca Mangialasche[8], Tiia Ngandu[5], Rik Crutzen[4], Sten Hanke[3], Manolis Tsiknakis[9], Dimitrios I. Fotiadis[1]
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Hellas, Institute of Computer Science / Computational BioMedicine Laboratory, CBML-FORTH

Background: Multidomain lifestyle interventions represent a key strategy in reducing modifiable risk factors for dementia. The EU-funded LETHE project deploys a fully digital, multimodal intervention system that supports behavioral change through continuous monitoring, personalized feedback, and weekly classification of adherence across lifestyle domains.

Objective: This study reports preliminary one-year results of the digital intervention component, focusing on its impact on engagement and adherence among participants at risk of cognitive decline.

Methods: A total of 156 participants aged 60–77, recruited across four European sites, were randomized to intervention and control groups. The digital system tracked weekly performance on lifestyle behaviors including physical activity and app usage via a classification scheme (green/yellow/red) and provided automated, personalized feedback. Data were aggregated from mobile applications and wearable devices, integrated into a centralized platform for weekly classification and intervention messaging. Adherence trends were analyzed across time using longitudinal metrics to assess intervention stability.

Results: A marked differentiation was observed between intervention and control groups. Intervention participants consistently achieved higher adherence classifications, particularly in the physical activity and app usage domains. These two domains exhibited both improved stability in weekly adherence and a positive correlation in engagement trends—participants active in physical activity were also more likely to demonstrate high app interaction. The dynamic feedback loop significantly contributed to reduced low-adherence (red path) occurrences and sustained engagement (green path) over time. The digital system's feedback architecture contributed to maintaining participant engagement by reinforcing behavioral consistency.

Conclusions: The LETHE platform demonstrates that structured digital interventions can reinforce adherence and engagement through personalized, real-time feedback mechanisms. The observed correlations between physical activity and app usage suggest synergistic effects of multi-domain digital monitoring. These findings support the feasibility and effectiveness of scalable, AI-enabled tools for dementia risk reduction and behavior change.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 14:00-15:15 - P37. Telehealth & remote care

P37-03 - MemoApp: AI-Supported Telehealth for Personalized, Home-Based Dementia Care

Rony Epstein[1], Yakov Gerstein[2]
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Background: MemoApp is an AI-supported telecare system designed to enhance home-based dementia care through smart, multilingual technology. While not yet fully AI-driven, MemoApp integrates assistive features that support remote engagement and daily routines for people with dementia at all stages. The system consists of therapeutic software in multiple languages, delivered via a personalized, autonomous smart screen that requires no digital literacy from the user. It enables structured cognitive stimulation and emotional support while connecting family caregivers and professionals remotely.

Methods: The system has been implemented in over 300-homes and care settings. Three longitudinal studies (2022–2024) assessed its clinical and practical impact, using mixed methods: caregiver-reported outcomes, professional evaluations, and system usage data.

Results: MemoApp improved routine adherence, orientation, and mood regulation. In early-stage dementia, it supported cognitive stabilization and reduced behavioral symptoms. Family caregivers reported lower stress, better communication, and greater emotional resilience. Use of the system helped

delay institutionalization, and importantly, promoted greater independence and reduced reliance on others. Many users were able to remain safely at home for extended periods—an environment that often offers emotional safety and cognitive familiarity.

Discussion: MemoApp offers a unique model of culturally adapted family-centered-telehealth. It supports remote therapeutic engagement and personalized care, tailored to everyone's language, culture, and cognitive state. The platform continues to evolve through a collaborative design process involving professionals, caregivers, and real-world users. It was awarded a prestigious United Nations digital health innovation prize as the first technology specifically developed to support both people with dementia and their families.

Future Directions: MemoApp - expanding its AI-capabilities, including conversational agents, passive behavioral monitoring, and predictive features to support caregivers and clinical staff.

Conclusion: MemoApp demonstrates how smart telehealth solutions can preserve function, delay dependency, and support dignified, personalized dementia care in the home.

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Types of dementia - Lewy-body dementia

07/10/2025 - 14:00-15:15 - P38. Lewy-body dementia

P38-01 - Caregiver schools for dementia with Lewy bodies and frontotemporal lobe dementia - Experiences from courses arranged in transmural collaboration .

Hanneke Rhodius-Meester[1], Kari-Ann Baarlid[2], Peter Bekkhus-Wetterberg[1], Elin Beate Linløkken[3], Karine Leegard Odner[3], Sigrid Aketun[4], Miriam Haddeland Paulsen[2], Anne Rita Øksengård[2], Anne-Brita Knapskog[1]
[1]Oslo University Hospital, [2]The Norwegian Health Association, [3]Distric Nordre Aker, City of Oslo, [4]Health Agency, City of Oslo

Background: To support a loved one with dementia is challenging in many ways. To help caregivers, caregiver schools are public courses in Norway. Yet most courses are primarily focused on Alzheimer's disease. Relatives to people with Lewy Body dementia (DLB) and Frontotemporal lobe dementia (FTD) have expressed unmet needs. Inspired by specific caregiver education for DLB and FTD in Alzheimer Center Amsterdam, we aimed to arrange similar courses in Oslo, Norway.

Methods: In close transmural collaboration, we arranged courses aimed at relatives to people with DLB and FTD. The courses consisted of 2 evenings per disease. Information about dementia, assistive technology and public/voluntary activities was available at stands. Participants sat around group tables, to promote contact and conversation (*Fig1*). The first evening focused on the specific disease pathology, the second evening on communication and dealing with symptoms. Each evening ended with a reflection part. A guided interview with a specially invited relative with lived experience, followed by plenary

discussion, stimulated sharing participants' own experiences. At the end of each course, online feedback was collected.

Results: In total 65 caregivers participated. For both DLB and FTD, the course was evaluated as 'very useful'. Participants expressed their knowledge and 'toolbox' to deal with challenges were enhanced. Sharing their experiences was highly appreciated as they have felt alone. Participants urged for even more time for interaction in future courses. Further, they suggested a new topic as information on the end of life was perceived absent.

Conclusions: Participants received very useful information for having better daily lives together with their loved-ones with DLB and FTD. We conclude that there is a clear need for caregiver education directed towards specific dementia diseases. We will repeat the courses in due time, look into possibilities for expanding to other cities and launch nationwide webinars on the topic.

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Types of dementia - Lewy-body dementia

07/10/2025 - 14:00-15:15 - P38. Lewy-body dementia

P38-04 - Other types of dementia: taking into account the specificities in the way professionals bring support

Kevin Rabiant, Kevin Rabiant, Lorène Gilly
France Alzheimer et maladies apparentées

Among neurodegenerative diseases, pathologies related to Alzheimer's, such as Lewy body dementia and frontotemporal dementia, present specific clinical manifestations requiring appropriate care. If they also lead to a progressive loss of autonomy, they result in distinct disorders which directly influence the support provided by professionals of the health or medico-social sectors.

Lewy body dementia requires vigilance regarding cognitive fluctuations, neuropsychiatric disorders (hallucinations, paradoxical sleep disorders) and drug interactions, in particular sensitivity to neuroleptics.

Frontotemporal dementia requires a different approach due to marked behavioral disorders, language alterations and communication difficulties, which impact the helping relationship and the daily lives of caregivers.

For several years now, our Institute has designed and deployed a training program allowing professionals to:

- Understand the specificities of related diseases to adapt support strategies according to their particular manifestations.

- Adapt daily care, taking into account the challenges posed by these other types of dementia, particularly in terms of behavioral disorders, management of cognitive fluctuations and preservation of the people's dignity and autonomy.
- Support caregivers who face atypical forms of the disease and require advice and specific support to better understand these disorders.

Currently, we offer a structured training program entitled "Knowing other types of dementia and specifying support" which allows professionals to adapt their care.

Support for other types of dementia still remains an underestimated issue in the training of professionals, even though it constitutes a major challenge in improving care and support for people living with these types of dementia and their families. With this in mind, our Institute continues its commitment to enable professionals to adapt their practices.

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Types of dementia - Lewy-body dementia

07/10/2025 - 14:00-15:15 - P38. Lewy-body dementia

P38-05 - A NPIS Guide for LBD and FTD_Types of dementia - Fronto-temporal dementia

Christine Tabuenca[1], Alain Berard[2], Giovanni Carletti[3]
[1]fondation mederic alzheimer, [2]FONDATION MEDERIC ALZHEIMER, [3]FONDATION MEDERIC A

Introduction: Following the success of the Guide to Nonpharmacological Interventions in Alzheimer's Disease in 2021 and its reissue in 2024 with chapters on innovative interventions using new technologies, the Fondation Médéric Alzheimer is preparing a new edition focusing on non-pharmacological interventions targeting the symptoms of Frontotemporal Lobar Degeneration (FTD) and Lewy Body Disease (LBD).

Objectives: Our aim is to produce a practical guide, based on the latest scientific data, to disseminate practical knowledge about NPIs and make it available to professionals, patients and their families.

Methods: The Foundation conducted two meta-analyses of the scientific literature to evaluate the effectiveness of non-pharmacological interventions specifically designed to care for people with a brain injury or neurodegenerative disease. Based on these results, the AMF launched a call for experts in the field of LBD and FTD in April 2025 to produce practical fact sheets detailing effective intervention protocols.

Discussion: The meta-reviews highlighted some paradoxes in the existing literature. First, although LBD is the second most common disease in France after Alzheimer's disease, there are fewer NPIs available than for FTD. Second, the overall lack of high-quality evidence calls for standardised and comparable

clinical trials specifically designed to address the symptoms experienced by this population. Third, existing NPIs are applicable to different types of dementia, but their effectiveness varies. For example, music therapy is particularly useful for depression in AD, but more effective for agitation in the behavioural variant of FTD, and even more useful for coordination in LBD. The best strategies for adapting NPIs to different types of conditions therefore need to be evaluated.

Conclusions: This guide will complement the guide on Alzheimer's disease and help carers to better target their practice.

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Types of dementia - Lewy-body dementia

07/10/2025 - 14:00-15:15 - P38. Lewy-body dementia

P38-03 - All Aboard: A Digital Support Group Journey for Family Caregivers of Persons Living with Dementia in a Remote City

Hadas Bar-El Fremder
Freelance Professional

For three and a half years, a virtual support group for family caregivers of Persons Living with Dementia (PLwD) has operated via Zoom in the remote city of Eilat, Israel. Being located at the southernmost point of Israel presents unique challenges for its residents, especially for families caring for PLwD, such as limited access to geriatric physicians and dementia care specialists.

The group began during the COVID-19 pandemic and evolved into a flexible format, in which participants were able to join when they wished to. This structure created an accommodating environment for caregivers.

This unique format provides several benefits. Meeting online allows participants to join from their own homes, which is often the only viable option for those who must continuously supervise their PLwD. Also, monthly meetings are less burdensome for participants compared to more frequent commitments, recognizing the demanding nature of caregiving responsibilities.

In Eilat's small community, familiarity among participants often provided additional comfort and reassurance, creating a network of support that extended beyond group sessions.

However, this arrangement also presented distinct challenges. Meeting just once a month made continuity between sessions more difficult and required intentional efforts to maintain momentum. The online format raised privacy

concerns when other family members are nearby - often the PLwD themself. Some participants struggled with technical aspects, i.e. operating the Zoom program or were reluctant to use cameras, thus affecting group dynamics and engagement. The community's small size meant many participants knew each other beyond the digital group, which added complexity to maintaining confidentiality.

This presentation will touch upon the unique characteristics of facilitating such a group, as well as personal stories from group members, illustrating the evolving caregiving experience as they navigate the dementia journey.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 14:00-15:15 - P38. Lewy-body dementia

P38-02 - Do we need a quality of life measure for Lewy Body Dementia?

Irina Kinchin[1], Jayne Conlon[2], Iracema Leroi[2]
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Lewy Body Dementia (LBD) is a complex, underdiagnosed neurodegenerative disorder characterized by cognitive fluctuations, hallucinations, and significant carer burden. Despite its distinct clinical profile, current quality of life (QoL) assessment tools are largely adapted from Alzheimer's or Parkinson's disease, potentially overlooking LBD-specific challenges. This study aimed to identify the key QoL domains relevant to people living with LBD and to evaluate the extent to which existing patient-reported outcome measures (PROMs) capture these domains.

We conducted a mixed-methods study comprising a PRISMA-guided systematic review of QoL tools used in LBD research and a phenomenological analysis of in-depth "think-aloud" interviews with 12 individuals diagnosed with LBD. Thematic synthesis of qualitative data identified 12 core QoL domains: cognitive function, fluctuations, physical health, emotional wellbeing, independence, social interactions, supportive companionship, enjoyable activities, sleep, hallucinations, psychological aspects, and fatigue. Notably, cognitive fluctuations and hallucinations emerged as central themes unique to LBD.

Cross-mapping these domains against eight commonly used QoL tools revealed substantial gaps: no existing tool directly assessed fluctuations or hallucinations, and only a minority addressed fatigue and sleep. Generic tools

often overlooked neuropsychiatric symptoms, while dementia-specific measures lacked sensitivity to LBD's motor and cognitive variability.

Our findings demonstrate that existing QoL measures do not adequately capture the lived experience of people with LBD, particularly in relation to cognitive fluctuations and hallucinations. This evidence strongly supports the need for the development of a new, LBD-specific quality of life measure that reflects patient-prioritized domains and can inform both clinical care and research.

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Sessioni ITALIANE: Luoghi di cura Dementia Friendly (Federazione Alzheimer Italia)

07/10/2025 - 14:00-15:15 - P39. Luoghi di cura Dementia Friendly

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P39-01 - Progettare per la Demenza: Spazi di Cura e Inclusione. Approcci Progettuali e Modelli di Convivenza per l'Inclusione delle Persone con Demenza

Valentina Scarton
Architect Indipendent Researcher

Questo contributo propone una riflessione comparativa su due villaggi terapeutici per persone con demenza: Carpe Diem Dementia Village (Norvegia) e Le Village Landais Alzheimer (Francia), analizzando i modelli progettuali e gli approcci alla convivenza che promuovono l'inclusione e il benessere dei residenti.

Partendo dalle principali teorie sull'architettura della cura e sull'inclusione sociale, l'articolo esplora come l'ambiente costruito possa influenzare significativamente la qualità della vita delle persone con demenza, offrendo un ambiente che favorisca l'autonomia e la socialità. Il metodo utilizzato si basa su un'analisi comparativa che integra l'osservazione diretta dei villaggi, lo studio dei progetti architettonici e una revisione critica delle esperienze degli utenti, con l'obiettivo di comprendere le implicazioni pratiche dei modelli proposti.

L'indagine si concentra su tre aspetti fondamentali: l'impianto urbano e la distribuzione spaziale, la qualità degli spazi relazionali e l'organizzazione degli ambienti domestici. Questi elementi vengono messi a confronto per evidenziare

come i due progetti rispondano alle esigenze specifiche delle persone con demenza, pur adottando approcci differenti.

In questo contesto, il contributo si inserisce nel dibattito più ampio sulla de-istituzionalizzazione dei servizi di cura, suggerendo nuovi spunti progettuali che potrebbero influenzare le future direzioni della progettazione socio-sanitaria, sempre con l'obiettivo di creare ambienti inclusivi e rispettosi della dignità delle persone.

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P39-02 - Il Giardino Alzheimer del Pio Albergo Trivulzio. Un progetto partecipato ed Evidence Based per il benessere delle persone con demenza.

Giulio Senes[1], Francesca Nava[1], Denise Corsini[1], Natalia Fumagalli[1], Marco Zanobio[2], Sonia Baruffi[3], Roberto Falco[3], Fabiana Riva[3], Simona Pittaluga[3]
[1]Università degli Studi di Milano, [2]Fondazione Amici del Trivulzio, Martinitt e Stelline Onlus, [3]ASP Istituti Milanesi Martinitt e Stelline e Pio Albergo Trivulzio di Milano

Il progetto del giardino Alzheimer del Pio Albergo Trivulzio ha visto la partecipazione di diversi soggetti: la Fondazione Amici del Trivulzio, Martinitt e Stelline Onlus, soggetto finanziatore, l'Azienda di Servizi alla Persona Istituti Milanesi Martinitt e Stelline e Pio Albergo Trivulzio, soggetto pubblico gestore della struttura, e l'Università degli Studi di Milano, in qualità di progettista.

Il progetto ha lo scopo, attraverso la realizzazione di un healing garden dedicato (progettato ad un preciso scopo, per una specifica popolazione in un determinato luogo), di promuovere il benessere psico-fisico delle persone con demenza all'interno dell'Istituto. Si è adottato un approccio "Evidence-Based Design", (basato sulle evidenze scientifiche provenienti da diverse discipline) e "partecipato", coinvolgendo le componenti

interessate attraverso questionari e focus groups con staff e familiari degli ospiti, al fine di ottenere una progettazione "paziente-specifica". Da questo approccio sono emersi alcuni principi progettuali chiave, che sono stati così attualizzati:

- un percorso ad anello, con 3 sub-anelli che consentono di modulare la lunghezza da percorrere, e sinuoso, per aprire spesso nuovi scenari,
- elementi di stimolazione sensoriale facilmente visibili;
- una zona di transizione, tra l'edificio e il giardino, con una pergola;
- un gazebo, come ideale punto di arrivo visibile dalla pergola, in grado di stimolare e motivare l'ospite ad intraprendere il "viaggio" attraverso il giardino;
- numerose sedute in legno facilmente spostabili, che garantiscono comfort e socializzazione creando un'atmosfera accogliente e familiare, consentendo agli ospiti di adattare lo spazio alle proprie esigenze;
- diversità delle tipologie di vegetazione, per creare un'alternanza di spazi chiusi e aperti, con fioriture alternate durante l'anno;
- una variegata bordura di arbusti con altezza crescente dall'interno verso l'esterno, per creare una barriera fisica di sicurezza senza l'installazione di una recinzione;
- numerose aiuole di erbacee perenni da fiore, che catturano l'attenzione degli ospiti per i loro colori e profumi.

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P39-03 - L'Ospedale Dementia Friendly in Italia: una realtà possibile

Francesca Neviani[1], Caterina Rountauroli[1], Olivia Moioli[1], Ilenia Manfredini[1], Emilio Martini[1], Laura Selmi[1], Emanuela Luppi[2], Federico Fabbrocino[3], Simone Salemme[4], Giovanna Zamboni[4], Annalisa Chiari[1], Ilenia Doronzo[1], Francesca Bucci[1], Maurizio Luca[1], Chiara Mussi[4], Marco Bertolotti[4]
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Introduzione: Il concetto di Dementia Friendly Hospital (DFH) prevede modifiche organizzative, ambientali e culturali per offrire alle persone con demenza (PwD) una migliore assistenza ospedaliera. Nel 2025 Federazione Alzheimer Italia, ha lanciato l'iniziativa "Progetto Ospedali Amici delle Persone con Demenza" per sviluppare, in collaborazione con diversi ospedali, le indicazioni per diventare Dementia Friendly Hospital in Italia.

L'Ospedale Civile di Baggiovara (MO) ha ottenuto per primo in Italia questo riconoscimento

Metodi: Le azioni attuate per sviluppare il progetto sono state:

- Formare il personale del reparto di Geriatria sui principi del Person Centred Care di Kitwood (Best Practice in Dementia Care – Stirling-Focos Argento)
- Creare un team di psicogeriatri per effettuare consulenze in tutti i reparti, promuovere la cultura geriatrica, evitare le contenzioni e favorire un approccio non farmacologico
- Allestire in Geriatria ambienti multisensoriali, posizionare calendari, inserire sistemi di controllo GPS per ridurre il rischio di allontanamento
- Collaborare con l'Università (Unimore): inserimento nella rete formativa del CdL in Tecniche delle Riabilitazione Psichiatrica, consentendo tirocini formativi per diffondere gli interventi non farmacologi
- Presenza costante dei familiari in reparto
- Apertura del reparto alle associazioni di volontari formati per il supporto alle PwD e ai loro caregiver
- Inserimento nei percorsi di Umanizzazione delle Cure Aziendali
- Collaborazione con stakeholder (Fondazione di Modena, Meridiana Solidarietà, Rotary Club Castelvetro Terre dei Rangoni)
- Collaborazione con Federazione Alzheimer: utilizzo di questionari per raccogliere le opinioni delle PwD e dei loro caregiver sulle priorità da attuare in ospedale
- Formare il personale di tutto l'ospedale (12 ore di formazione sul campo per equipe multiprofessionali nei vari reparti)
- Acquisizione di Terapisti della Riabilitazione Psichiatrica per gli interventi non farmacologici in altre unità operative.
- Supportare progetti migliorativi nei singoli reparti emersi durante la formazione

Conclusioni: Intraprendere un percorso per diventare DFH grazie a Federazione Alzheimer è ora possibile anche in Italia.

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P39-04 - Le traiettorie di una Geriatria per acuti che si dedica alla fragilita'

Chiara Morichetti[1], Cassandra Tutino[1], Francesca Di Giambattista[1], Marianna Marinelli[1], Andrea Maria Maresca[2]
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Da novembre 2023 l'U.O.C. Geriatria dell'Ospedale Sant'Anna di Como ha intrapreso un percorso di formazione e trasformazione per riconoscere e gestire la fragilita' del paziente geriatrico, al fine di garantirne una presa in carico globale, obiettivo: la qualita' di vita del paziente e dei familiari.

Interventi attuati in REPARTO: incontri di formazione per il personale, sulle tematiche piu' sensibili: prevenzione cadute, prevenzione e trattamento delirium, nutrizione e disfagia, deprescribing, terapia non farmacologica delle demenze; riunioni di confronto d'equipe multiprofessionale; formazione dei caregiver da parte di Infermiera dedicata; dimissioni protette al domicilio con attivazione di ADI ed Infermieri di famiglia; sensibilizzazione di Specializzandi in Geriatria e Studenti in Medicina alla presa in carico del paziente fragile; formazione di Volontari ospedalieri; accesso dei Familiari in orari molto piu' estesi del momento visite.

Discendono da questo percorso: AMBULATORIO FRAGILI E VISITE DOMICILIARI, per pazienti segnalati da MMG, per definire percorsi diagnostici/terapeutici evitando l'ospedalizzazione; PROGETTO PS, Geriatra ed Specializzando garantiscono la valutazione dei pazienti fragili in PS, per una presa in carico precoce, in vista del ricovero ospedaliero o nella possibilita' di organizzare percorsi per il rientro al domicilio da PS; DAY HOSPITAL, per accertamenti diagnostici e terapia specifica, evitando il ricovero ospedaliero; AMBULATORIO GERIATRICO/CDCD, per la gestione dal territorio di pazienti comorbidi o con sospetto decadimento cognitivo; CONVEGNI dedicati alla fragilita' con apertura e dialogo tra Ospedale e territorio.

Progetti futuri: a breve in arrivo in reparto un Terapista occupazionale; in allestimento la "Stanza del sollievo", che va a potenziare la sensibilita' nella gestione del fine vita; ODC COMO per accogliere i nostri pazienti da ospedale e territorio; ORTOGERIATRIA con la presenza fissa di un Geriatra in Ortopedia per cogestire i pazienti geriatrici; la prosecuzione personalizzata del percorso per diventare ufficialmente Reparto Dementia Friendly.

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P39-05 - Stare bene insieme, quando il museo è Dementia Friendly

Angela Paolucci, Monica Loffredo
Fondazione Luigi Rovati

La Fondazione Luigi Rovati ETS opera in diversi campi, dall'archeologia alla storia dell'arte fino alla sperimentazione, alla ricerca e alla formazione. La Fondazione produce eventi, mostre, incontri in aree multidisciplinari. Crede nel valore d'impatto sociale della cultura.

Il Museo d'arte presenta una collezione di reperti etruschi in dialogo con opere d'arte moderna e contemporanea. Le mostre temporanee si integrano alla collezione permanente, consentendo un continuo rinnovo del percorso espositivo. Il programma di mostre è accompagnato da incontri e attività didattiche per scuole e bambini.

La Fondazione è attenta all'inclusione e al benessere che trovano la loro attuazione in Museo Gentile: il programma rappresenta la sintesi della collaborazione tra la Fondazione e i suoi partner per offrire esperienze specifiche per le diverse "fragilità". Fanno parte del progetto i percorsi di visita dedicati alle persone non vedenti e ipovedenti, realizzati in collaborazione con l'Istituto dei Ciechi di Milano e le videoguide in LIS destinate alle persone sorde, create in collaborazione con l'Ente Nazionale Sordi; le guide in linguaggio semplificato e in CAA, progettate

per chi ha una disabilità cognitiva in collaborazione con L'abilità Onlus per la rete Museo per tutti.

Stare bene insieme è un percorso di visita museale della Fondazione Luigi Rovati rivolto alle persone con demenza e ai loro accompagnatori, realizzato in collaborazione con la Cooperativa La Meridiana, avviato nel 2024. Stare bene insieme è il risultato di una ricerca scientifica che si concentra sull'inclusività museale della diade, costituita dalle persone con demenza e i loro caregiver, per rendere l'accesso al museo adeguato e inserito nella quotidianità. I percorsi sono stati co-creati con un gruppo di educatori, psicologi e operatori museali, e adattati al percorso espositivo e ai bisogni dei visitatori. Con Stare bene insieme, il Museo d'arte è divenuto il primo museo Dementia Friendly di Milano.

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07/10/2025 - 14:00-15:15 - P40. Interventi psico-sociali

P40-05 - La forza delle emozioni

Luca Biolcati, Aldo Biolcati, Francesco Monti, Elena Montagnoli, Maria Bocca Corsico Piccolino
AMA Novara ODV ETS

In un mondo in cui la memoria sembra essere la chiave per la nostra identità, le emozioni rimangono intatte nonostante la progressione dell'Alzheimer. Anche se le persone con demenza non ricordano eventi specifici, le emozioni associate a quei momenti persistono nel tempo. Questo significa che indurre emozioni positive può avere un impatto duraturo sul benessere emotivo, anche in assenza di memoria degli eventi. Basandosi su questa premessa, nel contesto del Caffè Alzheimer Diffuso, AMA NOVARA ha sviluppato "La Forza delle Emozioni", progetto che utilizza il potere evocativo del cinema per offrire momenti di condivisione e sollievo a persone con demenza e ai loro familiari.

Attraverso la visione guidata di spezzoni di film selezionati, i partecipanti vengono accompagnati in un'esperienza che stimola emozioni positive e favorisce il dialogo e la condivisione, in cui il cinema diventa uno strumento prezioso per rafforzare il benessere emotivo e sociale. Frequentano gli incontri una ventina di persone con demenza e familiari che già fanno parte del Caffè Alzheimer Diffuso di AMA Novara. Grazie a

"La Forza delle Emozioni", AMA ha dimostrato come il cinema possa essere uno strumento potente per comunicare e connettersi con le persone con demenza, migliorando significativamente il loro benessere emotivo e psicologico.

Obiettivi del progetto:

- Fornire momenti di sollievo e gioia nella quotidianità delle persone con demenza e dei caregiver.
- Stimolare emozioni positive e ricordi felici attraverso la visione di film emozionali.
- Creare un ambiente di condivisione e supporto reciproco, favorendo la socializzazione e il benessere psicologico dei partecipanti.

Risultati raggiunti:

- Il progetto ha ricevuto riscontri positivi, migliorando la qualità della vita delle persone con demenza e rafforzando i legami tra i partecipanti attraverso momenti di condivisione e connessione emotiva.
- I feedback raccolti dai partecipanti e dai loro caregiver hanno confermato l'efficacia delle sessioni nel promuovere il benessere emotivo e psicologico.

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P40-04 - L'impatto di Demotic (Dementia Topics Cartoon): Survey sui contenuti proposti dei primi 2 episodi realizzati

Filippo Bergamo[1], Andrea Fabbo[2], Rabih Chattat[3]
[1]I.P.A.V. (Public Venetian Istitutions of Assistance", [2]Asl Asti, [3]Uversità di Bologna

Parlare di demenze in un modo comprensibile, corretto e chiaro è uno dei compiti che chi si occupa di demenze è chiamato a svolgere. A volte questo accade con persone che già conoscono in parte la malattia, ma spesso ci si trova difronte a persone che hanno pochi elementi per comprendere ciò che realmente sta accadendo. Demotic è un cartoon con le voci dei diretti protagonisti del sistema di care: geriatri, caregiver e persone con demenza. Abbiamo proposto DEMOTIC ad un pubblico di soggetti di età diverse, caregiver e non, per capire se può essere uno strumento informativo, divulgativo ed educativo per poter parlare di demenze ad un pubblico di addetti ai lavori e non e quindi ipotizzare quanto può essere efficace in un processo di tipo educazionale.

METODO: Abbiamo somministrato un questionario compilabile da smartphone o altri devices, attraverso un qr code proposto a coda dei due episodi realizzati e proposti: in sedi congressuali (per tecnici addetti

ai lavori), nei Caffè Alzheimer (per caregiver informali) e in alcune scuole (superiori e Atenei universitari). Abbiamo chiesto informazioni relative a: comprensione e fruibilità dei messaggi proposti, correttezza scientifica dei messaggi, utilità sociale, educativa e gradimento attraverso delle domande con scala likert. I dati analizzati saranno relativi ai primi 1000 questionari ottenuti. Il cartoon non è stato proposto in social open access ma veicolato da una presentazione prima della sua visione.

RISULTATI ATTESI: I dati ottenuti permettono di avere una chiara comprensione rispetto la possibilità di utilizzo del cartoon su più ampia scala e come proposta non solo Italiana ma anche estendibile in altri Paesi. La comprensione della qualità percepita di DEMOTIC come forma comunicativa corretta, educativa ed efficace da parte di chi lo vede può permettere un più consapevole ed importante investimento sul progetto per la produzione di ulteriori episodi.

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07/10/2025 - 14:00-15:15 - P40. Interventi psico-sociali

P40-01 - I Caffè Alzheimer Italiani, interventi positivi per persone e caregiver

Maria Manuela Berardinelli[1], Stefano Boffelli[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]FONDAZIONE POLIAMBULANZA

L'Alzheimer Caffè viene annoverato tra gli interventi di tipo psicosociale. Rivolto principalmente a coloro che affrontano le fasi iniziali della malattia, l'Alzheimer Caffè può essere definito come un luogo sicuro dove poter respirare un'atmosfera accogliente e rilassata, nel quale i partecipanti, caregiver e i propri congiunti, possano esprimere sé stessi, essere ascoltati e trovare conforto nella loro lotta contro l'isolamento e la solitudine. L'Alzheimer Caffè è un posto dove familiari e persone con demenza possono recarsi e rimanere insieme, maturare la consapevolezza di non essere soli, acquisire conoscenze e strategie per meglio affrontare e gestire la malattia, condividere strategie e difficoltà, supportarsi vicendevolmente, trovare professionisti esperti con cui potersi confrontare liberamente. I nostri studi hanno rilevato che, tra i frequentatori dei Caffè, le persone affette da demenza sono prevalentemente di sesso femminile, di età avanzata, con decadimento cognitivo e disabilità moderati e disturbi comportamentali di grado lieve-moderato. I familiari sono prevalentemente di primo grado (coniuge o

figli), di mezza età. Riferiscono una condizione di stress e burden della cura, di grado moderato. Lo stress del familiare correla con la gravità dei disturbi cognitivi e comportamentali della persona affetta da demenza, mentre il caregiver burden con l'età del caregiver, il grado di dipendenza funzionale, la gravità dei disturbi comportamentali e cognitivi. Al follow up, stato cognitivo e funzionale dei partecipanti non migliorano, ma si riducono i sintomi neuropsicologici e di conseguenza lo stress del caregiver. L'intervento dei Caffè si mantiene efficace nel tempo, nei gruppi di familiari con demenza: in particolare, quelli con moderato burden of care (familiare) e sintomi comportamentali (paziente).

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P40-03 - - I giochi Il gioco come strumento di prevenzione e stimolazione cognitiva: l'esperienza di "Giovani nel Tempo"

Maria Manuela Berardinelli[1], Laura Guidi[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]GIOVANI NEL TEMPO

"Use it or lose it" è il principio guida delle neuroscienze nell'ambito dell'invecchiamento cognitivo: allenare la mente, così come il corpo, consente di rallentare il declino e mantenere attive le funzioni residue. A partire da questa consapevolezza, il progetto "Giovani nel Tempo" (GnT) ha posto il gioco al centro delle sue attività, considerandolo non solo come un momento ludico, ma come un vero e proprio strumento di prevenzione, socializzazione e benessere.

GnT ha sviluppato una serie di giochi da tavolo pensati per stimolare la memoria, la comunicazione e l'interazione tra persone di tutte le età. Giochi come Mentabile, Non c'è 2… senza 3!, Memoflash, La Partita dell'Amaryllis, La Tombola Visiva, Reminiscendo, La scatola dei ricordi e L'Agenda La Rosmarina sono stati distribuiti e sperimentati con successo in Centri Diurni, Case Protette e contesti familiari, grazie al supporto dei volontari e in collaborazione con il progetto "Assistiamo". I riscontri positivi, tanto da parte degli operatori quanto dei beneficiari, confermano

l'efficacia di un approccio inclusivo e accessibile, capace di attivare risorse cognitive e affettive anche in presenza di deficit importanti.

Una sezione speciale del progetto è rivolta alle persone con deterioramento cognitivo, per le quali il gioco viene adattato e personalizzato come stimolazione mirata. In questi casi, l'attività ludica si trasforma in occasione di dialogo e relazione con i familiari, valorizzando la persona al di là della malattia.

GnT dimostra come il gioco, spesso sottovalutato, possa diventare un potente alleato nella lotta contro l'isolamento e il declino cognitivo: non solo passatempo, ma un "giusto tempo", ricco di senso, stimoli e possibilità.

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P40-02 - Ruolo ed iniziative del Centro di Documentazione Studio e Ricerca Alzheimer Giovanni Bisooni della Fondazione Maratona Alzheimer

Maria Manuela Berardinelli[1], Stefano Montalti[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]FONDAZIONE MARATONA ALZHEIMER

Il Centro di Documentazione, Studio e Ricerca Alzheimer Giovanni Bissoni della Fondazione Maratona Alzheimer si dedica alla raccolta, analisi e diffusione di conoscenze sulla malattia di Alzheimer e le demenze. La sua missione è promuovere una nuova cultura della cura attraverso l'integrazione di diritti, cura, assistenza, prevenzione e ricerca scientifica.

Il Centro si propone di diventare un punto di riferimento nazionale facilitando l'accesso alla letteratura scientifica, promuovendo pratiche di cura efficaci per persone con demenza e famiglie, sostenendo formazione e condivisione di esperienze. L'approccio innovativo integra conoscenza scientifica e pratica clinica, esplorando anche gli aspetti culturali e sociali della malattia attraverso progetti artistici e fotografici.

Il patrimonio documentario include una biblioteca specialistica con oltre 1.500 volumi tra testi scientifici, accademici, divulgativi, memoir, narrativa e medicina narrativa, oltre a materiali fotografici e audiovisivi. Il catalogo copre neuroscienze, psicologia, caregiving, arte, cinema e letture per l'infanzia, includendo nuclei bibliografici di interesse storico-scientifico e sezioni dedicate a fotografia e fototerapia. È prevista anche un'emeroteca, consultabile sia in sede che online, con l'obiettivo di entrare nella rete bibliotecaria pubblica della Romagna e convenzionarsi con l'Università di Bologna.

Il Centro ha sviluppato una banca dati digitale delle pratiche di cura e collezioni artistiche per sensibilizzare il pubblico e combattere lo stigma. Offre attività formative per professionisti sanitari, caregiver, volontari e studenti, con una piattaforma digitale che garantisce accesso continuo alle risorse organizzate in sezioni tematiche (presentazioni, news, banche dati).

La realizzazione è stata possibile grazie a collaborazioni con Regione Emilia-Romagna, AUSL Romagna, Associazione AlzheimER e Clust-ER Health, oltre a finanziamenti pubblici (Fondi Europei FESR 2021-2027) e donazioni private. La Cooperativa Ebla ha curato l'impianto e lo sviluppo, inclusa la piattaforma digitale e il manuale di gestione documentale per garantire trasparenza e tracciabilità delle attività.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 14:00-15:15 - P40. Interventi psico-sociali

P40-06 - Intrecci di cura: una rete integrata a sostegno delle persone con difficoltà di memoria e loro caregivers nella provincia di Rimini

Giorgio Romersa[1], Marika Celli[2], Manuela Graziani[3], Rabih Chattat[4], Manuela Boschetti[1], Elisa Ridolfi[1], Luana Mazzoni[3], Francesca Vaienti[3]
[1]Associazione Alzheimer Rimini ODV, [2]AUSL Romagna, [3]ASP Valloni Marecchia, [4]Università di Bologna

Introduzione:

La continuità della cura, dalla diagnosi agli interventi post-diagnostici richiede una collaborazione tra servizi sanitari, sociali e le realtà del terzo settore al fine di garantire continuità assistenziale e supporto alle persone con problemi di memoria e loro familiari.

Attività:

Dal 2010, nel territorio di Rimini, si è sviluppata una Rete che accompagna le persone ed i familiari nel percorso di malattia. La collaborazione fra AUSL della Romagna, CDCD di Rimini, Comuni dei Distretti, ASP Valloni Marecchia e Associazione Alzheimer Rimini ha permesso di realizzare una presenza distribuita di Centri d'Incontro, Caffè Alzheimer, sportelli di accoglienza, attività di supporto psicologico,

educativo e aiuto a domicilio. I percorsi/attività vengono proposti in base alle capacità individuali regolarmente valutate con una diagnosi psicosociale a cura dei professionisti dei Centri e del CDCD. La valutazione, il confronto e la collaborazione fra i professionisti dei diversi centri e nodi della rete, permette alle persone e famigliari di essere accompagnati lungo il percorso favorendo una continuità con la propria identità.

L'approccio integrato ha garantito nel 2024: 1308 colloqui psicologici individuali del CDCD ai famigliari; 25 corsi di potenziamento/stimolazione cognitiva (258 persone); 13 Centri di Incontro, 1 centro per demenze ad esordio giovanile, 14 caffè Alzheimer, 5 sportelli (826 persone e 858 familiari); laboratori di movimento, musicoterapia e attività estive (89 persone e 51 familiari); supporto a domicilio (148 persone1148 accessi). Complessivamente 1321persone seguite, 2816 prestazioni psicologiche erogate.

Conclusioni

L'esperienza sviluppata offre la possibilità di fare riflessioni e aprire un confronto con altre realtà territoriali della Regione per riconoscere il valore di una rete integrata di supporto per le persone e loro familiari.

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People - Gender and dementia

08/10/2025 - 10:30-11:45 - P41. Gender and sexuality in dementia

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P41-04 - Identifying key research questions concerning gender-sensitive psychosocial interventions with people living with dementia and family carers in Germany

Dominique Autschbach, Franziska Anushi Jagoda, Margareta Halek
School of Nursing Science, Witten/Herdecke University

Background: Sex and gender have an impact on the prevalence, symptoms and care provision in dementia. Overall, more women live with dementia. There are sex differences in dementia subtypes and gendered patterns of behavioral and psychological symptoms of dementia, i.e. while apathy is more frequent in men so are depressive and psychotic symptoms in women. Most family carers (FC) of people living with dementia (PlwD) are women. Gender roles influence how the effects of caregiving are experienced, how it impacts the quality of life of carers, how carers express their needs and how they use psychosocial support. Despite these differences, studies on psychosocial interventions include less women and inconsistently report on sex-disaggregated outcomes and only few interventions take gender differences into account. Thus, it is of vital importance to assess how future research can address the development and delivery of gender-sensitive psychosocial interventions.

Method: The topic of gender-sensitive psychosocial interventions will be addressed by an 18-months Priority Setting Partnership in Germany. Following the guidelines by the James Lind Alliance, a steering group

consisting of PlwD and FC as well as representatives from advocacy groups, healthcare professionals and researchers will actively guide the research process. In a first step, potential questions will be gathered through a questionnaire. Subsequently, these questions will be compared with existing research publications and the 10 most important questions will be determined in workshops with representatives from all groups.

Result/Discussion: The study will actively involve PlwD and FC as well as other key stakeholders in the identification and prioritization of unanswered key questions regarding research on gender-sensitive psychosocial interventions. It will identify a broad range of questions from the public, build evidence on research gaps and present the 10 most important questions to the scientific community and the broader public.

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P41-05 - Women's Brain Health

Wendy Rankin-Smith, Margaret McCallion, Marion Ritchie, Joanna Boddy
Alzheimer Scotland

The prevalence of dementia presents a notable gender disparity, with women accounting two-thirds of dementia cases in Scotland. This imbalance has prompted a 'campaign for change' from Alzheimer Scotland's member led campaigning and awareness raising groups – the Scottish Dementia Working Group (SDWG) and the National Dementia Carers Action Network (NDCAN).

Despite having longer life expectancies, women often endure greater health challenges and higher mortality rates associated with dementia, which has been the leading cause of death in the country since 2018. Additionally, women represent 60% of carers for people living with dementia, frequently sacrificing their own well-being, which can negatively impact on their physical and mental health.

In light of these findings, members have now identified women's brain health as a focus area and are now committed to influencing policymakers and health authorities to incorporate dementia care and research into broader women's health strategies. The members place focus on promoting good brain health, raising awareness of the unique challenges women encounter, and advocating for early diagnosis. Indeed, they have already secured a position on the Women's Health Plan Lived Experience Stakeholder Group, to amplify their message.

Through their engagement, SDWG and NDCAN are committed to advocating for dedicated programmes and resources, striving to 'campaign for change' and promote meaningful improvements for women affected by dementia. This presentation led by members of both groups will detail their relevant ongoing campaigning and awareness raising work and highlight the necessity of prioritising women's brain health within dementia policy. The ultimate aim is to improve health outcomes for women affected by dementia and raise awareness of brain health and the risk factors associated with dementia.

As one group member perfectly articulated, “It’s time to stop whispering and start shouting”.

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P41-03 - 'Be there until the end': connecting dementia, identity, and sexuality through poetry

Lieselotte Klotz
Alzheimer Europe

Background: Dementia is an 'invisible' disease that affects not only memory but also social skills, leading to isolation, stigmatisation and loss of participation. I have been living with dementia since 2017 and have been volunteering with people with dementia and their families since 2020. I know how it feels when opportunities disappear and spaces become limited. However, dementia robs us not only of our cognitive abilities, but also of our sense of belonging, our gender identity, our intimacy and our sexuality. Many people with dementia experience a profound loss of their sexual identity and sexual needs, even though sexuality is essential to human well-being. These aspects are often taboo. In the context of dementia, the traditional debate about body and mind takes on new meaning. From a monistic perspective – such as that of Aristotle – body and mind are inseparably linked. For me, cognitive changes are closely linked to my physical identity, gender and sexuality. Nevertheless, these dimensions are often overlooked in society, research and healthcare – even though they are crucial for dignity and self-fulfilment.

Goals: My poetry slam connects dementia, gender and sexuality and aims to promote a more holistic understanding that integrates body, mind, identity and intimacy. Especially for younger people with dementia – like me – it is important to emphasise that needs and sexuality remain. This deserves visibility and recognition.

Methods: This contribution is based on personal experience, voluntary work, relevant scientific literature and public discourse on gender, sexuality and physicality in dementia care.

Results: Recognising gender, sexuality and body awareness strengthens self-esteem and promotes social inclusion.

Conclusion: An open approach to these issues creates space for a dignified, emotionally connected life with dementia – beyond narratives that focus solely on loss.

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People - Gender and dementia

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P41-01 - The impact of biological Sex and APOE Genotype on Stress-Linked Risk for Cognitive Decline and Alzheimer's

Mariapaola Barbato[1], Klara Sifalakis-Spalek[2], Roberta Marongiu[2], Marie Huc[2], Sasha Novozhilova[2], Clàudia Porta Mas[2], Nathalie Schicktanz[2], Virginie Freytag[2], David Coynel[2], Andreas Papassotiropoulos[2], Antonella Santuccione Chadha[1]
[1]Women's Brain Foundation, [2]

Stressful and traumatic life events (LEs) occurring throughout the lifespan have been consistently associated with an increased risk of AD, potentially accelerating the pathological processes such as the accumulation of amyloid plaques, tau pathology, and neuroinflammation. Specific traumatic events may also influence both modifiable (e.g., obesity) and non-modifiable (e.g., genetic predisposition) risk factors for AD.

Research indicates that women experience a greater number of LEs and exhibit elevated cortisol levels – indicative of stress – in response to stress compared to men. Studies have shown that women exposed to stressful LEs exhibit greater grey matter loss, while men show stronger associations with tau pathology. Elevated cortisol levels have been linked to reduced hippocampal volume in women, a region critically affected in AD.

The present work is part of a larger study conducted at the University of Basel, aimed at identifying biological correlates of cognitive performance in healthy young individuals from the general population. For the purpose of the present study, we aim to integrate neurobiological, cognitive and psychological

measures to investigate the relationship between LEs, cortisol levels, brain structure, and memory performance in healthy men and women. Data will be further stratified by APOE genotype, which has been reported to differentially influence how risk factors affect AD risk and progression in men and women. The results will be shared at the time of the presentation. We anticipate that our findings have the potential to highlight sex-specific AD-related patterns years before disease onset and serve as potential biomarkers for future research.

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INTERDEM - Design and dementia Research within the HOMEDEM Network (P42) - (FOR INVITED SPEAKERS ONLY)

08/10/2025 - 10:30-11:45 - P42. Design & Dementia Research within the HOMEDEM Network

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P42 - A day in the life: interdisciplinary research on autonomy and independent living at home

Niels Hendriks[1], Marine Markaryan[2], Rising Lai[1], Andrea Nakakawa Bernal[3], Natsumi Wada[3], Alicia Valencia[4], Sunny Tan[5], Vamsi Krishna Boyanagari[6], Ajda Flisar[7], Marjolein De Vugt[2], Britt Pellens[1]
[1]LUCA school of Arts, [2]Maastricht University, [3]Politecnico Di Milano, [4]Eindhoven University of Technology, [5]University of Aveiro, [6]University of Galway, [7]KU Leuven

HOMEDEM is a Doctoral Network of researchers across Europe exploring how people with dementia engage with and experience care at home. This unique network uses co-design and design thinking alongside interdisciplinary collaboration to imagine possibilities for supporting autonomy, health, and well-being aiming to help people with dementia live at home longer, more safely, and meaningfully.

In this symposium, HOMEDEM network members share methods and findings through the lens of a 24-hour day in the life of a person with dementia and their caregiver. This perspective allows reporting care

experiences and interventions across daily routines, relationships, and environments.

The session presents research in design and care, demonstrating how autonomy can be enhanced through practical aspects of lived experience. The symposium will examine the evolving dynamics of couple relationships and (un)met social needs within broader care networks. Open-ended play will be highlighted as essential for boosting engagement and sustaining motivation for daily activities and experiences of joy.

Food preparation will be explored via design interventions aimed at fostering agency and connectivity among family, friends and carers through shared cooking and eating. Insights into nighttime agitation conceptualization and its assessment methods will also be addressed. Additionally, interior design will be shown to enhance the sense of home, by incorporating elements like scent.

Beyond daily care, this session considers broader systemic factors influencing home-based care at a macro level. It will examine how autonomy and personhood might be better supported through public policy and economic frameworks, including research on taxpayers' willingness to pay for more autonomy-enhancing support services.

Progressive, human-centered design and care research approaches emerging across Europe are highlighted by visualizing the needs, potential, and capabilities of people with dementia through a "day in the life" narrative. This session will offer a holistic view of the challenges and possibilities of home-based dementia care.

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Sponsored Session (P43) - EMEIS

08/10/2025 - 10:30-11:45 - P43. Nature as Medicine: Supporting peuple with dementia through the environment

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P43-01 - Therapeutic gardens for people living with Alzheimer disease : design use and benefits

Thérèse Jonveaux
CHRU Nancy Neurology Departement, Lorraine Memory, Resources and Research CentreCMRR

Creating healing gardens for persons with Alzheimer’s disease offers vast potentials. The design must incorporate the wishes of beneficiaries, patients, visitors and professionals. An assessment of the site's potential, constraints and maintenance needs must also be included. Systematized and reproducible, it is used to prioritize development stages and monitor progress.

The involvement of the whole team is essential to optimise the benefits of the garden, uses it as a support in each care field. Presenting the garden to new arrivals encourages them to go in it. The medical check-up enables to assess the validity and technical aids needed to use the garden. Prescribing activities in the garden helps maintain mobility and balance, and may provide cognitive support and alleviate psychobehavioral problems, improve sleep and self-awareness. They support communication as well as distancing if necessary. Maintaining a relationship with nature though the garden promote a sense of harmony, biophilia, reduce stress.

Gardening/horticultural therapy activities, which can be enjoyed at one's own pace, help restore self-esteem. Reducing disruptive behaviours minimizes the use of sedatives, a source of iatrogenia.

Our research program supports the hypothesis that the therapeutic potential of a garden can be optimized by a design adapted to the neuro-psycho-social and cultural specificities of its users, combined with the thoughtful introduction of an artistic dimension.

A therapeutic garden allows both the contemplation of the garden itself and activities such as gardening and walking. It also serves as a relay for the various workshops offered by professionals. Some parts of the garden offer the opportunity to take part in group activities, but also to isolate oneself or enjoy a moment of privacy while contemplating a pleasant view. Visitors find shared activities and topics of conversation that enrich their visits, which are longer and more often accompanied by young children from the family.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 10:30-11:45 - P43. Nature as Medicine: Supporting peuple with dementia through the environment

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P43-03 - Light therapy for people with cognitive disorders

Nicolas Juenet
emeis

Now widely studied, the benefits of light therapy in sleep medicine and depression are well established.
But light therapy is also increasingly being assessed as a non-pharmacological intervention for people with cognitive disorders.
Research shows that exposure to bright light at appropriate times could have a significant impact on both cognitive function and the psycho-behavioural symptoms commonly associated with dementia.
In these people, disturbances to the sleep-wake cycle are frequent, leading to insomnia, phase shifts and daytime sleepiness, and thus aggravating cognitive and behavioral problems, and also the progression of the disease.
Exposure to bright light resynchronizes the circadian clock, improves sleep quality and stimulates cognitive abilities. These benefits could lead to a reduction in psychobehavioral symptoms such as depression and agitation.
With its excellent tolerability, few side effects and fewer contraindications than pharmacological treatments, it is a promising supportive intervention.
At a time of minimally invasive care, particularly through the search for effective non-drug interventions, light therapy could represent a safe,

accessible and practical approach, even if evidence of benefits beyond sleep and mood improvement remains limited to date.

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From research to communities - Treatment and medical management

08/10/2025 - 10:30-11:45 - P44.Treatment & Medical management

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P44-05 - Advancing Alzheimer's Disease Care: Convenience for Both Patients and Families with Oral Blarcamesine

Christopher Missling[1], Timo Grimmer[2], Juan-Carlos Lopez-Talavera[1], William R Chezem[1], Kun Jin[1], Nell Rebowe[1], Marwan N Sabbagh[3]
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Currently no new convenient patient-centric oral disease-modifying treatments are approved for Alzheimer's disease (AD) without the requirement of complex logistical resources and added personnel for drug administration and expensive safety monitoring.

Recently published in JPAD, blarcamesine demonstrated in a placebo-controlled, 48-week Phase IIb/III trial (ANAVEX2-73-AD-004) promising clinical results (numerically superior to injectable infusion mAbs) with meaningful improvements *on top* of standard of care (donepezil, etc.) with slowed clinical progression by 36.3% (all patients) and 49.8% (prespecified patient group ~70% of population) at 48 weeks as measured by the primary endpoint ADAS-Cog13 and also on predesignated biomarkers. Blarcamesine demonstrated a strong safety profile with no neuroimaging-related side effects. There were no deaths related to the study drug. Study publication (link).

The trial inclusion requirements were readily manageable for both the patients and the families with no mandatory invasive assessments. The emphasis was on the National Institute on Aging (NIA)–AA criteria for diagnosis of early-stage mild-dementia due to AD. The same accommodating procedures would be followed upon potential market approval.

The advantage for the patient would be being helped timely without delays and constrains by cumbersome and limiting inconvenient complex diagnostics procedures allowing for quicker time-sensitive access with continued focus on the individual patient.

The advantage for the family would be less caregiver stress, and likely less financial strain with no need to arrange for constant transportation and no impact on own work schedule.

The advantage for the physician would be no logistical barriers to treatment with no need to arrange or schedule complex, invasive PET scans, lumbar puncture (spinal tap) or repeated MRIs.

In summary, the impact on daily life is favorable with oral Alzheimer's treatment blarcamesine. It maintains independence of loved ones longer, safely, giving better outcomes, while allowing efficiency and convenience for patients *and* families.

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From research to communities - Treatment and medical management

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P44-02 - Antidepressant treatment and mortality risk in people with dementia and depression: a nationwide population cohort study

Jian-An Su
Chiayi Chang Gung Memorial Hospital

Background: The global prevalence of dementia is increasing, and depression commonly co-occurs during the course of the disease. However, concerns remain regarding the safety of prescribing psychotropic medications to individuals with dementia. This study aimed to evaluate the association between antidepressant use and all-cause mortality in patients with both dementia and depression, and to explore differences among antidepressant classes.

Methods: We conducted a population-based retrospective cohort study using Taiwan's National Health Insurance claims data. A total of 25,890 individuals with newly diagnosed dementia and comorbid depression were identified and categorized into antidepressant users and nonusers. All-cause mortality risk was compared between groups, and the effects of different classes of antidepressants were analyzed.

Results: Antidepressant use was significantly associated with lower all-cause mortality after adjustment for relevant covariates. The protective effect was most evident when cumulative exposure exceeded 168 defined daily doses. Most classes of antidepressants—including selective serotonin reuptake

inhibitors and serotonin-norepinephrine reuptake inhibitors—were associated with this reduced risk.

Conclusions: Antidepressant treatment was linked to a lower risk of all-cause mortality in patients with dementia and depression, particularly with longer duration or higher dosage. These findings highlight the potential benefits of antidepressants in this population and support their cautious use in clinical practice.

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From research to communities - Treatment and medical management

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P44-01 - Are we ready for amyloid-related imaging abnormalities (ARIA) monitoring? A European survey among neuroradiologists and neurologists by the ESNR/EAN working group

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Objectives: Amyloid-lowering immunotherapies can cause amyloid-related imaging abnormalities (ARIA), requiring brain MRI for detection and monitoring. The European Society of Neuroradiology (ESNR) / European Academy of Neurology (EAN) ARIA Working Group conducted a survey to assess European clinicians' readiness for this logistical challenge and need for further education on ARIA.

Methods: An online questionnaire with 32 items (multiple choice, single best choice, and free text) was distributed to ESNR and EAN members. Between June

and July 2024, we collected 422 responses from 41 European countries, including 47% neurologists and 51% (neuro)radiologists; 15% were residents, and 58% worked in academic hospitals.

Results: Of respondents, 69% were familiar with the concept of ARIA, and 60% reportedly understood its risk factors. Confidence in evaluating ARIA-E (edema/effusion) and ARIA-H (haemorrhage) subtypes was reported by 60% and 69%, respectively, with (neuro)radiologists more confident than neurologists. However, 34% of respondents felt poorly equipped to meet logistical demands, and 82% lacked a dedicated ARIA imaging protocol. Key barriers included limited organizational adaptability and radiology expertise. Notably, 72% saw potential in having support by artificial intelligence approaches, and 93% expressed the wish for further training on how to monitor ARIA.

Conclusions: Despite current unavailability of amyloid-lowering therapies, European neurologists and (neuro)radiologists report reasonable ARIA awareness. There is a clear need for additional practical preparation and training in ARIA assessment, which can inform future ESNR/EAN educational initiative.

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From research to communities - Treatment and medical management

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P44-04 - "Exploring the Cognitive Enhancement Potential of Vagal Nerve Stimulation in Individuals Diagnosed with Early Alzheimer's Disease"

Adam Broncel[1], Adam Broncel[1], Magdalena Krawczyk[1], Jan Konopacki[1], Tamir Ben David[1], Piotr Galecki[2], Elinor Ben-Menachem[3]
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Background: The modulatory influence of the vagus nerve on the central nervous system (CNS) has been a subject of scientific interest for decades. Vagal nerve stimulation (VNS) is now recognized as a low-risk, clinically viable intervention for a range of CNS-related disorders. This study investigated the potential cognitive benefits of auricular transcutaneous vagus nerve stimulation (atVNS) in patients diagnosed with mild cognitive impairment and Alzheimer's disease (AD).

Methods: atVNS was delivered using the VGuard device, specifically designed for non-invasive stimulation during sleep—a physiological period associated with increased vagal activity and enhanced memory consolidation. Patients underwent cognitive assessments using standardized neuropsychological tools, including the Alzheimer's Disease Assessment Scale – Cognitive Subscale

(ADAS-Cog), administered before and after the stimulation period as well as during follow-up.

Results: A statistically significant improvement was observed in ADAS-Cog scores after several weeks of nightly atVNS. This improvement was not maintained after a few months without stimulation, with scores returning toward baseline levels.

Conclusion: The study confirmed the safety and clinical potential of atVNS in the treatment of mild cognitive impairment due to Alzheimer's disease. The improvement in ADAS-Cog scores suggests a beneficial, though transient, effect on cognitive function. Continued stimulation may be necessary to sustain these benefits over time.

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Policy - Campaigning for change

08/10/2025 - 10:30-11:45 - P45. Campaigning for change

P45-01 - Developing good practice guidance for community dementia services: a World Health Organization project update

Briony Harden[1], Michelle Funk[2], Natalie Drew[2], Orii McDermott[1], Katrin Seeher[2], Tarun Dua[2], Martin Orrell[1]
[1]University of Nottingham, [2]World Health Organization

Background: It has been well-documented that people living with dementia are often unable to fully exercise their rights in care services. This includes being excluded from the community and being unable to make decisions relating to everyday life and their own care. This global World Health Organization (WHO) project is developing good practice guidance based on community dementia services that provide good recovery-oriented, person-centred, and rights-based care.

Methods: There are several phases involved in this guidance production: 1) identification of potential services using networks, internet searches, and an international survey; 2) screening services against minimum service criteria; 3) services complete a template for information on how they practice human rights-based care; 4) appraisal against human rights criteria and evidence for rights-based practices; 5) review and validation of services as good practices, and; 6) an international consultation of the final document draft before launching.

Results: We have screened 1012 services. Currently, we are doing final appraisals of the remaining 24 services to provide a global picture of examples of good care. For each category of services (for example, peer support), the

WHO guidance aims to include 2 services illustrating good practice and the protection of human rights.

Implications: This project will demonstrate the progress made by services in different legal frameworks to ensure the human rights of people living with dementia are protected and guaranteed. Recommendations will be made within the document to dementia services around the world regarding how they can implement changes to ensure the full enjoyment of human rights.

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Policy - Campaigning for change

08/10/2025 - 10:30-11:45 - P45. Campaigning for change

P45-02 - "How do you explain in words what happened…": Collectively developing new insights and perspectives regarding dementia

Kate Irving[1], Kate Irving[1], Fernando Aguzzoli Peres[2], Jonathan Adrián Zegarra-Valdivia[3], Walter D Dawson[4], Lingani Mbakile-Mahlanza[5], Sherril B Gelmon[6]
[1]Dublin City University, [2]Global Brain Health Institute, [3]Universidad Señor de Sipán,, [4]Oregon Health & Science University, [5]University of Botswana, [6]Portland State University

Introduction: Walking the Talk for Dementia (WTD) is a global initiative designed to challenge the stigma surrounding dementia, foster intergenerational dialogue with time in nature, and inspire a renewed sense of purpose among participants. Eighty participants took part in the seven-day event which combined a four-day, 40 km pilgrimage along the Camino de Santiago de Compostela with a two-day symposium. A robust and comprehensive yet non-intrusive evaluation was created in 2024 to capture the results, outcomes, and impacts of the event.

Method: This mixed methods research examined the experiences of the participants on WTD 2024. Pre- and post-surveys collected quantitative and qualitative data (94% and 87% response rates) and were augmented by 95 qualitative reflections. Simple descriptive analysis was used for the quantitative data; qualitative data were analysed using content analysis to identify core aspects and common themes of the experience.

Findings: Most participants identified some form of transformative experience during the week. People living with dementia and care partners described feeling valued and respected. Participants who were very early in their careers, as well as advocates, artists and communicators, felt acknowledged for their skills and perspectives. Experienced clinicians described gaining understanding of the challenges and joys in the lives of people living with dementia and their care partners. All categories of participants commented on being challenged to think about and see beyond stereotypes and stigmas. Finally, a few participants spoke of a renewed sense of purpose in their professional role as well as in personal advocacy.

Conclusion: This unique event combined different learning opportunities to produce changes in a way unlike few other conferences or gatherings. WTD was experienced as a transformatory event by many participants and demonstrates the importance of diversity and the inclusion of people with lived experience of dementia in events such as these.

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Policy - Campaigning for change

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P45-03 - Childhood Dementia: Hard to hear, yet hard to ignore

Jill Carson
Alzheimer Scotland

Dementia is generally thought of as a disease of adulthood, especially older adulthood. Childhood dementia therefore sounds odd - two words we don't think of as fitting together.

Yet dementia in childhood exists. And it is devastating in its impact.

Childhood dementia, like all dementia, means a gradual loss of skills, knowledge and ability to manage everyday demands. Like all dementia, it shortens lives. But in many countries, not just in Europe but across the world, childhood dementia is not recognised and not labelled. It gets lost in the myriad of conditions that are causative. Yet, when these conditions are taken together, they cause a similar number of deaths in childhood as cancer.

Following in the footsteps of the Childhood Dementia Initiative, an organisation with its roots in Australia but with a mission to reach out to the world, Alzheimer Scotland is at the beginning of a journey to include people affected by childhood dementia in its work. This presentation will showcase:

Key facts about childhood dementia;

Understanding childhood dementia in Scotland;

Involving people affected by childhood dementia;

The vision for the future.

Dementia organisations across Europe serve all people with, and affected by, dementia, without reference to age. Alzheimer Europe's mission is '.....to change perceptions, policy and practice in order to improve the lives of people affected by dementia....' Nowhere is this more necessary than in childhood, where there is real potential to improve the lives of those affected through raising awareness and campaigning for positive change.

This is a call to action to the 41 national Alzheimer's associations in Europe to follow Scotland's lead in reaching out to children and families affected by dementia, sharing its well-established dementia platform to drive change by amplifying the voice and expertise of lived experience.

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Policy - Campaigning for change

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P45-04 - What it takes to make an entire country dementia-friendly

Jarina Rombouts
Alzheimer Nederland

Since 2016, Alzheimer Nederland has run the program *Samen dementievriendelijk* (Together Dementia-Friendly). Its goal is to help people with dementia live comfortably at home for as long as possible, with an important role for society. The urgency is clear: by 2040, there won't be enough professional care for people with dementia and their loved ones.

To prepare Dutch society for this growing challenge, the program runs national campaigns about the impact of dementia on society and offers offers practical tools for 'how to interact well with people with dementia' in the form of free trainings — both online and on location.

Lessons Learned: Willingness to help is high: 75% of Dutch people say they are open to helping someone with dementia, but nearly half feel unsure about how to act. After training, 80% report it's easier to step in and help. Participants feel more confident recognizing signals, offering help, and having a clear action plan.

Results 2016–2025 (and ongoing): 650,000 out of 18 million Dutch citizens have completed one of the 15 online trainings that have been developed.

4,900 group trainings have been delivered, averaging 3.3 per workday.

40% of informal caregivers now feel comfortable asking others for support.

So far, 1 in 28 Dutch people has completed a training. This means many people with dementia still don't encounter someone in their neighborhood, on the street, in a shop or on the bus trained to respond with ease and understanding in daily life.

In short: The *Samen dementievriendelijk* program is making strong progress, but more work is needed. The Dutch are willing to help, but often hesitate or lack knowledge. The trainings have proven highly effective in reducing this hesitation. Reaching more people through campaigns and practical tools remains essential.

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Care services - Hospital care

08/10/2025 - 10:30-11:45 - P46. Hospital Care

P46-01 - Live and Jive: Bringing live and personalised music to older people in acute hospitals in NHS Tayside

Suzanne Gray[1], Eilaine White[2], Valerie Ewan[2]
[1]Suzanne Gray, [2]NHS Tayside

Background: People with dementia are admitted to hospitals with complex medical and social care needs and experience longer stays often resulting in a decline in independence. People report spells of boredom and inactivity which negatively impacts upon: physical and mental health; engagement with professionals; and hope of returning home (Bliebel et al. 2023; Holmes et al. 2006)

Objectives:

- To give people a positive memory of being in hospital
- To provide a personally meaningful non-pharmacological intervention
- To combine the benefits of live and personalised music using accessible digital technology

Methods: A list of music/songs was provided to people with dementia in seven acute wards over three events. Peoples' personalised music/song choices were performed live and dedicated to them. People too ill to attend watched a live stream of the event. Volunteers supported participants to choose songs and

complete evaluations which were thematically analysed (Braun and Clarke 2006).

Themes:

- Emotions and feelings: joy and happiness
- Individuality and inclusivity
- Memories and story telling
- Having purpose
- Being active
- Supporting and participating
- A safe space
- Learning and reflection

Conclusion: Eight themes illustrate the benefits of personalised, live music for individuals, staff, volunteers, family members and musicians. In acute hospitals, people experiencing distress may have limited access to non-pharmacological interventions which can lead to prescribing of medication affecting recovery.

An unexpected finding was around communication improvements related to the sense of inclusivity experienced through listening to personalised, live music. Additionally, cathartic benefits were experienced by volunteers and musicians supporting patients. Staff experienced happiness observing changes in patients' presentations from sad and withdrawn to happy and animated.

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Care services - Hospital care

08/10/2025 - 10:30-11:45 - P46. Hospital Care

P46-05 - Do Ward Changes Affect Outcomes Differently in People Living with Dementia?

Emma Elliott[1], Robyn Hamilton[2], Luke Munford[3], Connor Richardson[4], Lindsey Darley[2], Rebecca Thompson[2], Daniel Rowbotham[2], Emma Vardy[5]
[1]The University of Manchester, [2]Northern Care Alliance NHS Foundation Trust, [3]NIHR-Applied Research Collaboration Greater Manchester and Manchester Academic Health Science Centre, The University of Manchester, [4]NIHR-Applied Research Collaboration North East and North Cumbria, Newcastle University, [5]1) NIHR-Applied Research Collaboration Greater Manchester and Manchester Academic Health Science Centre, The University of Manchester. 2) Northern Care Alliance NHS Foundation Trust

Background: Ward changes during hospital admissions are associated with poorer outcomes but their impact on people living with dementia is unknown. This study examined whether individuals with dementia were more adversely affected by ward changes.

Methods: We used routinely collected clinical data from four hospitals within a UK NHS Trust. Participants were aged ≥65 years, had an acute admission lasting ≥1 day, and were discharged between 01/2023-02/2024. The study was approved as a service evaluation (R&I ref:24HIP09). Generalised estimating equations were used to fit linear and logistic regression models, accounting for clustering within patients. Associations between ward changes, dementia status, and their interaction on three outcomes - length of stay (LOS), inpatient

mortality and new care home admission at discharge – were examined. Fully adjusted models accounted for demographic, socioeconomic factors and hospital site.

Results: The dataset included 27,140 admissions, 19,392 unique individuals (2,760 with dementia). Mean age at first admission 79.0 (SD 8.1); 52% were female. Ward changes were associated with longer LOS, higher inpatient mortality and increased likelihood of new care home admission in unadjusted models. In the fully adjusted LOS model, both ward changes (β=5.2, p<.001) and the interaction with dementia (β=1.7, p<.001) were independently associated with longer LOS. In the fully adjusted mortality model, dementia was associated with increased risk of mortality (β=0.3, p=.013) but there was no significant interaction. In the fully adjusted care home admission model, dementia (β=1.5, p<.001) and ward changes (β=0.2, p<.001) were associated with increased risk, without evidence of interaction.

Conclusion: Ward changes disproportionately affect LOS, but not mortality or hospital discharge to a care home, in people living with dementia. Minimising hospital ward transfers may improve outcomes for all older patients but is particularly important in dementia care to minimise the risk of inpatient harm and extended hospital stay.

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Care services - Hospital care

08/10/2025 - 10:30-11:45 - P46. Hospital Care

P46-03 - Minimising the use of containment and restraint in the care of people living with dementia during a hospital admission: Alternative approaches to everyday practice

Andy Northcott, Shadreck Mwale, Katie Featherstone
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People living with dementia are at significant risk of experiencing containment and restraint as part of care during a hospital admission. Our consultations with people living with dementia and family carers representing a range of demographics and cultural backgrounds, all reported they experienced distressing forms of restraint as a key feature of their hospital experiences. However, their reported experience of restraint as routine is not represented in hospital data, suggesting these practices are poorly recognised, despite their significant impacts on people living with dementia.

In response, to understand the use restrictive practice in the care of people living with dementia across a hospital admission, we completed 225 days of ethnographic (observational) research funded by the National Institute of Health and Social Care Research (NIHR HSDR132903). Observational data was collected over 18 months from nine wards in three regions of England. We observed care within 2 assessment units, 4 older people wards and 3 specialist older persons mental health units.

Our observation confirmed a culture of containment within these wards. The use of a diverse range of restrictive practice in the care of people living with dementia was an embedded aspect of routine ward care, within all shifts observed within these wards, regardless of the ward, time of day, day of the week or the resources available. Staff could find it difficult to recognise

restrictive interventions within their routine practice, but also found it challenging to consider alternatives.

In this paper we will highlight the alternative approaches to restrictive practice observed within these wards and the positive impacts these alternative approaches had on the experience of both the person living with dementia and ward staff. We explore why these alternative methods remain atypical within these wards and how this could be addressed to improve hospital care.

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Care services - Hospital care

08/10/2025 - 10:30-11:45 - P46. Hospital Care

P46-02 - How hospital care can be better aligned with the needs of people with dementia

Inge Rikkers-Pluijlaar[1], Susanne van den Buuse[2], Annette Plantinga[3]
[1]Alzheimer Netherlands, [2]Alzheimer Nederland, [3]NHL Stenden - university of applied science

Hospitals in the Netherlands are still not sufficiently tailored to people with dementia. In the near future the number of hospital patients with dementia will increase, due to aging population. People with dementia also have a longer stay than elderly people without dementia. Despite the increasing importance of appropriate hospital care only 58% of informal caregivers notice that health care professionals are even aware that their loved one has a form of dementia. During a hospital admission often there is insufficient supervision, too little structure and too many stimuli. Nearly half of caregivers think that the hospital room was not fitting for someone with dementia. Restless behavior increased from 60% in 2019 to 74% in 2024.

An important aspect of good hospital care for people with dementia is the way in which an informal caregiver is involved and consulted. This also applies for the process of diagnoses in memory clinics. Although after diagnoses, people with dementia receive more information and are more often referred to a case manager dementia compared to 2019, still there is a lack of attention for the consequences of dementia for people's lives, for what still is possible when living with dementia, and for the support of caregivers.

The study was conducted in 2024 by Alzheimer Netherlands and NHL Stenden university of applied sciences. In a partial study on hospital admission 350 caregivers participated, supplemented with insights from thirteen people with dementia. The partial study on diagnoses and memory clinics was conducted among 317 caregivers and 40 people with dementia. The results were published on www.alzheimer-nederland.nl/belangenbehartiging/panel/resultaten.

In this presentation, we will share results of the study in more detail, but also hold space for plenty of practical recommendations.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 10:30-11:45 - P46. Hospital Care

P46-04 - Royal Victoria Hospital Meeting Centre: Psychosocial Community Support in a Hospital Setting

Howard Gordon[1], Shirley Evans[2], Ron Coleman[1], Suzanne Gray[3]
[1]Meeting Centres Scotland, [2]Assoniation of Dementia Studies, The University of Worcester, [3]NHS Tayside

Background: Hospital stays can be distressing for people with dementia, leading to increased anxiety and prolonged admissions. Meeting Centres Scotland has developed a model embedding a Dementia Meeting Centre within the Royal Victoria Hospital, Dundee, to provide structured, therapeutic, psycho-social support for patients, families, and staff alongside a collaborative approach to physical rehabilitation. This initiative also serves as a training spoke for students, offering real-world experience in dementia-inclusive care.

Objectives:

1. Improve hospital experiences for people with dementia through tailored support.
2. Offer respite, peer support, and resources for families and care partners.
3. Enhance staff wellbeing and confidence in dementia care.
4. Provide hands-on dementia care training for students, fostering a skilled workforce.
5. Support people to maintain & establish community links whilst in hospital
6. Evaluate the Meeting Centre's impact on hospital stays and distress reduction.

Methods: The Meeting Centre will operate within the hospital, offering structured activities, including cognitive stimulation, physical exercises, creative arts, and social engagement. It will integrate with hospital staff to support multi-disciplinary teams.

Evaluation will include:

- Hospital metrics: length of stay, readmission rates, and instances of stress and distress.
- Standardised wellbeing assessments.
- Qualitative feedback from participants, families, staff, and students.
- Case studies demonstrating individual impact.

Results & Conclusion: Expected outcomes include:

- Reduced distress and improved wellbeing for people with dementia in hospital.
- Greater resilience and support for care partners.
- Enhanced staff confidence, improving retention and care quality.
- A skilled cohort of healthcare professionals with dementia care experience.
- A replicable model for integrating Meeting Centres within hospital settings.

The Royal Victoria Hospital Dementia Meeting Centre & Training Spoke presents an innovative, inclusive approach to dementia support in hospitals, transforming experiences for people with dementia, empowering care partners, and supporting healthcare professionals.

This abstract is for consideration as part of a Meeting Centre symposium but it could also be standalone.

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Care approaches - Apathy, agitation and aggression

08/10/2025 - 10:30-11:45 - P47. Apathy, agitation & aggression

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P47-05 - Centering the Lived Experience Voice in Understanding and Responding to Behavior Symptoms

Mary Michael
Otsuka

Background: Behavioral symptoms associated with dementia, like apathy and agitation, can present monumental challenges for both individuals living with dementia and care partners. The impact is widespread – with estimates that nearly 50% of individuals with Alzheimer's experience apathy and over 75% experience agitation. Yet too often research overlooks individual voices and stories when considering behavioral symptoms.

Methodology: Our research consists of qualitative primary research with over 50 one-on-one interviews with people living with dementia and care partners. Individuals represent a variety of geographies and backgrounds. Secondary research includes a literature review on behavioral symptoms.

Results: Three important insights arose from our interviews.
1. There is general lack of awareness and misconceptions around behavioral symptoms, especially in early disease stages. This can lead to escalations of behavioral episodes leaving the individual with dementia in distress and the care partner burnt out.
2. There are many ways behaviors associated with dementia manifest and oftentimes they are tied to the individual's background and life experience. An individual who was born in another country may wander in an attempt to return home. Another individual may hide or show aggressive / defensive behavior as

they relive a childhood trauma.
3. When individuals and care partners understand behaviors and any underlying stressors, they can better implement compassionate, tailored strategies to prevent and diffuse episodes of agitation. These individual lessons, methods, and stories are invaluable tools for others navigating behaviors associated with dementia and other neurodegenerative disorders.

Conclusion: This work reveals the importance of listening to and understanding individual experiences with behavioral symptoms related to dementia and neurodegenerative diseases; it offers tools to better understand and respond to behavior - in a way that is compassionate to the individual with dementia and sustainable for the care partner; and it calls for improved education and sharing of experiences.

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Care approaches - Apathy, agitation and aggression

08/10/2025 - 10:30-11:45 - P47. Apathy, agitation & aggression

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P47-04 - Exploration of Nighttime Agitation in People with Dementia Living at Home from the Perspective of Informal Caregivers: A Qualitative Interview Study

Ajda Flisar[1], Maarten Van Den Bossche[2], Evelien Coppens[3], Chantal Van Audenhove[3], Jessie Dezutter[4]
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Introduction: Agitation is one of the most important neuropsychiatric symptoms of dementia and can be present both during the day and during the night. Nighttime agitation imposes considerable strain on both patients and informal caregivers, as it disrupts the sleep of both. Moreover, it significantly impacts the quality of life, increases caregiver burden, and the likelihood of institutionalisation (and as such also increases economical costs). Despite its significance, there is a paucity of knowledge regarding the experiences and management strategies employed by informal caregivers in addressing nighttime agitation.

Methods: The current study aims to gain a better understanding of reported nighttime agitation from the perspective of informal caregivers. Additionally, we

explore how informal caregivers experience and respond to it. We conducted in-depth interviews with 15 caregivers of people with dementia experiencing nighttime agitation, using purposive sampling without restrictions on dementia type or stage. Thematic analysis was used to identify key themes in caregiver experiences and management strategies.

Results: Seven themes of nighttime agitation behaviours emerged: verbal and physical aggression, restlessness, disorientation, hallucinations, searching and wandering, calling and talking, and disturbed sleep-wake cycle. Seven themes from caregiver experiences included: sleeping with one eye open, emotional experience, safety concerns, anticipation of episodes, mental and physical well-being, need for medication, and external factors. Eight themes reflected caregiver reactions: emotional responses, resorting to medication, appropriate communication, safety solutions, establishing routines, in-the-moment reactions, support services, and learning by experience. The themes will be discussed in depth during the conference.

Conclusion: Our results show that the management of nighttime agitation causes significant challenges for informal caregivers, who despite trying out various solutions, remain feeling exhausted. The value of our study lies in exploring nighttime agitation from the perspective of informal caregivers whose insights represent first-hand experiences and are essential for a comprehensive understanding of the phenomenon.

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Care approaches - Apathy, agitation and aggression

08/10/2025 - 10:30-11:45 - P47. Apathy, agitation & aggression

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P47-03 - Reducing Stress and Distress in Dementia in a Specialist Dementia Setting

Ruth Mantle, Avril Thow, Jade Gunn, Laura Stewart, Olivia Miller, Natalie Maclean, Rachel Gallagher, Shirley Campbell
NHS Highland

Many people living with dementia will experience stress and distress and this can be exacerbated when in unfamiliar environments including hospital. This project was undertaken in a specialist hospital care setting in Scotland which supports people with dementia experiencing severe and persistent psychological distress and behaviours that are unable to be managed in mainstream settings.

Interventions adopted by the team in responding to stress and distress in dementia has included reviewing care practices and developing a robust process for staff to support the early recognition and response to stress and distress, environmental modification and social and psychological interventions including increasing opportunities for meaningful activity and connection as well as screening and treatment for other conditions including delirium. This preventative approach has assisted in responding to the needs of the person with dementia and has helped reduce the escalation of stress and distressed behaviours on the ward.

An understanding of the nature of stress and distress in dementia has been fundamental to supporting safe, effective, dignified and person-centred care on the hospital ward. There has been a coordinated and multi-disciplinary team response based on the unique needs of the individual and their carers.

Understanding the person and how they express both contentment and discomfort including their potential triggers for stress and distress and to develop risk reduction and coping strategies has been key to the success of this work.

The team worked in partnership with national health, social and education organisations to identify areas of good practice and improvement priorities and used quality improvement methodology to design and test ideas and capture evidence of impact on the reduction of stress and distress in the people with dementia they support. In addition to the benefits to people with dementia on the ward and carer satisfaction, staff have enjoyed participating in this work.

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Care approaches - Apathy, agitation and aggression

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P47-01 - Improving professional practices for the non-pharmacological management of 'BPSD': development of toolkits and future perspectives

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Background: The changes in behaviour associated with dementia, also known as behavioural-and- psychosocial-symptoms-of-dementia - 'BPSD' (e.g. agitation, aggression) or 'Challenging Behaviour' reflect the costliest aspects of dementia. Guidelines recommend non-pharmacological approaches as first-line interventions, but the use of antipsychotics prevails, and the range of their adverse effects is now wider than previously thought. The aim of this study was to explore why non-pharmacological interventions, are not used by professionals and how this situation can be improved.

Methods: A mixed method study using e-surveys, face-face interviews and several rounds of consultation workshops was conducted. The study recruited 378 multidisciplinary professionals and stakeholders as well as 54 people with dementia and 229 family carers (including from Alzheimer Europe's European Working Groups).

Results: Challenging Behaviour/BPSD terminology were associated with being dehumanised and blamed (people with dementia) - and detraction from the carer's role and the interpersonal care environment (family carers). Professionals had some knowledge of person-centred 'holistic' practice but

overall environmental perspectives involving detecting antecedents of distress, use of de-escalation and other person-centered responses when a person became highly aroused was often inadequate. Unfortunately, it is this type of situation of 'agitation / aggression' in the care environment that results in first-line drug intervention.

Conclusions: Toolkits are outlined to assist professionals to (i) be aware that many high-risk interpersonal situations (e.g. high arousal and distress) may have been de-escalated if responded to appropriately earlier in their presentations; (ii) improve interactive skills in these severe, intense episodes of distress, since strategies used to deal with these are often different to those used to respond to less intense presentations and (iii) understand the perspectives of family carers and staff and thus provide personalized support to them. In highlighting the importance of the social environment, future perspectives to address power imbalances, depersonalizing beliefs and stigma are discussed.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

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P47-02 - Real-time detection of agitation in people with dementia: The RadioMe system

Nicolas Farina[1], Lorna Smith[1], Eduardo Miranda[1], Sube Banerjee[2], Elizabeth Gilmour[1]
[1]University of Plymouth, [2]University of Nottingham

Background: Agitation is a common comorbidity of people with dementia and can be particularly distressing. Technology may be a valid way to detect agitation in people with dementia in real time to allow for intervention. RadioMe combines agitation detection technology (e.g. through wearables) alongside relaxing music response to support people to live independently within the community. The system seamlessly mixes music with a live radio and can incorporate diary reminders too.

Method: The RadioMe system was installed in 20 community-dwelling people with dementia with agitation symptoms for up to four months, in this proof-of-concept study. In the first two months participants had access to the radio and diary reminder elements of the system; in the second two months participants also had access to the relaxing music playlist elements. We measured quality of life, agitation and implementation outcomes across the timepoints. Qualitative interviews were used to better understand participants' experiences of the system.

Results: Findings indicate that people with dementia were generally satisfied with the system, and perceived it to be acceptable, appropriate and feasible. There was evidence that participants did struggle to integrate it into their day-

to-day lives, and there were frequent issues with the setup and connectivity of the wearables. There was no evidence that the system had a detrimental effect on people's quality of life or agitation symptoms.

Conclusion: An automated system to detect agitation and respond with relaxing music has potential value, but ensuring the technology is accessible and not disruptive should be a priority before it can be adopted more widely for people with dementia.

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Types of dementia - Fronto-temporal dementia

08/10/2025 - 10:30-11:45 - P48. Fronto-temporal dementia

P48-04 - A novel missense GRN variant: uncovering pathogenicity using patient-derived induced pluripotent stem cells

Paolo Salvioni Chiabotti[1], Anna Chauveau[2], Olivier Rouaud[2], Sylvain Perriot[2]
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Mutations in the progranulin (GRN) gene are a major cause of Frontotemporal Lobar Degeneration (FTLD). To date, over 65 variants have been identified, mostly nonsense or splice-site mutations, resulting in a loss of function with progranulin (PGRN) haploinsufficiency and TDP-43 neuropathology. However, it has currently been not proven that missense mutations may also cause FTLD.

Here, having diagnosed a patient with FTLD presenting borderline levels of PGRN and a novel missense GRN mutation, we aim to assess the pathogenicity of this novel variant using human induced pluripotent stem cells (hiPSCs) as a model.

For this study, we reprogrammed hiPSCs from the aforementionned patient's cells. Then, we generated and phenotyped neurons and microglia derived from these hiPSCs. Last, using CRISPR-Cas9 technology, we are correcting the GRN missense mutation in the patient-derived hiPSCs and introducing the mutation in control hiPSCs to firmly demonstrate its pathogenicity.

Characterization of patient-derived neurons revealed several hallmarks of GRN-FTLD (cytoplasmic TDP-43, lysosomal dysregulation, and cell death). We are now characterizing patient-derived microglia and their role in neuroinflammation and neurotoxicity. These experiments demonstrate a disease-associated phenotype in hiPSC-derived brain cells from this patient. Last, characterization of CRISPR-edited cells will allow us to definitely uncover whether this missense mutation is the cause of the patient's pathology.

Our model provides for the first time biological insights into the pathogenic role of missense GRN mutations and offers a model to test potential treatments on patient-derived neurons and microglia.

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Types of dementia - Fronto-temporal dementia

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P48-05 - Understanding Patient and Caregiver Attitudes Towards Cognitive and Behavioural Screening in Amyotrophic Lateral Sclerosis

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Background: Amyotrophic Lateral Sclerosis (ALS) is a fatal neurodegenerative disease characterised by progressive motor disability. Up to 50% of people with ALS experience cognitive and behavioural impairment, with 15% developing Frontotemporal Dementia. Although tools like the Edinburgh Cognitive and Behavioural ALS Screen exist, screening remains inconsistent. Patient and caregiver perspectives on cognitive testing remain underexplored, limiting integration of screening into routine care. This study explores attitudes toward cognitive and behavioural screening in ALS to inform patient-centred approaches.

Methods: Semi-structured interviews were conducted with people with ALS (n=10) and caregivers (n=9) recruited from NHS Trusts and charities. Participants represented a range of disease stages. Reflexive thematic analysis was used, with iterative coding to develop an interpretative framework.

Results: Perceptions of cognitive testing in ALS were highly individual and context dependent. Four themes were developed. *Personal factors* included emotional readiness, concerns about autonomy and identity, and life outlook.

Some participants viewed early screening as a means of preparedness, while others feared it would undermine independence. Emotional responses varied, balancing denial, fear, and acceptance. *Relational dynamics* reflected the caregiver role in decision-making, with caregivers often advocating for screening to aid planning while navigating tensions around autonomy. Misattributions of symptoms created additional strain. *External factors* such as travel, fatigue, and appointment burden were less influential than emotional and relational factors. Clear, empathetic clinician discussions aligned with emotional readiness facilitated engagement. *Perceived value* of testing was important. Testing was valued when it provided actionable insights, but concerns arose when results lacked practical application or follow-up.

Conclusion: Cognitive screening should be tailored to emotional readiness, relational dynamics, and practical needs. Flexible delivery, personalised communication, and clear support pathways are important for enhancing engagement, supporting timely diagnosis and support for those with ALS living with cognitive impairment.

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Types of dementia - Fronto-temporal dementia

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P48-03 - Challenges people living with FTD face on a daily basis – An analysis of the professional support system in a federal state in Germany

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Introduction: Frontotemporal dementia (FTD) is an umbrella term for different symptoms and variants progressively affecting a person's behaviour, executive functioning, and language. FTD often affects persons at a younger age and may be misdiagnosed or remain undiagnosed for many years since – different from Alzheimers dementia – cognitive impairment is not a predominant symptom. Therefore, FTD poses unique challenges for persons living with this illness, their families and friends, for care-providers, and health care systems across Europe. In our study, we aimed to analyse the care situation of persons living with FTD in a federal state in Germany and derive recommendations how to improve care structures in that region.

Methods: In our cross-sectional, mixed-methods study, we conducted a rapid literature review, a geographical regional analysis, and semi-structured qualitative interviews with family members and care professionals. We also calculated incidence and prevalence rates of FTD.

Furthermore, we conducted online-stakeholder conferences and reflected our methods and results with co-researchers and international experts.

Results: Knowledge about FTD amongst medical and care professionals is somewhat scarce. There is a need to streamline existing expertise, infrastructure, and processes to fit in with the unique challenges presented by illnesses within the FTD-spectrum. Currently – depending on where they live - people living with FTD and their care partners and families do not have (or only by crossing immense barriers) access to FTD-specific services and knowledge to assist with their daily live.

Implications: Our findings indicate that for the analysed federal state in Germany essential and whole-of-society challenges exist when aiming to provide adequate, timely, and differentiated care and support for persons living with FTD and their care partners and families. It is likely that similar care gaps exist across Germany (and Europe), which cannot be addressed adequately be one region alone but need a concerted national effort.

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Types of dementia - Fronto-temporal dementia

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P48-02 - Towards uniformity in bvFTD Phenocopy Syndrome: specialists' perspectives and proposed research criteria

Paula Vanneste[1], Floor Duits[2], Luc Hartog[3], Dirk van Paassen[3], Marie-Paule van Engelen[3], Dhamidhu Eratne[3], Simon Ducharme[3], Yolande Pijnenburg[3], Welmoed Krudop[3]
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Background: The phenocopy syndrome of behavioral variant FTD (phFTD) refers to patients exhibiting clinical characteristics of bvFTD but without objective progression during follow-up. As no diagnostic criteria currently exist, we aimed to assess clinicians' perspectives on the diagnostic process and integrate these into research criteria for phFTD.

Methods: We established the Phenocopy Working Group within the Neuropsychiatric International Consortium on Frontotemporal Dementia (NIC-FTD), a consortium of researchers with expertise in FTD and psychiatric disorders. We employed an international Delphi methodology comprising three rounds. Here we present results of the first round. We recently distributed the second-round survey, aiming to reach consensus on remaining categories, incorporating clinical presentation, diagnostic tools and follow-up. The third round will establish consensus of the final criteria.

Results: The expert panel of the first Delphi round consisted of 50 clinicians with a median of 10 (IQR: 5-20) years of experience in phFTD. According to panelists' estimations, Raskovsky (2011) criteria most frequently met in phFTD were apathy (90%), loss of empathy (64%) and disinhibition (60%). Additionally,

memory complaints and depressive symptoms were considered often present. Genetic screening for C9orf72 was almost unanimously endorsed, as were structural MRI and [18F]-FDG-PET as minimally required neuroimaging. Most frequent differential diagnoses were bvFTD (76%), mood disorders (48%), personality disorders (32%) and bvAD (24%). Two thirds of panelists presumed the likelihood of a neurodegenerative etiology for phFTD to be ≤50%. 85% considered clinical follow-up of at least two years appropriate before appointing a phFTD label.

Conclusions: The first Delphi round showed expert consensus on several diagnostic components for phFTD, including genetic testing for C9orf72, baseline and repeated structural MRI and FDG-PET and follow-up duration. Completing the full Delphi procedure will yield research criteria, which enhance accurate identification of phFTD, facilitate research and advance clinical care for this rare and poorly understood syndrome.

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P48-01 - Examining the Key Correlates of Functional Impairment in Behavioral Variant Frontotemporal Dementia: Cognitive, Behavioral, Personality, and Brain Perfusion Contributions

Electra Chatzidimitriou[1], Georgios Ntritsos[2], Roza Lagoudaki[2], Eleni Poptsi[2], Emmanouil Tsardoulias[2], Andreas Symeonidis[2], Magda Tsolaki[2], Kyriaki Papadopoulou[2], Panos Charalambous[2], Eleni Konstantinopoulou[2], Eleni Aretouli[2], Chrissa Sioka[2], Ioannis Iakovou[2], Theodora Afrantou[2], Panagiotis Ioannidis[2], Despina Moraitou[2]
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Introduction: Behavioral variant frontotemporal dementia (bvFTD), the most prevalent clinical subtype of frontotemporal lobar degeneration, is characterized by early and prominent changes that significantly disrupt everyday functioning. This study aims to identify the key correlates of functional status in bvFTD, by investigating the relative contributions of cognitive deficits, behavioral disturbances, personality changes, and cerebral perfusion abnormalities. Additionally, it seeks to develop a theoretical framework to elucidate how these factors may interconnect and shape unique functional profiles.

Methods: Twenty-six individuals with bvFTD, recruited from the 2nd Neurology Clinic of "AHEPA" University Hospital in Greece, underwent a comprehensive neuropsychological assessment to evaluate cognitive functions. Behavioral

disturbances, personality traits, and functional status were rated using informant-based measures. Regional cerebral blood flow was assessed using SPECT imaging. Penalized LASSO regression was performed to identify the most robust correlates of functional impairment, followed by path analyses using structural equation modeling to explore how these factors interrelate and contribute to functional decline.

Results: The severity of negative behavioral symptoms (e.g., apathy), conscientiousness levels, and performance on neuropsychological measures of verbal fluency, visual attention, visuomotor speed, and global cognition were identified as the strongest correlates of functional status. Neuroimaging revealed hypoperfusion in right prefrontal (Brodmann area 8) and inferior parietal cortices (Brodmann area 40) as major neural correlates. Path analyses showed that hypoperfusion contributed to attentional and processing speed deficits, which subsequently exacerbated negative behavioral symptoms, leading to declines in global cognition and conscientiousness, ultimately compromising daily functioning.

Discussion/Conclusions: Hypoperfusion in key prefrontal and parietal regions, along with the subsequent cognitive and neuropsychiatric manifestations, underlies the pronounced functional limitations observed in bvFTD, even in early stages. Understanding the key determinants of the disease can inform the development of more targeted, personalized treatment strategies, aimed at mitigating functional deterioration and enhancing the quality of life for affected individuals.

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Sessioni ITALIANE: Studi sull'invecchiamento e coinvolgimento di comunità (Federazione Alzheimer Italia)

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P49-01 - Dal Progetto Al Modello: L'Ecosistema Urca Per La Creazione Di Una Comunità Attiva Nella Gestione Della Demenza

Fabrizio Lattanzio, Adriana Latti
Memory Team ETS

Introduzione: L'invecchiamento della popolazione e l'aumento delle diagnosi di demenza richiedono un cambio di paradigma nella presa in carico della malattia. È prioritario superare la frammentarietà dell'assistenza e coinvolgere, nel processo di cura, l'intera comunità.

Obiettivo: Il modello URCA – Unità di risoluzione Crisi Alzheimer, nasce con l'obiettivo di costruire una rete di supporto multidimensionale che favorisca l'inclusione della persona con demenza nella comunità creando un ecosistema integrato in cui familiari, operatori sanitari, professionisti socio-assistenziali e istituzioni lavorino in sinergia per garantire una gestione efficace e sostenibile della demenza.

Metodologia: Il modello URCA, fondato sul modello ecosistemico di Bronfenbrenner (1979), vuole costruire un approccio multidisciplinare e personalizzato, strutturato su cinque livelli di intervento:

1. Case management, per coordinare la presa in carico e garantire continuità assistenziale.
2. Sostegno alla persona con demenza e caregiver, con un focus sulle strategie per la gestione e prevenzione dei BPSD.
3. Adattamento dell'ambiente domestico, per favorire l'autonomia e ridurre il rischio di istituzionalizzazione precoce.
4. Formazione degli operatori URCA, per diffondere le buone pratiche e garantire un'assistenza qualificata su tutto il territorio.
5. Integrazione con la comunità locale, attraverso la creazione di reti di supporto territoriali, DFC, associazioni del settore.

Risultati: Il modello URCA, sviluppato a partire da un progetto pilota che ha coinvolto 150 famiglie, ha portato a:

- La formazione di 43 professionisti della salute in diverse regioni italiane.
- L'attivazione di consulenze domiciliari manageriali per 15 famiglie baresi.
- La replicabilità del modello in due regioni italiane, dimostrando l'efficacia di una presa in carico che integra servizi territoriali e formazione professionale.

Conclusioni: URCA rappresenta un nuovo paradigma nella gestione della demenza, promuovendo un modello ecosistemico che attiva la comunità nella cura. Operando su più livelli – micro, meso, eso, macro – il modello dimostra che la sinergia tra formazione, innovazione e coinvolgimento comunitario rappresenta la per un'assistenza più efficace, sostenibile e personalizzata.

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P49-02 - Immidem Modena - Progetto di miglioramento dei percorsi di prevenzione e dei servizi nell'ambito di migrazione e demenza

Valentina Guerzoni[1], Vincenzo Acchiappati[1], Marco Canevelli[2], Norina Wendy Di Blasio[3], Andrea Fabbo[4], Benedetta Ferrucci[3], Chiara Galli[1], Giorgia Maestri[5], Angela Mancini[1], Paola Patrizia Morana[1], Andrea Salerno[1], Antonella Vaccina[1], Rossella Tozzi[1]
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Introduzione: Negli ultimi anni è aumentato il numero di persone con background linguistici e culturali differenti che si rivolgono ai Centri per i Disturbi Cognitivi e le Demenze (CDCD). Tuttavia, i servizi sanitari non sono ancora adeguatamente strutturati per intercettare e valutare i bisogni di questa popolazione. Il progetto Immidem-Modena mira a promuovere un approccio socio-sanitario più inclusivo e culturalmente consapevole nel contesto della demenza.

Metodi: Avviato nel febbraio 2023, il progetto si articola in tre aree:

1. Formazione interna per geriatri, infermieri, psicologi, neuropsicologi e terapisti occupazionali sul tema "demenze e migranti";

2. Incontri formativi con mediatori culturali per definire linee guida di lavoro congiunto durante le valutazioni neuropsicologiche;

3. Attività di sensibilizzazione nelle comunità straniere sui disturbi cognitivi e i percorsi di accesso ai servizi.

Risultati:

1. Nell'aprile 2023 sono state realizzate due edizioni del corso "Immidem a Modena", rivolto al personale dei 7 CDCD dell'AUSL di Modena, con focus sull'uso della scala RUDAS;

2. Sei mediatori culturali (arabo, albanese, russo-ucraino, sikh) della Cooperativa Gulliver hanno partecipato a un corso online sui servizi demenza del territorio;

3. A Febbraio 2025 il CDCD ha organizzato due incontri, uno con la comunità filippina di Modena e uno con la comunità araba di Pavullo, promuovendo il tema della prevenzione dei disturbi cognitivi e offrendo uno screening gratuito delle funzioni cognitive (GP-Cog).

Conclusioni: Il progetto ha avviato un percorso di miglioramento nella valutazione cognitiva cross-culturale e ha favorito un primo dialogo con le comunità migranti, promuovendo consapevolezza e alfabetizzazione sanitaria sui disturbi cognitivi.

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P49-03 - Il progetto "Alla riscoperta di Trento": promozione della salute e coinvolgimento di comunità

Livia Wright[1], Elisa Vanzetta[2], Lorenza Montel[3], Linda Voltolini[3], Antonella Merlo[3], Giorgia Caldini[4], Debora Vichi[4], Luisa Moser[5], Giorgia Sossass[6], Romana Scandolari[7], Caterina Floriani[8], Michela Fruet[9], Alessandra Lombardi[2], Renzo Dori[3], Le Scintille[10]
[1]Free University of Bolzano, [2]Azienda Provinciale per i Servizi Sanitari, [3]Associazione Alzheimer Trento, [4]APSP Civica di Trento, [5]UMSt Soprintendenza per i beni e le attività culturali - Ufficio beni archeologici, [6]Castello del Buonconsiglio, [7]MUSE Museo delle Scienze, [8]Museo Diocesano Tridentino, [9]Grafica e Designer Freelance, [10]

Introduzione: L'inclusione sociale, pilastro fondamentale della promozione della salute, si fonda sulla partecipazione attiva dei cittadini e sul senso di appartenenza alla comunità. Il progetto "Alla riscoperta di Trento", sviluppato in sinergia tra l'Associazione Alzheimer Trento, l'Azienda Provinciale per i Servizi Sanitari (APSS), il terzo settore e la rete museale cittadina, ha incarnato questa visione.

Metodologia: A conclusione di un percorso di stimolazione cognitiva presso l'APSS, dodici persone anziane con declino cognitivo lieve o demenza hanno cominciato a frequentare un centro di comunità, dove – insieme a due facilitatrici e due volontarie – hanno ideato una guida della città. Il progetto ha adottato un approccio partecipativo e ha adattato le attività a preferenze, aspettative e abilità di ciascuno.Durante 24 visite guidate a musei e luoghi simbolo della città, il gruppo ha raccolto spunti storici e culturali condivisi da educatori museali e volontari, rielaborandoli durante laboratori creativi. I testi della guida sono stati co-creati con esperti e facilitatrici; la grafica è stata sviluppata con una designer, attraverso incontri di co-design.

Risultati: Il progetto ha favorito la nascita di un'identità di gruppo – Le Scintille – e la creazione di relazioni significative più ampie. I membri del gruppo hanno contribuito alla divulgazione attraverso sette eventi pubblici, un convegno per operatori sociosanitari e due servizi televisivi locali. Questi eventi hanno sensibilizzato la comunità su una narrazione alternativa delle difficoltà cognitive. La guida è oggi una risorsa per tutta la comunità.

Conclusioni: L'integrazione tra sanità, terzo settore e mondo culturale ha promosso una visione ampia della salute e della cura, fondata su relazioni e coinvolgimento di comunità. Gli approcci integrati e l'adattamento delle pratiche possono contribuire a costruire comunità sempre più inclusive e in grado di capacitare i cittadini, generando una crescita collettiva basata sulla partecipazione. Le Scintille racconteranno il progetto, di persona o attraverso un filmato.

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P49-04 - Studio multidimensionale dell'invecchiamento: l'esperienza dello studio di popolazione InveCe.Ab

Elena Rolandi, Michele Rossi, Laura Pettinato, Irene Brianzoni, Annalisa Davin, Antonio Guaita
Golgi Cenci Foundation

L'Italia è il secondo paese più vecchio al mondo, con un anziano (over 65) ogni 4 abitanti (ISTAT 2025). Gli studi di coorte longitudinali possono offrire informazioni preziose sui fattori che contribuiscono a un invecchiamento in salute, adottando un approccio prospettico e multidimensionale.
Lo studio longitudinale di popolazione InveCe.Ab (Invecchiamento Cerebrale in Abbiategrasso) è stato avviato presso la Fondazione Golgi Cenci nel 2009 con lo scopo di stimare l'incidenza della demenza in tarda età e di esplorare i fattori di rischio e protezione per la demenza. La popolazione eleggibile era composta da tutte le persone nate tra il 1935 e il 1939 e residenti ad Abbiategrasso (Milano). I partecipanti reclutati (n=1321, tasso di reclutamento: 80%) hanno effettuato valutazioni multidimensionali periodiche (basale, e dopo 2, 4, 8, e 12 anni) comprendenti un prelievo del sangue, una visita geriatrica, un questionario sociale, e una valutazione neuropsicologica. I tassi di adesione si sono mantenuti alti, anche grazie alla collaborazione della rete sul territorio

(Comune, medici di medicina generale, Istituto geriatrico) e all'instaurarsi di un rapporto di scambio e fiducia con i partecipanti. Come prassi, dopo la valutazione multidimensionale viene inviata una lettera con gli esiti delle visite effettuate e ogni anno i partecipanti in vita ricevono via posta gli auguri di compleanno. I dati raccolti hanno permesso di condurre studi autonomi e di avviare collaborazioni nazionali e internazionali. Dal 2014 lo studio InveCe.Ab è membro del consorzio internazionale COSMIC (Cohort Studies of Memory in an International Consortium), ad oggi composto da 57 studi di coorte provenienti da 39 paesi in 6 diversi continenti. Nel 2026 è prevista la sesta wave di rivalutazione e la contestuale inclusione dello studio nella nascente Golgi Cenci Biobank.

35th Alzheimer Europe Conference

06/10/2025 to 08/10/2025

Sessioni ITALIANE: Studi sull'invecchiamento e coinvolgimento di comunità (Federazione Alzheimer Italia)

08/10/2025 - 10:30-11:45 - P49. Studi sull'invecchiamento e coinvolgimento di comunità

P49-05 - Progetto C-FiND: Miglioramento dei percorsi di individuazione e cura dei disturbi cognitivi nella provincia di Pavia

Antonio Ancidoni[1], Elisa Fabrizi[2], Guido Bellomo[2], Francesca Zambri[2], Alessia Rosi[3], Nicola Vanacore[2], Daniele Bosone[4], Alfredo Costa[4], Nicola Allegri[4]
[1]ISTITUTO SUPERIORE DI SANITA, [2]Centro Nazionale per la Prevenzione delle Malattie e Promozione della Salute, Istituto Superiore di Sanità, [3]IRCCS Fondazione Mondino AND Dipartimento di Scienze del Sistema Nervoso e del Comportamento, Università degli Studi di Pavia, [4]IRCCS Fondazione Mondino

Introduzione: La Linea Guida italiana Diagnosi e trattamento della demenza e del decadimento cognitivo lieve (MCI) raccomanda di condurre studi sull'efficacia e sulla costo-efficacia delle strategie di case-finding nei soggetti con declino cognitivo. In Lombardia, la provincia di Pavia – in particolare l'area di Vigevano – è densamente popolata, con una stima di circa 20.000 persone affette da demenza o MCI. Nell'ambito del progetto "Ricor-dare", questa ricerca mira a valutare l'efficacia di tre approcci distinti per l'identificazione di soggetti con MCI o demenza nell'area di Vigevano.

Metodi: L'intervento è rivolto a persone che riferiscono disturbi cognitivi in assenza di una diagnosi pregressa di MCI o demenza. Verranno utilizzati tre contesti operativi. Primo, i Medici di Medicina Generale (MMG), formati sui fattori di rischio e strumenti di screening (es. GP-Cog), individueranno i soggetti a rischio e li indirizzeranno ai Centri per i Disturbi Cognitivi e Demenze (CDCD). Secondo, lo sportello informativo del Centro Operativo Demenze offrirà accesso libero a valutazioni neuropsicologiche per soggetti auto-segnalanti disturbi cognitivi. Terzo, gli Open Day nella comunità permetteranno lo screening cognitivo tramite l'*Addenbrooke's Cognitive Examination-III* (ACE-III). I soggetti risultati a rischio in uno qualsiasi dei contesti verranno inviati al CDCD per una valutazione diagnostica specialistica.

Risultati: L'esito principale sarà rappresentato dal numero di diagnosi di MCI o demenza formulate presso un CDCD entro 26 mesi dallo screening iniziale, rispetto al totale dei casi positivi individuati con GP-Cog e/o ACE-III nei tre contesti.

Conclusioni: Lo studio produrrà evidenze in condizioni reali sull'efficacia e la fattibilità di strategie strutturate di case-finding nei contesti sanitari e comunitari, orientando le politiche sanitarie verso una diagnosi precoce, un migliore accesso alle cure e un uso più efficiente delle risorse.

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Sessioni ITALIANE: La presa in cura in rete, esperienze di successo nell'accompagnare la persona fragile ed il caregiver (Alzheimer Uniti Italia)

08/10/2025 - 10:30-11:45 - P50. La presa in cura in rete

P50-05 - Demenza: l'esperienza del territorio Pinerolese e valli valdesi dal 2000 ad oggi, l'importanza della rete

Marcello Galetti[1], Federica Dotta[1], Katia Castellano[2], Federica Gallo[3]
[1]Diaconia Valdese, [2]consorzio CISS Pinerolese, [3]ASL TO3 Piemonte

Dal 2000 nel Pinerolese (Piemonte Occidentale) si è sviluppata una collaborazione fra Diaconia Valdese, azienda sanitaria, servizi sociali ed alcune associazioni del territorio sul tema della demenza.

Il processo, partito dall'esperienza del Rifugio Re Carlo Alberto, RSA specializzata in demenze ed alzheimer, ha permesso nel tempo lo sviluppo di servizi diretti alle persone con demenza e alle famiglie, tutti collegati fra loro e basati sull'osservazione dei bisogni effettivi, con l'obiettivo di dare risposte ad ogni tappa del percorso di malattia. Tutto ciò tenendo conto dell'unicità della persona, che per noi resta tale anche in presenza della malattia, e nella convinzione che siano i servizi a doversi adeguare alle caratteristiche individuali e non il contrario. Si è partiti da un centro diurno, passando alla specializzazione della RSA sulle demenze in diversi settori della struttura che danno risposte a bisogni diversificati con un'unica visione e regia, si sono aperti

tre Cafè Alzheimer, ed un servizio psicosociale (IntegralMente) che offre anche sostegno psicologico alle famiglie.

Per alcuni anni la Diaconia Valdese ha fatto parte di una Rete Europea sulla demenza, dalla quale si sono tratti molti insegnamenti ed esempi di buone pratiche. Si è lavorato molto sulla sensibilizzazione delle comunità (progetti DFC, formazione/informazione degli stakeholders del territorio fatti insieme a persone con demenza e familiari, iniziative in ambito artistico per accendere un faro sul tema della malattia ed incontri pubblici di informazione e sensibilizzazione in collaborazione con i comuni). Si sono sperimentati servizi innovativi come il DemenTalent, la RSA ha aperto un nucleo che vede la persona con demenza protagonista attiva della sua giornata. Si lavora da qualche anno sulla prevenzione ed intercettazione precoce della malattia (Giornate di Valutazione della Memoria e Palestre della Memoria).

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08/10/2025 - 10:30-11:45 - P50. La presa in cura in rete

P50-06 - La diagnosi tempestiva del disturbo cognitivo maggiore nella Regione Lazio: Impatto e sviluppi futuri del Fondo Nazionale Alzheimer e Demenze.

Silvia Scalmana[1], Silvia Cascini[2], Nera Agabiti[3], Anna Maria Bargagli[4], Claudia Bauco[4], Giovanni Capobianco[4], Giovanni Mancini[4], Paolo Salotti[4], Alessandro Martorana[4], Paola Michelozzi[4], Marco Nuti[4], Andrea Urbani[4]
[1]Regione Lazio - Lazio Region, [2]Dipartimento di Epidemiologia Regione Lazio, [3]Dipartimento di Epidemiologia del lazio, [4]

Introduzione: La Regione Lazio ha finanziato un Piano per il potenziamento della diagnosi tempestiva del DNC maggiore coinvolgendo 4 Aziende Sanitarie Locali (ASL): Roma 2,Roma 3,Frosinone,Viterbo ed una Azienda Ospedaliera (Policlinico Universitario Tor Vergata).

Obiettivi: a) Formare i Medici di Medicina Generale (MMG) al riconoscimento precoce del decadimento cognitivo; b) intercettare precocemente i pazienti con declino cognitivo; c) potenziare l'organico dei CDCD per garantire la presa in carico tempestiva e l'integrazione delle attività assistenziali.

Metodi: Sono stati inclusi nello studio i residenti di età ≥50 anni, inviati dai MMG ai CDCD per sospetto declino cognitivo. Sono stati definiti indicatori per misurare la performance delle attività progettuali. E' stato effettuato un confronto tra il periodo di attività del progetto ed un periodo precedente.

Risultati: Sono state arruolate n. 2.625 persone. La popolazione in studio era costituita per il 60% da donne e più del 70% aveva un'età ≥ 75 anni. Rispetto al periodo di confronto, è stato osservato un incremento del 46% delle nuove diagnosi. I pazienti inviati alla diagnosi presentavano un declino cognitivo più lieve ed una minore compromissione funzionale, rilevata nelle IADL. Le diagnosi con valutazione neuropsicologica estensiva sono triplicate. I tempi di attesa per le visite urgenti legate all'insorgenza di disturbi comportamentali sono sensibilmente diminuiti (in media 5 gg).

Conclusioni: Nel periodo di attività del progetto è stato osservato che i pazienti con sospetto deterioramento cognitivo presentavano un quadro cognitivo e funzionale meno compromesso ed il percorso diagnostico ed assistenziale risultava migliorato. Le attività progettuali hanno favorito una contaminazione culturale tra i servizi coinvolti nel percorso assistenziale, con particolare riferimento al setting della Medicina generale. Il progetto ha dato un notevole impulso alla implementazione dei PDTA aziendali, a partire dalle linee di indirizzo regionali. La nuova progettualità del Fondo Nazionale Demenze 2024-2026 coinvolgerà tutte le ASL del Lazio.

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08/10/2025 - 10:30-11:45 - P50. La presa in cura in rete

P50-01 - La presa in cura in rete. Modena: una esperienza di successo

Maria Manuela Berardinelli[1], Andrea Fabbo[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]ASL Asti

Vi è sempre stata nella provincia di Modena una forte attenzione alla necessità di creare una rete territoriale diffusa per la gestione delle persone con demenza e delle loro famiglie con la scelta di realizzare un Centro Disturbi Cognitivi e Demenze (CDCD) in ogni distretto.

Attenzione manifestata nella buona integrazione tra la rete dei servizi, volontariato ed ospedale e nella creazione di un modello assistenziale basato sul coinvolgimento, fin dalla diagnosi, del medico di medicina generale. Contemporaneamente si sono sviluppati servizi specialistici per rispondere all'emergenza del problema rappresentata dai disturbi comportamentali e per ridurre ricoveri ospedalieri inappropriati. Oltre alle reti dei CDCD ed ai servizi per la gestione "specialistica" della demenza, sono stati messi in campo, in collaborazione con gli Enti Locali e le Associazioni, una serie di progetti per creare una vera e propria rete di prevenzione e socialità per gli anziani per contrastare il declino cognitivo e combattere lo stigma:

1. *Comunità/Città amiche delle persone con demenza* volte a permettere alla persona con demenza di rimanere nella propria casa il più a lungo possibile, offrendo ai familiari maggiori risorse ed opportunità per sostenere il loro lavoro di cura (11 realtà nel territorio modenese);
2. *Palestre della Memoria*, realtà di prevenzione attiva del decadimento cognitivo in cui, settimanalmente, gruppi di anziani svolgono esercizi di stimolazione delle funzioni cognitive supportati da volontari formati dal CDCD;
3. *In forma mentis*: uno spazio per l'invecchiamento attivo e la prevenzione della depressione nell'anziano, che offre corsi di ginnastica mentale e fisica e di educazione alla salute. La rete modenese vede in prima linea non solo i geriatri ed i neurologi dei CDCD ma psicologi, infermieri e terapisti occupazionali.

Crediamo che l'approccio migliore alla patologia non risieda solo nella capacità di cura di un farmaco, ma nel ricorso a diverse terapie che potranno risolvere specifici aspetti dell'Alzheimer.

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08/10/2025 - 10:30-11:45 - P50. La presa in cura in rete

P50-03 - Il team cure intermedie territoriale nella presa in carico domiciliare delle persone con demenza

Maria Manuela Berardinelli[1], Simona Linarello[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]Ausl Bologna

L'invecchiamento della popolazione e la crescente prevalenza di demenza e multimorbilità richiedono un cambiamento strutturale nella gestione territoriale. Il Team Cure Intermedie Territoriale (TCI) della AUSL di Bologna ha sviluppato un modello innovativo e stratificato di presa in carico domiciliare, integrando competenze geriatriche, infermieristiche e sociali.

Il modello opera su 3 livelli di complessità: consulenza geriatrica a distanza, valutazione multidisciplinare tramite la Centrale Operativa Territoriale e valutazione domiciliare geriatrica tempestiva. L'intervento è attivato su segnalazione del MMG o dei servizi sociali, e tracciato digitalmente tramite la piattaforma "My Sanità".

Abbiamo analizzato retrospettivamente 205 pazienti ≥65 anni seguiti dal TCI tra gennaio 2022 e ottobre 2023. Il campione, con età media di 83 anni, era composto per il 64% da donne. Il 37,6% ha avuto almeno un ricovero ospedaliero, il 31,7% è stato dimesso dal PS senza ricovero,

mentre il 30,7% è rimasto stabilmente al proprio domicilio. Il 33,2% è stato trasferito in strutture residenziali, e il 16,6% è deceduto. Il modello ha garantito la permanenza a domicilio in due terzi dei casi, contenendo la pressione sui servizi ospedalieri e favorendo la continuità assistenziale.

Questi risultati sono in linea con la letteratura internazionale sull'efficacia della transitional care e delle cure intermedie, che raccomanda un approccio integrato per migliorare gli esiti clinici e l'efficienza del sistema. Il modello TCI, replicabile e sostenibile, è previsto in estensione a tutti i distretti entro il 2025. Nello specifico da Maggio 2025 si implementerà sul Distretto di Bologna in via sperimentale l'attivazione del TCI entro 72 ore dalla segnalazione con una stretta collaborazione con gli infermieri della domiciliare e attivazione nel post dimissione ospedaliero, con misurazione successiva degli esiti.

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08/10/2025 - 10:30-11:45 - P50. La presa in cura in rete

P50-02 - La pianificazione anticipata delle cure (ACP): il suo timing e la capacità decisionale della persona (DMC)

Maria Manuela Berardinelli[1], Fabio Cembrani[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]Università di Verona

L'Autore, dopo un breve inquadramento giuridico della pianificazione condivisa della cura (ACP) per non confonderla con la direttiva anticipata di trattamento (DAT), analizza quali sono le circostanza che in Italia hanno recentemente rinnovato il suo dibattito individuandole: nella linea-guida approvata nel 2024 dall'Istituto superiore di sanità sulla diagnosi e trattamento della demenza e del Mild cognitive impairment, nel Documento congiunto approvato nello stesso anno da due importanti Società scientifiche italiane e dalla sperimentazione in corso nelle RSA di due regioni italiane. Per poi entrare nel merito della timeline della ACP discutendo due situazioni topiche: il timing del suo avvio e la valutazione della capacità decisionale della persona affetta da demenza. Nonostante non esista una linea guida di buona qualità della ACP accreditata a livello internazionale, l'Autore conclude riconoscendo l'esigenza di sperimentare un nuovo approccio all'ACP in tutti gli ambienti psicogeriatrici con una timeline personalizzata sia pur nel rispetto di alcune raccomandazioni relative al suo avvio.

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P50-04 - Il Modello Treviso

Maria Manuela Berardinelli[1], Giorgio Pavan[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]ISRAA

Il progetto Rete Alzheimer, gestito dall'ISRAA in collaborazione con l'Azienda ULSS 2 Marca Trevigiana, rappresenta un sistema integrato di interventi rivolti alle persone con decadimento cognitivo e alle loro famiglie. La rete comprende un ampio spettro di servizi residenziali, semiresidenziali e domiciliari, articolati in una strategia multidimensionale di cura, supporto, formazione e sensibilizzazione.
Al centro c'è il Centro Specialistico per le Demenze (CSD), che coordina la Rete attraverso attività di valutazione multidimensionale, neuropsicologica, supporto psicologico, stimolazione cognitiva, fisioterapia, logopedia, interventi assistenziali, infermieristici e medici, attraverso progetti "su misura".

Parallelamente, sono attivi:

- 9 nuclei specialistici: 220 posti letto per persone affette da demenza, per periodi lunghi di residenzialità;

- Sezione Alta Protezione Alzheimer: struttura protetta di 15 posti letto per malati con sintomatologia complessa, per ricoveri temporanei di due mesi;
- 2 Centri Diurni Alzheimer: per un totale di 2 posti, attivi 7 giorni su 7, con trasporto dedicato e possibilità di pernottamento saltuario;
- Sezione di Alta Protezione Alzheimer a Domicilio: 160 progetti annuali domiciliari, con supporto multiprofessionale costruito in modo sartoriale, che comprende formazione ai caregiver e training operativo;
- LineAlzheimer: numero attivo 365 giorni per orientamento alle famiglie;
- Caffè Alzheimer: incontri gratuiti mensili itineranti in una decina di comuni, aperti ai familiari, agli operatori, con la possibilità di partecipazione dei malati.

ISRAA è facilitatore territoriale:

- protocollo "Comune amico della persona con demenza" con 8 Comuni e 8 Enti pubblici e privati;
- sostiene 14 Centri Sollievo gestiti dal volontariato, destinati a offrire sollievo temporaneo alle famiglie dei malati di Alzheimer o Parkinson.

Rete Alzheimer include attività formative per caregiver, operatori e forze dell'ordine. ISRAA partecipa a gruppi di lavoro internazionali (come North Sea Dementia Group, ENSA) ed ha siglato partnership scientifiche con IRCCS San Camillo di Venezia per ricerche avanzate su diagnosi precoce, neuroriabilitazione, modelli predittivi e tecnologie domiciliari (telemedicina, machine learning).

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People - Care work force

08/10/2025 - 14:00-15:15 - P51. Care workforce

P51-04 - Mind Your Words: Co-Creating Respectful Language for Dementia Training and Practice

Simone Bruin de[1], Leonie Copraij[1], Marlijn Cornelissen-Abbink[2], Fenke Beeftink[3], Ria Kisteman[4], Janneke Kramer[5], Jan Heining[6], Frank Kodden[7], Miranda Van der Velde - Prijs[8], Geraldine Visser[1], Leontine Groen-van de Ven[1], On behalf of the Enable-dem consortium[9]
[1]Windesheim University of Applied Sciences, [2]Ideon, [3]Wijz, [4]Netwerk Dementie IJssel- en Vechtstromen, [5]Zwolle Doet!, [6]Alzheimer Nederland, IJssel-Vecht, [7]Vereen, [8]Deltion/Windesheim University of Applied Sciences, [9]

Introduction: Language shapes how we think and act—and affects how people with dementia are seen and treated. Yet, its importance is often overlooked in professional education. As part of the Enable-dem project, a learning community of stakeholders from science, practice, and education was formed to promote living well with dementia. One key issue identified was the use of language in dementia training and practice.

Methods: Between October 2024 and April 2025, members of the learning community organized four co-creation sessions with teachers from Social Work and Nursing, health and social care professionals, volunteers, and people living with dementia. Topics included preferred language, the impact of certain words, and ways to promote more respectful language.

Results: The co-creation sessions revealed enthusiasm, interest, and motivation to engage in discussions about language, while also highlighting the lack of clear guidance in this area. Participants noted that while some terms (e.g. "demented," "patient," "closed ward") were quite universally perceived as negative, other terms were subjectively interpreted. Many felt that institutional words (e.g. adult day services centre) were overrepresented, overshadowing language related to everyday life (e.g. having a meaningful day). Some participants felt a need to adopt more empowering language—for example, preferring "he needs some assistance" to "he can't do that." Additionally, care professionals pointed out that not only daily conversations, but also electronic client records frequently contain stigmatising language (e.g. Mr. X displays sexually disinhibited behaviour, Mrs. X was very demanding).

Conclusion: The learning community identified opportunities to adapt language, both in communication *with* and *about* people with dementia. Together, they are currently co-creating an accessible and engaging training method to raise awareness and promote more respectful language in dementia training and practice, thereby contributing to living well with dementia.

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People - Care work force

08/10/2025 - 14:00-15:15 - P51. Care workforce

P51-05 - A Co-Designed Digital Educational Intervention to Reduce Restrictive Practices in Dementia Care Homes

Gary Mitchell[1], Christine Brown Wilson[2], Stephanie Craig[1]
[1]Queen's University Belfast, [2]

Background: Restrictive practices, such as physical and chemical restraints, are common in dementia care homes and negatively impact residents and staff. Despite guidelines advocating minimal use, uncertainty and moral conflict among staff necessitate effective educational interventions. This study evaluates the effectiveness and acceptability of a co-designed digital intervention to support decision-making and minimize restrictive practices in dementia care settings. The intervention's acceptability was assessed using the Theoretical Framework of Acceptability.

Methods: A mixed-methods study was conducted in 15 care homes in Northern Ireland that specialized in dementia care. The study employed a quantitative pre-test/post-test assessment of staff self-efficacy in identifying, assessing, and minimizing restrictive practices. Restrictive practices were also audited with care home managers before and three months after staff engagement with the digital intervention. Semi-structured interviews with care home staff explored the intervention’s acceptability and perceived impact. The digital intervention was developed through a seven-step accelerated experience-based co-design process involving healthcare professionals, care home staff, residents with dementia, and family members.

Results: A total of 214 care home healthcare professionals participated, with 67.3% reporting no prior training on restrictive practices in dementia care. Quantitative analysis showed a statistically significant increase in self-efficacy

scores post-intervention ($p < 0.05$). Audit data indicated a reduction in reported instances of physical, mechanical, and chemical restraint after three months. Qualitative interviews revealed high acceptability, with staff reporting increased awareness, improved decision-making, and greater confidence in managing dementia-related behaviors without resorting to restrictive practices.

Discussion: The co-designed digital intervention effectively enhanced care home staff's self-efficacy and reduced the use of restrictive practices in dementia care. Its high acceptability and perceived practicality suggest its potential for routine integration into dementia care home settings. This supports the broader adoption of tailored digital education to promote ethical, person-centered dementia care and minimize restrictive practices.

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People - Care work force

08/10/2025 - 14:00-15:15 - P51. Care workforce

P51-01 - Learning From the Co-designed HOME (Homeless, Older and Experiencing Memory Problems) staff support intervention

Penny Rapaport[1], Charlie Beeson[1], Sophie Gaber[2], Jill Manthorpe[2], Caroline Shulman[2], Gill Livingston[2]
[1]University College London, [2]

People experiencing homelessness have higher rates of cognitive impairment and are more likely to have Alzheimer's disease and related dementias than stably housed populations. Despite the growing number of older people experiencing homelessness and dementia, their complex care, support, and housing needs are often unmet. Staff in homelessness services are an overlooked dementia care workforce, and some homelessness hostels may unintentionally function as 'dementia communities'. Older people experiencing memory problems and homelessness experience extreme isolation and vulnerability, requiring staff to adopt flexible approaches beyond traditional roles to effectively advocate, safeguard, and care for residents. There is an urgent need to develop interventions to improve the care available to those experiencing homelessness and dementia and for the staff who support this highly marginalised population.

We will present our study co-designing and evaluating an intervention to enhance support for older people experiencing homelessness and memory problems. Co-designed with stakeholders, including people with lived experience of homelessness and memory problems and front-line hostel staff, the intervention addresses understanding and responding to distress behaviours

and social isolation, trauma-informed care, communication, mental capacity, and safeguarding.

In this presentation we aim to: (i) discuss the co-design process of the intervention with various stakeholders, (ii) report on our findings from the pilot study running the intervention in one homelessness hostel and (iv) report on our ongoing feasibility study quantitative and qualitative findings in terms of whether the intervention can be delivered, what staff liked and disliked about the intervention and its impact on staff wellbeing and support skills, and hostel residents' quality of life, functioning and service use. We will consider the limitations of our study and the practical implications of our work for policy and practice in the future.

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People - Care work force

08/10/2025 - 14:00-15:15 - P51. Care workforce

P51-02 - Grief and trauma in the care home: understanding impact, distress and support needs of staff

Louis Stokes, Emily Fisher, Bryony Waters-Harvey, Alys Wyn Griffiths
University of Sheffield

Background: Best practice models of person-centred care encourage care home staff to develop strong bonds with residents, often involving significant emotional investment. Such models do not consider how staff cope following traumatic events, such as the death of a resident, and subsequent support needs. There are limited interventions to support staff to process grief, and access to these is poor. For example, there are concerns about confidentiality if accessing counselling or telephone-based support. We currently lack understanding about what prevents care home staff from accessing psychological support, and the resultant impacts.
Aims: To understand the experiences of, and support available to, care home staff in relation to grief and trauma.
Methods: Staff members (n=28) from five social care organisations participated in one-to-one semi-structured interviews. Inclusion criteria were broad to explore different perspectives based on role, location, career stage and organisational factors. Interviews were recorded and transcribed verbatim, then analysed using the principles of reflexive thematic analysis.
Results: Most participants (n=25) experienced role-related grief, but broadly did not know how to process these feelings or seek support, particularly those new to care. Some were aware of confidential helplines, but raised concerns about their usefulness. Managers (n=3) felt unprepared to support staff experiencing grief and manage this across the care home, and noted impacts on staff retention and leave.

Discussions: Most participants reported experiencing grief and trauma. They expressed feeling unsupported, needing to take sickness leave, independently seeking support, and considering leaving the profession. Their grief marks emotional investment in person-centred care, which, while critical to good care, must acknowledge the toll it takes.
Next steps: Future research must explore appropriate support and interventions. Diverse staff types should be involved in the development and dissemination of interventions, as they support residents in distinct ways and are affected differently.

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06/10/2025 to 08/10/2025

Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 14:00-15:15 - P51. Care workforce

P51-03 - Looking back, Looking ahead : a national policy transforming the allied health professions contribution to supporting people living with dementia and their families.

Elaine Hunter
Alzheimer Scotland

Connecting People, Connecting Support (CPCS) (Alzheimer Scotland 2017, 2020) is a national policy that seeks to ensure that people living with dementia and their families have better access to allied health professionals (AHPs). At the heart of CPCS is partnership working, community connections, engagement and the voice of lived experience. The third policy report was published in 2024 (Alzheimer Scotland) sharing the progress and impact over the past four years. This presentation will share the findings of the update report highlight key messages and areas of action for the future including:

- the "policy journey" since 2010 including collecting and integrating evidence, identifying good practice and building alliances
- a whole system tailored delivery model that integrates brain health and rehabilitation into the AHP offer in Scotland
- examples of progress to date, sharing how policy has been integrated locally, and tells a story of transformation to improve people's experiences of care and support.

- key enablers for policy change that integrated the voice of people living with dementia and their families, both nationally and locally

- an implementation gap of policy to practice including access to AHP expertise that remains fragmented and the need to increase awareness of what dementia rehabilitation is and how it can lead to better outcomes
- policy priorities for the next 24 months, addressing implementation gaps and aligned to Scotland's dementia strategy. (Scottish Government 2023)

National policy can support transformational change in the way AHPs work in practice now and in the future, informed by the evidence base, which highlights the benefits of lifestyle modification towards supporting good brain health, early intervention for prevention, supported self-management and rehabilitation. The presentation will consider if an AHP policy in dementia should be developed in other European countries to enhance access to AHPs skills in brain health and rehabilitation.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 14:00-15:15 - P52. AI-MIND at the finish line

P52 - AI-Mind at the Finish Line: Advancing Trustworthy and Scalable Clinical AI for Early Dementia Risk Detection

Cindy Birck[1], Christoffer Hatlestad-Hall[2], Lukas Gemein[2], Oliver Opitz[2], Ira Haraldsen[2]
[1]Alzheimer Europe, [2]

As the AI-Mind project approaches its conclusion, this session will showcase key outcomes and strategic insights from four years of European collaboration dedicated to developing AI-driven tools for the early detection of dementia. Drawing from the AI-Mind cohort and the broader ambitions of the EURO-TWIN initiative, the session will provide a comprehensive perspective on how artificial intelligence (AI) can be responsibly and effectively embedded within clinical and regulatory frameworks.

The session will unfold through four thematic contributions:

1. Key figures and clinical implementation insights – Christoffer Hatlestad-Hall will present key figures from the AI-Mind study and insights learned from deploying the AI-Mind protocol, highlighting the foundational elements required for future clinical integration.
2. Technological Transformation – Lukas Gemein on behalf of the AI-Mind computational team will demonstrate the transformative potential of AI in cognitive healthcare, advocating for its practical adoption in clinical workflows as both necessary and achievable.

3. Regulatory Readiness – A deep dive into how AI-powered medical tools can align with European regulatory standards, with a focus on building trust through transparency, accountability, and compliance.
4. Real-World Clinical Adoption – Oliver Opitz of Bosch Health Campus will provide a practitioner's perspective on the relevance of AI-Mind solutions for general hospitals and local communities, emphasizing the critical need for cross-sector collaboration over isolated innovation.

Moderated by Ira Haraldsen, this session will also consider the broader implications for sustainable innovation in dementia diagnostics. It will conclude with a forward-looking discussion on how initiatives such as EURO-TWIN aim to build on AI-Mind's achievements—scaling towards next-generation, personalized virtual health twin technologies to support stratified interventions for cognitive decline.

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Sponsored Session (P53) - Signature Initiative

08/10/2025 - 14:00-15:15 - P53. The role of socio-affective assessment in dementia: the experience of SIGNATURE initiative

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P53-01 - Social behavior changes and social cognition deficits in people with neurocognitive disorders

Jordi Matias-Guiu Antem
Hospital Clinico S. Carlos

Socially inappropriate behaviors and other changes in social cognition have been proved in both major and minor neurocognitive disorders (NCDs) with crucial impact on patient's and caregiver's quality of life. This evidence strongly supports the early identification of objective neuropsychological impairments in order to promote a better awareness of such disorders, improve trajectories of wellbeing in patients, implement novel treatment strategies and reduce caregiver stress and burden for the ultimate benefit of the patient-caregiver dyad. Although a large body of literature actually supports the use of some neuropsychological tasks for the assessment of social cognitive subdomains, especially in NCD syndromes in which social cognition deficits represent the core symptomatology, as frontotemporal dementia, only a few patient-administered and caregiver-informed tools, for which accuracy measures and neurobiological bases have been tested, are available in clinical settings.

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Sponsored Session (P53) - Signature Initiative

08/10/2025 - 14:00-15:15 - P53. The role of socio-affective assessment in dementia: the experience of SIGNATURE initiative

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P53-02 - Successful bidirectional collaboration in social cognition: from research evidence to patient benefit

Chiara Cerami
Scuola Universitaria di Studi Superiori IUSS di Pavia

The discrepancy between the large body of research studies available on social cognition and the limited literature providing accuracy measures in clinical settings well represent the crucial mismatch between the flourishing results from experimental research and the poor implementation in the clinic. Synergies between experimental research and clinical neuropsychology in neurocognitive disorders (NCDs) have been poor for decades, and research initiatives addressing cognitive markers development, standardization and multicultural validation in real-life clinical scenarios are lacking. To answer to this need, an open science multi-centric international initiative on the "clinical use of SocIal coGNnition measures for the AssessmenT of neURocognitivE disorders" (SIGNATURE initiative; https://sites.google.com/unitn.it/signature-initiative/home) has been founded in February 2022 by converging the expertise of methodologists, researchers, clinicians, and caregiver and patient associations. The roadmap of the initiative moves from consortium creation and state-of-the-art definition to clinical recommendations and optimization of the use of socio-cognitive measures in real-life scenarios.

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Sponsored Session (P53) - Signature Initiative

08/10/2025 - 14:00-15:15 - P53. The role of socio-affective assessment in dementia: the experience of SIGNATURE initiative

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P53-03 - Understanding real needs and care perspectives in the assessment of socio-affective disorders

Alessandra Dodich
CIMeC Center for Mind/Brain Sciences, University of Trento

Harmonized neuropsychological assessment for neurocognitive disorders (NCDs) is an urgent priority in clinics. Socio-cognitive assessment in neurocognitive disorders (NCDs) is rare in clinical practice and no consensus exists as to a uniform operationalization of socio-cognitive measures for neurocognitive disorders in memory clinics. Here, we report findings from the first phase of SIGNATURE initiative (https://sites.google.com/unitn.it/signature-initiative/home), including a) evaluation of the state of the art in socio-cognitive assessment in memory clinics from 10 European and Latin American geographical regions and b) SIGNATURE guidelines for the use of socio-cognitive measures in NCDs based on a Delphi consensus method. The majority of memory clinic professionals reported no/limited experience with socio-cognitive measures. Ekman-60 faces was the most well-known and/or used task, followed by the Faux-Pas and Reading-the-Mind-in-the-Eyes tests. Overall, Delphi panelists recommended social cognition testing in routine diagnostic assessment to evaluate both socio-cognitive and socio-behavioral alterations. A set of clinical, methodological, implementation and external factors facilitating or hampering the use of socio-cognitive

tasks was identified. Bidirectional collaboration between research and clinics is required to address clinical needs and constraints and facilitate consistent socio-cognitive assessment in real-life scenarios.

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From research to communities - Biomarkers in dementia

08/10/2025 - 14:00-15:15 - P54. Biomarkers in dementia

P54-04 - Normative Modelling of Resting-State EEG as a Tool for Early Detection and Characterization of Alzheimer's Disease

Ángel Blanco[1], Ángel David Blanco[2], Claire Braboszcz[2], Gabriele Cattaneo[3], David Bartrés-Faz[4], Javier Solana-Sánchez[3], Ruben Perellón-Alfonso[3], Maitee Rosende-Roca[5], Laia Cañada[6], Juan Pablo Tartari[6], Emilio Alarcón-Martín[6], Montserrat Alegret[6], Merce Boada[6], Xavier Morató[6], Álvaro Pascual-Leone[7], Aureli Soria-Frisch[2]
[1]Starlab Barcelona S.L., [2]STARLAB BARCELONA S.L., [3]Institut Guttmann, [4]Universitat de Barcelona, [5]Alzheimer Center Barcelona, Universitat Internacional de Catalunya, [6]Alzheimer Center Barcelona, [7]Hinda and Arthur Marcus Institute for Aging Research, Hebrew Senior Life, Harvard Medical School

Traditional case-control studies often compare clinical and healthy groups, despite growing awareness that such approaches may overlook the biological heterogeneity underlying mental disorders. This can obscure subtle but meaningful brain changes that precede diagnosis or fall outside typical biomarker profiles. Normative Modelling (Rutherford et al., 2022) provides a powerful methodology to address this challenge by quantifying how individuals deviate from typical brain function across the lifespan, enabling a more personalized and sensitive assessment of neurological conditions.

In this study, we present a normative model of resting-state EEG data developed using recordings from the Enobio EEG system (Neuroelectrics). The model was trained on data from the Barcelona Brain Health Initiative (BBHI), a cohort of over 1,000 healthy participants with extensive longitudinal phenotyping, including fMRI, neuropsychological, physical, nutritional, sociodemographic, and well-being measures (Cattaneo et al., 2020). Participants were followed across multiple timepoints through both online and in-person assessments. We complemented this with EEG data from healthy participants at the Ace Alzheimer Center to show its capabilities for multi-site data harmonization.

We used Bayesian Linear Regression with B-splines to model non-linear age effects, incorporating age, gender, and site as covariates. The model successfully predicted age- and gender-related variations in relative band power across brain regions in the test group, showing potential for Quantitative EEG (QEEG) studies in cognitive decline associated with Alzheimer's Disease. Preliminary evaluations were conducted on a clinical dataset, collected at ACE, of 40 participants with mild cognitive impairment (MCI), categorized by Alzheimer's CSF biomarkers. We computed the mean of the top 1% most extreme z-scores per participant. Both MCI groups showed stronger positive deviations, but only the biomarker-positive group significantly differed from 20 matched healthy controls.

This approach supports early, individualized detection of prodromal Alzheimer's Disease and more precise, personalized interventions.

--Please include co-authors: Adelina Orellana(AlzheimerCenterBarcelona), Amanda Cano(AlzheimerCenterBarcelona), José M.,Tormos(InstitutGuttmann)--

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From research to communities - Biomarkers in dementia

08/10/2025 - 14:00-15:15 - P54. Biomarkers in dementia

P54-05 - Integrative Proteomics of CSF and Plasma Enables Cross-Compartment Biomarker Discovery in Alzheimer's Disease and Related Dementias

Isabelle Kowal, Ying Hao, Andy Qi, Mark Cookson
National Institutes of Health (NIH)

Although Alzheimer's Disease and related dementias (ADRD) are primarily characterized by neuropathological changes in the brain, growing evidence highlights the critical role of the peripheral biological systems to neurodegeneration and cognitive decline. While traditional biomarker discovery has been mainly focused around CSF biomarkers, which offers a window into brain-specific processes, its collection is rather difficult and invasive. Plasma, in contrast, is more accessible but presents challenges due to higher background noise and lower abundance of central nervous system-enriched proteins. Our study bridges this gap by leveraging paired biofluids from the same individuals to comprehensively profile ADRD-associated proteomic changes.

Using the SomaScan 11K assay and NULISAseq CNS Disease Panel–including aggregated forms of amyloid beta, alpha-synuclein, and phosphorylated Tau–we profiled over 10,000 proteins in paired plasma and CSF samples from a cohort of patients with ADRD, such as amyotrophic lateral sclerosis (ALS) and frontotemporal dementia (FTD). Paired samples enabled us to directly compare protein abundance across

compartments. With our dual-platform proteomics approach, we revealed over 100 proteins with high CSF–plasma correlation within individual platforms and over 30 proteins showing strong cross-platform correlation in each biofluid–including IL6R, NEFL, PARK7, and TREM2. Furthermore, several proteins previously proposed as blood-based biomarkers–such as GDF15, IGFGP2, and SERPINA3–showed significant differences across disease severity scores. Notably, GDF15 demonstrated a positive CSF–plasma correlation.

Although plasma biomarkers alone may lack specificity, they provide critical value when used alongside CSF to enable cross-compartment validation and to identify CNS-derived markers with translational potential for blood-based diagnostics. Our findings demonstrate the value of integrated CSF and plasma proteomics for identifying CNS biomarkers and highlight a set of candidate proteins for translation application in minimally invasive diagnostics for ADRD.

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From research to communities - Biomarkers in dementia

08/10/2025 - 14:00-15:15 - P54. Biomarkers in dementia

P54-01 - Predicting longitudinal basal forebrain and hippocampal volume in the Alzheimer's disease spectrum: the role of sex and Apoe4 genotype

Alice Grazia[1], Fedor Levin[2], Frank Jessen[2], Michael Wagner[2], Oliver Peters[2], Josef Priller[2], Anja Schneider[2], Jens Wiltfang[2], Emrah Düzel[2], Katharina Buerger[3], Robert Perneczky[3], Cristoph Laske[3], Annika Spottke[3], Alfredo Ramirez[3], Stefan Teipel[3]
[1]Universitätsmedizin Rostock, [2]Deutsches Zentrum für Neurodegenerative Erkrankungen, [3]

Background: Imaging studies show early atrophy of the cholinergic basal forebrain in prodromal sporadic Alzheimer's disease (AD). Women and APOE4 carriers face higher AD risk. However, mechanisms linking APOE4 to pathogenesis, particularly in a sex-specific manner, remain unclear. We explored the impact of sex and APOE4 on longitudinal basal forebrain and hippocampal volumes in individuals with subjective cognitive decline (SCD), mild cognitive impairment (MCI) and AD, alongside cognitively normal individuals.

Methods: We analyzed 710 MRI scans from the DELCODE study (51% female; median age = 71.25 years, IQR = 9.22), including 184 CN, 331 SCD, 128 MCI, and 67 AD participants, each with baseline and follow-up data (median follow-up = 4 years, IQR = 5). We used longitudinal volume segmentation and linear mixed-effects models to assess the effects of APOE genotype, sex, diagnosis,

age, and time on normalized to total intracranial volume basal forebrain and hippocampal volumes.

Results: The hippocampus, but not the basal forebrain, showed progressive atrophy over time (β = -0.01, t = -3.37, p = 0.0008, 95% CI [-0.02, -0.00]), with stronger effects in MCI and AD. Female participants had larger baseline basal forebrain (β = 0.30, t = 15.92, p < 0.0001, 95% CI [0.260, 0.333]) and hippocampal (β = 0.27, t = 8.35, p < 0.0001, 95% CI [0.21, 0.34]) volumes. APOE4 predicted reduced baseline volumes in both regions. However, we observed a significant association of APOE4 homozygosity to faster atrophy over time only in the hippocampus (β = -0.03, t = -3.17, p = 0.0015, 95% CI [-0.05, -0.01]).

Conclusions: Hippocampal atrophy progresses faster than basal forebrain atrophy and is influenced by APOE4 genotype, but not by sex. We detected no significant effect of sex or APOE4 on basal forebrain progression rate. These findings may have implications for research and pharmacological treatments in AD.

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From research to communities - Biomarkers in dementia

08/10/2025 - 14:00-15:15 - P54. Biomarkers in dementia

P54-03 - Deep Learning Integration of Simultaneous EEG and fMRI for Early Detection of Cognitive Impairment

Heng Zhang[1], Simon LAWS[1], Shuhua Ma[2], Lei Xie[2]
[1]Edith Cowan University, [2]Shantou University Medical College

Background : Early detection of cognitive impairment is critical for timely intervention and support. However, current diagnostic tools often rely on a single brain imaging method, which may not capture the full complexity of early brain changes in conditions such as Alzheimer's disease (AD) or mild cognitive impairment (MCI). In this study, we developed a deep learning model that combines electroencephalography (EEG) and functional MRI (fMRI) recorded at the same time, aiming to improve the early identification of people with cognitive impairment.

Methods : We recruited 99 participants for simultaneous resting-state EEG-fMRI scanning, including 14 people diagnosed with AD, 45 with MCI, and 40 cognitively healthy individuals. A two-stream neural network was trained to analyse the combined brain signals, and its performance was compared to models trained on EEG or fMRI alone. We evaluated classification accuracy, sensitivity, F1-score, and area under the ROC curve (AUC). We also assessed model consistency and visualised feature patterns using dimensionality reduction techniques.

Results: The combined model achieved 80% test accuracy, compared to 40% using EEG or fMRI alone. AUC values reached 0.90 for AD, 0.89 for MCI, and 0.86 for healthy controls. The model showed particular strength in detecting

MCI, which is often the most difficult to identify. Brain feature maps revealed clearer distinctions between groups when using the combined model.

Conclusions: This is among the first studies to apply deep learning to truly simultaneous EEG-fMRI data in the field of dementia. Our approach provides a more complete picture of brain activity by linking fast electrical signals with slower hemodynamic responses. This may lead to more accurate, non-invasive, and widely applicable tools for supporting the early diagnosis of people with cognitive impairment. This multimodal strategy may open new directions for detecting subtle neural changes long before clinical symptoms become clearly visible.

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From research to communities - Biomarkers in dementia

08/10/2025 - 14:00-15:15 - P54. Biomarkers in dementia

P54-02 - Informed Choices and Early Dementia Risk Disclosure in Home-Based Assessments in the PREDICTOM Study: A Public Involvement Approach

Sarah Campill[1], Dianne Gove[2], Ana Diaz[2], Anna-Katharine Brem[3], Zunera Khan[4], Ellie Pickering[5], Dag Aarsland[6], Jean Georges[1], Behalf Of The PREDICTOM consortium[6]
[1]Alzheimer Europe, [2]Alzheimer Europe asbl, [3]University Hospital of Old Age Psychiatry, University of Bern, [4]Institute of Psychiatry, Psychology and Neuroscience, King's College London, [5]University of Exeter, [6]Stavanger University Hospital

Background: The rapid progress in detecting dementia risk through emerging digital biomarkers and biofluid markers, alongside the development of disease-modifying treatments (DMTs), underscores the importance of this evolving field. The PREDICTOM study leverages technological advances to develop an AI-driven platform for home-based early diagnostic assessment. Here, we explore mitigating the potential emotional impact of risk disclosure to participants post at-home screening phase based on previous work and publication by Alzheimer Europe on ethics and risk disclosure.

Methods: In parallel with the development of the multicentre study, in which N=4000 individuals over the age of 50 with increased risk of developing AD are recruited across 7 European sites, a Public Ambassador Group (PAG) of people from the general public with/without lived experience (N=7) from five European countries was set up to share their views, concerns and feedback with the

project partners. PAG was consulted to discuss participants' needs and expectations regarding post-at-home screening (level 1) feedback and risk disclosure for participants who are included as well as excluded from level 2 (in-clinic assessments). Insights from these consultations informed the development of a resource for informed decision-making, helping participants understand the emotional impact of risk disclosure. This was followed up by the development of a decision-making tool based on a bottom-up approach involving the PAG and Alzheimer Europe's European Working Groups.

Results: Interim results from the PI work highlight the need for a tool to help participants make informed choices about risk disclosure, avoiding distress due to a lack of understanding. This is particularly relevant for early dementia detection studies, where participants might underestimate their risk.

Conclusion: The PREDICTOM study will offer a pioneering resource for research participants in early dementia risk detection studies, co-created with public input. Key components and the preliminary version of the decision-making tool will be presented.

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Policy - Research funding

08/10/2025 - 14:00-15:15 - P55. Research funding

P55-02 - Multidisciplinary research consortia to achieve impact in the (inter)national dementia field (funded by ZonMw)

Gabriëlle Lijten, Caréanne Rijnja
ZonMw

The Dutch organization for healthcare research, ZonMw, aims to ensure good health for everyone by building and utilizing knowledge. ZonMw identifies knowledge gaps, provide subsidies for research and innovation, enable and support networks and facilitate the implementation of research findings.

Within ZonMw, one of the main branches is the Dementia Research Programme (DRP), which revolves around the National Dementia Strategy (presented by the Dutch Ministry of Health, Welfare and Sport). This national strategy is structured in accordance with three main themes: 'A world without Dementia', 'Persons with dementia matter' and 'Tailor-made support when living with dementia'.

Within these national themes, the DRP focuses on treating, diagnosing and eradicating dementia and supporting people with dementia and their loved ones. In general, the DRP facilitates the development of a robust, high-performance and sustainable knowledge, research and development infrastructure around dementia and Alzheimer Nederland is an esteemed partner in this entire process.

One way the DRP aims to achieve its main objectives, is by the formation of five large-scale multidisciplinary research consortia that received a ZonMw grant in 2022. Centers of excellence, research groups , healthcare institutions and companies joined forces, both within a consortium as well as overarching collaboration between the different consortia. The DRP consists of several work packages, based on different aspects of dementia, these include: Fundamental Research, Risk Reduction, Diagnostics, and Early Onset Dementia. Each of the five consortia takes responsibility for implementing the objectives related to one or more of these work packages.

The consortia are now in their third year. Based on an external exploratory study, significant results are being achieved by the different consortia. Therefore, ZonMw intends to continue funding for the five consortia. With this new funding, the consortia will expand current research with a strong focus on connection and impact in the dementia field.

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Policy - Research funding

08/10/2025 - 14:00-15:15 - P55. Research funding

P55-01 - Lived experience leading the way in funding dementia research: the Alzheimer Scotland Student Research Programme

Carleen Smith[1], Elaine Deehan[2], Joanna Boddy[3], Kenny Moffat[3], Tony Worthington[3]
[1]Alzheimer Scotland, [2]Alzheimer Scotland Active Voice, [3]

The Alzheimer Scotland Student Research Programme supports the next generation of dementia and brain health research by funding studentships at institutions across Scotland. It is part of Alzheimer Scotland's commitment to make Scotland the best environment for research and promoting innovative approaches to research including nurturing the development of early career researchers. The Programme fully funds at least one Masters level studentship annually.

This Programme is different from other funding schemes as it places people with lived experience of dementia at the heart of the research funding process. They lead the entire journey from selecting priority topics, reviewing the written applications to conducting interviews. This Selection Panel consists of members from Alzheimer Scotland's Active Voice groups which includes people living with dementia and current or former carers. Academics with funding expertise support the process by reviewing applications for feasibility and advising on gaps that require further clarification. This ensures funding is awarded to research that is relevant to those affected by dementia, both now and in the future. The Panel is chaired by Alzheimer Scotland ambassador Prof Martin Rossor.

Beyond funding, the programme enhances the professional and personal development of successful applicants throughout their research projects. The students and their research team benefit from support such as: developing research communication skills by regularly updating the Selection Panel and collaborating throughout the project; speaking at events; gaining insights into dementia from those with lived experience through engagement with Alzheimer Scotland services; and networking with world-leading researchers affiliated with Alzheimer Scotland.

As of March 2025, the programme has funded three studentships, with recipients already receiving the aforementioned support. The impact of this Programme is clear with students expressing gratitude for the guidance received throughout their research journey. A formal evaluation of this Programme will be completed in the summer 2025.

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Policy - Research funding

08/10/2025 - 14:00-15:15 - P55. Research funding

P55-05 - Modelling the complexity of health and social care services for dyads living with dementia and other long term conditions: A reflection of interdisciplinary working

Melanie Handley[1], Claire Goodman[1], Reinhold Scherer[2]
[1]University of Hertfordshire, [2]University of Essex

Background: People with dementia often have other long-term conditions (e.g. diabetes, heart or respiratory disease), complicating their care and increasing demands placed on unpaid carers. Dementia also challenges how health and care services identify and meet these needs. The MEDAL study (Modelling the Experience of Dementia And Long-term conditions) explored how systems engineering and mathematical modelling can map service use and test potential service changes before implementing interventions. This paper shares reflections on working across health care and engineering disciplines.

Method: The 18-month study applied the Engineering Better Care framework to synthesise findings from a realist review (Handley et al., 2025), public engagement, and multidisciplinary meetings (clinicians, engineers, data scientists, and researchers) for model building. Agent-based and systems dynamic models were created using integrated health and care data from one region in England.

Findings: Substantial time and iterative conversations were needed to establish a common language and understanding of what was known about how systems of care worked. This was essential to identify solutions with an evidence base and what was thought could improve outcomes but was untested (e.g. longer consultation times, structured involvement of unpaid carers). Integrating the collective knowledge of the team was challenging and required

work to develop sufficient understanding of both disciplines and an appreciation of the cultural differences. By training and educating each other we overcame these challenges and developed prototype models that represent real-world health and care systems. The process of model building revealed knowledge and data gaps, prompting further discussion with clinicians. Visual pathway maps and critique of assumptions helped define key system inputs and outputs.

Discussion: The rise in digitalisation, machine learning, and AI provides new opportunities for care improvement. Realising these benefits requires investment in interdisciplinary collaboration that includes care recipients, and iterative, evidence-driven approaches to developing practical and impactful solutions.

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Policy - Research funding

08/10/2025 - 14:00-15:15 - P55. Research funding

P55-04 - Building a Collaborative Research Ecosystem: The HUB Alzheimer Barcelona PhD Fellowships Initiative

Carla Obradors-Tarrago[1], Josep Maria Argimon[1], Carolina Minguillón[2], Arcadi Navarro[1], HUB Alzheimer Barcelona[3]
[1]Pasqual Maragall Foundation; HUB Alzheimer Barcelona, [2]Pasqual Maragall Foundation, [3]

In response to the urgent societal challenge of an ageing population, and building on Barcelona's recognised leadership in Alzheimer's research, the HUB Alzheimer Barcelona was created to dynamise collaboration across public and private institutions and society, consolidating the city's global position in dementia research. Promoted by the Pasqual Maragall Foundation with the support of the Barcelona City Council, the HUB brings together six leading biomedical institutions: Ace Alzheimer Center Barcelona, Barcelonaβeta Brain Research Center, Hospital Clínic de Barcelona, Hospital del Mar, Hospital de Sant Pau, and Hospital Universitari Vall d'Hebron.

To foster a new generation of collaborative and multidisciplinary research, the HUB launched the **HUB Alzheimer Barcelona PhD Fellowships**, a funding programme addressing clinical research on Alzheimer's disease or related neurodegenerative conditions across areas such as biomarkers, prevention, and novel therapeutic strategies. Each project must be conducted across two different HUB centres and co-supervised by their researchers, aiming to strengthen inter-institutional ties, promote resource sharing, and expand the research network across Barcelona.

The first call, launched in February 2025, offers up to three fully funded four-year fellowships, covering gross salary, tuition fees, and research-related expenses, with total funding of up to €148,000 per fellow. Each host HUB institution could submit a maximum of two proposals, although normally only the highest-scoring one would be eligible for funding, ensuring broader institutional representation while maintaining scientific excellence.

The selection process by a renowned experts committee, grounded in transparency, objectivity and scientific rigour, evaluates proposals based on candidate excellence, supervisor leadership, and project quality.

The call closed in April 2025 with eight proposals received. Final results will be announced in June 2025, enabling successful candidates to commence their doctoral studies by September 2025. Through initiatives like these, the HUB Alzheimer Barcelona strengthens a sustainable, interconnected, and globally competitive research ecosystem for dementia care.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 14:00-15:15 - P55. Research funding

P55-03 - Jade Health. Joint Action Addressing Dementia And Health.

Bernardino Morillo Merino, Elisabeth García
FUNDESALUD

JADE Health is designed to integrate validated best practices and/or (cost-)effective interventions across countries and regions through transnational pilot initiatives, complementing and reinforcing existing policies and programs. The project covers holistically all the pathology, from improving health literacy and awareness of dementia, traveling through screening and primary prevention among high-risk populations, and reaching people living with Dementia including go the neurological disorders.

This project will take into account the role of car eproviders, relatives, and health professionals, improving service pathways and care solutions. The main objective of the JADEHealth Joint Action (JA) is to improve and foster health in the EU Member States by reducing the burden of Dementia and other Neurological Disorder and related diseases, both at societal personal level, through improving prevention and early detection of the illnesses (diseases) and improve education and insight into and understanding of the disease for relatives, care professionals and other stakeholders. This Joint Action will be implemented by 17 countries of EU involving best practices in 44 pilots in the countries participating. The project initiative covers the entire pathology from a holistic viewpoint. Awareness, prevention, early detection, treatment, and care methods. JADE Health also addresses transversal and intersectional aspects, e.g., promoting equity in health, social, cultural, and ethnic diversity, and the

improvement of data availability. The activities are distributed into 9 Work Packages (WPs): 4transversal WPs, and 6 technical WPs. The wide coverage of JADE Health is secured by the involvement of 19 EU countries and 39partners. JADE Health will enhance cross-national collaboration, maximizing the exploitation of lessons learned through a clear strategy, engaging groups of interest, and promoting integration and sustainability of approaches to achieve high-level impact

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Care services - End-of-life care

08/10/2025 - 14:00-15:15 - P56. End of life care

P56-04 - Ethical perspectives on Assisted Dying and Dementia. What policymakers must consider

Laura O'Philbin, Clodagh Whelan
The Alzheimer Society of Ireland

Background: The discourse on assisted dying has gained prominence in Ireland in recent years, garnering significant media attention and political debate. This prompted the establishment of the Joint Oireachtas Committee on Assisted Dying. This committee was tasked with exploring legislative changes concerning a statutory right to assisted dying. The Alzheimer Society of Ireland (ASI) made a submission to the Committee highlighting seven key areas that the Committee must consider in the context of dementia and assisted dying.

Content of presentation: In this presentation we will discuss seven key considerations necessary in any discussions regarding assisted dying.

1. **Safeguarding Concerns:** Dementia is a complex condition, involving cognitive decline, and cognitive lucidity that can fluctuate dramatically. There appears to be little evidence regarding the effectiveness and standardisation of safeguards in the process of assisted dying.
2. **Perception of Burden:** Caregivers of individuals with dementia experience stress and burnout. It's crucial to recognise that these challenges stem from inadequate support systems, not from the

individuals themselves. Framing persons with dementia as burdens can lead to devaluation of their lives.

3. **Risk that Assisted Dying becomes an alternative to Assisted Living:** There is concern that without robust dementia services and quality palliative care, assisted dying might be viewed as a solution to systemic inadequacies.
4. **Adopting a Rights-Based Approach:** It's imperative to view the lives of people with dementia through a rights-based lens, avoiding ableist perspectives that might devalue their experiences

We will also discuss (5) The requirement for robust consultation particularly is there is not consensus among people with dementia on this matter, (6) Addressing the stigma associated with dementia, which is influencing public discourse, and (7) Progress on dementia services and supports in Ireland.

The above will be discussed in the context of personhood, consent, dignity and human rights.

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Care services - End-of-life care

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P56-03 - A Utopia of Home-Based Good Death? Facilitators and Barriers to Home-Based End-of-Life Care for People Living with Dementia: A Meta-Ethnographic Analysis

Guo Yin, Leah Macaden, Divya Sivaramakrishnan, Yajing Wang, Huimin Chong
Nursing Studies, School of Health in Social Science, University of Edinburgh

Background: Achieving a "good death" at home for people living with dementia remains an aspiration rather than a reality. Despite the preference for home-based end-of-life care among people with dementia and their families, institutional deaths continue to predominate.

Objectives: This review systematically synthesized qualitative evidence to identify the facilitators and barriers influencing home-based end-of-life care for people living with dementia to develop a conceptual framework integrating these complex factors.

Methods: A meta-ethnographic synthesis of qualitative studies was conducted following a systematic search across PubMed, MEDLINE, Embase, CINAHL, PsycINFO, Web of Science, and the Cochrane Library Academic databases in October 2024. Quality appraisal of the selected studies was completed using the CASP tool.

Results: Seventeen studies were included, involving 255 healthcare providers, 227 family caregivers, and six individuals living with dementia.

Guided by Levesque's patient-centered healthcare access framework, 23 themes were identified that represented facilitators and barriers to home-based end-of-life care for people living with dementia. These themes spanned the continuum from need perception to care utilization and were further categorized into supply-side factors (e.g., lack of clear referral standards and pathways; marginalization of dementia in end-of-life care; continuity and stability in care services; empowerment of family caregivers) and demand-side factors (e.g., lack of service awareness; absence or invalidity of advance directives; preference for dying in place). Notably, existing research is predominantly from high-income countries, masking global disparities.

Conclusions: Home-based end-of-life care for people living with dementia represents a "battle of compounded systemic and family-based barriers." Future research must shift from identifying these barriers to designing actionable, culturally adaptable solutions that ensure that dying at home is not merely a utopian vision but an accessible and supported choice. Additionally, future research urgently needs to focus on the context of low- and middle-income countries to fill the global knowledge disparities.

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Care services - End-of-life care

08/10/2025 - 14:00-15:15 - P56. End of life care

P56-01 - End of Life Care and Euthanasia in Belgium: Current Legislation and Ethical Considerations for Potential Expansion

Jurn Verschraegen
Centre of Expertise on Dementia Flanders

Since 2002, Belgium has been one of the few countries in the world with a law permitting euthanasia under specific conditions. The law requires that the person with dementia be mentally competent, conscious, and experiencing unbearable and untreatable physical and/or psychological suffering. The condition of mental competence, which refers to the ability to make independent decisions, does not formally exclude euthanasia in situations of mild to moderate dementia. The request for euthanasia must be voluntary, well-considered, repeated, and free from external pressure. Additionally, a second physician must provide an opinion, and if death is not expected in the near future, a one-month waiting period is required, along with a third opinion from a specialist or psychiatrist.

In Belgium, euthanasia through an advance directive is currently only permissible if the person with dementia is irreversibly unconscious, such as in a coma or vegetative state. Advance directives drafted after April 1, 2020, are valid indefinitely, while those drafted before this date expire after five years. There are ongoing calls from politicians, ethicists, healthcare professionals, and the public to amend the law to allow euthanasia via advance directives in cases of advanced dementia.

This presentation will explore the current legal framework, the Belgian government’s position, and the ethical considerations surrounding the potential expansion of the law to include such situations. Furthermore, from a

perspective of human dignity, we briefly discuss the importance of advanced care planning in dementia and who should be involved in this process.

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Care services - End-of-life care

08/10/2025 - 14:00-15:15 - P56. End of life care

P56-05 - Palliative and end-of-life care in dementia: a European mapping

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Introduction: Living well with dementia is essential and should remain so until the end of life. There is growing interest in palliative and end of life care in dementia including how to empower better care across settings and in developing recommendations to support optimal care. The palliative and end-of-life care in dementia INTERDEM taskforce aims to provide direction in this area by identifying research priorities that can develop evidence-based support. One of its objectives is to map palliative and end-of-life care provision for people with dementia across different European countries to highlight similarities and differences to promote shared learning.

Methods: The following information was collected: National palliative care plans or strategies; Specific legislation (advance care planning, euthanasia, assisted dying, and living wills); Availability of Specialised palliative care services; existence of a National Dementia plan; Dementia-specific palliative care standards/guidelines and care services; and Figures about deaths due to dementia and place of death. The information was gathered through internet searches and by directly contacting associations, federations, and palliative care societies. Data was cross-checked by Taskforce members.

Results: To date, information has been collected from 33 countries. Among these, 56% have a dementia plan, and 67% have a national palliative care plan or strategy. All countries have services providing palliative care, such as

hospices, mobile palliative teams, palliative consultation services, palliative care units, and home-based care. Dementia palliative care standards or guidelines exist in 18 countries, but only 8 countries have dedicated palliative care services for dementia.

Conclusion: Palliative and end-of-life care in dementia remains an important issue across Europe. The disparities observed suggest opportunities to improve and develop services and psychosocial interventions. The data is invaluable for research and policy, may be accessed by Taskforce members or upon request, and will be continuously updated to reflect evolving practice.

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Care services - End-of-life care

08/10/2025 - 14:00-15:15 - P56. End of life care

P56-02 - Caring in Death: Protocol for a Pilot Evaluation of Co-Produced Palliative Dementia Care Resources for Care Workers Hesitant to Engage with Death and Dying

Rasa Mikelyte[1], Arti Makwana[1], Keith Oliver[2], Julia Seath[3], Alicia Fooks[4], Sarah Hotham[1], Claire Butler[1], Claire Surr[5], Ann-Marie Towers[6]
[1]University of Kent, [2]Person living with dementia, [3]Family dementia carer, [4]St. Brelades and The Cumberland Care Homes, [5]Leeds Beckett University, [6]King's College London

Background: Nearly one million people in the UK live with dementia. At the end of life, many are supported by care workers in home or residential care settings. However, lots of care workers do not feel well-prepared to deliver palliative dementia care. While training exists, it typically focuses on improving knowledge. Yet some care workers still find it difficult to plan for death, shift to comfort-only care, or respond to fears about - dying despite having knowledge. In societies where the topic of death remains 'taboo', knowledge alone is not enough. Resources must also address care worker concerns and hesitance.

Objectives: This study is underpinned by the premise that to produce effective resources on supporting people with dementia around death and dying in social care settings, it must (1) be co-produced with people living with dementia, their families, and care workers, and (2) be underpinned by behaviour change theory.

Methods: Guided by the COM-B behaviour change framework, this 20-month study has three phases:

- *Phase 1*: A rapid scoping review and exploratory conversations with people living with dementia, family carers and dementia care workers, to understand hesitance and how to address it.
- *Phase 2*: Co-production of new resources with people living with dementia, family carers and dementia care workers, focused on enhancing motivation, capability, and opportunity.
- *Phase 3*: Piloting and evaluating resources using think-aloud methods and interviews to assess usability, acceptability, and potential impact.

Why this matters: People living with dementia are not passive recipients of care. This study reflects a strong desire from those with lived experience to shape what good care looks like, even around a 'taboo' or 'sensitive' topic like dying. This presentation of our study protocol will discuss how to meaningfully involve people living with dementia and other stakeholders across the research cycle: as co-applicants, co-producers and co-disseminators.

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Care approaches - Art interventions

08/10/2025 - 14:00-15:15 - P57. Art interventions

P57-04 - The potential of professional musicians in conducting musical group interventions with people with dementia.

Sandra Oppikofer, Andreas Lukas Huber
University of Zurich, Healthy Longevity Center

Background: "Music Circles" is an eight-week programme implementing an interactive and creative music-making together with people with dementia, caregivers, professional musicians and other care home staff carried out for the first time in Switzerland. Professional musicians have limited access to psychosocial interventions in their day-to-day work but could personally benefit from programs like Music Circles. Given the proven effectiveness of music interventions for individuals with dementia, they may also become a valuable resource for delivering musical interventions in nursing homes in the future.

Research question: How does active music-making in a group with people with dementia using improvisation affect professional musicians' well-being, their experience of this work and their attitude and knowledge about dementia?

Method: Multimodal data collection: sociodemographic data and qualitative content analysis of diaries of musicians as well as focus groups.

Sample: Sample of participants from three "Music Circles" cycles in three different care homes in Zurich (Switzerland): n=6 (Saxophonist, harpist, tuba player, bassoonist, violinist, vocalist), average age=47.8 years (range: 35-64), 66.6% women, 33.3% men.

Results: The "Music Circles" intervention led to highly evident positive effects for the musicians. They all experienced a very positive state during sessions,

which significantly improved over time. They experienced their work meaningful and rewarding, with significantly improved attitudes and knowledge about dementia. The musicians formed strong social connections, experiencing touching moments with people with dementia and staff. Additionally, they expanded their musical skills. Overall, "Music Circles" provided a valuable, enriching experience, fostering both professional and personal growth in the participating musicians.

Discussion: These results confirm professional musicians as a relevant group to deliver musical interventions for people with dementia in nursing homes, which also profit by strong personal development when working in a rather unknown field.

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Care approaches - Art interventions

08/10/2025 - 14:00-15:15 - P57. Art interventions

P57-02 - Bringing music to people with dementia: the International Music Advocacy Coalition's manifesto, research and action plan

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[1]IRCCS INRCA Italian National Institute of health and science on aging, [2]Universidade Federal do Rio Grande do Sul (UFRGS), [3]Right to Music, [4]MUSIC CARE, [5]Premier Senior Geriatric Centre, [6]University of Nottingham

Background: Music is not merely a form of entertainment; it is a fundamental cultural asset and a source of wellbeing to which every individual is entitled. Inclusion in musical activities has been shown to alleviate dementia symptoms, enrich caring relationships, and enhance overall well-being. People with dementia benefit, and so do their caregivers.

An online community of researchers and leaders in the field of music and dementia care recruited members from numerous countries and constituted the International Music Advance Coalition (IMAC). This presentation will explain how we plan to address the inequalities in access to music in Europe and beyond.

Methods: We agreed on a statement of purpose and translated this into 19 languages. We collated knowledge about best practice in music care. We undertook a survey of what forms of music are provided across diverse care settings worldwide.

Results: We found evidence of unequal access, both within Europe and beyond. We also found that many countries around the world share common barriers to access and use of music. In many cases, older adults are viewed through a lens of helplessness, disregarding their right to engage with the cultural fabric of their communities. Based on these findings, we arrived at a consensus across nations, about a common vision for music use in dementia care.

Conclusion: This disparity highlights the urgent need for systemic change and a transfer of knowledge and technology from the places where music is widely used to the places where it is scarce. We will present our strategic approach to address this challenge and explain how Alzheimer Europe conference participants can support our work.

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Care approaches - Art interventions

08/10/2025 - 14:00-15:15 - P57. Art interventions

P57-05 - Prospective Exploration of the Impact of Dance (DIT-DIT) on Patients with Alzheimer's Disease: Quality of Life, Functionality, and Cognition

Yahveth Cantero-Fortiz[1], América Morera[2], Aimar Perez-Galí[3], Jaime Conde-Salazar[3], Marina Guitart[2], Susana Diego[2], Roger Abós[2], Nanette de Valery[2], Anabel de Blas[2], Ana Conde-Salazar[4], Isabel Suqué[5], Miren Jone Gurrutxaga[2], Lluís Tárraga[2], Mercé Boada[2]
[1]Ace Alzheimer Center Barcelona-Institut Catalá de Neurociencies Aplicades, [2]Ace Alzheimer Center Barcelona; Barcelona, Spain., [3]CONDEGALI B.L., [4]CONDEGALÍ B.L; Barcelona, Spain., [5]Fundació Castell Peralada, Barcelona, Spain.

Background: Dementia, particularly Alzheimer's disease (AD), remains a major public health challenge. Building on promising results from a previous pilot study conducted at Ace Alzheimer Center Barcelona — which demonstrated subjective and objective improvements in quality of life (QoL), functionality, and cognition through dance (DIT-DIT) sessions — a second phase of the study was initiated to validate and expand these findings in a new patient cohort.

Patients and Methods: Participants were randomly selected from Ace Alzheimer Center Barcelona's day-care facility. Dance sessions (DIT-DIT) are being conducted twice weekly, with evaluations of QoL, functionality, and cognition using standardized scales including the Berg Balance Scale, Activities of Daily Living (ADL) indices, the Mini-Mental State Examination (MMSE), and the Alzheimer's Disease Assessment Scale–Cognitive Subscale (ADAS-Cog).

This second phase began in February 2025 and is scheduled for completion in June 2025. Final data analysis will be performed upon study completion.

Preliminary Insights: Findings from the initial phase in 2024 after the pilot study, revealed significant functional improvements, particularly in balance as measured by the Berg Balance Scale, and in activities of daily living (ADL). Cognitive performance also showed enhancements, with improvements noted in MMSE and ADAS-Cog scores for some participants. Although overall QoL scores on standardized measures remained stable, participants reported perceived improvements in mood, self-confidence, and social interaction. Greater session frequency correlated positively with better functional outcomes, highlighting the potential dose-response relationship of dance interventions in dementia care.

Conclusions: Dance interventions, integrated into a holistic care approach, show promise in enhancing balance, daily functioning, and cognitive performance in patients with AD. Final results from the ongoing expanded cohort will provide further evidence on the therapeutic role of dance in dementia care.

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Care approaches - Art interventions

08/10/2025 - 14:00-15:15 - P57. Art interventions

P57-03 - Let the body speak: supporting relational connection through improvised movement

Jennifer England[1], Leah Macaden[2]
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Background: From birth to death, the body holds the capacity for movement. Even when bedbound, a finger may tap in time with a rhythm, or the head may tilt gently in response to a melody. While contemporary culture often privileges cognitive function, the expressive and relational power of the body is frequently overlooked. Though studies using music to foster relational connection for people living with dementia (PLWD) are increasing, the body in movement in these contexts remains under-explored. This paper presents findings from six families involved in Phase 2 of a study in Scotland and Italy, which aimed to support relational connection through movement.

Aims: To explore:

1. If improvised movement with music, using 'mimesis'—a method of becoming similar to one another in movement—can enhance relational connection
2. How families living with dementia can embed creative movement in daily life

Methods: A longitudinal qualitative study in Scotland and Italy, co-designed with lived experience participants. Each dyad (a PLWD and a significant other) received individualised sessions in their home over 12 months. Data was

collected through video of movement sessions and interviews. Dyadic vignettes and thematic analysis supported both individual dyadic findings and cross-dyad comparison.

Findings: Improvised movement allows the PLWD to 'shine' by taking the lead and being an expert in their own body expression. It offers meaningful, in-the-moment connection, creating space for playful and joyful engagement. Routes into movement must be tailored to each dyad's needs. The use of 'mimesis' is a simple and effective method to engage people in relational movement.

Discussion: As cognitive capacity may decline, the body remains a vital, often overlooked channel for connection—making it imperative that research takes seriously the playful, creative potential of bodily expression. More research could explore 'mimesis' as a method for bodily expression.

Key words: dyad, body expression, creative, movement, 'mimesis', relational

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Care approaches - Art interventions

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P57-01 - Melody Memory Project: Intangible Heritage Music as a Path to Inclusion and Dementia Care for Aging Dutch-Indie and Indonesian Communities in The Netherlands

Monique van Bruggen-Rufi, Manik Kharismayekti, Amalia Fonk-Utomo
Alzheimer Indonesia Nederland

Background: The elderly with a migration background, particularly those from the former Dutch Indies and Indonesia, face unique aging challenges due to language barriers and cultural differences, and struggle to access support services. The Melody Memory Project (MMP) Nederland, by Alzheimer Indonesia Nederland, bridges generations through music, helping elderly individuals reconnect with their cultural identity. By involving people with dementia, their families, and the public, the project preserves memories through photography and film, passing this heritage to future generations.

Aim: The goal of MMP Nederland is to promote accessible social inclusion by enabling elderly individuals to actively participate in community activities through the use of intangible cultural heritage.

Activities: Running from September 2024 to July 2025, MMP Nederland consists of seven music events held in culturally sensitive elderly care institutions across Gelderland (Rumah Kita, Rumah Saya), North Holland (Patria), South Holland (Leilinde), and Groningen. These events use Indo-Dutch heritage music to facilitate intergenerational and intercultural connections. A Moluccan photographer and an Indonesian filmmaker capture these stories in Melody Memory in Frame, an exhibition of portraits and short films.

Result: Each month, 100–150 participants of all ages—including individuals with dementia—take part in interactive performances featuring tifa, krontjong, gamelan, angklung, and student ensembles. Through singing, dancing, and music-making, MMP preserves Indo-Dutch, Moluccan, and Indonesian heritage while fostering well-being and social connection, especially among the elderly with dementia, in line with principles of reminiscence therapy.

Conclusion: Through a culturally sensitive, music-based approach, MMP offers diverse musical tools that empower elderly individuals to express themselves while strengthening intergenerational connections and preserving intangible heritage for future generations. It serves as a platform for social interaction, allowing close family members and healthcare professionals to gain a deeper understanding of the emotional world of elderly individuals with dementia, ultimately benefiting all parties involved.

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Types of dementia - Intellectual disability and Down syndrome

08/10/2025 - 14:00-15:15 - P58. Intellectual disability & Down syndrome

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P58-01 - Developing "DigIDe": A Digital Tool for Identifying Early Dementia Symptoms in People with Intellectual Disabilities

Annalisa La Face, Dominik Pendl, Barbara Gasteiger-Klicpera
Karl-Franzens-Universität

In Austria, due to the lack of specialised diagnostic services to routinely perform neuropsychological testing for people with intellectual disabilities (Schachner et al., 2022), suspicion of dementia is often raised not by objective decline in cognitive assessments, but by subjective observations of behavioural changes by caregivers (Dodd, 2014; Holst et al., 2018). However, recognising early signs of dementia is particularly challenging in residential care settings, where caregivers often lack long-term familiarity with the person, making it difficult to detect subtle changes over time (Bishop et al., 2015). As a consequence, dementia symptoms are often overlooked and, despite the high incidence of dementia in this population, it is generally underdiagnosed (Holingue et al., 2022).

To support early dementia diagnosis, we have developed a digital tool specifically designed for facilities supporting individuals with intellectual disabilities, *DigIDe*. This tool facilitates standardised observation, identification, and documentation of behavioural, cognitive and physical changes that may indicate dementia. Using an observation matrix, it guides caregivers in monitoring key areas where early symptoms typically

appear, ensuring a systematic approach to identifying relevant changes that can be promptly reported to clinicians for diagnostic assessment.

To develop the observation matrix, we began with a review of existing observation instruments for dementia in people with intellectual disabilities, conducted interviews with 30 caregivers, and piloted it with eight teams of three formal caregivers. Each team independently completed the observation matrix for the same person with intellectual disability, enabling us to identify and eliminate items with low inter-rater agreement or high response variability. The final observation matrix includes demographic information and the dimensions cognitive functions, communication, behaviour and emotions, personal hygiene and physical activities.

In our presentation we will present the participatory development process and the final tool, which addresses a significant demand in Austria's disability and health services.

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Types of dementia - Intellectual disability and Down syndrome

08/10/2025 - 14:00-15:15 - P58. Intellectual disability & Down syndrome

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P58-04 - Web training Down's syndrome and dementia

Christina Kuhn
Demenz Support Stuttgart gGmbH

The “OnAir” self-help group for family caregivers of people with Down‘s syndrome and dementia was founded in October 2023. Relatives often notice changes early on, but rarely find professional support. There is a general lack of information on the topic of dementia and participants in the self-help group contribute questions, experiences and tips. The web training is the next step in providing family caregivers and employees of disability care organizations with low-threshold access to a solid information base. Relatives and people with Down‘s syndrome are involved in the development of the web training. Relatives articulate their information needs and check whether the web training meets these needs and is designed to be understandable and appealing. People with Down's syndrome take part in a short educational program on the subject of dementia, report on their experiences with people with dementia from their environment and help design the web training with film scenes. The appealing design of the web training with interactive elements and film scenes combines depth of information with playfulness.

The web training includes a small brochure that is sent out afterwards. User experience will be evaluated to further improve the web training.

The web training is being developed in cooperation with the German Down Syndrome InfoCenter and is funded by the Dieter von Holtzbrinck Foundation. The web training will go online in February 2026 and will be available to everyone free of charge.

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Types of dementia - Intellectual disability and Down syndrome

08/10/2025 - 14:00-15:15 - P58. Intellectual disability & Down syndrome

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P58-02 - Salivary lactoferrin levels in Down Syndrome: a case-control study

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Individuals with Down Syndrome (DS) have a high age-dependent risk of developing Alzheimer's disease (AD). In addition to genetic causes, this high risk involves dysregulated immune-inflammatory system. Low lactoferrin levels, one of the main antimicrobial proteins present in saliva, has been associated with AD. Here, we evaluated whether salivary lactoferrin levels change across the life span of individuals with DS. The study included 152 participants, 72 subjects with DS and 80 euploid individuals, and were divided into those under and over 45 years of age, accordingly with the age-dependent risk of AD. Median of salivary lactoferrin were higher among DS individual, in parallel to salivary total protein, but there were no differences in the ratio of lactoferrin to total protein in saliva between groups.

Only DS individuals had higher median salivary lactoferrin levels in the age group under 45 years. Meanwhile non-significant differences were detected for the ratio salivary lactoferrin levels to total salivary protein between groups under 45 years,

those levels were lower in DS subjects over 45 years old compared with the age-matched control group. Furthermore, the ratio of salivary lactoferrin levels to total protein in DS was associated with cognitive decline being lower in demented groups compared with mild and moderate cognitive impairment groups. In summary, this study indicates that salivary lactoferrin was dysregulated in DS, with significant lower ratio of salivary lactoferrin levels to total salivary proteins in individuals with DS over 45 years old, a population with a gradually increasing risk of AD.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 14:00-15:15 - P58. Intellectual disability & Down syndrome

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P58-03 - Using eye tracking for cognitive screening in Down syndrome with dementia - a feasibility study

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Background: Individuals with Down syndrome (DS) are at an increased risk of developing dementia, but cognitive screening is complicated by pre-existing intellectual disabilities. Eye-tracking technology has emerged as a non-invasive method to assess cognitive function. This study explored the feasibility of using eye-tracking for cognitive screening in adults with DS with and without dementia.

Methods: A cross-sectional case series design was employed involving ten adults with DS (five with dementia and five without). Subjects completed several cognitive tasks while their eye movements were recorded using a Tobii Pro fusion eye tracker. Feasibility metrics included successful calibration, gaze data quality, and task completion. Additionally, "time to first fixation" and "fixation duration" on target images were analyzed. Cognitive scores were derived based on total fixation durations on target images.

Results: Calibration was successful for all subjects, although one subject with dementia required five attempts and had a low gaze sample rate (12%). The remaining subjects achieved gaze sample rates between 50% and 88%. Six out of 10 subjects completed the full set of tasks with the support of staff members to maintain attention. Subjects with dementia demonstrated longer times to first fixation but comparable fixation durations to those without dementia. Cognitive scores were lower among subjects with dementia (mean score 23.02) compared to those without dementia (mean score 34.99), although gaze sample rates were not significantly correlated with cognitive scores.

Conclusions: The findings suggest that eye-tracking may be a feasible method for cognitive screening in adults with DS when staff support is provided. While individuals with dementia exhibited slower gaze responses, their ability to maintain fixation was acceptable. Further research is needed to optimize calibration procedures and develop protocols that enhance data quality in this population.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 14:00-15:15 - P59. Politiche italiane sulla Demenza

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P59-03 - Verso una riorganizzazione dei servizi per la demenza in Italia nella nuova era farmacologica

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[1]Università di Modena e Reggio Emilia, [2], [3]Istituto Superiore di Sanità

Background
L'approvazione a livello europeo delle terapie disease-modifying per la malattia di Alzheimer segna un cambio di paradigma, con ricadute che vanno oltre i soli pazienti eleggibili. In Italia emerge la necessità di ripensare la rete dei Centri per i Disturbi Cognitivi e le Demenze (CDCD) per garantire qualità, equità e sostenibilità.

Obiettivi
Discutere un modello di riorganizzazione dei servizi basato su una logica hub-and-spoke, capace di:

1. Assicurare accesso sicuro e tempestivo ai farmaci disease-modifying per i pazienti candidabili.
2. Rafforzare la presa in carico integrata e gli interventi evidence-based per la maggioranza dei pazienti non candidabili.

Metodi
Analisi comparativa delle raccomandazioni nazionali e internazionali, con adattamento a principi di sostenibilità, qualità delle cure e centralità del paziente. Sono stati definiti ruoli differenziati per cure primarie, Spoke e Hub, includendo strumenti di valutazione e governance.

Risultati attesi

- **Stratificazione**: utilizzo di strumenti clinici e predittivi per selezionare i pazienti ad alto rischio di conversione a demenza da inviare agli Hub per la conferma biologica.
- **Fragilità**: valutazione sistematica con strumenti validati (es. VMD/MPI) per modulare decisioni diagnostiche e terapeutiche.
- **Case management**: figura dedicata per coordinare screening, percorso diagnostico, presa in carico e supporto ai caregiver.
- **Sicurezza**: protocolli condivisi per gestione ARIA e monitoraggio infusionale, con accesso a RM e neuroradiologia dedicata.
- **Telemedicina e formazione**: teleconsulenza sincrona Hub–Spoke/MMG e programmi formativi ECM congiunti per favorire precocità diagnostica e uniformità di pratica.
- **Governance**: registro centralizzato, indicatori di processo/esito e audit periodici per monitorare l'implementazione.

Conclusioni
La riorganizzazione dei CDCD rappresenta un'opportunità per allineare innovazione terapeutica e ridefinizione dei servizi, con un approccio che mira a un sistema di cura equo, centrato sulla persona e resiliente, capace di rispondere sia ai bisogni dei pazienti candidabili ai nuovi trattamenti sia a quelli della più ampia popolazione con demenza.

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Sessioni ITALIANE (solo relatori invitati) - Politiche italiane sulla Demenza (Federazione Alzheimer Italia)

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P59-05 - Il progetto INFORMA 2.0 nel contesto delle app per la stimolazione cognitiva

Francesco Sciancalepore[1], Antonio Ancidoni[2], Marco Simoni[2], Alice Paggetti[2], Elisa Fabrizi[2], Paolo Caffarra[2], Elisabetta Farina[2], Donata Gollin[2], Marina Gasparini[2], Camillo Marra[2], Andrea Stracciari[2], Andrea Zanella[2], Sandra Morelli[2], Flavia Lombardo[2], Nicola Vanacore[2], Carlo Gabelli[2]
[1]National Centre for Disease Prevention and Health Promotion Italian, Istituto Superiore di Sanità, Rome, Italy, [2]

Introduzione: Nell'ambito del Disturbo Neurocognitivo (DNC), si sta assistendo a una crescente diffusione di applicazioni digitali finalizzate alla stimolazione, al training e alla riabilitazione cognitiva. Tuttavia, molti di questi software non seguono il percorso regolatorio richiesto per essere riconosciute come Dispositivi Medici (DM) e successivamente come terapie digitali. Il progetto INFORMA 2.0, finanziato dal Fondo per l'Alzheimer e le Demenze 2024–2026, nasce per colmare questo gap, proponendosi di validare il software attraverso un iter clinico rigoroso al fine di ottenere un'approvazione come terapia digitale.

Metodi: Il progetto si è sviluppato in due fasi. La prima ha previsto una revisione sistematica della letteratura relativa a RCT su app cognitive per

pazienti con DNC; la seconda fase ha portato alla costruzione di un protocollo pilota e di un RCT multicentrico su scala nazionale per valutare l'efficacia e la sicurezza del software INFORMA 2.0.

Risultati: La revisione sistematica ha evidenziato una qualità metodologica complessivamente bassa negli studi, con un bias significativo riguardante la ridotta dimensione campionaria e gruppi di controllo non sempre adeguati. Per cercare di ridurre i limiti emersi dalla letteratura, il trial INFORMA 2.0 coinvolge 21 centri clinici in 14 regioni italiane, per un totale di 470 partecipanti e adotta un "placebo digitale" a cui verrà erogato un intervento simile al gruppo sperimentale. Inoltre, per garantire la conformità normativa e favorire l'approvazione come terapia digitale, nel protocollo è previsto di individuare un Fabbricante con lo scopo di iniziare un percorso regolatorio necessario a ottenere la marcatura CE del software.

Conclusioni: L'integrazione tra evidenze scientifiche, sperimentazione clinica e adempimenti normativi pone le basi per un possibile riconoscimento del software come terapia digitale, contribuendo così all'evoluzione del trattamento del DNC nell'ambito della tele-riabilitazione e del "digital health".

Progetto realizzato con il supporto tecnico e finanziario del Ministero della Salute

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P59-04 - La prevenzione della demenza in Italia

Guido Bellomo[1], Simone Salemme[2], Antonio Ancidoni[2], Elisa Fabrizi[2], Alice Paggetti[2], Francesco Sciancalepore[2], Ilaria Bacigalupo[2], Eleonora Lacorte[2], Teresa Di Fiandra[2], Nicoletta Locuratolo[2], Nicola Vanacore[2]
[1]National Centre for Disease Prevention and Health Promotion Italian, Istituto Superiore di Sanità, Rome, Italy, [2]

Introduzione

La demenza è una sfida globale, con oltre 50 milioni di casi nel mondo e una proiezione di 152 milioni entro il 2050. Le evidenze indicano che fino al 45% dei casi può essere prevenuto agendo su 14 fattori di rischio potenzialmente modificabili. Nel triennio 2021–2023, il Fondo Demenze ha sostenuto attività per stimare il potenziale di prevenzione e mappare le azioni pianificate sul territorio. Il Fondo 2024–2026 punta a integrare e rafforzare le strategie preventive a livello nazionale/regionale (progetto realizzato con il supporto tecnico e finanziario del Ministero della Salute).

Metodi

Le attività del Fondo 2021–2023 si sono basate sull'analisi dei dati dei sistemi PASSI e PASSI d'Argento, stimando frazioni attribuibili (PAF) e di

impatto potenziale per 11 fattori di rischio. È stata inoltre condotta un'analisi dei PRP regionali, caratterizzando le azioni di prevenzione della demenza. Per il triennio 2024–2026 sono previsti l'aggiornamento delle stime, l'analisi approfondita dei PRP e l'estensione della valutazione ad altre strategie nazionali/regionali. Accanto alle attività nazionali, prosegue la partecipazione alla Joint Action europea "*JADEHealth*", che mira a ridurre l'impatto della demenza e di altre malattie neurologiche.

Risultati

Nel 2021–2023, il PAF nazionale è stato del 39,6%, con punte del 47,5%. Una riduzione del 10% dei fattori di rischio eviterebbe oltre 54.000 casi. Sono stati identificati 248 interventi, focalizzati su inattività fisica e rischio cardiovascolare, con limitata copertura di ipoacusia, trauma cranico e basso livello di istruzione. È emersa inoltre una certa eterogeneità tra le regioni.

Conclusioni

I risultati evidenziano opportunità per una prevenzione efficace, ma persistono disomogeneità territoriali e la necessità di un monitoraggio strutturato per valutare l'impatto degli interventi. Il nuovo Fondo punta a un approccio integrato e condiviso con le regioni, per una programmazione più solida e omogenea, in raccordo con le iniziative europee.

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P59-02 - Aggiornamento del Piano Nazionale Demenze italiano: un approccio ispirato all'OMS per governance, pianificazione e allocazione delle risorse

Teresa Di Fiandra[1], Nicoletta Locuratolo[2], Ilaria Bacigalupo[2], Caterina Bianca Neve Aurora Bianchi[2], Fiammetta Landoni[2], Mario Possenti[2], Paolo Caffarra[2], Massimiliano Massaia[2], Camillo Marra[2], Guido Bellomo[2], Simone Salemme[2], Antonio Ancidoni[2], Nicola Vanacore[2]
[1]Istituto Superiore di Sanità, [2]

Introduzione: Il Piano Nazionale Demenze (PND), approvato nel 2014 e pubblicato nel gennaio 2015, è privo di finanziamenti strutturali dedicati e si articola in quattro macro-obiettivi: sviluppo di politiche sanitarie e sociosanitarie integrate; costruzione di una rete assistenziale dedicata alla demenza; promozione di modelli assistenziali appropriati; campagne di sensibilizzazione e contrasto allo stigma, finalizzate al miglioramento della qualità della vita. Nel maggio 2025, il Ministero della Salute ha istituito un sottogruppo di lavoro, all'interno del Tavolo Permanente sulla Demenza, con il compito di aggiornare il PND.

Metodi: Il processo di revisione si ispira al *Global Action Plan on the Public Health Response to Dementia 2017–2025* e alla guida operativa

dell'Organizzazione Mondiale della Sanità (*Towards a Dementia Plan*), adottando un approccio metodologico articolato in tre fasi: preparazione, sviluppo e implementazione del nuovo PND. A supporto del lavoro, sono stati analizzati 12 piani nazionali contro la demenza adottati in altri Paesi, al fine di identificare buone pratiche trasferibili al contesto italiano.

Risultati: Per ciascuna delle sette aree strategiche individuate dal piano globale dell'OMS, il gruppo di lavoro definirà lo stato dell'arte, gli obiettivi strategici, le azioni prioritarie, le *milestone* operative, le risorse necessarie e gli indicatori di monitoraggio. Entro sei mesi, il gruppo presenterà una prima bozza del nuovo PND al Tavolo Permanente sulla Demenza, avviando un processo consultivo multisettoriale.

Conclusioni: L'aggiornamento del PND rappresenta un'evoluzione significativa rispetto alla versione del 2014, distinguendosi per il suo allineamento con le linee guida dell'OMS, l'attenzione alla sostenibilità finanziaria e la promozione di un approccio sistemico. Grazie ai finanziamenti previsti, il passaggio da una logica progettuale a un investimento sistemico segna un cambio di paradigma nella politica nazionale sulla demenza, in direzione di un'assistenza più equa, sostenibile e centrata sulla persona.

Progetto realizzato con il supporto tecnico e finanziario del Ministero della Salute

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P59-01 - La riforma dell'assistenza a lungo termine in Italia: stato attuale e prospettive future

Cristiano Gori[1], Cristiano Gori[2]
[1]University of Trento; Patto per un Nuovo Welfare sulla Non Autosufficienza, [2]

La Legge italiana 33/2023, emanata a marzo 2023, rappresenta un significativo sforzo legislativo per riformare il sistema nazionale di assistenza a lungo termine (LTC) in un contesto di rapido invecchiamento della popolazione. La legge mira a semplificare i servizi e migliorare il supporto alle persone anziane non autosufficienti. Il primo decreto attuativo (Decreto Legislativo 29/2024) è entrato ufficialmente in vigore a marzo 2024. Attualmente, l'attuazione della riforma presenta un quadro eterogeneo. Un risultato chiave è il passaggio a un processo di valutazione multidimensionale unificato, progettato per semplificare l'accesso all'assistenza sanitaria e sociale integrata. Ciò mira a superare la precedente frammentazione dei servizi. Tuttavia, diversi elementi critici subiscono ritardi o modifiche sostanziali. La completa ristrutturazione dell'assistenza domiciliare, obiettivo fondamentale della legge, è stata rinviata e un nuovo modello operativo deve ancora essere pienamente definito. Analogamente, il previsto "Assegno universale per anziani non autosufficienti" è stato ridimensionato, emergendo come un bonus sperimentale limitato per il 2025-2026, destinato solo a una

piccola fascia di persone con disabilità grave di età superiore agli 80 anni. Anche l'istituzione di un Sistema Nazionale per gli Anziani (SNAA) unificato è stata rinviata. Le prospettive future dipendono in larga misura dalla capacità di tradurre i principi della legge in azioni concrete e dalla disponibilità di risorse adeguate. È fondamentale migliorare l'assistenza domiciliare, garantire una maggiore integrazione dei servizi e valorizzare il ruolo dei caregiver familiari. La riforma mira a un sistema di assistenza a lungo termine (LTC) più strutturato, equo e moderno. Tuttavia, il suo successo richiederà uno sforzo concertato e coordinato da parte di istituzioni, professionisti, famiglie e Terzo Settore per superare le attuali criticità e soddisfare la crescente domanda di assistenza.

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Sessioni ITALIANE: La città che vorrei, la comunità a sostegno della fragilità (Alzheimer Uniti Italia)

08/10/2025 - 14:00-15:15 - P60. La città che vorrei

P60-05 - Lo stigma sociale nella demenza: validazione italiana della Dementia Public Stigma Scale (DEPSS)

Roberta Sturaro[1], Silvia Gonella[2], Isabella Santomauro[2], Daniela Berardinelli[3], Roberto Quarisa[4], Sarang Kim[5], Valerio Dimonte[2], Sara Campagna[2]
[1]Dipartimento di Biomedicina e Prevenzione, Università degli studi di Roma "Tor Vergata" e Dipartimento di Scienze della Sanità Pubblica e Pediatriche, Università degli Studi di Torino, [2]Dipartimento di Scienze della Sanità Pubblica e Pediatriche, Università degli Studi di Torino, [3]Dipartimento di Scienze della Sanità Pubblica e Pediatriche, Università degli Studi di Torino,, [4]Associazione Alzheimer La Piazzetta, [5]Dementia Data Improvement Unit, Australian Institute of Health and Welfare

Introduzione: La demenza è in costante crescita con oltre 55 milioni di casi nel mondo. Lo stigma sociale legato alla demenza rappresenta una barriera significativa per il supporto e l'inclusione delle persone con questa malattia. La Dementia Public Stigma Scale (DePSS) è uno strumento che misura lo stigma sociale legato alla demenza e che può orientare gli interventi informativi e formativi.

Obiettivo: Validare in lingua italiana la DePSS.

Metodo: Lo studio si è articolato in due fasi: traduzione e adattamento culturale, e validazione psicometrica. La scala è stata tradotta secondo le linee guida di Beaton, con una valutazione di chiarezza e rilevanza mediante pre-test su 5 esperti e 41 laici. Successivamente, è stata testata su un campione di 1.329 partecipanti (età 14-93 anni). Sono state eseguite correlazioni item-totale (r), affidabilità (Omega di McDonald), test-retest (r) e analisi fattoriale confermativa (CFA).

Risultati: La versione italiana della DePSS è risultata soddisfacente per equivalenza semantica e concettuale, ha mostrato buona consistenza interna (omega = 0,776) e stabilità nel tempo (r=0,725, p<0,001). Tutte le correlazioni item-totale erano comprese tra 0.3 e 0.7. La CFA ha confermato la struttura originale a cinque fattori (paura e disagio, incapacità e perdita, riconoscimento della personalità, burden ed esclusione) con buoni indici di adattamento (CFI = 0,941, TLI = 0,923, RMSEA = 0,050 e SRMR = 0,045).

Discussione e conclusioni: La DePSS è una scala di rapida compilazione con soli 16 item che esplora tutte le componenti dello stigma: stereotipi, pregiudizio e discriminazione, a differenza di altre che valutano solo gli atteggiamenti positivi nei confronti delle persone con demenza, ma non quelli negativi. La DePSS italiana è uno strumento valido e affidabile per misurare lo stigma legato alla demenza che può essere utile per coloro che si occupano di politiche sanitarie.

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P60-06 - Teatro Fragile - Maneggiare con Cura

Alessandro Manzella, Alessandro Manzella
APS Le Compagnie Malviste ETS

Dal 2009, Le Compagnie Malviste promuove un metodo innovativo denominato *Teatro Fragile, Maneggiare con cura*, rivolto principalmente a persone affette da Alzheimer e da altre forme di fragilità cognitiva. Questo approccio si fonda sull'idea che il teatro possa essere uno strumento efficace per contrastare l'isolamento sociale, promuovere il benessere psicosociale e valorizzare l'espressione di sé.

I laboratori teatrali coinvolgono non solo le persone fragili, ma anche i loro familiari, caregiver, volontari e cittadini di tutte le età. Si tratta di interventi artistico-psicosociali che mirano a creare un ambiente accogliente, dove i partecipanti si sentano ascoltati, rispettati e liberi di esprimersi.

Le attività includono giochi verbali e corporei, esercizi di movimento ispirati alla danza terapia, uso di oggetti evocativi, musica dal vivo e tecniche narrative. Ogni elemento è pensato per stimolare la memoria fisica e sensoriale, incentivare la comunicazione e rafforzare il senso di appartenenza al gruppo.

Il valore del metodo risiede nella sua dimensione collettiva e inclusiva: attraverso il teatro, si superano barriere generazionali, culturali e cognitive, dando spazio al contributo autentico di ogni partecipante. La nostra esperienza ha dimostrato quanto sia importante e vincente la combinazione di far

incontrare e stare tutti insieme, portando avanti un lavoro collettivo dove differenze, definizioni e lo stigma sfumano fino a perdersi.

I percorsi all'interno dei laboratori danno spesso vita a performance nello spazio pubblico che si svolgono in pub, bar, teatri, sale culturali, scuole, parchi, favorendo il coinvolgimento attivo della comunità, dando sempre più importanza all'aspetto intergenerazionale che ha portato a coinvolgere gli istituti scolastici di ogni ordine e grado, inclusa l'università, presenti sul territorio.

Teatro Fragile, Maneggiare con Cura si configura così come un'esperienza di cura relazionale, dove l'arte diventa veicolo di ascolto, dialogo e trasformazione sociale.

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P60-02 - I percorsi della città amica

Maria Manuela Berardinelli[1], Gianluca Darvo[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]Darvo Serrani Project

In un'epoca segnata dall'invecchiamento demografico e dall'aumento delle fragilità individuali e sociali, la configurazione dello spazio urbano gioca un ruolo cruciale nel promuovere inclusione, autonomia e benessere.

La riflessione si concentra sulle caratteristiche che rendono l'architettura e la pianificazione urbana realmente inclusive, con riferimento a esempi concreti del panorama nazionale e internazionale. Progettare città capaci di accogliere le differenze significa considerare le esigenze di tutte le persone, in ogni fase della vita, comprese quelle che convivono con la demenza o con altre forme di decadimento cognitivo.

Una "città amica" si costruisce attraverso spazi pubblici leggibili, accessibili, riconoscibili, sicuri e confortevoli: luoghi in cui orientarsi facilmente, incontrarsi, sostare e muoversi senza ostacoli fisici o psicologici. Non si tratta di creare ambienti speciali per "categorie fragili",

ma di adottare soluzioni trasversali, capaci di migliorare la qualità della vita quotidiana per tutti.

Molte esperienze europee mostrano come infrastrutture di prossimità, percorsi sensoriali, spazi verdi accessibili e sistemi di orientamento chiari e protesici possano favorire l'autonomia e la partecipazione sociale, riducendo il senso di isolamento e rafforzando i legami di comunità.

Con questo approccio i percorsi della città amica diventano infrastrutture relazionali e strumenti di cura diffusa, capaci di rispondere non solo ai bisogni funzionali, ma anche a quelli emotivi e simbolici. Un ambiente urbano progettato per essere equo e attento ai bisogni di tutti contribuisce a sostenere la dignità delle persone e a costruire comunità più coese, empatiche e resilienti.

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P60-03 - La città amica della demenza: utopia o realtà? Il caso di Macerata tra cultura dell'accoglienza e cambiamento sociale

Maria Manuela Berardinelli[1], Susanna Cipollari[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]AFAM

Il concetto di "città amica delle persone con demenza" può sembrare un'utopia, ma può trasformarsi in realtà attraverso un profondo cambiamento culturale, incentrato sull'accoglienza, sulla sensibilizzazione e sull'abbattimento dello stigma. Una città amica è quella in cui la fragilità non è nascosta, ma riconosciuta e accompagnata con dignità. È una città in cui la normalità diventa accessibile a tutti e dove anche chi ha perso la memoria può continuare a vivere una quotidianità ricca di relazioni e significati.

Macerata, con la sua storia di accoglienza, si propone come laboratorio ideale per costruire un modello di città realmente inclusiva. Il modello sviluppato a Macerata si è rivelato efficace e ispiratore: attualmente è seguito da 23 città italiane, che ne stanno adattando i principi alle proprie realtà.

Da questa esperienza è nato anche un vademecum operativo, pensato per orientare e supportare nuove comunità desiderose di intraprendere lo

stesso percorso, costruendo così una rete nazionale di città autenticamente accoglienti, aperte e solidali.

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P60-04 - I Musei italiani per la demenza

Maria Manuela Berardinelli[1], Cristina Bucci[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]Musei Toscani per l'Alzheimer

I programmi museali per le persone con demenza sono ormai diffusi a livello globale; hanno trovato spazio e messo radici nel contesto di realtà museali che fanno dell'accesso all'arte e alla cultura uno dei punti cardine della missione del museo, accanto e sullo stesso piano del ruolo della conservazione del patrimonio.

Anche in Italia sempre più musei dedicano programmi alle persone con demenza.

In Toscana questi programmi hanno svolto un ruolo pionieristico nella costruzione del welfare culturale di comunità: attualmente le istituzioni culturali coinvolte sono 26 e rappresentano 70 musei e una biblioteca disseminati su tutto il territorio regionale e sono coordinate in un sistema formalizzato che ha il sostegno della Regione Toscana.

Un recente convegno, svoltosi a Firenze e promosso dal Sistema Musei Toscani per l'Alzheimer, ha dato l'avvio alla costituzione di una rete nazionale dei Musei Italiani per la Demenza che, secondo una recente

mappatura, può contare 83 programmi museali attivi in 12 regioni italiane.

I programmi che i musei dedicano alle persone con demenza e a chi di loro si prende cura, non hanno la pretesa di ridurre i sintomi, le conseguenze dirette della demenza; mirano semmai ad affrontare il problema dell'isolamento sociale, innescare un miglioramento nella relazione tra persone con demenza e carer, abbattere lo stigma. Siamo convinti che reali, profonde esperienze culturali siano un nutrimento essenziale per la nostra vita, anche – o soprattutto – in condizioni di fragilità.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 14:00-15:15 - P60. La città che vorrei

P60-01 - Non sono la mia malattia: Vivere con una demenza rara e disabilità invisibili

Maria Manuela Berardinelli[1], Francesco Parisotto[2]
[1]ALZHEIMER UNITI ITALIA OdV, [2]NOVILUNIO

Nel suo intervento, Francesco Parisotto, noto anche come Frank, condividerà la sua testimonianza di vita con la **CADASIL**, una **rara forma di demenza** diagnosticatagli a 49 anni nel 2015. La CADASIL è un'arteriopatia cerebrale autosomica dominante che provoca infarti sottocorticali, leucoencefalopatia, ictus ischemici ricorrenti e cambiamenti cognitivi, accompagnati da emicranie con aura, stanchezza fluttuante, confusione mentale, difficoltà nella pianificazione e disturbi dell'umore. Pur riconoscendo l'**impatto significativo** della demenza sulla sua vita quotidiana, Francesco sottolinea con forza di **non essere la sua diagnosi**: è una persona come noi, con i suoi ideali, passioni, hobby e fragilità, che desidera essere considerata, coinvolta e amata.

Frank illustrerà le sfide quotidiane del deterioramento neurocognitivo: fatica, frustrazione, dolore e depressione. Con la moglie Fanny, che convive con la sclerosi multipla da 15 anni, presenterà una doppia prospettiva sulle **disabilità invisibili**. Entrambi attivisti, lottano per mantenere autonomia e vivere con **dignità e normalità**. Frank evidenzierà il bisogno cruciale di una **comunità che accolga le**

diversità, offrendo supporto e strumenti per vivere bene dopo la diagnosi.

A tal fine, presenterà le strategie adottate per affrontare le difficoltà, inclusi percorsi di auto mutuo aiuto e progetti di ortoterapia. Il suo "IKIGAI" (scopo nella vita) è dimostrare che la diagnosi richiede **adattamento**, promuovendo l'accettazione delle imperfezioni per trasformarle in qualcosa di prezioso – come insegna il *Kintsugi* giapponese. Per Frank è fondamentale poter ancora fare, dare ed essere, incoraggiando l'ascolto e il coinvolgimento attivo nelle decisioni che li riguardano, affrontando le sfide con dignità e sorriso, guidati dai motti "per me decido io" e "**non mollare mai!**".

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 08:30-10:00 - PL04. Not all dementias are Alzheimer's disease

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PL4-02 - Genetic risk factors for Lewy Body Dementia, Parkinson's disease and Alzheimer's disease

Rejko Krueger
Transversal Translational Medicine, Luxembourg Institute of Health (LIH) Luxembourg; Translational Neuroscience, Luxembourg Centre for Systems Biomedicine (LCSB), University of Luxembourg, Luxembourg; Parkinson's Research Clinic, Centre Hospitalier de Luxembourg (CHL), Luxembourg, Luxembourg

Although Alzheimer's disease is the most common form of neurodegenerative dementia, there is a significant part of the worldwide burden of dementia caused by synucleinopathies like dementia with Lewy bodies (DLB) or Parkinson's disease dementia (PDD). The majority of people with dementia are sporadic and supposed to be based on an interplay between genetic and environmental factors. However, monogenic forms with specific mutations in genes like amyloid precursor protein (APP) for AD or alpha-synuclein (SNCA) for DLB and PDD allowed to identify causes of the neurodegenerative process and are instructing us about the underlying mechanisms.

In this context proteins encoded by mutant APP or SNCA, Abeta and aSyn respectively, not only pathologically aggregate in brains of these rare familial forms, but were pathognomonic for all cases with the

respective disease and therefore Abeta and aggregated forms of aSyn were the meantime established as biomarkers for the these types of dementia. For the common sporadic forms of dementia, genetic risk factors were identified as ApoE or GBA1 for AD, DLB and PDD that substantially contribute to Abeta and aSyn pathology, respectively. Moreover, polygenic factors, where a certain pattern of common variants in genes defining a specific pathway are conferring risk to develop the disease.

These pathway-specific PRS have recently been even validated functionally in neurons derived from stem-cells and predicted therapy-response in people. Therefore there is increasing evidence for genetic factors contributing to dementia risk, paving the way for improved biomarkers and promising disease-modifying treatments, i.e. antibodies raised against the specific aggregating proteins in AD, DLB and PDD.

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Sponsored Session (SS2) - Lilly

07/10/2025 - 12:00-13:00 - SS01. Translating Innovation into Improved Alzheimer's Care

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SS01 - Step into the Role of a Decision Maker: Translating Innovation into Improved Alzheimer's Care

Elena Meli
Corriere della Sera

Join us for an immersive symposium that invites you to walk in the shoes of those shaping the future of dementia care. This unique session will spotlight the powerful intersection of scientific innovation and community engagement, focusing on one of the most pressing challenges in Alzheimer's disease (AD): achieving timely and accurate diagnosis[1].

The symposium will explore how decades of research are now converging into transformative diagnostic and therapeutic innovations. With the potential to modify the course of AD on the horizon, the time is now to ensure early, accurate diagnosis and timely intervention, when they can make the greatest difference[2].

Attendees will gain exclusive insights into the real-world social and systemic barriers that delay diagnosis and limit access to care[3]. A panel of experts will examine the profound impact these delays have on patients and caregivers, and highlight the benefits of a streamlined, standardized diagnostic pathway. Current fragmented systems place unnecessary strain on families and healthcare resources, this event will challenge participants to envision and advocate for a better way forward.

Finally, the symposium will emphasize the pivotal role of healthcare leaders in redefining how AD is managed. By allocating the necessary funding and support, we can reduce the burden of disease and ensure that all individuals affected by AD receive the care and services they deserve[1].

The time is now to acknowledge the burden, embrace innovation, dismantle barriers, and take collective action to future-proof our healthcare systems.

PP-AD-IT-0180

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Sponsored Session (SS3) - DEMPACT

07/10/2025 - 12:00-13:00 - SS02. Research and co-creation: from tokenism to meaningful engagement

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SS02-02 - Involving experts by experience in research about quality of life: insights from the SPREAD+ consortium

Gili Yaron[1], Stella Thissen[2], Sascha Bolt[3], Debby Gerritsen[4], Simone de Bruin[1], Dika Luijendijk[5], Marjolein de Vugt[6]
[1]Windesheim University of Applied Sciences, [2]Radboud University Medical Centre,, [3]Tilburg University, [4]Radboud University Medical Centre, [5]University Medical Centre Groningen, [6]Alzheimer Center Limburg

Background: The field of dementia studies increasingly values the active involvement of people living with dementia and their carers in research. This is also known as Public and Patient Involvement (PPI). The SPREAD+ consortium seeks to embed PPI in all its projects. SPREAD+ stands for Sustainable and Personalise Advances in Dementia care. Our mission is to improve the quality of life of people with dementia, their family carers, and professionals, and to develop approaches tailored to their needs and preferences.

Aim: To fulfil this ambition, SPREAD+ aims to (further) develop psychosocial and technological innovations ensuring these can be used in a timely, effective and sustainable manner throughout all phases of the dementia process. Close collaboration with dementia stakeholders is crucial for such development. We therefore aim to involve them in various SPREAD+ work packages.

Approach: PPI was integrated in SPREAD+ from its inception, forming a key topic in the research proposal. During the consortium's kick-off (2022), we discussed our vision for PPI. We decided to involve people living with dementia and their family carers locally, both as advisors and co-researchers. Together, we refined our vision into an internal 'PPI policy paper'. From 2023 onwards, we organized PPI-intervision sessions for the six SPREAD+ PhD-candidates to support them as they involve people with dementia and their carers in their projects. In 2024, we initiated a study about power dynamics in collaborations between researchers and people with dementia. PPI is a recurring agenda item in the SPREAD+ Executive Board, which includes the consortium's general manager, innovation manager, scientific manager and implementation manager. Looking ahead, we plan to organize a SPREAD+ workshop on everyday PPI dilemmas, and a session to evaluate our PPI efforts and formulate future ambitions for stakeholder engagement.

Keywords: Public and patient Involvement (PPI), experiential knowledge, quality of life.

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07/10/2025 - 12:00-13:00 - SS02. Research and co-creation: from tokenism to meaningful engagement

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SS02-01 - Research and co-creation; from tokenism to meaningful engagement

Jeroen Vlug[1], Carlijn Lensink[2]
[1]Movisie, [2]alzheimer nederland / DEMPACT

Background: In recent years, the importance of involving people with dementia and their informal caregivers in scientific research has gained significant recognition. Co-creation is increasingly presented as a method to integrate their experiential knowledge into research. However, the way co-creation is implemented in scientific research varies considerably, ranging from genuine collaboration to more symbolic involvement.

Aim: The DEMPACT consortium is assigned to increase the social and scientific impact of ten research consortia. Co-creation is a form of stakeholder engagement that is a valuable method to ensure that research is not only scientifically robust but also aligned with the real needs and perspective of those directly affected. DEMPACT therefor aims to increase the effective use of stakeholder engagement within the research consortia it supports.

Solution: Research that prioritizes genuine dialogue through the full project: from conceptualization to result interpretation and implementation, yield more relevant and applicable outcomes. DEMPACT provides tailored advice on stakeholder engagement to all researchers within these ten consortia. This advice always starts with clarifying the

'why' question: what questions in your scientific research do you have that experiential knowledge can clarify? This is followed by the 'who' question: who is your target audience exactly? The most appropriate options for the 'how' of stakeholder engagement will generally follow. By sharing how DEMPACT realizes tailor-made advice and highlight research that has embraced stakeholder engagement, we aim to inspire all dementia researchers on effective stakeholder engagement to ensure that their research aligns with real world needs.

Keywords: Co-creation, participatory methods, experiential knowledge, stakeholder engagement.

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Sponsored Session (SS3) - DEMPACT

07/10/2025 - 12:00-13:00 - SS02. Research and co-creation: from tokenism to meaningful engagement

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SS02-03 - Co-Creation as Relational Practice in Dementia Technology Design

Wijnand Ijsselsteijn
Expertise Center Dementia & Technology (ECDT); TU Eindhoven

This contribution explores community-based co-creation as a sustained, relational practice within the QoLEAD consortium—an interdisciplinary initiative aimed at improving the quality of life of people with dementia through enabling AI. Drawing from five years of weekly engagement at De Meerpaal, a Dutch community center for people with dementia and their partners, we reflect on co-creation as an evolving social process that foregrounds presence, trust, and reciprocity. Researchers, students, volunteers, and community members co-organize a range of social activities that includes, but does not foreground, embedded technology exploration. This long-term commitment fosters mutual understanding and enables authentic, situated participation—one that respects the rhythms and emotional labor of all involved.

Rather than treating technology as a silver bullet, we approach it as part of a larger socio-technical ecology—one that must be shaped in relationship with the everyday lives, capabilities, and vulnerabilities of people with dementia and their care partners. This means designing not only for, but with people: engaging them as experts-by-experience, and acknowledging their emotional, embodied, and contextual knowledge.

Our approach surfaces key tensions: between formal research protocols and informal relational care; between project timelines and the slow work of trust-building; and between user-centered design and truly user-led innovation. We discuss how these tensions are negotiated in practice, and how they inform the development, uptake, and ethical grounding of dementia care technologies.

By aligning closely with DEMPACT's call to move from tokenistic involvement toward meaningful engagement, our contribution underscores the value of relational infrastructures—community ties, emotional labor, and iterative, collaborative learning—as the often-invisible foundation upon which co-creation thrives. We advocate for a shift in how co-creation is valued: not only as a means to better outcomes, but as a human-first mode of research that cultivates mutual respect, shared ownership, and more adaptive, dignified care solutions.

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Sponsored Session (SS3) - DEMPACT

07/10/2025 - 12:00-13:00 - SS02. Research and co-creation: from tokenism to meaningful engagement

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SS02-04 - Engaging underrepresented groups in dementia risk reduction: The Netherlands Dementia Prevention Initiative (NDPI)

Niels Janssen, Dominique Paauw, Lieke Bakker, Irene Heger, Dorothee Horstkötter, Kay Deckers, Sebastian Köhler
Maastricht University

Background: A substantial proportion of all dementia cases is likely attributable to modifiable risk factors. People with low socio-economic position and/or migration background show to have a higher risk of dementia. However, these are currently often underrepresented in research and prevention programs. The Netherlands Dementia Prevention Initiative (NDPI) is a large national consortium with the overall aim to investigate if and how we can reduce the risk of dementia in those at highest risk.

Methods: NDPI comprises five work packages (WPs). ENGAGE - identifying strategies on reaching and engaging with the target groups-, COMMUNICATE - exploring needs and barriers of the target groups for communicating about dementia risk -, INFORM and INTERVENE - developing public health and individual-focused interventions in co-creation with the target group and roll-out and evaluate the interventions -, and, IMPACT - assessing current knowledge about dementia risk reduction in current and future health professionals and develop training activities in the form of online learning modules.

Results: As part of INFORM, a public health awareness campaign is currently being implemented in two regions and two districts in the Netherlands. Campaign materials were developed and adapted based on co-creation with the target groups (e.g., through interviews). A participatory action research approach is applied at the district level to reach, engage and communicate the campaign within this diverse population.

Conclusion: Engaging underrepresented groups is invaluable for the development of inclusive lifestyle interventions and prevention programs aimed at raising awareness about dementia risk reduction.

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Sponsored Session (SS3b) - Fondation Médéric Alzheimer (7/10)

07/10/2025 - 12:00-13:00 - SS03. Alzheimer's Co-housing, Another Solution? - An Alternative to the Ambivalent Choice Between Home Care and Nursing Home

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SS03 - Alzheimer's Co-housing, Another Solution? - An Alternative to the Ambivalent Choice Between Home Care and Nursing Homes

Christine Tabuenca[1], Alain Bérard[2]
[1]Fondation Médéric Alzheimer, [2]

The choice of living environment for a person living with Alzheimer's disease or a related condition is crucial for their well-being and that of their caregiver. In France today, the elderly typically face **two main living options:** staying at home for as long as possible or moving into a nursing home, when the caregiver is too exhausted or home care is too dangerous.

Admission to a nursing home often occurs in an emergency, without prior planning, leading to feelings of guilt for the caregiver and distress for the person with the disease, who suddenly loses their bearings and routines.

As an alternative to nursing homes, the first Alzheimer's shared housing arrangements emerged in France in the 1980s, largely inspired by existing models in Germany and Netherlands. To date, approximately 70 Alzheimer's shared housing units have been established in France—a

negligible number compared to the 3,700 such units developed by German public policies over nearly 40 years.

We therefore wish to propose a discussion on Alzheimer's shared housing in France and Europe, to better understand the barriers and facilitators of this type of housing, and to share the perspectives of the primary stakeholders: the residents themselves and their loved ones.

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INTERDEM - 25th Anniversary Session (SS8) - The contribution of INTERDEM in bringing hope to dementia research & practice (FOR INVITED SPEAKERS ONLY)

07/10/2025 - 17:30-18:30 - SS04. 25th Anniversary Session - The contribution of INTERDEM in bringing hope to dementia research & practice

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SS04-04 - Hope for future researchers: The INTERDEM Academy

Frans Verhey[1], Fania Dassen[2], Sara Laureen Bartels[2]
[1]Maastricht University, [2]Alzheimer Center Limburg / Maastricht University

The Interdem Academy, established in 2014, is an European training network for early- and mid-career dementia researchers, including PhD students, postdoctoral fellows, and junior faculty members. Its mission is to build research capacity in psychosocial interventions and support career progression toward senior roles.

To this end, the Academy organizes expert workshops, masterclasses, and a quarterly *Spotlight* webinar series to foster methodological and topical exchange, and integrate INTERDEM taskforces, in which junior and senior researchers work collaboratively. It also offers annual travel fellowships (1-3 months) to facilitate knowledge exchange between INTERDEM centers. A yearly Academy Publication Award is granted to three applicants with the best publications. Moreover, through the *MentorDem* initiative, junior researchers receive career guidance and strategic mentorship. Finally, selected early-career researchers may join the Academy's executive board or the INTERDEM board, supporting leadership development.

The academy offers the opportunity to ***share*** expertise, ***create*** awareness for Academy talent, and ***stimulate*** collaboration across disciplines and generations.

The INTERDEM network now comprises approximately 350 junior members across 20+ countries and this number continues to grow. In next years, we aim to extend our membership further to European middle- and low-income countries. Future efforts will include building an online platform offering educational resources to a global audience of early- and mid-career researchers, focused on psychosocial dementia research, care, and policy.

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07/10/2025 - 17:30-18:30 - SS04. 25th Anniversary Session - The contribution of INTERDEM in bringing hope to dementia research & practice

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SS04-03 - Hope for research and professional practice: social health, multifactorial approaches and prevention.

Myrra Vernooij-Dassen
Radboud University medical Center

Interdem has made significant investments in the area of social health within the context of dementia, and with considerable success. Over the past ten years, we have developed a conceptual framework that enables the identification and study of social health markers.

Social health is now increasingly recognized in dementia research as a key factor influencing the onset of the disease. Epidemiological studies have demonstrated associations between social health markers and both cognitive decline and dementia. Good social health is associated with better cognitive functioning, while poor social health—such as social isolation—is acknowledged as a modifiable risk factor. These findings offer hope for prevention by identifying actionable targets for future research and professional practice.

This progress was only possible due to a shift from siloed dementia research to a multifactorial, interdisciplinary approach. Interdem has actively promoted this change by fostering collaboration between the social and biological sciences, and by encouraging engagement with biological researchers. This interdisciplinary work necessitated the application of a multifactorial methodology.

These advancements were further supported through collaboration between Interdem taskforces on social health, prevention, and methodology.

A major gap in current dementia research remains integration. We have taken steps to bridge this gap by aligning human and animal (mouse) research studies. The results of human and mouse research are in line with each other, reinforcing the conclusion that social health plays a vital role in dementia prevention.

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07/10/2025 - 17:30-18:30 - SS04. 25th Anniversary Session - The contribution of INTERDEM in bringing hope to dementia research & practice

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SS04-01 - Hope for people with dementia and their supporters: the growth of psychosocial approaches

Esme Moniz-Cook
University of Hull

An overview of the scientific contributions of INTERDEM to the knowledge of psychosocial approaches that are meaningful for people with dementia and those that support them will be presented. Key achievements include the quality of psychosocial intervention research, methodology - with a particular focus on outcome measurement, and use of implementation science to improve translation of interventions into practice. Underpinning this 25-year journey of significant scientific growth in knowledge is the (i) development of interventions that embrace individual capacities, assets and personal gifts - and the skills of supporters and professional practitioners; (ii) dissemination of valid positive outcome measures s (e.g. hope, and well-being) (iii) counteracting of stigma and 'othering' using social scientific research (e.g. 'reciprocity'); and (iv) involving people with dementia and other stakeholders in

research. In promoting how people can 'live well' with dementia we have evidenced interventions such as those to maintain cognition, occupation /activity and other goals that are important to people with dementia - and methods for caregivers to understand, manage and communicate with the person including when behavioral changes associated with dementia occur. Yet despite some success in influencing guidelines in some countries, when we begin to hear the many 'voices' of people and families, findings about the professional offer of post-diagnostic support suggest that on an ongoing basis people appear to have '*nowhere to go*'. Future perspectives on engendering hope for people and trust in the delivery of psychosocial support will be outlined.

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INTERDEM - 25th Anniversary Session (SS8) - The contribution of INTERDEM in bringing hope to dementia research & practice (FOR INVITED SPEAKERS ONLY)

07/10/2025 - 17:30-18:30 - SS04. 25th Anniversary Session - The contribution of INTERDEM in bringing hope to dementia research & practice

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SS04-02 - Hope for people with dementia and the public (PPI): involvement in research

Marjolein De Vugt
Maastricht University

A positive perspective on living with dementia begins with recognising the strengths, preferences and values of individuals with dementia and their families. It means moving beyond limitations and focusing on remaining capacities, meaningful roles and the possibility of living well with the condition. Essential to this perspective is the active involvement of people with dementia and their loved ones in research and innovation.

This presentation will highlight how such involvement has become a core principle within the INTERDEM network. Over the past years, a close and enduring collaboration has been established with the European Working Group of People with Dementia, including joint efforts in large-scale European projects such as DISTINCT and INDUCT. These collaborations

exemplify how co-production and public involvement (PPI) can enrich the design, execution and implementation of psychosocial innovations.

An illustration will be provided through the development of the intervention Partner in Balance, where informal caregivers were not only involved in shaping the content, but also acted as ambassadors to enhance awareness and accessibility. These examples show how doing research with people rather than for them can lead to more relevant outcomes, greater reach, and ultimately more hope for those living with dementia.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 17:30-18:30 - SS05.Early Action for Dementia: A Non-Pharmalogical Person-Centred Model for Cognitive Intervention

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SS05 - Early Action for Dementia: A Non-Pharmacological, Person-Centred Model for Cognitive Intervention

Marta Torras, Monica Duaigües, Conxita Herms
Fundació Catalunya La Pedrera

The Memory Enhancement Program, developed by the Catalunya La Pedrera Foundation, is a pioneering non-pharmacological intervention designed to support individuals with mild to moderate cognitive impairment. Since 2013, it has served over 23,000 participants across 22 centers in Catalonia, offering a person-centred, community-based response to Alzheimer's disease, other dementias, Parkinson's, stroke-related cognitive damage, and age-related memory decline.

At its core, the program applies a Person-Centred Care (PCC) approach, tailoring each participant's therapeutic plan to their medical condition, interests, and personal history. Sessions occur two to five times per week and include cognitive stimulation, physical activity, and social engagement, supported by guidance on nutrition and sleep hygiene. The multidisciplinary team—neuropsychologists, physiotherapists, psychologists, and art therapists—works to empower participants

through stimulating, strengths-based activities that promote autonomy, well-being, and group cohesion.

Preventive action is a growing focus of the program, especially for individuals in the preclinical or undiagnosed stages who show subtle memory complaints. These participants engage in weekly sessions that reinforce cognitive reserve and encourage healthy habits such as emotional self-care, mindfulness, and regular physical activity. The aim is to delay the onset of cognitive decline by promoting awareness and early lifestyle interventions through talks, campaigns, and collaboration with public health services.

A key strength of the program is its integration into Catalonia's healthcare system through social prescription. Over 50% of referrals come from primary care and hospital professionals. This coordination ensures accessibility, promotes shared responsibility between clinical and social actors, and supports the continuity of care. Trust is built through feedback loops with referring professionals and ongoing local collaboration.

Together, prevention, early intervention, and systemic integration form a scalable and sustainable model that improves quality of life and fosters cognitive health across diverse aging populations.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

07/10/2025 - 17:30-18:30 - SS06b. The Dutch ABOARD Cohort: accelerating Alzheimer's research through real-world data capture and registry linkage

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SS06b - The Dutch ABOARD Cohort: accelerating Alzheimer's research through real-world data capture and registry linkage

Casper de Boer[1], Wiesje van der Flier[2], Jean Vonsy[3], Marco Blom[4], Jort Vijverberg[2], Brenda Baak[5]
[1]Amsterdam UMC, Alzheimer Centre Amsterdam, [2]Amsterdam UMC, [3]TW1 Healthcare Consulting Ltd, [4]Alzheimer Nederland, [5]PHARMO Institute for Drug Outcomes Research

In recent years, the field of Alzheimer's disease (AD) has evolved rapidly with the introduction of the first generation disease modifying therapies and the increasing body of evidence on the efficacy of lifestyle interventions. The key to stop AD lies in the pre-dementia stages, where disease pathology can be slowed down or stopped before irreversible damage occurs. However, major challenges for evaluation of such interventions remain. This includes, but is not limited to, the lack of run-in data, trial population representativeness, early disease detection, and lack of insights on patient reported outcomes. Key towards successful implementation and evaluation of AD therapies will be large-scale data capture using (inter)national registries aimed at collecting, organizing, and harmonizing real-world clinical data.

This session is centered around the Dutch ABOARD Cohort initiative. The ABOARD Cohort is an ongoing, participant-centered data-collection, focused on patient reported outcomes, a minimal case report form with relevant medical data, and linkage to existing data sources. The session will start with a brief introduction of the design, governance, and initial results of the ABOARD cohort, followed by a presentation on the international InRAD initiative. Subsequently, a panel discussion on the importance of harmonized data capture in (international) AD registries will be held. The panel will include perspectives of various relevant stakeholders, including a patient representative (why are disease registries important for patients?), a neurologist (how do disease registries affect their daily routine?), a representative of InRAD, the first international registry initiative in the field of AD (what is unique about InRAD and its efforts to advance patient management in AD?), and a junior data scientist who specializes in linkage with general practitioner data.

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Sponsored Sessions (SS12) - BIOGEN

08/10/2025 - 12:00-13:00 - SS07. Prioritising Alzheimer's Disease in Europe: Next steps for Policy Action

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SS07 - Prioritising Alzheimer's Disease in Europe: Next steps for Policy Action

Tim Wilsdon, Ryan Lawlor
Charles River Associates

The burden of Alzheimer's Disease (AD), the most common form of dementia, for health and care systems in Europe is increasing. Despite it being the leading cause of death in Europe and our understanding of the disease and approaches to treatment progressing at speed, AD policy development remains fragmented and insufficiently prioritised. The lack of urgency in AD policy development is strikingly different to areas such as oncology. This symposium session will present key findings from a new report examining why and how oncology achieved sustained policy prioritisation at both EU and Member State levels, and how these lessons can be applied to AD.

Although, there are differences, AD shares many of the same characteristics of oncology (whether we look at the state of prevention, patient identification and diagnosis, access to treatments or care provision and infrastructure). There are clear lessons on the need for a more comprehensive approach and the assessment suggests that the time is right for a renewed focus on AD that recognises the need for urgency.

Importantly, the session will outline five concrete policy actions that Member States and the EU can take. These include: reframing AD as a manageable disease, developing AD registries, scaling early-stage diagnostics, adapting reimbursement and funding models that enable patient access to treatments and building specialist capacity.

A multi-stakeholder panel of EU and national policymakers, economists, clinicians, and patient group representatives, will explore practical next steps, discussing policy action at both national and European levels. The goal is to spark a timely and collaborative policy shift to sustainably address the mounting burden of AD and realise the potential of emerging innovations for patients, caregivers, and society at large.

This session is organised and funded by Biogen.

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Sponsored Session (SS13b) - Fondation Médéric Alzheimer (8/10)

08/10/2025 - 12:00-13:00 - SS09. Non-pharmacological interventions and Frontotemporal Lobar Degeneration (FTD) and Lewy Body Disease (LBD)

SS09 - Non-pharmacological interventions and Frontotemporal Lobar Degeneration (FTD) and Lewy Body Disease (LBD)

Christine Tabuenca[1], Alain Bérard[2]
[1]Fondation Médéric Alzheimer, [2]

Non-Pharmacological Interventions (NPIs) are key tools for improving cognitive, psychological, social, and physical functioning, and overall quality of life for people living with Alzheimer's disease or related disorders. In the absence of curative treatment, it is essential to demonstrate their effectiveness, develop them further, and promote them more widely.

The Fondation Médéric Alzheimer will present the preliminary results of a study on the implementation of NPIs in nursing homes (EHPAD) and day care centers.

While non-pharmacological interventions are relatively well-documented and recognized in the context of Alzheimer's disease, this is not the case for related dementias, particularly Frontotemporal Lobar Degeneration (FTLD) and Lewy Body Dementia (LBD). The Foundation conducted two meta-analyses of the scientific literature to evaluate the effectiveness of non-pharmacological interventions specifically designed to care for people

with a brain injury or neurodegenerative disease. Based on these results, the FMA launched a call for experts in the field of LBD and FTD in April 2025 to produce practical fact sheets detailing effective intervention protocols.

We will also give voice to patient associations, individuals living with these diseases, and healthcare professionals to better understand how,non-pharmacological interventions are implemented and how they concretely improve daily life.

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Abstracts for keynote speakers and plenary sessions (INVITATION ONLY)

08/10/2025 - 12:00-13:00 - SSIT01. TEF-Health e le infrastrutture europee di intelligenza artificiale a supporto dell'innovazione e della ricerca sull'Alzheimer

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SSIT01 - TEF-Health e le infrastrutture europee di intelligenza artificiale a supporto dell'innovazione e della ricerca sull'Alzheimer

Angela Bradshaw
Alzheimer Europe

Il simposio presenterà TEF-Health - Testing and Experimentation Facility for Health AI and Robotics, iniziativa europea a supporto della validazione di soluzioni di intelligenza artificiale per la salute, focalizzandosi sul nodo italiano coordinato dall'Istituto Superiore di Sanità. Saranno illustrati i collegamenti tra TEF-Health ed altre iniziative europee chiave quali le infrastrutture computazionali AI Factories, e gli European Digital Innovation Hubs (EDIH), attraverso l'esperienza dei partner italiani Distretto Tecnologico Innovaal e del CINI – Consorzio Interuniversitario Nazionale per l'informatica in EDIH-DANTE.

La seconda parte della sessione approfondirà applicazioni concrete della rete TEF-Health nell'ambito dell'Alzheimer. Intervenienti di relatori dell'Università di Pavia, del Distretto Tecnologico Innovaal e del CINI presenteranno ricerche e servizi su digital twin e per l'identificazione del declino cognitivo. Il simposio evidenzierà come le infrastrutture europee di intelligenza artificiale possono rafforzare la ricerca traslazionale e

accelerare l'adozione di soluzioni innovative nel campo delle malattie neurodegenerative.